Medical Directive &/or Delegation Template

Template for Use by Physicians or Authorizers **with** Ordering Authority [1, 2]

INSTRUCTION TEMPLATE

Title: _____ **Number:** _____

Activation Date: _____ **Review due by:** _____

Sponsoring/Contact Person(s)
(name, position, contact particulars): _____

Order and/or Delegated Procedure:	**Appendix Attached:** ☐ **Yes** ☐ **No** **Title:**

Considerations:

- **Identify the Order or Delegated Procedure Specifically.** A directive order must have the integrity of a direct order; therefore specific details such as agent, route, dosage and interval are required. Specify the degree of detail necessary to ensure that authorizers and implementers will always be able to indicate and agree on exactly what was ordered under what conditions, even after a lengthy period of time.
- **Appendices May Be Used to Identify Details.** Where a series of orders are identified (e.g. for a series of bronchodilator doses for initial treatment of childhood asthma in an Emergency Department), an attached appendix may be used. For a sample format, see the Order Table Form.
- **The Order May Permit one Implementer to Decide when to Implement a Procedure and Another to Implement It (Co-Implementers).** An order may authorize one implementer to decide when to implement a procedure and another to carry out the procedure. Implementers in this scenario may be referred to as co-implementers. For example, a directive may authorize registered nurses in an Emergency Department to decide when an extremity x-ray is indicated and medical radiation technologists to take the x-ray upon receipt of a requisition completed by the nurses pursuant to the directive. Both implementers are responsible for assuring that from their clinical perspective, taking the x-ray is appropriate. If not, they are each responsible to refrain from implementing the procedure and to take the appropriate action to safeguard patient interests.

Recipient Patients:	**Appendix Attached:** ☐ **Yes** ☐ **No** **Title:**

Considerations:

- **Broadly Identify Patients in this Section.** Identify in general terms which patients may receive the procedure**.** Record broad descriptors – e.g. patient location, age, responsible physician or authorizer group - here and use the Indications and Contraindications section below for more specific indications.

Authorized Implementers:	**Appendix Attached:** ☐ **Yes** ☐ **No** **Title:**

[1] **Information May Be Organized According to User Preference.** The template is designed to capture the information essential to a directive. In order to optimize clarity and function, users may choose to organize the information differently. For example the 'Order and/or Delegated Procedure' section may also include information identifying recipient patients and authorized implementers.

[2] **Appendices May Be Used.** When a directive includes information that is best conveyed in another format, appendices may be used. Examples include appendices that identify a series of orders, decisionmaking algorithms, documentation instructions and lengthy approver lists. It is essential that the directive refer explicitly to any appendix to ensure that neither part could be used separately, thus an appendix notation is included in each section.

Considerations:

- **Identify Implementers Clearly.** Identify authorized implementers:
  - Individually by name or position (for a smaller number of implementers),By implementer group (for a larger number of implementers or implementer groups, e.g. 'Emergency RNs'), or
  - By co-implementer groups (for directives or delegations authorizing two or more distinct groups, for example Emergency RNs authorized to decide when to implement the order for an extremity x-ray and MRTs authorized to take the x-rays).
- **Identify any Qualifications Required.** When identifying implementers, include any education requirements to qualify as an implementer (e.g. successful completion of an in-service or external certification program). It is not necessary to include basic professional qualifications, just those that are specific to the directive or delegation.
- **Approval may be Indicated in a Number of Ways.** Implementers may indicate their approval to the directive or delegation by implementing it, or they may sign off prior to implementation as follows:
  - All implementers may sign off on an appended *Implementer Approval Form* or the like, or
  - Representative implementers may sign off on an *Implementer Approval Form* with all implementers signing off on an *Implementer Performance Readiness Form – Group or Individual* upon completion of performance readiness training.
- **Sub-delegation is Not Permitted.** When an implementer is delegated to perform a controlled act that is not identified in his or her health profession Act, s/he may not delegate performance of the procedure to another. For example, nurses or occupational therapists delegated to set or cast a fracture would not independently delegate setting or casting a fracture to another, unless there is prior agreement by the authorizing physician.
- **The Decision to Implement a Procedure Made Pursuant to a Directive Cannot Be Assigned to Another.** Where a procedure is authorized for performance pursuant to a directive, the decision to implement the procedure may not be assigned to another. For example physiotherapists mobilizing post-operative patients pursuant to a directive may assign a physiotherapist assistant to assist with mobilization but would not assign the assistant to decide when to implement the mobilization.

