Best Practices for Reducing Unnecessary Medication Alerts

- Allow multiple concurrent orders for medications within the same class (e.g. laxatives, vitamins) without triggering duplicate alerts
- Refrain from duplicate alerts for PRN medications
- Limit drug-drug interactions to severe risk and ensure that drug-drug alerts are suppressed for medications ordered in the same order set (even if the order set is used at different occasions in the same patient)
- Utilize the AMIA-created/compiled alerts management and fatigue reduction guidelines to create an alerts management working group and processes to identify alerts that need to be deleted, edited, or added with ongoing tracking override rates and end- user feedback. Ensure that this workgroup includes representatives from all stakeholder groups (providers, nurses, pharmacy, etc.). This includes employing vendor-specific evidence-based literature best practices.
- Review drug-drug interaction alerts where the order is clinically appropriate (e.g., ASA + B-blockers in patients with CAD, ASA+DOAC, or systemic and topical application of the same type of class)
- Implement a system for staff to report unnecessary alerts (e.g. "Just Don't Do It" initiative) and provide feedback to reporters of unnecessary alerts
- Continuously review alerts that are frequently overridden, low-value/high-volume, and consider removing, editing, or demoting them
- Review alerts triggered by order sets to reduce unnecessary firing
- Establish clear governance and involve key stakeholders in alert management decisions
    - Review mild, moderate and severe drug interaction alerts periodically
    - Ask about vendor specific optimization tools to identify alert reduction opportunities

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