

Adventist HealthCare, Inc.
Clinical Policy Manual
**Adventist HealthCare Electronic Health Record / Computerized
Provider Order Entry (CPOE) Utilization Policy**

Effective Date: 03/13

Cross Referenced: 42 CFR 482.24 and 485.638

Reviewed: 6/22/16, 2/17, 1/18, 1/19, 1/20, 1/21, 12/21,
11/22, 11/23, 1/24

Revised: 4/9/24

Policy No: AHC CP 12.0

Origin: Patient Safety/Risk Management

Authority: CSB, PAB

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SCOPE

All Adventist HealthCare (AHC) Entities

PURPOSE

The purpose of this policy is to define the obligations of physicians and other licensed practitioners (LPs) regarding the use of the Electronic Health Record (EHR) and Computerized Provider Order Entry (CPOE).

POLICY

Adventist HealthCare has implemented the EHR, including CPOE and electronic physician/LP documentation at all entities. The Medical Team, acknowledging the importance of exercising evidenced based medical practice, recognizes that members need to avail themselves of all appropriate tools and data to optimize patient outcomes. The EHR, along with CPOE and physician/LP documentation, includes tools for standardizing best medical practice and improving the efficient delivery of health care.

Use of the EHR and CPOE, is considered to be part of the routine practice of medicine at AHC, and as such, training and mastery of the EHR and CPOE will be a condition for securing privileges at the time of appointment and re-appointment to the medical staff.

AHC has established a minimum of 80% CPOE utilization by each physician/LP as the goal, understanding that there will be occasional exceptions. In order to reach that goal, it is expected that members will enter all orders electronically with rare exception as outlined in this policy. Reports will be used to track CPOE usage and identify where utilization lags behind the 80% utilization goal.

If there are persistent actions by a member in violation of the below rules, the individual will be referred for corrective action as per the medical staff bylaws.

In order to fulfill EHR and CPOE utilization goals, the following rules shall be enforced for all physicians/LPs whose category of membership or whose clinical activities include ordering privileges:

1. Texting of orders is **not** an acceptable method of order transmission regardless of the platform utilized.
2. All physicians/LPs will undergo training sufficient to competently use the EHR.

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3. All new physicians/LPs must demonstrate competency in use of the EHR prior to their first patient encounter.
4. All physicians/LPs will complete an EHR and CPOE Utilization agreement as part of the credentialing or re-credentialing process.
5. All physicians/LPs are expected to comply with all policies and procedures relevant to the use of the EHR.
6. All physicians/LPs must use the EHR.
7. Physicians/LPs may not give verbal and/or telephone orders whose sole purpose is to avoid using the EHR.
8. The nursing team members will enter telephone orders directly into the EHR. The physician/LP is required to stay on the phone while the order(s) is entered, read-back from the computer completed, and all alerts addressed.
9. Physicians/LPs will be expected to enter orders into the EHR unless:
 - a. Physician/LP is attending an emergency
 - b. Physician/LP is scrubbed in a procedure
 - c. Physician/LP has no access to network or computer
 - d. Exceptions to this will be allowed for individual orders or abbreviated placement orders (not full admission orders or order sets) based on physician/LP judgment during the hours of 12:00 AM – 6:00 AM for those providing extended call.
10. Physicians/LPs may not request that unit team access patient EHR records for them as a matter of routine practice.
11. Physicians/LPs may not request that unit team enter orders for them as a matter of routine practice.
12. The discharging physician/LP (is responsible for performing the discharge summary) is ultimately responsible for the completion of the medication reconciliation process and the updating of the Diagnosis and Problem Lists upon discharge of the patient from the hospital.

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13. Physician/LP documentation will be completed by direct entry into the EHR or transcription. Exceptions include Pre-Op or OB H&Ps that are completed in the outpatient setting, and documentation from non-Cerner applications that are printed and scanned into Cerner. Note: The Brief Op Note must be entered directly into the EHR.
14. CPOE Exceptions - The order entry process will remain on paper at this time for the following circumstances:
- a. Chemotherapy orders
 - b. Patient emergency / Code
 - c. Pathology orders
 - d. Outpatient Lab / Rad / Ambulatory Services orders
 - e. TPN/ NICU feeding orders
 - f. Apheresis
 - g. IgG – Pediatrics
 - h. Pre-Op planning orders written in the office when a FIN number is not available