North York General Hospital Policy Manual

Orders Management NUMBER: II-290

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POLICY:

1. All Orders

1.1 All orders will be entered electronically in the Electronic Medical Record (EMR) using Computerized Provider Order Entry (CPOE), or be written on an NYGH approved order form (e.g. paper Order Set, Order Form). In circumstances where an Ordering Provider has not received training on the EMR (e.g. locums or external consultants), special accommodation will be granted for orders to be written on the paper Physician's Order Sheet (#1686).

1.2 All orders will be entered in the correct patient's chart, identified with the date and time of the order, the patient's name, and Medical Record Number (MRN) visit number (FIN) and date of birth.

1.3 All orders will be signed in writing or electronically by the Ordering Provider with the name clearly legible.

1.4 Orders written or electronically entered by medical students will require a co-signature from their supervising physician before the order will be implemented. Medical students are not permitted to give verbal or telephone orders.

1.5 When using CPOE and a patient is being transferred from one service or level of care to another, all existing orders are to be reviewed and reconciled prior to transfer. When using paper/written orders and a patient is being transferred from one service or level of care to another, all orders are to be discontinued prior to transfer. New orders will be written by the Most Responsible Provider (MRP) or the Ordering Provider accepting responsibility for the patient.

1.6 When using CPOE pre-operatively, all existing orders are to be reviewed and explicitly continued or discontinued by the MRP at the time of surgery. When using paper/written orders pre-operatively, all existing orders must be discontinued at the time of surgery. New post-operative orders will be written or entered in the EMR by the Ordering Provider accepting responsibility for the patient.

1.7 During a computer downtime, new orders will be written on an NYGH approved paper order form, and relevant orders will be back entered when the downtime has ended (See Planned/Unplanned Downtime Policy ll-380).

2. Reviewing New Orders

2.1 Regulated Health Care Providers (RHCP) are expected to review the EMR for new or pending orders minimally every two hours. RHCPs will document in the EMR that new orders have been reviewed.

3. Transcription and Verification of Orders

3.1 Transcription is the process of transferring written orders from paper to the EMR. The transcription and verification process applies to all orders including medications, diagnostic tests and any other orders issued by ordering providers or delegates.

3.2 RHCPs may transcribe orders that are within their scope of practice and that they are able to perform at NYGH.

3.3 Orders may be transcribed by unit clerks/secretaries who have been trained in transcribing orders into the system. All orders transcribed by a unit clerk/secretary must be verified by the most appropriate RHCP.

3.4 The RHCP transcribing the order, or verifying the transcription is accountable for the completeness and accuracy of the entry.

3.5 Registered or Registered Practical Nurses may transcribe all orders. If the order is outside the scope of practice for the RPN, the order will be verified by the RN.

3.6 Once the transcription process is completed, the RHCP will sign off the paper orders with their designation, date and time. Following transcription of the orders, any remaining spaces on the order sheet will have a diagonal line drawn through.

3.7 If the orders include medications, the duplicate Physician's Order Sheet (carbon copy) will be removed and placed in the designated pharmacy pick-up box as soon as possible. After pharmacy hours of operation, on weekends or stat holidays, original orders should be faxed to pharmacy as soon as possible.

4. Medical Directives (see Appendix A for definition)

4.1 **CPOE Nursing Units/Areas**: The authorized RHCP who initiates the medical directive will enter the order in the EMR using a Medical Directive Specific CareSet/Order Set and will select a Communication Type of "Medical Directive" (see Appendix B for Communication Types in PowerChart).

4.2 **Non-CPOE Nursing Units/Areas:** The authorized RHCP who initiates the medical directive will write the order on the Physician's Order Sheet (#1686) or equivalent, and will include the Medical Directive name and number. Orders will be entered electronically if appropriate.

5. Telephone and Verbal Orders (see Appendix A for definition)

5.1 Telephone and verbal orders will be accepted and recorded by the RHCP as it pertains to their scope of practice. A telephone or verbal order cannot be communicated to a third person (e.g. Unit Clerk/Secretary), for documentation or order entry. Students cannot accept telephone or verbal orders, or sign off on new orders (i.e. mark new orders as Reviewed).

5.2 The RHCP who receives the telephone or verbal order will document (on paper or electronically), as soon as is reasonably possible, the order, the name of the Ordering Provider, the date and time the order was received, and will authenticate the transcription with their signature and credentials. For one-time medication orders on CPOE units, the nurse may scan the medication using CareMobile device to create an adhoc one-time order.

5.3 Telephone and verbal orders for chemotherapy will only be accepted if the order is to hold, or discontinue the medication. Telephone and verbal orders related to chemotherapy dose changes, new medications, etc. will not be accepted.

