

Benefis Hospitals Treatment/Guideline

TITLE: PROVIDER ORDER GUIDELINE

AREAS AFFECTED: All Inpatient and Outpatient Bed Care Areas

PURPOSE: To clarify requirements and assure that all provider orders are complete and valid for safe patient care. To assure that patient care staff takes, interprets and coordinates the implementation of Provider Orders

POLICY: All provider standing orders, protocols, and order sets are to be previewed, formatted, and approved prior to implementation and utilization.

DEFINITIONS:

Standing Order: A standing order is a group of orders based on a patient condition and/or diagnosis. The standing order was approved by the relevant medical staff, in consultation with the hospital's nursing and pharmacy leadership, to allow hospital personnel to initiate the treatment any time a patient meets the condition or diagnosis. The provider does not need to write an order prior to initiating the standing order. The provider must sign the standing order as soon as possible after initiation. All standing orders will be approved by the Medical Executive Committee.

Protocol: A protocol is a group of orders based on a patient condition and/or diagnosis. The protocol was approved by the relevant medical staff, in consultation with the hospital's nursing and pharmacy leadership, to allow hospital personnel to choose treatment options as warranted by patient condition. The protocol must be ordered by the provider prior to initiation.

Order Sets: An order set is a pre-printed or electronic collection of related orders pre written for a specific setting, procedure or diagnosis and are based on evidence-based practice, support quality measures and help ensure safety and compliance. An order set contains choices that the provider will make, as appropriate, to include or exclude items based on patient need. An order set must be ordered by a provider prior to initiating them.

CPOE: Computerized Physician/Provider Order Entry. Orders are to be entered electronically by the provider. In certain circumstances orders will need to be given by the telephone/verbal. See telephone/verbal order guideline below

EMR: Electronic Medical Record where documentation is retained in an electronic format. Any paper-based documentation is scanned and retained in the electronic record.

Provider: Physicians, physician assistant, advanced practice registered nurse, dentist, podiatrist, or other independent practitioners privileged by Benefis Health System in accordance with state law, scope of practice to write orders.

ORDER SET/ STANDING ORDERS/ PROTOCOL GUIDELINES:

- I. Development and Approval
 - A. All standing orders, protocols, and order sets must be approved by the Order Set Committee and relevant medical staff structures.
 - B. Proposals for standing orders, protocols and order sets are submitted by a provider and/or group of providers to the Order Set Committee. The Order Set Committee may also initiate development of standing orders, protocols and order sets.
 - C. All proposals are developed and reviewed with input from appropriate providers, nursing, and pharmacy staff.
 - D. Orders are formatted consistent with the established style guide. (See attached style guide).
 - E. The Order Set Committee and Pharmacy and Therapeutics (P&T) approves the standing order, protocol, or order set. Standing orders and protocols are approved by Medical Executive Committee.
 - F. Once approved by the Orders Set Committee the standing order, protocol, or order set is formatted for use in MEDITECH as well as paper form.
 - G. Standing orders, protocols, and order sets will be maintained for use in MEDITECH and kept on the Benefis Intranet for use in paper form.
- II. Implementation
 - A. A standing order is implemented based on predefined circumstances and physician authorization is obtained as soon as possible.
 - B. Protocols and order sets are implemented through normal provider ordering procedures.
 - C. Influenza vaccine will be ordered through pharmacy's prescriptive authority.
- III. Review
 - A. Standing orders, protocols and order sets are reviewed at least every three years by the Order Set Committee for any needed modification and those modifications consistent with nationally recognized and evidence-based guidelines and considered to show continuing usefulness and safety are approved following the above processes.

ELECTRONIC/WRITTEN ORDERS GUIDELINES:

- I. All orders must be entered into the EMR or written on a Provider Order Sheet.
- II. All provider telephone/verbal orders will be signed by the ordering provider.
- III. All preoperative orders are addressed postoperatively.
- IV. Contact provider for order clarification if the written order is not legible, if a DO NOT USE abbreviation is used or if the order is not clear or complete.
- V. Medication Orders: Include name, dosage, frequency and route of administration on medication orders and indication, for prn medications. Use of "resume previous meds" or "continue orders" are not acceptable.
- VI. Admission orders
 - A. Medication reconciliation is done upon admission, transfer and discharge.
 - B. Nursing does not accept the order "Continue Home Meds."

- VII. Transfers
 - A. From one level of care to another (example ICU to Medical), Psychiatry, Rehab, TCU, and Home Care include a complete list of medications. Current orders including medication orders are reviewed by the attending provider using the manage transfer routine in CPOE or using the printed transfer form prior to transfers. All order must identify the continuance or discontinuance upon transfer.
 - B. Transfers between general floors do not require provider orders for medication lists.
- VIII. Staff signs orders with date time and name/credentials on provider paper order sheet. With CPOE orders the nurse will use the acknowledgement functionality from the status board.
- IX. Pharmacists may initiate, modify or discontinue medication/laboratory orders as allowed in collaborative drug therapy management protocols approved by the medical staff.

TELEPHONE/VERBAL ORDERS GUIDELINES:

- I. Use of telephone/verbal orders
 - A. The use of telephone/verbal orders is to be avoided to the extent compatible with patient safety and care.
 - B. Examples of acceptable use of telephone/verbal orders include, but are not limited to:
 - 1. Driving
 - 2. Away from home/office
 - 3. In procedure
 - 4. Patient care
 - 5. Limited Internet Access
- II. Telephone/Verbal order process
 - A. Procedure for taking verbal/telephone orders to reduce the risk of error and miscommunication:
 - 1. Ensure that the correct patient chart is available for electronic order entry or entry on paper.
 - 2. All orders must be read back by the clinician and verified by the provider (RBV).
 - 3. Alerts may be handled by either the provider staying on the phone with the clinician or the clinician will call the provider back to clarify alerts if the provider is not able to stay on the phone.
 - 4. If the receiving clinician cannot physically access a computer or would so jeopardize patient safety, the clinician may take the order on paper. The orders are entered in the EMR by the clinician as soon as possible.
 - 5. If the provider gives an order set as a telephone order, the provider must go through the order set with the clinician to determine order choices.
 - 6. Documentation of the written order includes:
 - a. Date and time.
 - b. Method for which the order was received. For example VO for verbal order, TO for telephone order. Select Telephone/Verbal with readback order source for CPOE.
 - c. The name and title of the individual giving the order.
 - d. Providers may authorize the office staff to give orders. If receiving orders from the office staff, include the name and title

of the office staff person, the name and title of the provider, and the name and title of the individual receiving the order.

- e. Read-Back Verification should be documented as RBV in the written order. (See example) 12/25/02 1200 TO Dr. Due/Nancy Smith, RN/ RBV Lucy Roe, RN.
 - f. Telephone/Verbal CPOE order will route back to the provider for review and provider will sign the order within 48 hours. Orders on paper will be reviewed and signed by the provider within 48 hours.
- B. Telephone orders for prescriptions
- 1. RNs and LPNs are allowed to call prescriptions to pharmacies (exception C2 drugs). Patients are asked to present the original written script to the pharmacy at the time the medication is picked up.
 - 2. RNs and LPNs in the provider setting are allowed to call in prescription refills.
 - 3. Medical Assistants in the provider setting are allowed to call in prescriptions and prescription refills under the direct supervision of the provider.

Contact Person: Chief Medical Informatics Officer