



Autoverification Criteria Multidisciplinary Stakeholder Discussion Checklist

The following items should be discussed with a multidisciplinary stakeholder group for consideration of autoverification in your organization. Consult with your informatics team to determine your system’s available functionality.

- 1) Determine inclusion criteria for autoverification where autoverification would be appropriate for most orders. Any combination of these inclusion criteria may be considered.

Note: Specific clinical situations may be considered for exclusion from auto-verification based upon discussion in Section 2.

	<p>Are there certain patient care areas in which autoverified orders would be acceptable?</p> <ul style="list-style-type: none"> • Examples: Emergency department, perioperative areas, ambulatory locations, radiology
	<p>Are there certain types of orders in which autoverification could be considered?</p> <ul style="list-style-type: none"> • Examples: Modification or discontinue orders
	<p>Are there certain user roles for whom autoverification could be considered?</p> <ul style="list-style-type: none"> • Examples: Certain provider positions, pharmacist-entered orders
	<p>Are there certain orders/order sets in which autoverification would be appropriate if orders are entered exactly as built?</p> <ul style="list-style-type: none"> • Examples: Emergency/rescue medications, protocol-based order sets, procedural order sets
	<p>Are there any clinical situations in which a delay in medication therapy could potentially result in harm to the patient?</p> <ul style="list-style-type: none"> • Examples: Override medications

- 2) Discuss the following points regarding which clinical situations may apply or be of concern for autoverification.

	<p>Are there certain types of orders in which autoverification could be a concern?</p> <ul style="list-style-type: none"> • Examples: Verbal orders, TPN orders, non-formulary orders
	<p>Are there certain patient populations for whom autoverification may be a concern?</p>



	<ul style="list-style-type: none"> • Examples: High-risk patient populations as defined by the organization (pediatrics, oncology, geriatrics, by diagnosis, etc.)
	<p>Are there certain medication classes for which autoverification may be a concern?</p> <ul style="list-style-type: none"> • Examples: <ul style="list-style-type: none"> ○ High-alert medications (anticoagulants) ○ Controlled substances ○ Medications for which there is a clinical service (antimicrobials in the setting of prospective antimicrobial stewardship)
	<p>Are there certain medications with dosing considerations for which autoverification may be a concern?</p> <ul style="list-style-type: none"> • Examples: Weight-based medications (i.e. vancomycin), weight-based dosing infusion orders, medications requiring renal dosage adjustments
	<p>Are there certain medications for which autoverification could be a concern based upon distribution model?</p> <ul style="list-style-type: none"> • Examples: Automated dispensing cabinet configuration (i.e. profiled/non-profiled), requires manipulation/compounding
	<p>Are there certain orders for which autoverification could be a concern if the order triggers clinical decision support alerts?</p> <ul style="list-style-type: none"> • Examples: Drug-allergy alert, drug-drug interaction alert, drug dosing alert