CPOE EVALUATION TOOL
FREQUENTLY ASKED QUESTIONS
(FOR ADULT AND GENERAL HOSPITALS ONLY)

1. Can we take one test for our entire hospital system if all our units use the same CPOE system?
   No. Because of differences in implementation and usage between separate hospital units or campuses, the test should be taken by each hospital unit consistent with Leapfrog’s policy on multi-campus hospital systems. Results for each specific hospital are associated with that respective hospital’s other survey results.

2. Can a central team conduct a test for multiple hospitals from a central site?
   Hospitals must be sure that the clinical decision support and other CPOE settings being used mirror the local hospital’s instance exactly. In addition, a local prescriber who regularly orders inpatient medications should complete the order entry part of the test (Step 4).

3. Who should conduct your test?
   You will most likely need a team of people who are familiar with the various systems to set-up the test patients. These folks will need access to the different environments and applications to enter registration, laboratory, and other information for the test patients. Once the test patients have been set up, the actual test should be performed by a prescriber (e.g., a physician, physician assistant, nurse practitioner) who routinely enters orders and is familiar with the formulary and order writing workflow to complete the process in a timely fashion. The individual entering orders should be very familiar with electronic order writing, and must have security rights to enter all types of medication orders, including controlled substances and antibiotics. Hospitals involved in testing have often involved an interested hospitalist or senior medicine resident to enter test orders.

4. Can our pharmacist enter the medication orders during the test?
   No. The test orders should be entered by a licensed prescriber who routinely write inpatient medication orders.

5. Our CPOE system is designed so that certain alerts go to the pharmacist, not the prescriber. Can we use these alerts in reporting on the CPOE Evaluation Tool?
   No, hospitals should only report on those alerts that were received at the point of order entry by the prescriber.

6. How often should a hospital take a CPOE Evaluation Tool?
   In order to be included in a hospital’s scoring for the CPOE standard, the CPOE Evaluation Tool needs
to be taken at least once per survey cycle (April 1 – December 31). Within a survey cycle, a hospital cannot retake a CPOE Evaluation Tool until at least 120 days have passed since their last test was taken. For example, if a hospital completed a test on April 17 at 12:16 PM, it will be able to retake the test in the online tool on August 16 at 12:16 PM.

7. **What level of feedback will the CPOE Evaluation Tool provide our hospital about our CPOE system?**
   Hospitals that complete the CPOE Evaluation Tool will be provided with feedback on those scenarios that include a potentially fatal order that their CPOE system did not correctly alert the prescriber and alert fatigue orders. Due to the costs associated with developing the patients and orders for the tool, the database of orders and patients is limited. Therefore, revealing all of the incorrect or missed alerts would provide hospitals that have taken the tool before a potential advantage over hospitals with recent CPOE implementations.