



Administrative Manual

Subject: Standing Orders, Protocols, Order Sets and Standards of Care

Effective Date: November 1, 2016
Approved by: Executive Vice President/COO
Responsible Parties: Vice President, Medical Affairs/CMO, Vice President, Patient Care Services/CNO; Pharmacy Nutrition and Therapeutics Committee
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Policy Statement

The purpose of Standing Orders, Protocols, Order Sets and Standards of Care are to expedite the delivery of patient care in well-defined clinical scenarios for which there is evidence supporting the application of standardized treatments or interventions.

Definitions:

1. **Standing Orders** are a pre-determined set of orders for specific urgent or emergent conditions. Standing Orders may also be defined as interventions that are timely and necessary for care and address patient safety.
 - a. Standing Orders are essential tools to provide urgent or emergent evidence-based interventions for patients meeting pre-defined clinical criteria when it is not practical or safe to obtain either a written, verbal, or authenticated order prior to provision of care.
 - b. Standing Orders are initiated by licensed, qualified clinical staff prior to the medical provider's authentication.
 - c. Standing Orders are entered in the electronic medical record as soon as possible after initiation of the Standing Order and become a permanent part of the medical record.

If qualified licensed staff determines not to follow all or part of the Standing Order, they should document the circumstances that support the deviation from the Standing Order in the medical record.

2. **Protocols** are a set of pre-determined criteria that define appropriate nursing (or other licensed, qualified professionals) interventions, the timing and sequence for each intervention/treatment, and the specific patient criteria that must be present for the intervention to occur. Protocol orders are entered in the electronic medical record by the medical provider after a clinical assessment of the patient, prior to the initiation of the protocol.

3. **Order Sets** are a pre-determined group of orders from which a qualified medical provider makes selections to provide evidence-based care to their patient in a convenient and efficient manner. Orders grouped together for convenience and efficiency differ from "Standing Orders" and are not subject to the Standing Order requirements of CMS regulation 482.24(c)(3)
4. **Standards of Care** are discipline specific (Nursing, Respiratory, Physical Medicine) care processes based on evidence and published guidelines that describe the level of care performance common to the profession.

Procedure:

1. Approval Process:

- i. Each Standing Order/Protocol/Order Set must be reviewed and approved by the originating developer, nursing, pharmacy and medical staff prior to use in clinical settings.
- ii. For each approved Standing Order/Protocol/Order Set, there must be specific criteria clearly identified in the Standing Order/Protocol/Order Set for the RN or other authorized personnel to initiate the execution of a particular Standing Order/protocol/order set. The Standing Order/Protocol/Order Set must describe the role and responsibility of the staff implementing the Standing Order/Protocol/Order Set.
- iii. There will be documentation in the Standing Order/Protocol/Order Set that the content of each Standing Order/Protocol/Order Set is consistent with nationally recognized and evidence-based guidelines. The documentation will show that there is a sound basis for the Standing Order/Protocol/Order Set.
- iv. The Standing Order/Protocol/Order Set will be submitted to the Orders and Decision Support Oversight Team and presented to the Pharmacy, Nutrition and Therapeutics Committee (PNT) for approval. Approved Standing Orders/Protocols/Order Sets are referred to the Medical Executive Committee for approval and final signatures are applied by the Chief Medical Officer and Chief Nursing Officer or their designees.

2. Implementation of the Standing Order/Protocol/Order Set/ Standard of Care:

- i. There must be documented evidence of staff training for the Standing Order/Protocol/Order Set/Standards of Care for each Standing Order/Protocol/Order Set/Standards of Care.

3. Documentation Requirements:

- i. An order that has been initiated for a specific patient, from a Standing Order/Protocol, must be added to the patient's medical record at the time of initiation or as soon as possible thereafter.
 - ii. The provider responsible for the care of the patient will date, time and authenticate each.
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- iii. The provider responsible for the care of the patient can modify, cancel, void or decline to authenticate orders that were not medically necessary in a particular situation.

4. Updates and Annual Review Requirements:

- i. Each Standing Order/Protocol/Order Set will be subject to timely requisite updates, corrections, modifications or revisions based upon changes in nationally recognized, evidence-based guidelines. The unit or department initiating the Standing Order/Protocol/Order Set will monitor for any needed changes.
- ii. Each Standing Order/Protocol will be subject to an annual review by the Medical Executive Committee, Pharmacy, Nutrition and Therapeutics Committee, to determine the continuing usefulness and safety of the Standing Order/Protocol.
- iii. The Standing Order/Protocol review by the Medical Executive Committee, Pharmacy, Nutrition and Therapeutics Committee, will consider:
 - 1. If the Standing Order/Protocol continues to be consistent with the latest standards of practice reflected in nationally recognized, evidence-based guidelines.
 - 2. If there were any preventable adverse patient events resulting from the use of the Standing Order/Protocol and if so, whether changes in the order would reduce the likelihood of future similar adverse events. (The review would not be expected to address adverse events that are a likely outcome of the course of patient's disease or injury, even if the order was applied to that patient, unless there is a concern that use of the Standing Order/Protocol exacerbated the patient's condition)
 - 3. If the Standing Order/Protocol has been initiated and executed in a manner consistent with the intended use, and if not, whether the Standing Order/Protocol needs revisions and/or staff need additional training.

5. Orientation and Training:

Each unit/department will be responsible for training the appropriate staff on the use and documentation requirements of the Standing Order/protocol/order set/standard of care. This education will be documented.

6. Monitoring:

- i. The unit or department initiating the Standing Order/protocol will
 - a. Monitor for timely requisite updates, corrections, modifications or revisions based upon changes in nationally recognized, evidence-based guidelines.

- b. Bring the Standing Order/protocol forward to the medical staff, nursing and pharmacy leadership for yearly review with input regarding appropriate use and implementation, recommended changes to the Standing Order/protocol and staff training.
- ii. The Risk Management Department will monitor for any adverse events resulting from use of the Standing Order/protocol and will submit these for inclusion in the annual Standing Order/protocol review.

References:

Centers for Medicare & Medicaid Services, State Operations Manual, Appendix A, Regulations and Interpretive Guidelines for Hospitals, (Rev.141, 07-10-15) 482.24©(3)

The Joint Commission, 2015 Hospital Accreditation Standards, MM.04.01.01EP1

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