5. Telephone and Verbal Orders (continued)

5.4 **Verbal Orders:** Verbal orders will only be accepted when the provider is in an emergent or procedural situation and is therefore unavailable to write the order, or enter the order in the EMR as applicable. The order will be identified as a "Verbal" order on the chart and will be signed physically or electronically, as applicable, by the Ordering Provider immediately following the completion of the procedure, treatment or emergency.

5.5 **Telephone Orders:**

- Telephone orders will only be accepted in situations where the ordering provider is not within the hospital, does not have computer access, or is being paged directly by an RHCP about a clinical situation which is time sensitive and requires a new order. All telephone orders will be identified as a "Phone" order on the chart and will be signed and dated (physically or electronically, as applicable) by the Ordering Provider on the first visit to the hospital after dictating the order.
- When a RHCP is entering telephone order(s) electronically, the Ordering Provider is to remain on the telephone as the order is entered and read back verbatim for verification and accuracy, and to review and address any alerts that appear prior to the order being enacted. In situations where the Ordering Provider is unable to remain on the telephone, the Ordering Provider will provide the RHCP with an extension number or telephone call back number. The Ordering Provider will be called back should any alerts come up during the order entry process. Orders cannot be carried out until alerts are reviewed by the Ordering Provider.

5.6 **Refused Telephone and Verbal Orders:**

- When a verbal or telephone order is entered on a CPOE unit, the order goes to the Ordering Provider for co-signature via Message Centre. When co-signature is refused (e.g. the order was entered under the wrong physician name, the order was not accurately entered, etc.), a red exclamation mark appears in front of the order on the Orders Tab. When this is noted, the RHCP will follow up with the Ordering Provider or MRP to validate, modify, or discontinue the order.

6. STAT, NOW and ASAP Orders (see Appendix A for Definition)

6.1 Ordering Providers who write or electronically enter a STAT or ASAP order will immediately notify the most responsible nurse and other RHCP (if applicable) either verbally or by telephone, that the order has been written or electronically entered in order to prevent unnecessarily delays in care. For NOW orders, if administration is required within 2 hours of ordering, the Ordering Provider will notify the most responsible nurse (and pharmacist if possible).

7. Suggested Orders

7.1 Suggested orders written or electronically entered by consulting physicians or RHCPs will be signed, physically or electronically, as applicable, by the MRP before they are acted upon.

7.2 Electronic suggested orders will remain in a "Planned State" until co-signed electronically by the MRP. For patient safety, any suggested orders in a planned state which have not been co-signed electronically within 7 days by the MRP will be deleted from the system. NOTE: Some PowerPlans may have built in exceptions to the 7 day rule, e.g. Future State Antepartum, Intrapartum and Postpartum Insulin Modules will remain active for 25 weeks before being deleted from the system.

7. Suggested Orders (continued)

7.3 RHCPs may activate a "Suggest Orders" PowerPlan as a telephone order from the MRP, once all orders and alerts have been reviewed by the MRP. The RHCP should use a communication type of "Phone" so that the orders will go to the MRP's Message Center for review and co-signature.

7.4 Suggestions for **modifications to existing orders** will be documented in the chart by the RHCP for review and follow-up by the MRP. The MRP will update the patient's order profile (modify existing orders) if in agreement with the recommendations.

8. Ongoing Orders Review and Management by Most Responsible Nurse

8.1 At the start of each shift, the patient's primary nurse is responsible for reviewing the orders profile to ensure that it is reflective of the current plan of care and that orders have been acted upon appropriately.

8.2 Nurses are expected to manage and discontinue orders throughout their shift. For the purpose of this policy, discontinuing orders means that the order was completed or is no longer required or relevant based on the patient's clinical status and plan of care. The nurse is expected to clarify with the Ordering Provider any orders that are conflicting or where the intent of the order is not clear.

➢ **Examples of Orders Management and Discontinuation of Orders**
(see Appendix B for an overview of Communication Types in PowerChart)

