NewYork-Presbyterian Hospital

Organization Name:

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Organization Contact:

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Schema Archetype

Inpatient, Academic Medical Centers

Schema Factors

Inpatient, Hospital Setting, Urban, Academic, >200 Beds

Organization Summary

NewYork-Presbyterian Hospital (NYP) was formed in 1999 by a merger between New York Hospital of Cornell University and Columbia-Presbyterian Hospital of Columbia University. The hospital has 2,300 beds at 5 different locations.

IT Environment

At NewYork-Presbyterian Hospital, there is a clinical information system with clinical documentation, results management, order management and clinical decision support (CDS). This system has been in place since the late 1990's.
Currently, NYP is using the Eclipsys Electronic Health Record (EHR) with CPOE. The EHR is interfaced with the pharmacy, nutrition services and the laboratory sytems. NYP has ordersets, clinical alerts and a health maintenance dashboard system. In addition there are embedded constructs within ordersets which present relevant patient data, such as lab values or most recent medication administration, to clinicians.

CDS Achievement

NYP uses an extensive clinical alert system. The Clinical Decision Support Committee (CDS Committee) began writing rules for alerts in 1999. In 2003 the

Committee created a new process for managing alert requests. This process has prioritized requests for new alerts and helped to ensure that only clinically significant alerts are used within the system. There is a heightened awareness of the potential for 'alert fatigue' resulting from too many alerts being triggered. NYP also tracks which alerts are acknowledged and the order continued (override) versus accepted (decision change due to the alert) by providers in order to ascertain clinician acceptance and utility and to provide feedback at the departmental and provider level.

The new committee structure recognizes that ideas for alerts come not just from a committee setting, but from clinician users, including housestaff . The nationally recognized Housestaff Quality Council at NYP has bi-campus representation on the CDS committee and often generates new clinical decision support initiatives.

Lessons Learned

The committee found it to be particularly important that every request for a new alert had a sponsoring department and a named requestor. In this case, a new alert will always have a clinical champion. This not only facilitates clinician acceptance, but also ensures that if changes are required there is always an "owner" who can be contacted.

The alerts are reviewed on a regular basis to determine their continued relevancy and their medical logic module (MLM) is appropriately updated with any new changes in practice recommendations or formulary changes.

An alert request form was also part of the model. The request form organizes the request process and allows the committee to prioritize the alerts based on clinical significance and relevance. Among other information, the form requires the name of the requestor and sponsoring department, a description of the alert, the rationale for the alert, and to what department the alert might be relevant. Along with this information, requestors are encouraged to provide workflow diagrams or mock screen-shots.

Awards, Recognitions, and Citations

Appleby, C. (2010). Clinical decision support: Building your clinical IQ. *Scottsdale Institute: InsideEdge, 16*(6), 11/08/10. doi:08/2010

Kuperman GJ, Diamente R, Khatu V, Chan-Kraushar T, Stetson P, Boyer A, Cooper M. *Managing the alert process at NewYork-Presbyterian Hospital.* AMIA Annu Symp Proc. 2005:415-9. PubMed PMID: 16779073; PubMed Central PMCID: PMC1560425.