Executive Brief
Automated End Times for Orders

Why Are Automated End Times Valuable?
Automatic end times or stop orders may be implemented and useful in any care setting. The goal of automatic end times—also referred to as autostops, automatic stops, or automated stop orders—is to reduce unnecessarily prolonged treatment or medication regimens in order to prevent unintended consequences from lack of appropriate therapeutic reevaluation. Recently, autostops have increased in prevalence in an effort to limit the exposure of patients to unnecessary and prolonged treatment with addictive medications. In an effort to reduce over-prescribing, for example, New York state has implemented an initial limit for opioid regimens: a seven-day automated end time for opioids used to treat acute pain.*

This goal is supported by the Medicare Conditions of Participation. Guideline § 482.25(b)(5) requires that the hospital “medical staff, in coordination and consultation with the pharmacy service, determines and establishes the reasonable time to automatically stop orders for drugs and biologicals not specifically prescribed as to time or number of doses. The hospital must implement, monitor, and enforce this automatic stop system.”** In other care settings, such stops are determined by clinicians and coordinated with information technology (IT) implementation of these recommendations. However, automatic termination of therapies without the appropriate notice can also create hazards.

When a medication is coded with an automated end time in an order-entry system, medication administration record, or electronic health record, a risk exists that the therapy will be automatically discontinued without the awareness of the appropriate provider. Similarly, the stop order may not be presented in such a way that the provider can adapt it or efficiently continue the medication regimen when needed.*** Moreover, depending on the medication in question, it may be more harmful to stop the medication abruptly than to give it for an extra day.

Did You Ask?
• Is the automatic end time policy updated and in accordance with federal, state, and regulatory requirements?
• Is it obvious to providers that the medication or therapy that they’re ordering has or will have an automatic end time?
• Are providers able to extend the medication or treatment regimen when appropriate, thus overriding the automatic end time?

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*** ISMP. Let’s put a stop to problem-prone automatic stop order policies. 2000 Aug 9 [cited 2016 Sep 30]. Available at: https://www.ismp.org/newsletters/acuteare/articles/20000809_2.asp
Partnership for Health IT Patient Safety: Partnering for Transformation: Making a Positive Impact

Self-Assessment Questionnaire: Automated End Times for Orders

Use this self-assessment questionnaire in conjunction with the following resources to review your automated end time policies and procedures. Then, use the attached action plan template to track resulting projects, initiatives, and reviews.

- ECRI Institute guidance article: High-alert medications https://www.ecri.org/components/HRC/Pages/Pharm1_2.aspx*
- ECRI Institute guidance article: Implementing computerized provider order entry https://www.ecri.org/components/HRC/Pages/Pharm6.aspx*
- ECRI Institute guidance article: Pain medications and PRN orders https://www.ecri.org/components/HRC/Pages/Pharm3.aspx*

Criteria for Automated End Times

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<tr>
<th></th>
<th>yes</th>
<th>no</th>
<th>n/a</th>
<th>in progress</th>
<th>notes</th>
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<tbody>
<tr>
<td>1. Is the automatic end time for a medication or therapy reviewed prior to implementation?</td>
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<td>a. Is there a set of criteria that providers and others can use to determine a medication’s or therapy’s candidacy for an automated end time?</td>
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<td>b. Are the appropriate individuals consulted prior to determining automated end times?</td>
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<td>c. Are these criteria and resultant consequences from the use of automated end times reviewed regularly for accuracy and appropriateness?</td>
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<td>2. Is the automated end time policy compliant with federal or state requirements and recommendations?</td>
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<td>a. Are federal or state requirements reviewed and evaluated regularly to see whether they have been updated?</td>
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<td>3. Is the list of medications (or other items) with automated end times reviewed regularly and assessed for accuracy, efficacy, and appropriateness?</td>
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End-User Visibility and Actionability

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<td>4. Are providers aware of what medications and therapies do and can have automatic end times?</td>
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<td>a. Are staff members informed when automatic end times are created or updated?</td>
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* Some materials are included in memberships to ECRI Institute products and services. For information about these reports, contact clientservices@ecri.org
5. When an order is entered, is the associated automatic end time prominently visible to the provider?
   a. Is the end time presented in plain, understandable language (i.e., Thursday, January 24, at 11:00 p.m.)?

6. Are alerts regarding automated end times delivered to appropriate staff (e.g., doctor, pharmacist, nurse, patient)?
   a. Do these staff members have the knowledge and authority to act on the alert?
   b. Are alerts presented in an appropriate context and at an appropriate time based on provider’s activity (e.g., when reviewing that patient’s record or when the end of the treatment is imminent)?
   c. Are providers warned of a scheduled end time early enough that any necessary action (e.g., regarding the continuation of the medication or therapy) can be taken?
   d. Is the alert presented in a way that allows the provider to take action?
   e. Are alerts regarding the end time categorized by severity according to condition or medication?

7. Does the system collect data on automated end times, including—
   a. The number of times a medication or therapy with an automated end time is prescribed?
   b. How often the end time is overridden?
   c. Why the end time is overridden?

8. Is this data accessible?

9. Is this data used to review appropriate use of automated end times?

10. Are hazardous conditions, near misses, or adverse events involving automated end times reported and reviewed?

11. When a patient safety event involving an automated end time occurs, does that trigger a review of the event and similar events?

12. Does this review include analysis of the criteria that were addressed when the automated end time was put in place?
## Action Plan

**Automated End Times for Orders**

Assessment completed by: ___________________________ Date: ______________________

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<tr>
<th>QUESTION NO.</th>
<th>ACTION REQUIRED</th>
<th>RESPONSIBILITY</th>
<th>TARGET DATE</th>
<th>ACTION COMPLETED</th>
<th>DATE</th>
<th>INITIALS</th>
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