Introduction

Determining and standardizing order sets through physician consensus and then implementing their use can be a daunting task for organizations. Hospitals can improve their success at implementing these sets through six best practices.

Source: https://www.beckershospitalreview.com/news-analysis/6--best-practices-for-implementing-order-sets.html

1. Order sets address organizational goals

Hospitals should begin their order-set implementation efforts by focusing first on developing order sets that directly address organizational goals, says Dr. Peitzman. For example, if a hospital has a goal of a core measures score of 95 percent, a starting point may be creating order sets related to any measure that falls below 95 percent.

Starting with order sets that directly affect organizational goals helps the process better gain hospital leadership and physician support and is more likely to bring about significant change in an organization

2. Determine the process for creating order sets

Next, organizations need to determine the process they will use to reach consensus on these order sets. Key clinical leaders, such as department chairs and other physicians, should be directly involved in the development process for order sets relevant to their specialty

3. Begin with a starting point.

Begin with existing order sets and adapt them to fit their needs. "A starting point could be an order set already used in the organization or another source, such as another organization or a software product of evidence-based order sets," says Dr. Peitzman. "These starting sets should also include links or references to the underlying evidence used to develop the sets. This evidence will help physicians come to consensus."

Order Set Development

4. Decide how order sets will be implemented.

After determining a process for developing the sets, organizations should decide how they will implement them. Organizations should consider whether or not they will make use of the sets voluntary or mandatory and if they will use paper or electronic implementation with computerized physician order entry.

"If organizations are focused on achieving meaningful use, they will need to show a certain percent of order sets are being done in the CPOE system," says Dr. Peitzman.

If an organization chooses to enter the order sets into the CPOE system, it should set goals of how many sets it will enter by a certain time frame and develop a process for entering the sets, says Dr. Peitzman. Some tools for order set management allow order sets to be integrated automatically, but if organizations manually maintain order sets in other ways, such as in an Excel spreadsheet, they need to assign resources to this process.

5. Allocate resources to maintain data sets

Organizations must also allocate resources to maintain order sets and ensure they are up-to-date.

"Medication guidelines change all the time as new studies show a new drug or dose would be better, or other research suggests other best practices for treatments," says Dr. Peitzman.
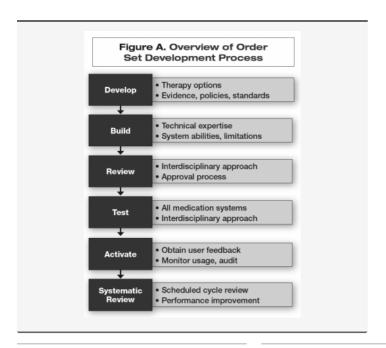
While some electronic order set management tools will update users of new guidelines, it is still important that organizations have an assigned point person to monitor the new information and incorporate it into order sets. Organizations without such tools typically rely on department chairs to stay abreast of the latest research and place them in charge of updating order sets accordingly.

If an organization chooses to use an order set management tool, Dr. Peitzman recommends it consider the quality of evidence sources, integration capability to CPOE systems and the ease of maintenance when selecting a specific program.

6. Monitor performance.

Finally, organizations should routinely monitor the impact of the order sets on organizational goals. For example, did implementing an order set improve core measures? If an organization finds that movement toward organizational goals is lacking, it needs to have resources in place to investigate why this is occurring and what changes can be made to improve the positive impact of the order sets.

"If in six months, an organization hasn't experienced improvements, organizations need to try to understand why," says Dr. Peitzman. "Organizations should monitor utilization and if it is lacking, find a way to make order sets more user friendly."

Figure A. Overview of Order Set Development Process

Develop	• Therapy options • Evidence, policies, standards
Build	• Technical expertise • System abilities, limitations
Review	• Interdisciplinary approach • Approval process
Test	• All medication systems • Interdisciplinary approach
Activate	• Obtain user feedback • Monitor usage, audit
Systematic Review	• Scheduled cycle review • Performance improvement