



Training

Nature of Order and Pharmacy

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Definitions

- CPOE
- Legal Order
- Meaningful use
- LM PSO BACKDOOR ORDER ENTRY

Computerized Provider Order Entry (CPOE)

CPOE entails the provider's use of computer assistance to directly enter medication orders from a computer or mobile device. The order is also documented or captured in a digital, structured, and computable format for use in improving safety and organization.

Legal Order

- Indian Health Manual Chapter 7
 - (iii) Medication Order Content - A medication order must include the name of the patient, date, generic or trade name of the drug, strength of the drug, quantity of the drug or the duration of therapy, adequate directions for use, and the prescriber's health records approved signature (initials shall not be used according to medical records policies). The metric system is to be used for weights and measures. When multiple drug orders are entered in the health record, a separate line entry is used for each drug.

Concepts of Meaningful Use and CPOE

- Improving quality, safety, efficiency of the health care system, and reducing health disparities.
 - It is about the system as a whole
 - Once processes are improved the system as a whole will get better.

Meaningful Use

- Here is measure logic in the current version: 60% or 30% depending on your stage.
- COUNT each medication order in the orders file where the EP is the ordering provider, the patient class = outpatient, the patient
- location is not = to ED location (30) and the “**First Nature of Order (the one the prescriber enters)**“ is not = to “**service correction**”. *Note: the next nature of order can be service correction.*
- Numerator Inclusions:
- Count each medication order in the Denominator where “Nature of Order“ **for the counted medication does not = “written”** AND the order was entered by a licensed healthcare professional.

What is LM PSO BACKDOOR ORDER ENTRY

- Direct entry of prescription into RPMS by pharmacy staff using the RPMS Pharmacy Package
- For all intent and purposes it is a transcription process to document legal orders that were/are entered on a different format – in the past it was PCC or hardcopy (legal order) and filled by pharmacy

Potential issues with LM PSO BACKDOOR ORDER ENTRY

- Need legal order when using Backdoor Order Entry
 - If you don't have one, are you acting beyond their scope of practice?
 - If you're acting beyond your scope of practice are you covered under tort claims?
 - OIG Audits and disciplinary actions?
 - Worst case scenario

Nature of Order

- When using Backdoor Order Entry, pay attention to this field, it is important
- Know when to use each one
 - Written
 - Verbal
 - Telephone
 - Service Correction
 - Policy

Nature of Order

- Written
 - Use when order is written on paper and you are transcribing
 - Does not count for CPOE for MU

Nature of Order

- Verbal or Telephone
 - Function essentially the same
 - Use sparingly – in house providers should be entering via CPOE
 - System will send a notification and will ask ordering provider for signature but will still allow you to fill the order and place it in “Active” status
 - Verbal order function does not work for Outpatient Meds from the EHR GUI – this ability is unique to the PSO Backdoor Order Entry
 - Does count for MU

Nature of Order

- Service Correction
 - Automatically populates when editing an order from the pharmacy package
 - No effect on MU CPOE numbers

Nature of Order

- Policy
 - When this is used, make sure there is actually a policy that covers the situation
 - Do not use as a “catch all”
 - Does count for MU

Policy

- **IT MUST BE AUDITABLE**
 - Documentation required – i.e. legal order needs to be defined and potentially authenticated.
- Check state laws
- Check CMS
- Check JC

CMS Scenario

- <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R77SOMA.pdf>
- *If the hospital uses standing orders, verify that there are policies and procedures that address the process by which a standing order is developed; approved; monitored; initiated by authorized staff; and **subsequently authenticated by physicians or practitioners responsible for the care of the patient.***

Recommendations from an MU Measure Analyst on Pharmacy Setting up orders for CPOE

- As long as the pharmacist enters the attesting provider as the ordering provider, it should count. We aren't looking at visits, just orders by the provider...As long as the first nature of order isn't written or service correction, it would count.
- So, a pharmacist entering the order with the provider's name as the prescriber will count towards the measure (per the logic but not the intent of CPOE). It would be better if it were entered via EHR GUI and held until the provider signed it.

Questions?