Checklist for Implementation

	1. Review federal and state regulations for requirements for verification of medication orders. Resource: Medication Management Standard Reference
	2. Review current literature related to auto-verification. Resource: Literature Reference List
	3. Define scope for autoverification. Consider advantages/disadvantages of autoverification for each defined scope. Work with informatics team to assess electronic health record capabilities. Resource: Clinical Considerations Summary
	4. Engage appropriate stakeholders, including, but not limited to, the following: a. Senior leadership (e.g. Chief Pharmacy Officer, Chief Medical Information Officer, Chief Medical Officer, Chief Nursing Officer) as appropriate b. Risk management c. Regulatory affairs d. Pharmacy leadership (clinical and operational) e. Quality/patient safety f. Medication safety g. Clinical informatics h. Relevant clinical leadership based upon scope of implementation
	5. Draft policy changes to support autoverification within the organization. a. Medication-use policies b. Downtime policies
	6. Seek appropriate committee approval for policy changes. a. Pharmacy and Therapeutics b. Relevant clinical leadership/medical staff committees
	7. Evaluate implementation approach (i.e. pilot versus full scale).
	8. Develop process for continued assessment and optimization/new requests for auto-verification. Monitoring may include, but is not limited to: a. Patient safety events b. Technical event c. Retrospective analysis of auto-verified orders d. Autoverification utilization Consider utilizing an FMEA approach for determining autoverification status should a request or a safety event arise, with evaluation of the potential likelihood and severity of medication errors.
	9. Develop education plan for all appropriate stakeholders. a. Initial roll-out education b. Ongoing educational needs
	10. Incorporate autoverification as a consideration into existing processes for new formulary additions or new clinical services.