

Self-Assessment Questionnaire: Automated End Times for Orders

Initial assessment by:

Date:

In consultation with:

Date of previous
assessment:

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 overprescribing, 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. (New York State Department of Health)

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.” (CMS) 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 EHR, 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. (ISMP) 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.

Use this self-assessment questionnaire to review your automated end time policies and procedures. Use this self-assessment questionnaire in conjunction with the following resources and references 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>
- Office of the National Coordinator for Health Information Technology (ONC). SAFER guide: computerized provider order entry with decision support
https://www.healthit.gov/sites/safer/files/guides/SAFER_CPOE_sg007_form.pdf

References

- New York State Department of Health. Laws and Regulations. New York State P.H.L. § 3331, 5(b)(c). Revised 2016 Aug [cited 2016 Oct 14]. Available at:
https://www.health.ny.gov/professionals/narcotic/laws_and_regulations/
- Centers for Medicare and Medicaid Services (CMS). Revised hospital guidance for pharmaceutical services and expanded guidance related to compounding of medications. 2015 Oct 30 [cited 2016 Sep 30]. Available at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-16-01.pdf>
- 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/acutecare/articles/20000809_2.asp

Yes	No	N/I*	N/A	Comments
-----	----	------	-----	----------

Criteria for Automated End Times

1. Is the automatic end time for a medication or therapy reviewed prior to implementation?
 - 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?
 - b. Are the appropriate individuals consulted prior to determining automated end times?
 - c. Are these criteria and resultant consequences from the use of automated end times reviewed regularly for accuracy and appropriateness?
2. Is the automated end time policy compliant with federal or state requirements and recommendations?
 - a. Are federal or state requirements reviewed and evaluated regularly to see whether they have been updated?

* N/I stands for “Needs Improvement”

3. Is the list of medications (or other items) with automated end times reviewed regularly and assessed for accuracy, efficacy, and appropriateness?

Yes	No	N/I*	N/A	Comments

***End-User Visibility and
Actionability***

4. Are providers aware of what medications and therapies do and can have automatic end times?

a. Are staff members informed when automatic end times are created or updated?

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?

Yes	No	N/I*	N/A	Comments
-----	----	------	-----	----------

Reporting and Analysis

- 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

Assessment Completed By: _____ Date: _____

Question No.	Action Required	Responsibility	Target Date	Action Completed	
				Date	Initials

**Self-Assessment Questionnaire
Automated End Times for Orders**
▶ January 2017

Question No.	Action Required	Responsibility	Target Date	Action Completed	
				Date	Initials