Indications: **Appendix Attached: ☐ Yes ☐ No Title:**

- Identify exactly when and under what conditions the directive applies, e.g. presenting symptoms, specific assessment findings, test results etc.

Contraindications:

- No consent from patient or substitute decision maker.
- Identify the additional conditions that would preclude implementation of the procedure, and as necessary, identify what action should be taken, either in this section, or in the 'Guidelines for Implementing the Order/Procedure' section below.

Considerations:

- **Degree of Detail Required is Dependent Upon Circumstances,** including the competencies of the implementers, the degree of supervision and the structures available in the situation to support practice.
- **Unanimous Specificity Essential.** For a directive, the indications and contraindications are critical. They ensure that implementers will make exactly the same decisions regarding when to implement a directive as an authorizer would, thus a high level of specificity is essential. For example, if the term 'normal vital signs' has been defined and means exactly the same ranges to all authorizers and implementers for every patient, then it may be an appropriate indicator. If the range falling within 'normal' is not unanimously known, then specific, agreed upon ranges must be identified.
- **A Direct Order may be Used as an Indication for Implementing a Directive**:
  - **To address legislative requirements for patient-specific orders**. For example, using a direct order to authorize implementation of directive for adjusting narcotic pain medication addresses requirements for patient-specific orders to authorize the use of narcotic medication.
  - **To enable RHPs to implement a series of orders pursuant to an initial treatment order**. For example, once a physician diagnoses a stroke and prescribes a treatment such as anticoagulant medication using a direct order, RNs and pharmacists may be authorized to adjust the medication pursuant to a directive.
  - **To enable RHPs to perform a delegated act that requires a physician's direct assessment to implement.** For example, OTs may be delegated the authority to set fractures as set out in a Directive and/or Delegation Template, but may be restricted to setting it upon a direct order from a physician.
- **A Direct Order that is Given In a Situation When a Directive Applies Requires Clarification.** Where a physician or authorizer provides a direct order in a situation in which a directive applies, clarification should be sought. Generally, a direct order would be expected to take precedence over a directive.
  - **Best Practice References may Be Used to Identify Indications and Contraindications.** A reference such as a best practice textbook or an electronic resource that is agreed upon by authorizers and implementer(s)may be used to identify indication and contraindications, as long as it is attached or otherwise incorporated into the directive.

Consent: **Appendix Attached: ☐ Yes ☐ No Title:**

Considerations:

- **Identify how Consent is Obtained.** Identify who will obtain consent. Where the implementers or someone other than the authorizer are responsible, identify how and what information will be conveyed. The degree of detail depends upon the competencies of those obtaining consent, including their understanding of consent principles.
- **Coordinate with the Performance Readiness Assessment.** The feasibility of obtaining proper informed consent is also covered in the Performance Readiness Assessment. Ensure coordination with any provisions for consent covered in the Performance Readiness Assessment form.

Guidelines for Implementing the Order / Procedure:	**Appendix Attached:** ☐ **Yes** ☐ **No** **Title:**

Considerations:

- **Identify any Additional Information Necessary to Guide Practice,** including equipment and back-up provisions that must be in place prior to implementation, directions such as what assessments to conduct and a step-by-step description of how to perform the procedure. The degree of detail necessary will depend on the circumstances in the situation.

May Refer to References. This section may be completed by referring to companion policies and procedures, or agreed upon references that are appended or clearly cross-referenced to minimize margins for error.

