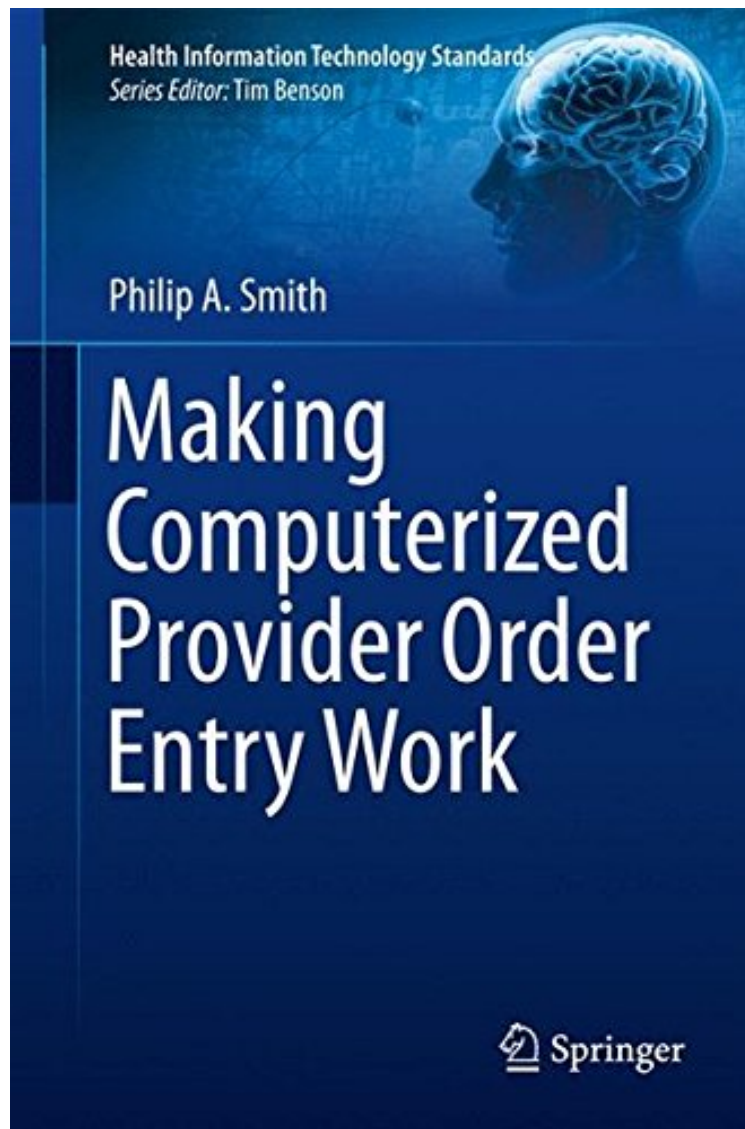


(Free and download) Making Computerized Provider Order Entry Work (Health Information Technology Standards)

Making Computerized Provider Order Entry Work (Health Information Technology Standards)

Philip Smith

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Philip Smith : Making Computerized Provider Order Entry Work (Health Information Technology Standards) before purchasing it in order to gauge whether or not it would be worth my time, and all praised Making Computerized Provider Order Entry Work (Health Information Technology Standards):

4 of 4 people found the following review helpful. Excellent resource! By Bookaholic Excellent, practical guidelines for

implementing CPOE by a physician who has actually led this effort in many facilities. The only reason for not rating it at 5 is that the proofreading was deficient. I recommend this to anyone who is contemplating embarking on this project, or any major clinical initiative. The principles can be applied to anything. Read it sooner rather than later---the hard work is in preparation!

