Leapfrog Computerized Physician Order Entry (CPOE) and Electronic Health Record (EHR) Evaluation Tools

Project Overview and Discussion

January 12, 2007

Presented by David Classen, Chief Medical Officer, First Consulting Group, and moderated by Carol Cain, Senior Manager Health IT Portfolio, AHRQ, as part of the AHRQ HIT Web Teleconference Series.
Acknowledgments

- This project was done for The Leapfrog Group
- Funding in Phase 1
  - California Healthcare Foundation
  - Robert Wood Johnson Foundation
- Funding in Phase 2
  - Agency for Healthcare Research and Quality
- Project Staff
  - Core FCG Team: David Classen, Jane Metzger, Emily Welebob, Fran Turisco, and Peter Kilbridge (Phase 1)
  - Primary Advisors: David Bates, Mark Overhage, Allen Vaida, Stuart Levine, Andy Spooner, Mark Frisse, and Paul Nichol
To present project background and an overview of a self-assessment methodology developed for The Leapfrog Group

To review how the work can guide hospitals and physician practices in implementing medication-related clinical decision support in inpatient CPOE and ambulatory EHR

To have an open discussion
Today’s Teleconference

- Project Background and Overview
- What the Evaluation Methodology Does and How It Works
- Implications for Implementing CDS for Medication Checking
- Discussion and Questions
Project Overview and Background
CPOE Adoption Growing Despite Barriers

- 15% US Hospitals
- 10% Ambulatory Clinics
- Increasing at 50% year on year as many are in process of implementing CPOE

Trouble at Every Turn

Systems Integration
- Interfacing ancillary systems
- Nomenclature issues
- Legacy integration

Vendor Reliability
- Product timelines
- Insufficient support

Clinician Resistance
- Cookbook medicine
- Achieving time neutrality
- Multiple hospital appointments

Security and Stability
- Unplanned downtime
- Uncontrollable factors

CAUTION FROM CPOE VETERANS

"CPOE is the most difficult technology implementation I can think of in the acute care setting."
John Glaser
VP and CIO, Partners Healthcare

"An incredible number of stars need to align for you to be able to pull this [CPOE] off. And even if the stars are aligned, it’s almost impossible to describe the amount of work that’s required to succeed to those institutions that haven’t started it yet.”
Jim Turnbull
VP and CIO, Children’s Hospital of Denver; Chair, CHIME Board of Trustees

Source: True North interviews and analysis.
The Leapfrog Group: Background

- IOM I: To Err is Human – recommended that purchasers provide market incentives for improved patient safety
- The Leapfrog Group: Launched in November, 2000 by the Business Roundtable
- Over 100 of the largest public and private corporations in America
- Purchase benefits for 31 million Americans (1 in 9!)
- Goal: safer care for employees through “Giant Leaps” in patient safety
- Approaches:
  - Reward hospitals for improving patient safety
  - Educate employees, retirees, families about hospital efforts

Sources: The Leapfrog Group, www.leapfroggroup.org; U.S. Census 2001
Leapfrog is an initiative driven by organizations that purchase healthcare to improve safety, quality, and affordability.

- Focus has been on hospital-based care to date
  - Intensivist coverage in ICUs
  - Computerized physician order entry (CPOE) to reduce serious medication ordering errors
  - Evidence-based hospital referrals
  - NQF Safe Practices

- Next focus area is Ambulatory IT standards:
  - Call for:
    - An electronic health record (EHR)
    - Prescription checking to avoid preventable medication-related adverse events
    - Basic disease and wellness management prompting
  - Are being coordinated with:
    - Commission for Certification of Healthcare Information Technology
    - Measures for large-scale P4P initiatives
    - NCQA Physician Practice Connection v.2

- Clinical decision support testing for physician medication ordering and e-prescribing in implemented systems
Leapfrog’s Inpatient CPOE Standard

