Clinical order sets, smart sets, therapy plans, and treatment plans within Epic are specific to a diagnosis, population, or process, and are carefully developed by a team of clinicians who consult medical literature for evidence-based best practices. They are designed to streamline orders via computer entry, making it easier for providers to align patient care with organizational best practice and requirements.

The Essentials

- All PHS hospitals and clinics use clinical content (order sets, smart sets, and/or therapy/treatment plans) in Epic.
- PHS’ clinical content management process applies to the development, revision, and retirement of all clinical content in the inpatient and outpatient Epic environments.
- Clinical Informatics and Information Technology jointly manage clinical content in collaboration with medical staff governance and representation from all core clinical services (e.g. pharmacy, nursing, quality).
- This clinical content management process can directly impact the experience, outcome, and cost of care for all PHS patients.

Program Success

Order sets, smart sets, therapy plans, and treatment plans are key tools for standardizing care, for both cost and quality outcomes; success with order sets has a direct impact on multiple programs found in the Better Health and Lower Cost strategic aims, as well as all initiatives in the Clinical Initiatives portfolio.

How Order Set Management Works

The Clinical Content Informatics Team (CCIT) serves as the governing and facilitating body for all clinical content development and modification. All requests and revisions are considered at a system level unless there is a clinical reason to narrow the focus.

- To request new or modified content, providers or leadership must submit a request to CCIT via SBAR.
- The CCIT identifies order sets due for regulatory evidence review and initiates that process.

Much of the new clinical content is generated by quality improvement and/or Evidence Based Care Design (EBCD) projects. Order set revisions are most often the outcome of biannual order set and evidence reviews.

The Epic team pharmacists make medication substitution changes (e.g., pulled from market, shortages, dosage changes) through an automated medication alternatives management process, rather than the process outlined here.

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**PHS | Clinical Content (Order Sets) Management**

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>TECHNOLOGY</th>
<th>PEOPLE</th>
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<tbody>
<tr>
<td>Periodic review of the clinical content accessed in Epic and their clinical evidence, for use in the inpatient and outpatient care settings</td>
<td><strong>Epic</strong>: physician order entry and order set access</td>
<td><strong>Process Owners</strong>: CMIO Emelia Wang, MD; and AMIO Lori Walker, CNP</td>
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<tr>
<td>Review of off-cycle clinical content change requests or requirements</td>
<td><strong>Zynx</strong>: Evidence assessment and review process management tool</td>
<td>Process Lead (PL)</td>
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<td>Prioritization and design of new clinical content</td>
<td><strong>PEL</strong>: Presbyterian Electronic Library</td>
<td>Clinical Performance Committee (CPC)</td>
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<tr>
<td>Prioritization and facilitation of IT’s creation, revision, or retirement of order sets</td>
<td><strong>Campus</strong>: Electronic Library categorized by specialty</td>
<td>Medical Directors and Hospital CMOs</td>
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<tr>
<td>Preparation and archiving of electronic documents for downtime usage</td>
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<td>Nursing and Pharmacy Leadership</td>
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<td>Clinical Content Informatics Team (CCIT)</td>
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<td>Medical Executive Committees (MECs)</td>
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<td>Clinical Integration Workgroup (CIW)</td>
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<td>Clinical Advisory Workgroups (CAWs)</td>
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<td>PDS IT Governance (PDS IT)</td>
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**Measures of Success**

PHS’ Order Set Management **objectives** include:

- Promote clinically excellent outcomes through best practice and ease of use
- Facilitate excellence in order set, smart set, therapy plan, and treatment plan development and refinement
- Optimize patient care by engaging clinical and business units in the definition and review of clinical content, including order sets
- Optimally manage a uniform set of order sets throughout a large, geographically dispersed organization
- Meet Joint Commission requirements for periodic review of evidence-based standards in order sets

**In-process measures** for clinical content include:

- Utilization of clinical content (percentage of orders and therapy/treatment plans generated from clinical content templates) in all hospital facilities
- CPOM rate (computerized physician order management)

**Outcome measures** of order sets include key harm metrics as well as a variety of clinical measures as reported by the Quality Institute.
Process and Responsibilities

**Care Team Member** | **Responsibilities**
--- | ---
**Requesting Clinician** | • Submit SBAR for new or modified clinical content  
• If new content, outline the content needed  
• Collaborate with Process Lead regarding related evidence needed to submit the request

**Medical Directors** | • Establish internal teams for monitoring change in clinical evidence and identifying needs for off-cycle update  
• Initiate request for off-cycle order set changes when needed  
• Ensure care team representation  
• Respond to variation in use among providers

**Hospital CMOs** | • Engage medical staff and division chiefs in maintaining structures to monitor changing clinical evidence  
• Initiate request for off-cycle order set changes when needed  
• Ensure appropriate review team representation in areas of expertise  
• Monitor and ensure CPOM adoption  
• Facilitate education of medical staff related to clinical content updates

**Nursing and Pharmacy Leadership** | • Engage staff to monitor changing clinical evidence in areas of expertise  
• Initiate request for off-cycle order set changes when needed  
• Ensure appropriate review team representation in areas of expertise  
• Facilitate education of medical staff related to clinical content updates

**Quality Managers** | • Monitor changes in quality and reporting requirements, initiating off-cycle order set change requests  
• Facilitate education related to clinical content updates

**Front Line Clinicians** | • Identify opportunities for clinical content improvement
Goals and Future Work

Decentralized Evidence Review
Clinical Services leadership, hospital CMOs, Pharmacy leadership, and Nursing leadership (and their designees) will continue to use Zynx’s automated natural language evidence review functionality for reviewing existing documentation and designing new clinical content.

Glossary

| CCIT | Clinical Content Informatics Team; A broadly multidisciplinary team selected to review evidence, recommend order set changes, and serve as the key guiding body for order sets recommendations. |
| clinical content | In the context of tools developed and used in the Epic environment, clinical content includes order sets, smart sets, therapy plans, and treatment plans. |
| Clinical Informatics | The application of informatics and information technology to deliver healthcare services. Clinical informatics includes a wide range of topics ranging from clinical decision support to visual images (e.g. radiological, pathological, dermatological, ophthalmological, etc); from clinical documentation to provider order entry systems; and from system design to system implementation and adoption issues. |
| order set | A standardized list of orders for a specific diagnosis. These orders have been carefully developed by a team of physicians who consult medical literature for evidence-based standards. In the inpatient care setting, the Epic environment uses the term “order set”, but in outpatient care, Epic uses the term “smart set.” |
| SBAR | Summary document used to identify and document the: 1) overall summary of the situation; 2) background of the issue; 3) assessment of the solutions; and, 4) recommendation to resolve. |

References and Resources

Quick Guide
- Order Set Management Quick Guide
- Evidence-Based Care Design (EBCD)

Resources: PHS login required
- Key Decision and Change Request Form (SBAR)
- CCIT Mission Statement