Medicare Beneficiary Quality Improvement Project (MBQIP)
Pharmacist CPOE/Verification of Medication Orders within 24 Hours Measure Guide

Background:

Adverse drug events account for 34.2% of all hospital acquired conditions (Partnership for Patients, 2010). Additionally, each hospital patient can expect to be subjected to, on average, more than one medication error per day (IOM, 2006). One solution to reducing this harm is to utilize appropriate technology to reduce errors. Evidence suggests that processing a prescription drug order through a CPOE system cuts the likelihood of error on that order by 48%. However, technology in and of itself is not the final solution. With a larger goal of increased patient safety and medication management, it is also important to have a pharmacist enter or review the medication orders because they are the medication experts.

The Measure:

The Pharmacist CPOE/Verification of Medication Orders within 24 Hours Measure consists of a numerator and denominator:

Numerator: Number of electronically entered medication orders for an inpatient admitted to a CAH (acute or swing-bed), verified by a pharmacist or directly entered by a pharmacist within 24 hours.
Denominator: Total number of electronically entered medication orders for inpatients admitted to a CAH (acute or swing-bed) during the reporting period.

Inclusion Criteria: Inpatients admitted to acute care bed, swing bed; observation patients*

Exclusion Criteria: Outpatients; ED patients

As a reminder, one medication equals one order. For instance, if three different medications are ordered for one patient, that would be three separate medication orders.

**NOTE: Although Observation is an outpatient service, please include these patients if your CAH manages medications for observation patients in the same manner that you do for inpatients*

Flex Program Preparation:

To prepare for this measure, Flex Coordinators should be having conversations with the CAHs in their state. Items to discuss include:

- How many CAHs have computerized medication order entry?
- How many CAHs are still using paper MARs (Medication Administration Records)?
- Encourage the CAHs with computerized medication order entry to reach out to their vendors to determine the capability to run the numerator/denominator report for this measure.

Additionally, ORHP would encourage Flex Coordinators to talk to their Project Officer if they get feedback from CAHs that the reporting capability is not being offered to them after they speak with their vendors.

Critical Access Hospital Preparation:

To prepare for this measure, CAHs should:

- Reach out to your vendor to check on the capability to have a report generated in your medication order entry system. (See additional resource: Pharm Verification Reports 2013)
- Determine appropriate pharmacist coverage for your facility. Do you already have onsite coverage 7 days a week*? If not, would it be possible to share remote pharmacist services with other CAHs or hospitals in a system, or would contracting remote pharmacy services be the best option for your needs?

**NOTE: 7 days a week does not mean you need 24/7 coverage*

ORHP recognizes that there are still a number of CAHs that do not yet have computerized medication order entry, but are moving in that direction. These CAHs may not be ready to collect data for this measure in the first reporting period of Phase 3, and that is okay. As soon as the CAH is equipped with computerized medication order entry, they can begin reporting, even if it is two or three quarters in to Phase 3.

ORHP Preparation:

ORHP is working to develop PIMS to allow the Flex Coordinator to upload a spreadsheet containing measure data for CAHs. The format could possibly come from the vendor for easy state upload. Reporting mechanism should be ready in early 2014 for states to submit data for the first reporting quarter of Phase 3 (Oct – Dec 2013). ORHP will also continue to assist with the sharing and dissemination of tools, resources, and best practices from other states.