- Hospitals that fulfill this standard will:
  - Require physicians of patients in hospitals to enter medication orders via a computer system that is linked to prescribing error prevention software
  - Demonstrate that their CPOE system can intercept at least 50% of common serious prescribing errors, utilizing test cases and a testing protocol specified by The Leapfrog Group
  - Require documented acknowledgment by the prescribing physician of the interception prior to any override post the test case interception rate on a Leapfrog-designated web site
## COE in Pharmacy Computer Systems - ISMP 2004

<table>
<thead>
<tr>
<th>Source: ISMP Medication Safety Alert! August 25, 2005</th>
<th>Unsafe order NOT detected</th>
<th>Able to override</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varivax 0.5 mL subcutaneously Female; pregnant</td>
<td>81%</td>
<td>89%</td>
</tr>
<tr>
<td>methotrexate 7.5 mg PO daily Rheumatoid arthritis</td>
<td>71%</td>
<td>87%</td>
</tr>
<tr>
<td>Lantus 25 units IV now Diabetes</td>
<td>70%</td>
<td>61%</td>
</tr>
<tr>
<td>carbamazepine 400 mg PO BID 4 year old child</td>
<td>68%</td>
<td>89%</td>
</tr>
<tr>
<td>vincristine 2 mg intrathecally today Acute leukemia</td>
<td>65%</td>
<td>60%</td>
</tr>
<tr>
<td>Fluzone 0.5 mL IM Allergy to eggs</td>
<td>57%</td>
<td>84%</td>
</tr>
</tbody>
</table>
Physician practices that fulfill this standard will use an EHR with:

- Information on age/gender diagnoses, medications, allergies, weight, and laboratory test results

- Clinical decision support based on drug reference information that can intercept at least 50 percent of common prescribing errors

- Reminders to aid clinicians in basic health maintenance guidelines of the U.S. Preventive Services Task Force and other widely-adopted sources
# Purposes of the Evaluation

The Leapfrog Group needed a way to evaluate how software is actually being used from two perspectives.

<table>
<thead>
<tr>
<th>Purchasers</th>
<th>How far along is this organization in using CPOE or ambulatory EHR to help improve medication safety and quality?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Public</td>
<td></td>
</tr>
<tr>
<td>Hospital and Medical Practice Leadership</td>
<td>Now that we have implemented CPOE or ambulatory EHR, how well are we doing in using it to help avoid harm and improve quality?</td>
</tr>
</tbody>
</table>
Leapfrog CPOE / EHR Testing Standard Complements Other Initiatives

- **CCHIT (“on the shelf”)**
  - Certification of vendor EHR products
    - Ambulatory, Inpatient, Network

- **Pay-for-Performance Initiatives (“outcomes of IT and QI”)**
  - IHA, BTE, Others
  - Ambulatory clinic site-specific reporting of select EHR functionality

- **National Quality Forum (“after implementation”)**
  - Hospital safe practices survey
    - Voluntary hospital site-specific certification
    - Includes several aspects of EHR including CPOE
    - Now directly linked to Leapfrog CPOE Standard

- **Leapfrog Group (“how implemented software is contributing”)**
  - Voluntary reporting with site-specific scoring
    - Hospital evaluation
    - Physician practice evaluation
What the Evaluation Methodology Does and How It Works
Principles Behind the Evaluation Methodology

- **Principle #1: Target the Harm**
  - Common sources of ADE’s (not errors)
  - Sources of severe harm (existing literature and expert consensus)

- **Principle #2: Encourage Quality Improvement**
  - Categorize test set by type of error
  - Provide feedback to the provider organization for each category
  - Provide advice about nuisance alerting

- **Principle #3: Accentuate the positive**
  - Encourage care quality, as well as ADE reduction
    - Address errors of commission and omission
    - Include corollary orders and duplicate interventions
Web-Based Evaluation Tool

- Self-administered testing managed by a Web application
- Separate tests for pediatric and adult, inpatient and outpatient
- Test order set
  - To be entered into the site’s CPOE system or EHR, against Leapfrog-supplied “test patients”
  - System responses recorded and reported back to Leapfrog (Overall score) and to the organization taking the test (detailed feedback)
- Test orders representing nine categories of potentially dangerous errors developed by FCG and ISMP
- Three additional order categories developed based on literature and advisor experience
  - Corollary
  - Cost of care
  - Nuisance (important feedback)
For ambulatory test: additional capability to test basic health maintenance prompting