Documentation and Communication:	**Appendix Attached:** ☐ **Yes** ☐ **No** **Title:**

Considerations:

- **Implementation of a Directive Requires Standard Documentation.** When a patient receives a procedure pursuant to a directive, documentation of implementation of the directive needs to include:
  - Name and number of the directive,
  - Name and signature of the implementer, including credential, and
  - Name of the physician/authorizer responsible for the directive and patient.
- **The Order Section of the Health Record is Recommended for Documenting Directive Implementation.** Generally, because a directive is an order, it is recommended that implementers document activation in the order section of the health record. Related information such as implementation of the procedure and the patient's response may be documented in accordance with regular documentation practices.
- **The Use of Pre-Printed Orders Is Encouraged.** To maximize clarity and minimize the potential for error, using pre-printed orders that an implementer completes when the directive is activated is encouraged. The pre-printed order identifies exactly what the implementer is authorized to implement. It should be set up in accordance with the standard documentation requirements for a directive identified in the first bullet above, with a sample appended to the directive.
- **Standard Documentation is Recommended for Prescriptions, Requisitions and Requests for Consultation** to ensure that these documents represent a proper order, and they are readily identifiable as such. Where labels are generated, for example laboratory sample or medication labels, the physician is recorded as the person prescribing or ordering. A sample of a properly structured and completed prescription, requisition or consultation request is appended to the directive. See the 'Recommended Format for a Prescription or Requisition Completed Pursuant to a Directive' for an example of a prescription completed in accordance with these requirements.
  Where requisitions, prescriptions or requests for consultation are forwarded to remote co-implementers, for example those at community pharmacies or independent radiology or laboratory facilities, on request or where desired, a copy of the directive proper may also be forwarded to affirm integrity.

Review and Quality Monitoring Guidelines:	**Appendix Attached:** ☐ **Yes** ☐ **No** **Title:**

Considerations:

- **Identify How to Address Issues When Using a Directive.** If issues related to using a directive are identified, for example if authorizers or implementers become aware of new information between routine renewals, and particularly if this has implications for untoward or unanticipated outcomes, identify who to contact, and how to proceed.
- **This Section Corresponds to the Review and Quality Monitoring Mechanisms Identified in the Performance Readiness Assessment.** Corresponding renewal and quality monitoring provisions may also be identified in the Performance Readiness Assessment. Ensure coordination and that information necessary to guide care is included in this section.

Administrative Approvals (as applicable):	**Appendix Attached:** ☐ **Yes** ☐ **No** **Title:**

Considerations:

- **Administrative Approval may be Necessary in Corporate Settings.** In larger, corporate settings, a directive, delegation or practice beyond principal expectations may require approval from administrative authorities including individuals (for example managers and directors) and committees (for example Medical Advisory Committee, Pharmacy and Therapeutics Committee, Operational Committees and Professional Practice Councils). A list of possible administrative stakeholders who may need to approve is included in the Performance Readiness Assessment.

Approving Physician(s)/Authorizer(s):	**Appendix Attached:** ☐ **Yes** ☐ **No** **Title:**

Considerations:

- **All Authorizers Must Approve.** All physicians or authorizers responsible for patients who may receive a procedure pursuant to a directive must be listed and must approve it. Only physicians or authorizers who, by virtue of their role could potentially have a relationship with recipient patients can approve it. Physicians or authorizers may be listed in this section, or on an appended Authorizer Approval Form.
- **Signatures are required**. Signatures are required and may be recorded in this section, or on an appended Authorizer Approval Form or, where organizational policy and procedure processes provide, in associated records.
- **Facilitating Sign-Off.** When developing directives that apply across a complex multi-professional setting, to determine which physician(s) need to approve, consider which physicians may be responsible for the care the patient is receiving pursuant to the directive. For example, all Emergency Department (ED) physicians would be required to sign a directive applying to ED patients, and surgeons consulting to the ED who may become responsible for ED surgical patients may be involved, however an ED physician would not likely be required to sign a directive pertaining to surgery. Options for sign-off include:
    - Consider enabling physicians who are doing locums to sign off at the outset of the locum, or consider enabling physicians who are trainees (for example residents) to sign off during orientation to their clinical rotation. In such instances, a review of all applicable directives with a signature on one master listing all may be sufficient.
    - For cross-hospital directives that every physician/authorizer is directly responsible for, consider obtaining sign-off as part of privilege renewal, as long as the timing for directive approval or renewal coincides with that for privilege renewal.