

Policy: Order Sets: Preprinted, Standing Orders, Standardized Procedures, Protocols

ORGANIZATIONAL: Affects two or more departments.								
Folder	Organizational Choices: Medical Staff			Sub-Folder (If Applicable)	n/a			
Original Effective Date	11/1/1991	Scope	What departments does this policy apply to? State "All" as is may apply to the entire organization. All Clinical Departments					
Approved (Approver/Date)	Order Sets Committee:5/28/20 , Multidisciplinary Policy Review Committee:6/18/20 , MEC:6/23/20							
Last Reviewed/ Revised Date	5/15/2020	OSHA Category (If Applicable)	Not Applicable	Standard (If Applicable)	MM.04.01.01	Number of pages	6	

PURPOSE:

To standardize the process for the creation, implementation and review of order sets (preprinted orders), standing orders, standardized procedures and protocols.

GUIDELINES:

Southeast Hospital will follow regulatory and accreditation guidelines for the utilization of protocols, pre-printed orders, standing orders and standardized procedures.

Each order set, protocol, standing order and standardized procedure will have an owner and LIP champion assigned prior to the development of the order set, protocol, standing order or standardized procedure. See appendix A for process flow.

The Physician Advisory Group (PAG) will provide the oversight for the content of the order sets, protocols, standing orders and standardized procedures.

Standing orders, standardized procedures and protocols must be evidence-based and have medical staff, nursing, and pharmacy approval.

The assigned owner will be responsible to plan and facilitate the education required prior to the implementation of the order set, protocol, standing order and standardized procedure.

All order sets must be reviewed at a minimum of every three years or sooner as nationally recognized evidence based guidelines are updated.

All protocols, standing orders and standardized procedures must be reviewed annually or sooner as nationally recognized evidence based guidelines are updated.

A physician or other licensed practitioner may modify, cancel, void or refuse to authenticate a standing order or standardized procedure that the practitioner determined was not medically necessary.

The medical record must reflect the physician's actions to modify, cancel, void or refusal to authenticate a standing order or standardized procedure that the physician determined was not medically necessary.

PROCEDURE:

DEFINITIONS:

ORDER SETS (PPO): Orders which are written for specific disease state, medical staff department, or the organization which require input from the physician to complete the orders prior to use. These order sets consist solely of menus of treatment or care options designed to facilitate the creation of a patient-specific set of orders by a physician or other qualified practitioner authorized to write orders, and none of the treatment choices and actions can be initiated by non-practitioner clinical staff before the physician or other qualified practitioner actually creates the patient-specific order(s).

PROTOCOLS: Utilized by the organization which are written with complete instructions for the appropriate licensed hospital personnel to follow once the physician, advanced practice nurse or physician assistant instructs them to use the protocols.

* Protocols are considered to be a predetermined set of orders that define appropriate interventions for a specific medical condition or intervention.

STANDING ORDERS: Orders which are evidence based, that permit treatment to be initiated in emergent situations without a prior specific order from the treating physician/practitioner where such treatment is initiated when a patient's condition meets certain pre-defined clinical criteria. Example: Patient presents with a STEMI heart attack, emergency orders are initiated.

STANDARDIZED PROCEDURE: Orders that permit treatment to be initiated by a nationally recognized evidenced based treatment regimen without a prior specific order from the treating physician/practitioner where such treatment is initiated when a patient's condition/symptoms meet predefined clinical criteria. Example: Patient presents with symptoms of a fractured extremity, order is placed for a simple x-ray of the affected extremity.

Implementation: Preprinted or computerized order sets

1. Pre-printed or computerized order sets must be ordered by a physician or other licensed practitioner prior to use.
2. Pre-printed or computerized order sets must be signed by the physician/licensed practitioner each time they are utilized.
 - a. If on a paper form;
 - i. Sign or initial all pages of the order set.
 - ii. Sign, date, and time the LAST page of the orders, with the last page also identifying the total number of pages in the order set.

- b. If initiated by telephone order, the physician/licensed practitioner must sign within timeframe defined by the organization.
3. When using pre-printed orders or computerized order sets, each order with a box must be checked to initiate that order, each blank in the checked order must be filled in.
4. To print a hard copy of a preprinted order set, obtain from Access E Forms.
5. When the computer system is unavailable, a master book of computer generated forms is available in the staffing office, emergency department and HIM. You must notify the House Supervisor if you need a paper copy of a pre-printed order. The original in the book is to be used to make photocopies and distributed. After use, the originals should be returned to the book.
6. The preprinted book of Access E Forms and computer generated forms is maintained by Health Information Management.