- Removing duplicate orders: e.g. patient has two identical orders active on their orders profile.
- Completing orders for interventions carried out throughout a shift: e.g. completing an order for "Transfuse Packed Red Cells" when transfusion is complete and discontinuing Transfuse Packed Red Cells PowerPlan when post-transfusion monitoring period/remaining interventions are complete.
- Discontinuing orders that are no longer applicable based on new orders received:
  e.g. a previous order for VS q8h is replaced by a new order for VS q4h.
  If this is ever ambiguous, or the nurse has concerns about whether or not the new order should replace the previous one, this should be clarified with the MRP.
- Adding comments to an order to communicate to other members of the health care team that a particular action has taken place: e.g. modifying a Consult order to add comments indicating that the consultant is aware of and/or has attended the consult.
- Managing conflicting orders: e.g. If on a previous shift, a subcutaneous line was initiated, but the nurse did not Complete the "Subcutaneous Line Start" order, and an order is subsequently received to "Discontinue Subcutaneous Line", both the initial "Subcutaneous Line Start" order and the "Discontinue Subcutaneous Line" order should be Completed.
- Updating orders based on conditional instructions: e.g. An order reads "Normal Saline at 50 mL/hr. Discontinue IV when patient drinking well". When the patient is drinking well, remove the IV and discontinue the order for normal saline.
- One-time action orders which need to be carried out once and then are no longer required:
  e.g. after removing a Foley catheter, Complete the "Discontinue Foley Catheter" order.

9. Disagreeing with an Order by a RHCP

9.1 After reviewing new/modified orders, if a RHCP disagrees with one or more orders, it is the RHCP's responsibility to notify the Ordering Provider.

9.2 The order will be placed on hold (suspended electronically for medications) until it is clarified with the Ordering Provider. The Ordering Provider will be notified immediately of the order(s) on hold, and will be asked for clarification. The RHCP will document the discussion that occurred with the Ordering Provider in the clinical notes.

9.3 If the RHCP and Ordering Provider are unable to come to an agreement regarding the order(s), the RHCP will contact their immediate supervisor for escalation. If orders have not been carried out as ordered, the RHCP will communicate with the Ordering Provider and document the outcome in the clinical notes.

REFERENCES:

College of Dietitians of Ontario (2008). The Jurisprudence Handbook for Dietitians in Ontario. Record Keeping

College of Nurses of Ontario. (2008). Practice Standard- Documentation. Toronto, ON: Author

College of Nurses of Ontario (2011). Practice Standard - Nurse Practitioner. Toronto, ON: Author

College of Nurses of Ontario (2014). Practice Standard – Decisions About Procedures and Authority. Toronto, ON: Author

College of Occupational Therapists of Ontario. (1999)

College of Physician and Surgeon of Ontario. (2009)
http://www.cpso.on.ca/search/?searchtext=documentation

College of Respiratory Therapists of Ontario. (2004) Professional Practice Guideline: Documentation. Toronto: Author

Federation of Health Regulatory Colleges of Ontario website. (2009)
http://mdguide.regulatedhealthprofessions.on.ca

Ontario College of Pharmacists
Medical Directives and the Delegation of Controlled Acts. Policy. Retrieved from: http://www.ocpinfo.com/regulations-standards/policies-guidelines/medical-directives/. [accessed Jan 13, 2016]
Prescription Regulation Summary Chart. Retrieved from: http://www.ocpinfo.com/regulations-standards/additional-resources/. [accessed Jan 13, 2016]

Appendix A

Definitions

ASAP Orders: ASAP is a priority used for non-medication orders. It is a way for the Ordering Provider to indicate that tests such as ECGs should be performed within 30 minutes, blood specimens should be collected within 30 minutes, as opposed to deferring the test to the next routinely scheduled time. For exams performed by Medical Imaging (e.g. X-rays, CTs), ASAP indicates that the test should be prioritized urgently, after STAT exams have been completed.

CareSets: are pre-built collections of orders that contain a number of individual orders grouped together for a specific purpose such as a protocol.

Computer Provider Order Entry: When Ordering Providers and other health care providers enter patient orders into PowerChart. Orders will be entered into the system in real time increasing the pace of care and delivering evidence-based care from admission to discharge.

Electronic Areas: refers to units utilizing Computer Provider Order Entry.

Medical Directive: A medical directive is a prescription for a treatment, drug, procedure, or intervention that may be performed for a range of patients when specific conditions are met and when specific circumstances exist. A medical directive is not patient specific. It is always written.

Most Responsible Nurse: Nurse assigned to provide care for a specific patient.

Most Responsible Physician (MRP): is the physician who has final responsibility and is accountable for the medical care of a patient.

Non-Electronic Areas: refers to units not utilizing Computer Provider Order Entry.

NOW Orders: NOW is a priority used in medication orders. It is a way for the Ordering Provider to indicate that the first dose of the medication should not be deferred to the next scheduled administration time. If administration is required within 2 hours of ordering, the Ordering Provider will notify the most responsible nurse (and pharmacist if possible).