Outputs received immediately after submitting results

- Individual site performance feedback
  - Indicating performance in each medication order category
  - Indicating performance for health maintenance (ambulatory only)
    - Sensitivity = the ones that you got right (percentage)
    - Specificity = how many did you get that you should not have (percentage)
  - Aggregate score for public reporting - similar to the Leapfrog Hospital Quality and Safety Survey
Web-Based Evaluation Tool

1. Hospital Logs-On (Password Access)
2. Complete Sample Test
3. Obtain Patient Criteria (Adult or Pediatric)
4. Program Patient Criteria
5. Download and Print 30-40 Test Orders (HM if AMB)
6. Enter Orders into CPOE Application & Record Results

- Review Patient Descriptions
- Review Orders and Categories
- Review Scoring

- Hospital Self Reports Results on Website
- Score Generated Against Weighted Scheme
- Report Generated
- Aggregate Score to Leapfrog
- Order Category Scores Viewed by Hospital
Select Evaluation Type

To begin the CPOE Test, you first must obtain the patient descriptions (criteria) that must be programmed into your ADT, Laboratory, and CPOE applications as appropriate. Once you download the patient descriptions, you will have up to four hours to print the patient description list, program the patient descriptions into the appropriate applications in your CPOE production or mirrored production environment, return to this site and download the order set for testing.

- Please select CPOE Evaluation Type:
  - Select one
    - Adult inpatient
    - Pediatric inpatient
    - Adult ambulatory

Download Patients
<table>
<thead>
<tr>
<th>Patient ID</th>
<th>Adult Inpatient Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age: 51 years</td>
</tr>
<tr>
<td>2</td>
<td>Age: 43 years</td>
</tr>
<tr>
<td>3</td>
<td>Age: 41 years</td>
</tr>
<tr>
<td>4</td>
<td>Age: 52 years</td>
</tr>
<tr>
<td>5</td>
<td>Age: 49 years</td>
</tr>
<tr>
<td>6</td>
<td>Age: 28 years</td>
</tr>
<tr>
<td>7</td>
<td>Age: 75 years</td>
</tr>
<tr>
<td>8</td>
<td>Age: 43 years</td>
</tr>
</tbody>
</table>

Once you print the Patient Descriptions, please log out and enter the descriptions into your production or mirrored production environment. When you are finished, return to this site, log in and download the orders.
Please print the orders shown below and enter the orders into your CPOE application for the appropriate patients. Record the results of each order including the alert message then return to this site to submit the results.

<table>
<thead>
<tr>
<th>No.</th>
<th>Order</th>
<th>Patient</th>
<th>Result (Check One)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lasix 200 mg po twice daily</td>
<td>1</td>
<td>Alert or Information Received or Order Blocked/Not Played Message, Order Accepted, No Alert or Information Received</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medication Not on Formulary</td>
</tr>
<tr>
<td>2</td>
<td>Cephalaxin 250 mg po four times</td>
<td>1</td>
<td>Alert or Information Received or Order Blocked/Not Played Message, Order Accepted, No Alert or Information Received</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medication Not on Formulary</td>
</tr>
<tr>
<td>3</td>
<td>Lasix 80 mg sq</td>
<td>1</td>
<td>Alert or Information Received or Order Blocked/Not Played Message, Order Accepted, No Alert or Information Received</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medication Not on Formulary</td>
</tr>
<tr>
<td>4</td>
<td>Corex</td>
<td>1</td>
<td>Alert or Information Received or Order Blocked/Not Played Message, Order Accepted, No Alert or Information Received</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medication Not on Formulary</td>
</tr>
<tr>
<td>5</td>
<td>Oral: 1 Oral 10 mg po daily</td>
<td>2</td>
<td>Alert or Information Received or Order Blocked/Not Played Message, Order Accepted, No Alert or Information Received</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medication Not on Formulary</td>
</tr>
<tr>
<td>6</td>
<td>300 mg po qd; 2 Enalapril 5 mg po qd</td>
<td>2</td>
<td>Alert or Information Received or Order Blocked/Not Played Message, Order Accepted, No Alert or Information Received</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medication Not on Formulary</td>
</tr>
<tr>
<td>7</td>
<td>Ondine/Aspirin 5 mg/500 mg (Urinidin) 2 tablets po every four hours</td>
<td>2</td>
<td>Alert or Information Received or Order Blocked/Not Played Message, Order Accepted, No Alert or Information Received</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medication Not on Formulary</td>
</tr>
<tr>
<td>8</td>
<td>Uricid 20 mg po twice daily</td>
<td>2</td>
<td>Alert or Information Received or Order Blocked/Not Played Message, Order Accepted, No Alert or Information Received</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medication Not on Formulary</td>
</tr>
</tbody>
</table>
Submit Responses

