University of Illinois (UIH) Hospital

Profile property

Profile information

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University of Illinois (UIH) Hospital

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Schema Archetype

Inpatient, Academic Medical Centers

Schema Factors

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

Organization Summary

University of Illinois   (UIH) Hospital, built in 1982, is a State owned teaching hospital located in Chicago, IL.   UIH has 408 beds.

IT Environment

UIH has a number of systems that support CDS, including clinical care reminders for clinics. The area that is considered exemplary is medication management in the hospital through CDS. UIH has   used the Cerner Corp. EMR since 1999, which is used as the primary source of presentation of all results and orders to clinicians. All medication and laboratory orders are placed using CPOE, predominantly by house staff. Nurses and pharmacists sometimes place medication orders based on a physician's verbal order. There are presets defined by class of clinician (e.g., pharmacist vs. MD). UIH also uses a commercial automated CDS (Discern Expert., Cerner Corp). UIH has had CPOE since 1982 using TDS prior to Cerner.

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UIH also has some more unique CDS, such as one to prevent verbal orders of dangerous medications and a VTE prophylaxis system.

UIH was the alpha site of their second CPOE vendor, and they developed the CDS in-house, starting with order sets already built from the prior system. Thus, there was no formal order set development process. UIH also developed the CDS medication alerts. In 2002, they created their first multidisciplinary committee to handle alerts. Most of the work of the committee was medication-related and was done through the Pharmacy and Therapeutics (P&T) committee. When UIH developed their EMR, this CDS committee became a subcommittee of their EMR committee.

P&T information feedbacks into CDS and helps keep the CDS up to date with new contraindications and other new issues. The vendor has built in more and more flexibility over time. They are gradually improving the content of drug-drug interactions.

CDS Achievement

UIH has a long history of CDS use through CPOE and alerts. They regularly update and maintain their CDS systems through strong CDS governance. UIH developed and implemented CDS alerts to decrease the use of contraindicated medications in patients with renal insufficiency and found that the alerts decreased the likelihood of clinicians completing contraindicated orders and decreased the administration of these medications.

Lessons Learned

A strong administrative structure to oversee their CDS program has been found to be effective in developing CDS strategy, guiding execution, monitoring progress and results, and addressing challenges. Key persons serve on multiple committees that relate to each other. For example, members of the P&T and documentation committees also serve on the CDS committee.

UIH works with clinicians to address how CDS can support workflow. For example, UIH developed alerts that help clinicians fill out problem lists, as it is easier to place problems using the alerts than going to the vendor provided problem lists.

Awards, Recognitions, and Citations

This CDS Governance Organization Structure was incorporated into the HIMSS Decision Support Guidebook – Improving Medication Use and Outcomes with Clinical Decision support: A Step by Step Guide, 2009

Galanter WL, Didomenico RJ, Polikaitis A. A trial of automated decision support alerts for contraindicated medications using computerized physician order entry. J Am Med Inform Assoc. 2005 May-Jun;12(3):269-74.

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Galanter WL, Thambi M, Rosencranz H, et al. Effects of clinical decision support on venous thromboembolism risk assessment, prophylaxis, and prevention at a university teaching hospital. Am J Health Syst Pharm. 2010 Aug;67(15):1265-73.

Galanter WL, Hier DB, Jao C, Sarne D. Computerized physician order entry of medications and clinical decision support can improve problem list documentation compliance. Int J Med Inform. 2010 May;79(5):332-8.