Ordering Provider: Ordering Providers are RHCPs, specifically Physicians, Nurse Practitioners, Midwives, and Dentists. Within a Public Hospital, prescriptions, procedures, treatments, medications or interventions require a direct patient order or medical directive authorized by an Ordering Provider. In cases where ordering authority is limited, providers must comply with the standards of their respective Regulatory Colleges. Orders are required when:

- A procedure falls within the one of the controlled acts authorized to the RHCP who will carry out the order, when that RHCP does not have the authority to independently decide to perform/initiate the procedure.
- It is a requirement of the Public Hospitals Act, Healing Arts Radiation Protection Act, or other legislation governing patient care.
- There is an organizational policy or physician plan of care which outlines that an order is required for a specific treatment/intervention.

PowerPlan: A PowerPlan is an electronic version of a paper order set. It is a standardized collection of orders for patient care that are used to treat a particular condition (e.g. pneumonia, hip fracture).

Appendix A (continued)

Definitions

Read back: The process of reading back verbatim a verbal or telephone order that has been written or entered electronically, to verify accuracy.

Regulated Health Care Providers: Health care professionals whose profession is regulated by a college that acts as a governing body to set standards for knowledge, skills and behaviors, under the Regulated Health Profession Act.

STAT Orders: the aim of a STAT order is to administer/implement the order immediately. A time range of 0-15 minutes is permitted in consideration of potential unanticipated delays, although not intended to encourage delays.

Suggested Orders: Suggested orders can be recommended by a RHCP involved in a patient's care and are not active until signed off by the MRP.

Telephone order: An order given during a telephone conversation between the person(s) authorized to give the order and the person(s) authorized to receive the order.

Verbal order: An order given during a face-to-face communication between the person(s) authorized to give the order and the person(s) authorized to receive the order.

Appendix B

Communication Types in PowerChart

When entering or managing orders in PowerChart, selecting the appropriate Communication Type and Ordering Provider name helps ensure that:

- Documentation is accurate
- The order is routed appropriately for co-signature to the ordering provider (when applicable)
- RHCPs are entering and managing orders based on their regulatory scopes of practice
- Staff/Clinicians are entering/managing orders in accordance with hospital policies
- Public Hospitals Act requirements are met

Entering an Ordering Provider Name when Updating Orders

- When managing orders in the EMR, clinicians/staff will be prompted to enter a Physician Name.
- For **Verbal, Telephone, and Written** orders, enter the name of the **Ordering Provider** who authorized the order(s).
- For communication types of **Clinician/Staff, Medical Directive (including Endo/Bronch ONLY Med Dir) and Restraint Policy (II-37)**, enter the name of the **Attending/MRP**.

Requirements When Updating More Than One Order:

- If more than one order requires updating, and the orders require different communication types (e.g. a foley catheter is being discontinued based on a medical directive, but an IV is being discontinued based on a written order), those orders must be updated individually so that the correct communication type can be entered for each order.

Communication Types:

Phone: Used when an order is received during **a telephone conversation** between an ordering provider and a person authorized to receive the order. Use of this Communication Type routes the order to the ordering provider's Message Centre for co-signature.

Verbal: Used when an order is received during **a face-to-face communication** between an ordering provider and a person authorized to receive the order. Use of this Communication Type routes the order to the ordering provider's Message Centre for co-signature.

Written: Used when entering or updating orders based on written orders received from an ordering provider. Written orders can be both paper (transcribing paper orders in PowerChart), or electronic (entering or updating orders based on previously entered instructions from an ordering provider in PowerChart), e.g.

- A unit secretary modifying a Consult order to document the date/time that the consultant was notified (based on written instructions in the Consult order for the nurse or unit secretary to notify the consultant)
- A nurse discontinuing an IV based on previously entered orders from an ordering provider.

Appendix B (continued)

Communication Types in PowerChart

- **Medical Directive**
  - Used when a RHCP is entering or updating orders based on a hospital-approved Medical Directive (hospital-approved Medical Directives are posted on the NYGH Intranet/eric)
  - For Medical Directives that authorize activation of a PowerPlan in Endoscopy/Bronchoscopy, the Communication Type of "**Endo/Bronch ONLY Med Dir**" must be used.
  - The authorized RHCP who initiates the medical directive must enter the order in the EMR using a Medical Directive Specific CareSet/Order Set (versus using single orders)

- **Clinician/Staff**
  - Used when a RHCP/staff member is entering or updating orders that do not require authorization from an ordering provider. Examples include:
    - A Nurse entering an order for Patient Isolation based on hospital policy
    - An Occupational Therapist entering an orders for Feeding Equipment, after receiving an order to consult for assessment and treatment
    - A Physiotherapist or Occupational Therapist entering orders for Range of Motion or Positioning, after receiving an order to consult for assessment and treatment.

- **Restraint Policy (II-37)**
  - Used when initiating restraints in an emergency situation prior to receiving an order from an ordering provider (see Restraint Policy II-37)