You are now ready to submit your responses for the medication order entry portion. Please take your time and carefully enter your responses. Only one result per order can be entered. Once you have completed entering all results, click on the bottom of this page to record your results. Next you will be taken to the health maintenance component to record those results.

<table>
<thead>
<tr>
<th>Number</th>
<th>Order</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Levothryoid 200 mcg po twicr</td>
<td>□ Received advice or information on medication dose limits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Placed order and did not receive advice or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Medication Not on Formulary</td>
</tr>
<tr>
<td>2</td>
<td>Cephalexin</td>
<td>□ Received advice or information on allergies to medication</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Placed order and did not receive advice or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Medication Not on Formulary</td>
</tr>
<tr>
<td>3</td>
<td>Vancillium every 12 hours</td>
<td>□ Received advice or information on patient age or medication dose</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Placed order and did not receive advice or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Medication Not on Formulary</td>
</tr>
<tr>
<td>4</td>
<td>Demerol 50 mg po every 4 to 6 hours as needed</td>
<td>□ Received advice or information on drug/diagnosis interactions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Placed order and did not receive advice or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Medication Not on Formulary</td>
</tr>
</tbody>
</table>
View Results

[Image: Screenshot of a webpage showing a table and a legend for interpreting the data.]

EXAMPLE

[Logo: The Leapfrog Group]

[Logo: Agency for Healthcare Research and Quality]

[Text: AHQ荥 Advancing Excellence in Health Care • www.ahrq.gov]

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Implications for Implementing CDS for Medication Checking
Implications for Implementing CDS for Medication Checking

1. Become an expert in the CDS Toolset you have available
2. Integrate order categories into your patient safety program
3. Develop a CDS strategy for CPOE rollout
4. Plan to manage CDS on an ongoing basis
1. Become an Expert in the CDS Toolset You Have Available

Sources of Clinical Decision Support

- Predefined Lists:
  - allowable entries
  - alert override reasons
  - clinical indications

- Order Form/Template:
  - required fields
  - data format and type
  - default values
  - calculator

- CPOE Order File:
  - display of relevant data
  - complex orders – TPN, insulin, taper doses, IVs, PCAs
  - conditions for laboratory duplicate checking

- Rules Engine:
  - diagnosis-based protocols
  - surveillance for need to re-evaluate orders
  - suggested clinical indications

- Programmed Logic:
  - patient-specific dose calculator
  - conditional orders

- Knowledge Bases:
  - research basis for CDS prompts

- Drug Reference Files:
  - drug/drug interaction
  - drug/allergy
  - duplicate therapy
  - dosing parameters
  - drug-procedure

- Formulary:
  - medications in stock
  - medication cost
  - counter signature requirements
  - appropriate diagnoses
  - suggested alternative medications

**1. Become an Expert in the CDS Toolset You Have Available**

*CDS is a toolkit with multiple options that do not require a rules engine and special programming skills to implement.*

