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Clinical Decision Support: Finding the Right Path

Jane Metzger, Dona Stablein and Fran Turisco

Clinical Decision Support (CDS) is a broad term loosely applied to many features of clinical applications. The objective of CIS is to assist the clinician in making the best clinical decision and in following recommended practices throughout the care delivery process. Actual CDS tools range from very simple data field checks to complex calculations performed in the background during order entry.

These tools are not new. What is new, however, is the industry's current focus on patient safety – specifically, medication safety. To respond, organizations are implementing or enhancing clinical applications that put clinical information and decision support tools in the hands of physicians, other ordering clinicians, pharmacists and nurses as they deliver care. Much of the value these systems provide is directly related to the decision support they offer. The most powerful thing CDS does is change the way an organization approaches patient safety from reactive to proactive. Organizations without a CDS strategy risk implementing tools that slow down the workflow of the clinicians with little improvement in patient safety.

This paper lays out the options so that organizations are better prepared to develop an effective CDS strategy. Decision support will eventually be applied very broadly to address issues of quality, safety and appropriateness of care. For now though, the entire industry is focusing foremost on medication safety, with particular emphasis on computerized physician order entry. Consequently many of the examples in this paper are drawn from medication management.

For more information, please visit www.fcg.com/research/serve-research.asp?rid=61

Computerized Physician Order Entry (CPOE) with Clinical Decision Support Systems (CDSSs)

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Medication errors and adverse drug events (ADEs) are common, costly, and clinically important problems. Two inpatient studies, one in adults and one in pediatrics, have found that about half of medication errors occur at the stage of drug ordering, although direct observation studies have indicated that many errors also occur at the admin-

istration stage. The principal types of medication errors, apart from missing a dose, include incorrect medication dose, frequency, or route. ADEs are injuries that result from the use of a drug. Systems-based analysis of medication errors and ADEs suggest that changes in the medication ordering system, including the introduction of computerized physician order entry (CPOE) with clinical decision support systems (CDSSs), may reduce medication-related errors. www.ahrq.gov/clinic/ptsafety/chap6.htm

Electronic Decision Support for Australia's Health Sector

Report to Health Minister by the National Electronic Decision Support Taskforce

This report, prepared by the National Electronic Decision Support Taskforce, considers the benefits and difficulties of adopting a national approach to electronic decision-support development in Australia – and makes recommendations about how serious progress can be made in this area in a nationally coordinated way. For more information, please visit www.health.gov.au/healthonline/docs/nedsrept.pdf

MedCom IV: Status, Plans and Projects

Denmark has paved the way in the field of Electronic Medical Records and MedCom has been responsible for establishing this nationwide healthcare data network. Ten years into development, find out how far they have come and more importantly, how they got there.

For more information, please visit www.medcom.dk/publikationer/publikationer/MedCom4-ENGELSK.pdf

MediConnect Project Plan

MediConnect, an Australian Government initiative intended to improve prescription safety recently finalized its 2003-04 Project Plan. The Project Plan outlines the strategic directions and key areas of work being undertaken in the next 12 months.

For more information, please visit www.medicconnect.gov.au/pdf/mcpp0304.pdf

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