

Table 5: Timing of Clinical Decision Support in CPOE

	Timing	Explanation
Least Desirable Timing	Physician has finished writing a series of orders for the patient and attempts to sign them. At this point, he/she is advised of possible issues with the orders.	Disconnected with thought process about ordering and interrupts work flow as the physician must go back to examine details of orders.
Better	Much advice and prompting is delivered as physician is writing orders. A small number of decision support screens are applied as the physician signs orders.	Interrupts thought process and work flow less than the approach above.
Most Desirable Timing	Virtually all rule-generated advice is delivered in real-time as the physician is writing the order through displays and pre-screened choices.	After-the-fact messages are not needed. Physician receives input at the right point in his/her thought process and does not feel interrupted.

Table 6: Customized Decision Support

	CDS Level	Explanation
Generic	<ul style="list-style-type: none">• All orders available for selection.• Prompting about medication checking is general—applies to any patient in any clinical situation.	Information made available to physician does not incorporate any screening related to this patient.
Tailored	<ul style="list-style-type: none">• Order sets for particular diagnosis and situation (admission for patient with a specific condition).• Common orders for this clinical department /personal favorites.• Prompting about medications or other intervention incorporates a few patient characteristics such as age and sex.	Tailored to the clinical context in terms of basic dimensions such as type of decision, provider, or patient. Choices for physician to consider have been narrowed.
Customized	<ul style="list-style-type: none">• Choices displayed include designation of those not indicated for this patient based on patient-specific information.• Order set highlights recommended options for this patient at this time based on information about patient history and status.	Focused on the clinical context in accordance with multiple dimensions reflecting patient-specific history and situation, and type of decision.