Despite all the jokes about the poor quality of physician handwriting, physician adoption of computerized provider order entry (CPOE) in hospitals still lags behind other industries use of technology. As of the end of 2010, less than 22% of hospitals had deployed CPOE. Yet experts claim that this technology reduces over 80% of medication errors and could prevent an estimated 522,000 serious medication errors annually in the US. Even though the federal government has offered \$20 billion dollars in incentives to hospitals and health systems through the 2009 stimulus (the ARRA HITECH section of the American Recovery and Reinvestment Act of 2009), many organizations are struggling to implement advanced clinical information systems including CPOE. In addition, industry experts estimate that the healthcare industry is lacking as many as 40,000 persons with expertise in clinical informatics necessary to make it all happen by the 2016 deadline for these incentives. While the scientific literature contains numerous studies and stories about CPOE, no one has written a comprehensive, practical guide like *Making CPOE Work*. While early adopters of CPOE were mainly academic hospitals, community hospitals are now proceeding with CPOE projects and need a comprehensive guide. *Making CPOE Work* is a book that will provide a concise guide to help both new and experienced health informatics teams successfully plan and implement CPOE. The book, in a narrative style, draws on the author's decade-long experiences of implementing CPOE at a variety of academic, pediatric and community hospitals across the United States.

From the Author *Making Computerized Provider Order Entry Work* is my first published book and I hope will help those in the industry who want a specific framework to implement, enhance and optimize their CPOE projects. I am hoping that students of informatics will find the lessons learned helpful in their careers and that hospital executives will dive in and understand the critical success factors for their efforts to automate the workflow of their medical staffs. I am hopeful that you find my style engaging and the "Fingernails on the Chalkboard" warning signs helpful. My desire is that you find the book informative, yet an easy read.

From the Back Cover *Making Computerized Provider Order Entry Work* is neither a scientific reference guide into medical informatics nor a book on theory or a summary of research studies in the field, but rather it is a practical guide to visioning and executing successful automation of physician workflow in the hospital environment. This adaptation of workflow is the work of a team, with leadership, clear vision, dedication, commitment, external drivers, experience, and the tireless work of those before us in this industry, who have paved the way with both successes and failure. Throughout the book, the author shares hard lessons-learned and guides the reader through the early warning signs that will help avoid the pitfalls. As systems progress, and the regulatory environments change, there will be new challenges and opportunities that will confront those setting up automated physician workflows. However, this book highlights and discusses all of the principles involved such as vision, leadership, project management and change management, which will always need to be incorporated to ensure project success. As such this book will be an important reference for anyone involved in the setting up or use of such systems from the physicians and medical professionals themselves through the medical informaticist to health system executives and other decision makers.

About the Author Philip A. Smith, M.D. is a Board-certified Family Physician who first adopted technology in his private medical practice in November 1992 when he deployed an EMR in his office. In 1997, he left practice to pursue his interests in the field, co-founding a company, Cognitive Analysis, Inc. This company was probably the first in healthcare to utilize business process modeling documenting information flow as a patient recognizes a need for medical care through the completion and adjudication of that care. In 2003, the author joined the Adventist Health System (AHS, Winter Park, FL), serving jointly as Vice President of Medical Affairs (and later Chief Medical Officer) at Florida Hospital Zephyrhills (FHZ, formerly East Pasco Medical Center) and as Chief Medical Information Officer (CMIO). He left his position at FHZ in 2007 to focus full-time on CPOE in the CMIO role. He led AHS design and implementation of CPOE, physician documentation and clinical decision support. He coined the term commoditized CPOE as he devised a methodology for rapid, big-bang rollout of CPOE for 25 community hospitals across nine states in only 27 months. Dr. Smith regularly speaks nationally on the topic of CPOE and Change Management, and most recently for Cerner Corporation, Zynx Health, Hewlett-Packard and Denison Consulting. Dr. Smith received his BSc degree in Health Sciences (Surgery) from Case Western Reserve University in 1979 as a physician assistant and his Masters of Science in Biological Sciences (physiology, in 1981) and his Medical Doctorate (1983) degrees at Wright State University in Dayton, Ohio. He completed his Family Practice Residency as Co-Chief Resident in 1986 at the University of Missouri Columbia. He is a Fellow of the American Academy of Family Physicians. He is a member of the Association of Medical Directors of Information Services (AMDIS) and the Health Information and Management Systems Society (HIMSS).