<table>
<thead>
<tr>
<th>Category of CDS for Medication Ordering</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic field edits</td>
<td>Avoids inappropriate field entries (route, etc.)</td>
</tr>
<tr>
<td>Structured orders</td>
<td>Ensures complete, actionable orders</td>
</tr>
<tr>
<td>Groups of predefined orders (order sets, corollary orders)</td>
<td>Provides appropriate orders for a given situation</td>
</tr>
<tr>
<td>Order checking</td>
<td>Uses knowledge about possible problems to guide ordering</td>
</tr>
<tr>
<td>Complex orders with specialized tools</td>
<td>Assists order writing with special templates, calculators, or suggested doses</td>
</tr>
<tr>
<td>Order-relevant patient data display</td>
<td>Displays relevant patient information to be considered</td>
</tr>
<tr>
<td>Order-relevant patient data capture</td>
<td>Provides additional information needed for order checking or QA</td>
</tr>
<tr>
<td>Rules-based prompting and alerts within order entry</td>
<td>Applies rules-based logic to orders and patient information (age, wt) to identify problems</td>
</tr>
<tr>
<td>Rules-based surveillance with alerts outside of order entry</td>
<td>Reduces delays in responding to new information about patients that affects orders</td>
</tr>
</tbody>
</table>

*Source: Clinical Decision Support: Finding the Right Path, FCG, September 2002*
2. Integrate Order Categories Into Your Patient Safety Program

Key questions to consider:

- What are the highest priority targets in our organization (types of errors, specific medications)?
- How do we best utilize CDS to reinforce current efforts to reduce ADEs?
- Where will CDS allow us to target additional types of potential ADEs?
- How do we accommodate the added tool of CDS for medication checking into how we organize and conduct our patient safety program?
2. Integrate Order Categories Into Your Patient Safety Program

<table>
<thead>
<tr>
<th>Order Category</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic duplication</td>
<td>Medication with therapeutic overlap with another new or active order; may be same drug, within drug class, or involve components of combination products</td>
<td>Codeine AND Tylenol #3</td>
</tr>
<tr>
<td>Single and cumulative dose limits</td>
<td>Medication with a specified dose that exceeds recommended dose ranges or cumulative dose</td>
<td>Ten-fold excess dose of methotrexate</td>
</tr>
<tr>
<td>Allergies and cross-allergies</td>
<td>Medication (or medication class) for which patient allergy has been documented</td>
<td>Penicillin prescribed for patient with documented penicillin allergy</td>
</tr>
<tr>
<td>Contraindicated route of administration</td>
<td>Order specifying an inappropriate route of administration (e.g., oral, intramuscular, intravenous)</td>
<td>Tylenol to be administered intravenously</td>
</tr>
<tr>
<td>Drug-drug interaction</td>
<td>Medication that results in known, dangerous interaction when used in combination with a different medication in a new or existing order for the patient</td>
<td>Digoxin AND Quinidine</td>
</tr>
</tbody>
</table>
## 2. Integrate Order Categories Into Your Patient Safety Program

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraindication/dose limits based on patient diagnosis</td>
<td>Medication either contraindicated based on patient diagnosis or diagnosis affects appropriate dosing</td>
<td>Nonspecific beta blocker in patient with asthma</td>
</tr>
<tr>
<td>Contraindication dose limits based on patient age and weight</td>
<td>Medication either contraindicated for this patient based on age and weight or for which age and weight must be considered in appropriate dosing</td>
<td>Adult dose of antibiotic in a newborn</td>
</tr>
<tr>
<td>Contraindication/dose limits based on laboratory studies</td>
<td>Medication either contraindicated for this patient based on laboratory studies or for which relevant laboratory results must be considered in appropriate dosing</td>
<td>Normal adult dose regimen of renally eliminated medication in patient with elevated creatinine</td>
</tr>
<tr>
<td>Corollary</td>
<td>Intervention that requires an associated or secondary order to meet the standard of care</td>
<td>Prompt to order drug levels when ordering Dilantin</td>
</tr>
<tr>
<td>Cost of care</td>
<td>Test that duplicates a service within a timeframe in which there is typically minimal benefit from repeating the test</td>
<td>Repeat test for Digoxin level within 2 hours</td>
</tr>
</tbody>
</table>
3. Develop CDS Strategy for CPOE / EHR Rollout

