Table 1: Typical Processes for Managing Clinical Decision Support

Processes	Description	Keys to Success
Agenda setting/ targets	• Individuals and committees request new application of CDS to support specific quality or safety objective. • A steering committee reviews and prioritizes requests. • Major changes to clinical policy or practice referred to Medical Executive Committee or other group for approval.	• Accountability for CDS linked with governance of medical practice (assigned to chief medical officer or other physician leader such as medical director of patient safety). • Review and approval by appropriate accountable clinical leader or group. • Effective communication and coordination among all individuals and groups.
Setup and testing	• Analysts in IS setup and test new CDS in development system. • One or more physicians may test new CDS on a provisional basis.	• Ability to set up and test new tools in other than the operational system. • Status tracking (e.g., development, testing, release) and audit trail for CDS tools. • Ability to release tools on a limited basis.
Review	• Steering committee reviews and approves test. • May require sign-off of Pharmacy and Therapeutics Committee or department chair. • Some hospitals require physician sign-off on personal order sets.	• Formal accountability for different targets of CDS tools (medications, disease state).
Disseminate in operational system	• New order sets available immediately. • Batches of new CDS released at regular system updates. • CDS addressing major (dangerous or high risk) situations released immediately. • Physician community notified of major new CDS in advance and necessary training provided. • Collect metrics (baseline if needed) to measure effectiveness.	• Effective processes for communicating with physicians about major updates (usually multiple modes are used).
Evaluate and update	• Responsibility of committee authority. • Review each application of CDS periodically to validate currency of clinical content or update as necessary. • Monitoring of physician response to implemented CDS (acceptance, override). • Physician feedback solicited. • Collect metrics on targets of CDS and make changes as appropriate based on findings.	• Automated tracking of ownership, clinical research base, and update schedule for each “rule” or type of CDS (e.g., medication checking). • Easy mechanisms (two-way) for physicians to provide feedback on form and/or content of CDS. • Commitment to respond to each physician suggestion or complaint.