Policy and Procedure
Computerized Provider Order Management (CPOM)

1. DELINEATION OF PRACTICE PRIVILEGES
Privileges will not be granted at Clark Memorial Hospital until the practitioner has successfully completed computerized provider order management (CPOM) training. Successful completion of training is defined as completion of classroom CPOM training.
If a practitioner needs to enter orders and/or progress notes, he/she may do so initially but must complete this training within 5 business days.

2. ELECTRONIC MEDICAL RECORDS
Clark Memorial Hospital is a “paper light” organization. As much data as possible will be created electronically and paper-based records will be minimized as much as possible. For those documents that are created on paper, they will be scanned and made available electronically after discharge. Chart binders will be maintained in clinical areas. Records will be accessed by physicians and other users online. All access to electronic records will be tracked and no unauthorized access to a patient’s record will be tolerated.

3. ELECTRONIC SIGNATURE
Electronic signature authentication of medical records will be the standard practice. In order to maintain the integrity of the medical record as a legal document and assure that electronic signatures and/or computer generated signature codes are secure from unauthorized persons, all members of the medical staff must have on file a signed statement that he/she is the only individual using and in possession of the confidential password. Each transcribed report will be individually authenticated by the responsible physician.

4. PHYSICIAN ORDERS
Clark Memorial Hospital seeks to facilitate timely and accurate execution of physician orders to deliver quality patient care, and to provide guidelines within which its medical staff, nursing service, and team members can best accomplish this objective. Orders for treatment shall be routinely entered electronically by the physician into the clinical information system and authenticated. If the clinical information system is unavailable for any reason, and orders are written on paper, each entry must be dated, timed and signed. It is the responsibility of the physician who is transferring the patient to a new level of care to review all active orders for clinical accuracy and appropriateness.

5. PHYSICIAN ADVISORY GROUP (PAG)
a. The Committee will identify problems concerning the electronic medical record including computerized provider order management. The Committee will facilitate development of the system over time and monitor the current system for improvement opportunities.
b. The Committee shall consist of appointed members of the Active Medical Staff including representatives from the Emergency Department, Hospitalist Group, Internal Medicine, Family Practice, OB/GYN, Surgery, Cardiology and others as needed; appointed members of the IT Department, and Administration.
6. PURPOSE
Clark Memorial Hospital is committed to the use of Information Technology (IT) to improve patient care and safety. The use of clinical information systems, including EMR and CPOM, is a critical component of the patient care delivery model at Clark Memorial Hospital. An alternative process is not available except during computer downtime.

7. ORDER MANAGEMENT VIA THE ELECTRONIC RECORD
a. Orders for patient care may be placed into the electronic medical record directly by an authorized clinician with appropriate clinical privileges or by using approved paper order sets. The electronic medical record must be considered the “source of truth” for all orders.
b. Clinicians should always refer to the ‘Orders’ tab in the patient’s electronic medical record to review the most current orders.
c. Orders Reconciliation is the responsibility of the physician.
d. When a provider is logged-in, it is never acceptable to have another individual place orders using his/her log-in (i.e: a physician may not log-in and ask a nurse to place the orders under his/her log-in).
e. Orders will be accepted from physicians and allied health professionals on staff with appropriate clinical privileges.
f. Medical staff rosters are available on the ClarkNet, under Physicians Tab, MD Privileges link. Questions regarding medical staff privileges may be referred to the Medical Staff Services office.
g. Orders from Physician Assistants and Nurse Practitioners with appropriate clinical privileges are acceptable. Orders will be routed to the physician’s Signature Manager for electronic co-signature.
h. It is the goal of Clark Memorial Hospital for 75% of orders to be placed using the CPOM method by all practitioners. Provider-specific compliance with this goal may be posted in the Physician Lounge.
i. The Emergency department physician may initiate the appropriate holding order set (“tuck-in orders”) when admitting a patient to the hospital. Further orders will be handled on a case by case basis with particular attention to expediting time sensitive orders which would affect outcome of patient or length of stay. The admitting physician is responsible for completing Orders Reconciliation Management for an admission to the hospital.
j. Computerized Provider Order Management
   1. Orders must be placed by authorized providers with appropriate clinical privileges using computerized order management (CPOM) with limited exceptions. Exceptions are outlined in the following written and telephone orders sections.
   2. CPOM should be the method utilized for placing at least 75% of all orders.
k. Written/paper orders
   1. Order sets that will remain on paper after CPOM conversion will include:
      i. Yale Insulin Protocol
      ii. Chemotherapy
      iii. Weight-based Heparin
      iv. Hypothermia
      v. KODA
I. Verbal and telephone orders

1. Verbal and telephone orders are used only when it is not practical for the ordering provider to enter the order in the medical record. Examples include, but are not limited to:
   i. No access to SAC
   ii. The provider is directly managing an emergency patient situation

2. The provider is required to remain on the telephone with the person receiving a telephone order until the order is completed. This includes remaining on the phone until all alerts, interactions, and/or rules are addressed.

8. AUTHENTICATION
   a. Orders entered directly by the physician do not require co-signature from the provider.
   b. Verbal orders and telephone orders will be noted as “verbal order read back and verified” or “telephone order read back and verified” and sent to Signature Manager. Provider must sign these orders via Signature Manager at the next log in.
   c. Orders entered by a nurse practitioner or physician assistant that require co-signature will be sent to Signature Manager for review and signature of the responsible physician. The physician co-signature should be completed within 24 hours.
   d. Orders entered per protocol will be noted as “protocol/no co-sign required” and will not route for physician co-signature.

9. EXCEPTIONS TO THE CPOM SYSTEM
In the event that a non-staff physician is granted temporary staff privileges by Medical Staff Services, a temporary exception allowing that physician to write patient orders on the appropriate paper document may be made with approval of the Medical Director.

10. PROVIDER ASSISTANCE
A provider may reach the on-call Information Systems Analyst through the Help Desk be 812-283-2252 24 hours a day, seven days a week. If a provider has an urgent “Information Systems Consult” he/she can call the Information Systems Analyst directly at 812-283-CPOM. If for some reason the analyst on call is unable to answer the phone, the provider may leave a message and the analyst will call the provider back as soon as possible.

11. QUALITY ASSURANCE
a. To ensure that physicians are using the system as designed, periodic quality assurance measures will be taken regarding the use of verbal, telephone and written orders.
   b. Monthly reports regarding percentage of orders entered as verbal, telephone or written will be obtained.
   c. In the event that the percentage of verbal, telephone and written orders calls into question potential abuse of this policy at Clark Memorial Hospital, additional action may be initiated by the Medical Staff President, the Medical Director, a Department Chairperson, the Director of Information Systems or the Hospital President and CEO, including, but not limited to, a request for corrective action and investigation.