- Set CDS agenda according to the patient safety / clinical quality agenda and priorities of the organization.
- Develop a CDS strategy that is built upon:
  - A focus on the areas of risk for patient \textit{harm}
  - A realistic appraisal of the readiness for adoption (how much, how soon)
  - Policies and consistent approach about guiding versus direct care (especially “hard stops” and CDS alerts that require clinician response)
  - Physician leadership and heavy involvement of physicians and including involvement of P&T and Patient Safety Committee
4. Plan to Manage CDS on an Ongoing Basis

- Assign individual and group responsibilities to set priorities and guide the process.
- Create a small group (including physicians) that understands the goals and means to get there to manage CDS day-to-day: set-up, testing, rollout, monitoring, and updates.
- Review each application of CDS periodically (reports on when alerts fire and how physicians respond are essential).
- Worry about nuisance alerting and actively solicit physician feedback.
- Ensure timely updates of third-party reference data bases.
4. Plan to Manage CDS on an Ongoing Basis (cont.)

- Collect metrics on targets of CDS (ADEs, inappropriate use of medication or dosing) and make changes as appropriate based on findings.
- Test every new application of CDS and retest whenever the application is upgraded.
- Insist that your vendor address gaps in scope, flexibility, and usability of the CDS toolset you have at your disposal.
4. **Plan to Manage CDS on an Ongoing Basis**

There is still much to learn about effectively applying CDS; toolsets and knowledge bases consulted are still evolving.

<table>
<thead>
<tr>
<th>Order Category</th>
<th>Availability and Use</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Therapeutic duplication</em></td>
<td>■ Generally available; often not used</td>
</tr>
<tr>
<td><em>Single and cumulative dose limits</em></td>
<td>■ Generally available; often not used</td>
</tr>
<tr>
<td><em>Allergies</em></td>
<td>■ Generally available; generally used</td>
</tr>
<tr>
<td><em>Contraindicated route of administration</em></td>
<td>■ Not available; requires fully codified script</td>
</tr>
<tr>
<td><em>Drug-drug interaction (DDI)</em></td>
<td>■ Generally available; generally used</td>
</tr>
<tr>
<td><em>Drug-food warning</em></td>
<td>■ Generally available; often not used</td>
</tr>
</tbody>
</table>
### 4. Plan to Manage CDS on an Ongoing Basis (cont.)

<table>
<thead>
<tr>
<th>Order Category</th>
<th>Availability and Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraindication based on patient dx</td>
<td>Sometimes available; not used (lack of current problem list in inpatient)</td>
</tr>
<tr>
<td>Patient-specific checking: age and weight</td>
<td>Not available</td>
</tr>
<tr>
<td>Patient-specific checking: lab studies</td>
<td>Not available</td>
</tr>
<tr>
<td>Patient-specific checking: radiology studies</td>
<td>Sometimes available; generally not used</td>
</tr>
<tr>
<td>Corollary Orders</td>
<td>Sometimes available for individual med orders; generally not used.</td>
</tr>
<tr>
<td></td>
<td>Some use order sets</td>
</tr>
<tr>
<td>Lab Duplicate Checking</td>
<td>Sometimes available</td>
</tr>
<tr>
<td></td>
<td>Generally not used</td>
</tr>
</tbody>
</table>
Teleconference Purpose
Any Questions?

- To present project background and an overview of a self-assessment methodology developed for The Leapfrog Group
- To review how the work can guide hospitals and physician practices in implementing medication-related clinical decision support in inpatient CPOE and ambulatory EHR
- To have an open discussion
For More Information

- For additional information, visit:
  - www.leapfroggroup.org
  - www.ismp.org

- Other documentation available:
  - Overview of the Leapfrog Evaluation Tool for CPOE – December 2001

- For more information, visit AHRQ’s National Resource Center, which has links to more than 6,000 health IT tools, best practices, and published evidence online at: http://healthit.ahrq.gov.