

# Performance Strategies



Use CPOE to Lead the Way in Safe, Effective Healthcare

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## CPOE Still a Vital “Leap” for The Leapfrog Group



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### Improving Care for 20 Million Lives

The [Leapfrog Group](#) was formed in 2000 by a number of large employers and public healthcare purchasers. Its mission? To help healthcare providers improve the safety, quality and efficiency of care delivered by the nation’s hospitals for the estimated 20 million lives covered under the purchasers’ health benefits.

### Timing is Everything

If you look at the timing, it’s no surprise to learn the impetus for forming The Leapfrog Group — the landmark 1999 Institute of Medicine report. Employers were alarmed by the report’s evaluation of the state of patient safety in U.S. hospitals. They quickly recognized that they didn’t understand the quality of care their employees were receiving.

The first priority was to gather detailed information so employers could not only monitor patient safety, but also use that information in a transparent fashion to encourage employees to use the highest performing hospitals. The Leapfrog Group conducts an annual hospital survey to gather this evidence-based data.

While we work in harmony with quality and measurement organizations such as The Joint Commission, the survey gives us a “dashboard” view of what we believe are the most salient measures of quality and efficiency in hospitals. We also use this information to endorse core measures, safety guidelines and other quality improvement efforts.

### Making the Leap

Since the beginning, The Leapfrog Group has endorsed computerized provider order entry (CPOE) as one of our three core “leaps” for improving patient safety. We now have four “leaps,” but we still consider CPOE one of the most important. Frankly, we’ve received a lot of criticism over the years for insisting that hospitals adopt CPOE — despite solid evidence that CPOE can improve safety by reducing medication errors by 50% to 85%, depending on the study.

In fact, research shows that if all urban hospitals in the nation implemented the first three leaps (CPOE, intensive care unit physician staffing and evidence-based hospital referral), we could save up to 65,341 lives, prevent as many as 907,600 serious medication errors ([Birkmeyer, 2004](#)), and save \$41.5 billion ([Conrad, 2005](#)).

The other major criticism we hear about CPOE is that it’s just too much work for hospitals. With only 2% of hospitals using CPOE in 2000, clearly only the most progressive were willing to implement it. But we’ve always believed that Leapfrog’s mission was to set the quality and safety bar for hospitals. Given the ever-growing body of evidence on the benefits of CPOE, you might expect great strides since 2000. However, Leapfrog data shows that only 6% of hospitals are currently using CPOE. The good news: the number has tripled. The not so good news: U.S. hospitals have a long way to go.

### An Ongoing Need for Data

Our need for evidence-based data never ends, so we implemented a new tool with our 2008 hospital survey. All hospitals that fully met our CPOE adoption standard – 75% of orders entered electronically – were asked to take our CPOE evaluation test. The

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## CPOE Still a Vital “Leap” for The Leapfrog Group (Cont.)

one-of-a-kind tool, which enables hospitals to assess if their CPOE implementation is meeting organizational goals, was developed by industry experts and funded through a multiyear investment of hundreds of thousands of dollars.

Only around 100 hospitals in the nation qualified to take the four-hour test. Hospitals entered “dummy” patients and “dummy” orders into their CPOE system. After scoring, Leapfrog then reported the results back to the participating hospitals. The [results](#) were disappointing. Generally, hospitals did not score well in detecting allergy and dosage interactions. A good many hospitals even missed a “fail” order that was built into the order sets.

### Continuing the Journey

As noted earlier, CPOE is one of our original leaps, and we still stand behind it. But the results from our CPOE evaluation clearly demonstrate an industry-wide need for best practices for implementing CPOE effectively.

In partnership with industry groups and vendors such as McKesson, we are launching a consortium to identify the barriers to effective CPOE deployment — and how to overcome them. We plan to identify:

- Common hurdles to adoption.
- Methods for engaging leadership, nursing, physicians and other key stakeholders.
- The dos and don'ts of decision support.
- Resources and literature.

With the recent passage of the economic stimulus legislation, the White House and other policy makers are placing greater scrutiny on the effective use of healthcare technology. In the hospital setting, CPOE is a critical component. Working together, we can help every hospital in America get CPOE right.

*Leah Binder joined The Leapfrog Group in 2007 as Chief Executive Officer. Prior to that, Binder was vice president of the Franklin Community Health Network (FCHN) based in Farmington, Maine, where she oversaw operations for the system involving marketing, planning and public health outreach. She also served as executive director of the Healthy Community Coalition (HCC) and Franklin Health Access. She has also served as senior policy advisor to New York City Mayor Rudolph W. Giuliani, where she developed programs to improve care of the uninsured, among others. She began her career in health policy with the National League for Nursing where she was the public policy director.*

### Updated CPOE Requirement for 2009 Leapfrog Survey

The requirement to access Leapfrog's CPOE Evaluation Tool has been updated in the 2009 Leapfrog Survey. For 2009, the hospital CPOE system must be implemented in at least one inpatient unit to receive credit towards CPOE implementation and to access the tool. Hospitals no longer will receive credit for CPOE systems only implemented in their emergency department or outpatient units.

For 2009, the results scored by the hospital on the CPOE Evaluation Tool test will be combined with its CPOE implementation status to determine their overall score on the Leapfrog CPOE Leap. The survey timelines for the Leapfrog Hospital Survey also apply to testing against the Leapfrog CPOE Evaluation Tool.

Review all of the [changes for the 2009 survey](#).

## Events

### Clinical Leadership Webinar Series

June 4, 2009

2:30 p.m. - 3:30 p.m. ET

Impact of the EHR on Risk Management:  
The Road to a Paperless Record

### National Patient Safety Foundation (NPSF)

Leadership Day and Annual Congress

May 20-22, 2009

Washington, D.C. area

### AMDIS Physician-Computer Connection Symposium

July 14-17, 2009

Ojai, Calif.