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Report on Medicare Compliance Volume 31, Number 18. May 16, 2022 Excerpt of Policy on Standing Orders

By Nina Youngstrom

This is an excerpt of UNC Health's recently revised policy on standing orders.[1] "This is a regulatory topic that we have continued to work on year over year," said Patrick Kennedy, executive director of hospital compliance. "In my opinion, it is a relatively easy standard to understand yet seen by some as challenging to implement, especially in a dynamic setting like an academic medical center." Contact him at patrick.kennedy@unchealth.unc.edu.

III. Policy

Minimum Requirements for Standing Orders

1. Must be developed and approved through multi-disciplinary Committee(s), which must include, but is not limited to, medical staff leadership, chief nursing officer or designated nursing executive, and pharmacy leadership.
    - A standing order that contains medications should be reviewed and approved by a local network entity's Standing Orders Committee or, in the absence of such, its Pharmacy and Therapeutics Committee or other defined clinical committee with Pharmacy representation.
2. Must be consistent with federal and North Carolina regulations, guidelines, and must be evidence-based practices for providing patient care.
3. Must define staff that may initiate the standing order (e.g., nurse) within their specific scope of practice and well-defined instructions or clinical situations for when the order can be initiated.
    a. Under no circumstances shall a standing order be initiated that requires non-LIP (licensed independent practitioner) staff to enter patient care orders by making clinical judgments or decisions outside of their scope of practice.
    b. When requesting review and approval of a proposed standing order, information submitted to the Committee should include, but is not limited to:
        a. Reason and clinical condition or situation in which the standing order will be used, to include information related to evidence-based practice, but should not include actual citations or references;
        b. Staff that can implement the standing order;
        c. Clinical assessment criteria to include the type of patients for which the standing order applies;
        d. Criteria or circumstances for when the LIP is to be consulted;

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e. Plan of care to be carried out by the non-LIP who is initiating the standing order, including: medical/medication treatment regiment, nursing actions, and follow-up monitoring requirements;

f. Request for authentication by the LIP responsible for the patient's care or, if no co-signature is required, then an explanation as to why one is not required; and

g. Date the standing order was initially developed or last reviewed by the Committee.

4. Must be medically appropriate for a patient whom the order is being applied to.

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