

THE 3 STAGES OF CPOE

InfoLogix' Vice President of e-Learning **TOM KREUZBERGER** and **JASON FRADIN**, Vice President of Marketing, explain how rolling out a CPOE in three distinct stages is the best way for implementation

Even with the extensive investment in computerized physician order entry (CPOE) systems that hospitals are deploying, a significant disconnect remains regarding successful adoption throughout the organization. While every vendor recommends “one to one” elbow support for physicians during implementation, most healthcare organizations realize that this approach alone is both fiscally and logistically impossible. The key is to provide a comprehensive education solution that utilizes all aspects of current adult learning methodology, combined with expertise in clinical training development, specific to your hospital, that bridges the gap between software, operations, and serving the instructional needs of all users.

Over the past decade, we've worked with hundreds of hospitals to develop customized e-learning on a full range of clinical applications, including health information systems (HIS), electronic medical records (EMR), and CPOE. An effective e-learning solution blends custom “role based” Web training and facilitated classroom instruction — computerized CPOE training logically matches this method. This affords a singular level of realism through the incorporation of your hospital's exact order sets and actual HIS screen shots. It ensures consistency of content and presentation, whether completed remotely or in the classroom. It also enables real-time user support during and after system implementation, and it allows for timely program updates and revisions.

THREE DISTINCT STAGES

Experience has taught us to plan across three distinct stages of CPOE roll-out: 1) pre-implementation, 2) going live, and 3) post-implementation. Success and acceptance requires a training and support program that spans all three.

PRE-IMPLEMENTATION

Realism Your CPOE training program should be as meticulously customized as the CPOE system itself. Initial training must be complete, comprehensive, and specific to your institution. It should include the hospital's exact order sets, feature actual screen shots, and be developed around your institution's workflow, essentially mimicking a day in the life of the clinician.

Web-Based Training Persuading busy hospital and community physicians to attend classroom training is difficult. Online training — accessible to all users at all times from any location with Internet access — solves this problem. Web-based CPOE training can be made sufficiently comprehensive that some users can forego the classroom experience altogether.

Guided Practice The typical workday of an intern in the ED differs substantially from a cardiology resident in the catheterization lab, and CPOE training must be individualized to reflect such differences. Separate Web-based training can be developed for large audience segments, (e.g., emergency department vs. in-patient or adult vs. pediatric) but to accommodate specific individualization, guided practice exercises in a facilitated classroom are required.

Facilitated Classroom Instruction This generally entails users completing the e-learning in an interactive classroom. Lesson plans include introductory remarks and preliminary teaching, followed by the user/student's completing prescribed e-Learning sections. Guided practice exercises to fine-tune the training are completed in the classroom, but the facilitator is present primarily for questions and guidance.

Certification While some hospitals avoid testing physicians for CPOE proficiency, evaluation is desirable to certify competence and confirm the completion of training. Progress checks can be

embedded in the Web-based training and administered intermittently during classroom instruction.

GOING LIVE

Continuity of Leadership As the CPOE system is brought online, emphasis shifts from training to support — specifically, 24/7 floor support for up to 30 days. Hospitals may employ trained retired nurses, candy strippers, or members of the build team; any of these approaches can work, as long as it includes a leader on the floor who participated in e-learning curriculum development and the classroom instruction. Proper context and leadership are both pivotal.

POST-IMPLEMENTATION

Just In Time You've acquired a CPOE system, trained all users, and brought it online. But what happens later at 3:00 a.m. on a Sunday morning, when an infrequent user cannot remember the third step in a discharge process or the order set for a particular drug-drug interaction? Just-in time (JIT) training — a form of readily available refresher training/support — is the solution. Overlapping the “go live” stage of CPOE roll-out and continuing indefinitely, JIT places subsets of training material from the e-learning program on the hospital intranet in the form of quick-reference guides.

It is widely acknowledged that CPOE has the potential to reduce the incidence of medication error and associated healthcare costs. However, when improperly implemented, CPOE has the potential to facilitate medication errors, and its introduction can result in a negative reaction. A blended e-learning solution of Web-based training and facilitated classroom instruction, along with a deep understanding of your hospital's exact needs and circumstances, offers the highest probability of successful CPOE implementation and acceptance. **FH**

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