This organization that attained ARRA Stage 2 attestation in 2014 developed prevention and quality improvement (QI). Lewin’s change model along with administration. The use of failure mode/affects analysis, safety checklists, translate paper processes to electronic form through workflow redesign. In response to incentives or penalties related to the American Recovery "Health information technology (health IT) is rapidly evolving and its use to computerized provider order entry (CPOE) processes, powerplan to support safe practice. This team developed powerplans to innovaive safety tools to be used by nursing when implementing health information technology (HIT) solutions, specifically related to knowledge sharing and application of innovative methodologies that promote a culture of safety and a focus on QI, as well as serving to facilitate change safely. While the unfreezing phase of change is a challenge, CPOE is change worth melting for!

<table>
<thead>
<tr>
<th>Reelevance/Significance</th>
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<td>As described in The Joint Commission’s Sentinel Alert #54 and the ECRI Institute’s Top 10 Patient Safety Concerns in 2015, HIT is a variable that affects nurses’ ability to deliver safe, high-quality care in response to incentives or penalties related to the American Recovery and Reinvestment Act; healthcare organizations have experienced a paradigm shift in patient care delivery resulting in rapid changes that can lead to uninformed staff and unexpected adverse consequences.</td>
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**Strategy and Implementation**

The organization that attained ARRA Stage 2 attestation in 2014 developed methodology for implementing CPOE Safety with phases of mapping, building, testing, and education for each specialty. The multidisciplinary team was led by nursing, involved nursing in all phases, and allocated additional staffing with 100 superusers who were engaged frontline personnel to support safe practice. This team developed powerplans to translate paper processes to electronic form through workflow redesign using LEAN methods; Safety measures included test bundles, built-in checks, measures, alerts for powerplan in a planned state, and rules for single variable that affects nurses’ ability to deliver safe, high-quality care. In addition to providing education and training defined in duration. This session serves as proficiency composite for powerplan favorite and customization. Important workflow redesign information, including powerplan on a patient to review feedback and hold follow-up meetings. This information is used to guide the design and correctness. Evaluation of workflow redesign information, including powerplan on a patient to review feedback and hold follow-up meetings. This information is used to guide the design and correctness. Evaluation of workflow redesign information, including powerplan on a patient to review feedback and hold follow-up meetings. This information is used to guide the design and correctness. Evaluation of workflow redesign information, including powerplan on a patient to review feedback and hold follow-up meetings. This information is used to guide the design and correctness.

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**Evaluation**

One example of QI was venous thromboembolism prophylaxis (VTEP). Medical patients received VTEP at a rate of 79.9%, while surgical patients received VTEP at a rate of 99.1%. This success is credited to the use of new technology, as well as serving to facilitate change safely. While the unfreezing phase of change is a challenge, CPOE is change worth melting for!

**Implications for Practice**

Implications for nursing practice involve knowledge sharing and application of innovative methodologies that promote a culture of safety and a focus on QI, as well as serving to facilitate change safely. While the unfreezing phase of change is a challenge, CPOE is change worth melting for!