**Objective**

To review Lehigh Valley Hospital-Hazleton's successful implementation and continuing evolution of CPOE using the concept of “CPR” - Consistency, Provider Support, and Re-evaluation.

**Organizational Facts**

- Lehigh Valley Health Network’s mission is to heal, comfort and care for the people of our community by providing advanced and compassionate health care of superior quality and value, supported by education and clinical research.
- Lehigh Valley Hospital-Hazleton has more than 100 highly trained and well-respected physicians that serve over 100,000 people throughout the Greater Hazleton area.
- A staff of 3 Informatics Nurses completed the CPOE implementation.

**Preparation for CPOE Implementation**

- Started by educating Nursing and implemented the use of Provider Order Management – the same system used for CPOE (care provider order entry) 6 months prior to launch for physicians.
- Implemented a core group of 10 physicians across various specialties to assist in testing and workflow.
- Reviewed inpatient paper orders daily to test if they could be ordered electronically and built what was needed to prepare for a “paperless” future.
- Created a blank “Provider Communication Order” that allows providers to type in text. These are printed to the Informatics Office and reviewed daily.
- Decisions were made to keep Chemotherapy and TPN/PPN Orders on paper at the initiation of CPOE and are to be built electronically later.
- Educational overviews were offered off hours along with light refreshments to accommodate providers schedules.
- One on one education was done with each provider and for those that were familiar with CPOE and needed only one hour and others needed up to six hourly sessions.

**Rollout/ Implementation**

- **“C” Consistency** - Nursing was consistently made aware as each provider went live. The staff member that assisted in taking a specific provider live with CPOE primarily followed through on that provider to foster a general overall sense of consistency. When an issue occurs do not just say you are going to follow up on something, make sure you do follow up and provide answers or suggestions.
- **“P” Provider Support** - Informatics staff also made sure they were available 24 hours a day 7 days a week to assist with any issues or concerns. From training, to implementation and beyond providers have direct and open lines of communication. If at any time any provider appeared to be struggling, one on one would be given and every attempt was made not to just rectify a problem but to come with a better solution or alternative.
- **“R” Re-evaluation** - From day one to up to and including today a constant and vigilant re-evaluation is always done. CPOE was one of the first electronic components of the EHR done by providers and as more things are added it is important to improve and streamline any process to maintain stakeholder satisfaction.

**Lessons Learned**

- Start out simple and customize for providers as they get used to the system. If you start out with favorites and “work-arounds” providers will never know how to truly use the system when it is needed.
- Do not be afraid to ask for help. Switching the person offering support or education can work. And sometimes peer to peer will be better received. There are times it was necessary for our physician champion to step in and assist with a challenging provider. These instances were few and far between but they will occur and it will work out.
- Everyone is challenged by CHANGE! Providers are human too and they can be fearful or embarrassed that they do not know something. The key is to present things in a manner that is easy to understand and when in doubt rethink your approach.
- Ask for input. If you are having an issue, ask for a providers input into the matter at hand. Sometimes just seeing things from someone else’s perspective will make all the difference.
- Do not wait to the end to implement the challenging providers. In most instances a deadline will appear and there will be limited time to take those providers live that will most likely have an issue. Make sure you leave adequate time.

**“CPR” for all Components**

With any electronic component of the EHR that is being implemented we take the “CPR” - Consistency, Provider Support, and Re-evaluation approach. This methodology can be applied to any component and will help to ensure satisfaction and acceptance.

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Karen Marsiglio, RN, BSN, Marguerite Petsuck, RN and Daniel Patzek, RN, BSN
Lehigh Valley Health Network, Allentown, Pennsylvania