

Healthy People 2010 Operational Definition

17-2. Increase the proportion of health care providers and organizations that are using information technology.

17-2d. Urban acute care facilities using computerized prescriber order entry.

National Data Source The Leapfrog Group Hospital Patient Safety Survey.

State Data Source Not identified.

Healthy People 2000 Objective Not applicable.

Changes since the 2000 Publication New subobjective (see Comments).

Measure Percent

Baseline (Year) 13 (2007)

Target 20

Target-Setting Method 50 percent improvement.

For a discussion of target-setting methods, see Part A, section 4.

Numerator Number of hospitals in which at least 75 percent of total medication orders are entered by physicians via a computer system linked to prescribing error prevention software

Denominator Total number of hospitals in survey.

Population Targeted Urban acute-care Medicare-certified hospitals in Leapfrog designated roll-out regions (see Comments).

Questions Used To Obtain the National Baseline Data From the 2003 Leapfrog Group Hospital Patient Safety Survey:

- *Does your hospital have a functioning CPOE system in at least part of the hospital?*
- *Does your hospital require all physicians to enter hospital medication orders via a computer system linked to prescribing error prevention software?*
- *Does your hospital's CPOE system require documented acknowledgement by the prescribing physician of the interception of potentially serious prescribing errors prior to any override?*
- *What percent of your hospital's total medication orders are entered by physicians via a computer system linked to prescribing error prevention software?*

Expected Periodicity Periodic

Comments

Acute care facilities are considered to use a computerized prescriber order entry system if they answered yes to the first three questions listed above and answered "at least 75%" to the last question listed above.

The Leapfrog Group has identified three initial patient safety standards as the focus for consumer education and information and hospital recognition and reward: Computerized Physician Order Entry (CPOE), ICU Physician Staffing, and Evidence-based Hospital Referral. The intent of the CPOE standard is to encourage use of CPOE with clinical decision support that can intercept dangerous orders. Specifically, it requires that physicians enter orders electronically and that the system be able to intercept at least 50 percent of common serious prescribing errors.

Because the Group's initial efforts are focused on urban, acute-care facilities, the survey of standard acceptance was limited to certain focused regions. These included California, New Jersey, Minnesota, Colorado, Massachusetts, Central Florida, East/Mid Tennessee, South-central Wisconsin, Metropolitan New York, Atlanta, Dallas/Fort Worth, Kansas City, Memphis, Rochester, NY, Savannah, Seattle, St. Louis, and Wichita. Some non-focus areas voluntarily contributed to the survey.

Objective 17-2 moved from developmental to measurable status during the Healthy People 2010 Midcourse Review. The objective text was revised

from “Increase the use of linked, automated systems to share information” to “Increase the proportion of health care providers and organizations that are using information technology.” Subobjective 17-2a was revised from “health care professionals in hospitals and comprehensive, integrated health care systems” to “health care providers in health care organizations using electronic medical records.” Subobjective 17-2b was revised from “pharmacists and other dispensers” to “pharmacists in managed care and integrated health systems using electronic medical records.” Two new subobjectives (17-2b and c) were added, addressing the use of computerized prescriber order entry in general and children’s hospitals and in urban acute care facilities.

See Appendix A for focus area contact information.