How to Avoid 10 Pitfalls of Ongoing Order Set Maintenance

The business case for evidence-based order sets and associated clinical content management solutions continues to grow, in terms of both improved quality and outcomes, and reduced costs. While the value proposition is clear, the challenges to these complex initiatives are many.

Healthcare organizations that have successfully navigated the difficulties associated with building and deploying dozens, even hundreds, of order sets into computerized physician order entry (CPOE) systems may be ready to breathe a sigh of relief. But the reality is that this is just the first milestone. The long-term challenge is keeping order set content current through ongoing maintenance strategies.

Success is directly linked to effective governance and an advanced technological infrastructure that minimizes the huge drain on resources required for maintenance. This paper details 10 pitfalls to ongoing order set maintenance, and how clinical content management solutions are uniquely positioned to keep healthcare organizations from falling into them.

PITFALL #1: LACK OF VISIBILITY INTO ORDER SETS THAT NEED UPDATING

The sheer volume of new evidence introduced annually makes identifying needed order set changes a monumental task. Couple that challenge with an evolving regulatory landscape of fluctuating quality measures, and multiplying it by a library of potentially hundreds of order sets, results in a daunting ability to keep up with changes.

Leading clinical content management systems provide easy "one-click" features for enabling quick and easy updating of new evidence coming from Food and

Drug Administration safety alerts or from resources such as UpToDate®. Further, web-based order set review applications can enable efficient distribution for quick sign-off.

PITFALL #2: UNDEFINED OVERSIGHT

Oversight of the maintenance process is required by both the Centers for Medicare and Medicaid Services and The Joint Commission. In fact, inappropriately managing this process can result in penalties.

While ongoing supervision might prove difficult for the average resource-strapped healthcare entity, a clinical content management system can ease the process by providing an audit trail of every comment, agreement and change during review. Versioning and version control features enable management of unique versions that can easily be compared or reverted if needed.

PITFALL #3: SYSTEM LIMITATIONS

You can't fit a square peg into a round hole. Many healthcare organizations try to use their existing technology—such as document management systems, web portals, or even Excel spreadsheets—to support maintenance activity. For example, intranet tools will not provide the robust infrastructure needed to accurately track order set evolution. Often, order sets within an intranet portal will fall out of sync with active order sets, opening the door to potential patient safety and compliance issues.

Specialized clinical content management systems offer tools that integrate the process of change with actual change, minimizing the potential for confusion and ensuring compliance with regulatory standards.

PITFALL #4: LACK OF CENTRALIZED GOVERNANCE

Ownership of order set content is an important element in the overall strategy, but having too many managers overseeing the process can result in a Wild West scenario. The best strategy is to commit to centralized governance, with one department or manager overseeing the process, with leadership consisting of both clinical and informatics professionals.

PITFALL #5: INEFFECTIVE MANAGEMENT OF ORDER DICTIONARY/CATALOG

Lack of attention to the order dictionary or catalog can lead to redundancies, catalog bloating and inconsistency of care delivery. The goal is standardization of industry best practices, and the order catalog provides the foundation.

To promote effective management of this essential area, healthcare organizations can begin with a clinical content management system's prebuilt catalog and leverage advanced mapping interfaces to integrate any existing CPOE catalog. Once formalized, new catalog items can be easily created within the system as needed.

PITFALL #6: UNDERSTAFFED ORDER SET TEAMS

While an advanced clinical content management solution will go a long way towards streamlining the order set maintenance process, healthcare organizations must still make resource allocation a priority. Successful oversight requires that staff be assigned and held accountable for ensuring that order sets do not become outdated.

PITFALL #7: LACK OF APPROPRIATE BUILD STANDARDS

Details matter. When laying a foundation for successful order set maintenance, defining standards and style guides should be an early priority in the process to ensure standardization of content and format. When this critical step is overlooked, the results are often an overstuffed order catalog and variability.

Every element of an order set should be considered, down to defining styles for titles, section names, section order and abbreviations. A clinical content management system makes this easy with predefined order set templates and terminology standards that can be customized according to organizational needs.

PITFALL #8: NO SINGLE SOURCE OF TRUTH

When considering how to deliver the latest evidence-based content to the point of care, identifying an authority for maintaining order sets is critical to regulatory compliance and ensuring optimal patient care and outcomes. A single source of truth must be appointed to negate the possibility that an out-of-date order set is being accessed and utilized.

Order sets contained in the clinical content management system must become the source of truth as they are integrated with the change process. By archiving all past versions, review cycles and physician comments, the system provides visibility into the evolution of an order set.

PITFALL #9: TOO MANY VERSIONS

Often, physicians will want to design their own versions of order sets based on their preferences for workflow and patient care. This practice not only curtails efforts to standardize evidence-based care, but also inflates the order set library and further complicates ongoing maintenance efforts.

The order set team needs clear guidance and backing from leadership to control order set requests and responses. Healthcare organizations should consider that the number of order sets will be directly proportional to the resources needed to maintain them.

PITFALL #10: LACK OF ROUTINE REVIEW DATES

Healthcare organizations must be purposeful in their efforts to review order sets. Annual or biannual reviews of order sets should be standard. Once dates are placed on the calendar, leadership must make adherence to them a priority.

Clinical content management systems should include features that make scheduling the review process and emailing reassessment schedule reminders easy. Capabilities that provide for easy comparison between versions also help streamline the review process.