Implementation: Protocols:

1. To implement a Protocol you must have an order by a physician or other licensed practitioner. "Implement _____ Protocol orders" should be written on the physician order sheet. If initiated by telephone order, the physician/licensed practitioner must sign, date and time the order within the timeframe defined by the organization.
2. A copy of the protocol will be placed on the medical record (or if computer generated, electronically attached to the patient's medical record) and it will be a part of the permanent medical record.
3. The preprinted book of Access E Forms and computer generated forms is maintained by Health Information Management

Implementation: Standing orders and standardized procedures:

1. Standing orders may be implemented in response to an emergency situation when it is not practical to obtain either a written, authenticated order or verbal order from the physician/licensed practitioner prior to the provision of care.
2. Standardized procedures may be implemented in response to a patient's condition or symptom that warrants an additional simple test based on pre-established criteria for the physician/provider to determine further treatment.
3. A copy of the standing order or standardized procedure order will be placed on the medical record (or if computer generated, electronically attached to the patient's medical record) and it will be a part of the permanent medical record.
4. Standing orders or standardized procedures should be written on the physician order sheet or by computer entry. If initiated by telephone order, the physician/licensed practitioner must sign, date and time the order within the timeframe defined by the organization. These orders can be written post event.
5. The preprinted book of Access E Forms and computer generated forms is maintained by Health Information Management.
6. The standing order or standardized procedure order will be authenticated by the responsible practitioner after the initiation of the standing order or standardized procedure order.

DEVELOPMENT AND REVIEW

Preprinted or Computerized Order Sets

1. To formulate a set of pre-printed orders/order sets:
 - a. Determine owner which is a subject matter expert and the physician champion.
 - b. Approval must be received from the departments that could be affected by the use of the pre-printed order or require preparation by other departments, (i.e., laboratory, nursing, pharmacy, radiology, respiratory therapy).
 - c. Owner and physician champion will approve and sign off on the built preprinted orders/order set prior to implementation.
 - d. Must be reviewed by the Physician Advisory Group (PAG)
 - e. After all steps have been completed the pre-printed order will be forwarded to IT for building of the order set and Health Information Management for inclusion in Access E Forms

Protocols, Standing Orders and Standardized Procedure Orders

1. To formulate a Protocol, Standing Order or standardized procedure:
 - a. Determine owner which is a subject matter expert and the physician champion.
 - b. Must be based on evidence based practice with appropriate documentation of evidence utilized to support protocol/ standing order/standardized procedure.
 - c. Approval must be received from the departments that could be affected by the use of the protocol/standing order/standardized procedure (i.e., laboratory, nursing, pharmacy, radiology, respiratory therapy).
 - d. Owner and physician champion will approve and sign off on the built protocol/standing order/standardized procedure prior to implementation.
 - e. Must be approved by Nursing, Pharmacy and Therapeutics Committee, and Physician Advisory Group (PAG) prior to implementation into clinical setting.
 - f. A plan for education of the end-user of the protocol/standing order/standardized procedure must be developed and implemented by the owner and/or the physician champion prior to utilization of protocol/standing order/standardized procedure in clinical setting.
 - g. Protocol, standing orders and standardized procedures will be sent to IT for building after the approvals have been obtained and to Health Information Management for inclusion in Access E Forms.
 - h. Must be reviewed/revised annually or when evidence has changed by the owner and physician champion. Any revisions will follow the above defined review and approval process.

FLU AND PNEUMONIA VACCINES:

Influenza and pneumococcal vaccines may be administered per physician-approved hospital standing orders. Authentication by a practitioner when influenza and pneumococcal vaccines are administered is not required.

Order Sets/Preprinted Orders	Protocols	Standing Orders/Standardized Procedures
Written menu of orders on a list for specific disease state, medical staff department, or the organization	Predetermined set of orders that define the specific appropriate interventions for a specific medical condition Written complete instructions/orders to be followed after order is given to implement the protocol	Standing orders permit treatment to be initiated in an emergency situation without a provider's specific order. The standardized procedure orders permit treatment to be initiated when it is part of an evidenced based treatment regimen. Standing orders and standardized procedures follow the same regulatory guidelines. They are in the medical record and the provider authenticates, dates, and times the standing order or standardized procedure order after the event
Requires provider to select the orders desired on the menu/list, complete any blanks within the order, date, time and authenticate the orders prior to initiation of the orders	One order to initiate the protocol activates all orders on the protocol	The patient's condition must meet specific predefined clinical criteria
Order Sets/Preprinted Orders	Protocols	Standing Orders/Standardized Procedures
Order set must be approved by involved physician or licensed provider, involved medical staff department, and Physician Advisory Group (PAG)	Must be approved Nursing, Pharmacy & Therapeutics committee, and PAG.	Must be approved Nursing, Pharmacy & Therapeutics committee, and PAG.
Each order set will have an assigned owner and provider champion	Each protocol will have an assigned owner and provider champion	Each standing order/standardized procedure will have an assigned owner and provider champion
Reviewed every 3 years by the owner and provider champion or as evidence-based guidelines for orders change, any revisions approved by physician champion, involved department, and PAG.	Must be reviewed annually and/or when evidence changes Any revisions require medical staff, nursing and pharmacy approval.	Must be reviewed annually and/or when evidence changes Any revisions require medical staff, nursing and pharmacy approval.

REFERENCES:

The Joint Commission (2020). Hospital Accreditation Manual
CMS State Operations Manual

Attachments:

Appendix A: Orders Process

Request for pre-established orders

Standing orders/Standardized Procedures
Orders that authorize immediate treatment in an emergent or evidence based treatment regimen situation defined by pre-defined clinical criteria without a prior LIP order but is authenticated, dated and timed after the event by the LIP

Protocol-predetermined set of orders that define appropriate interventions for a specific medical condition or intervention, **requires an LIP order to initiate**

Preprinted Orders/Computerized Order Set
Consist of treatment/care options from which an LIP chooses to write orders for

