Appendix: Email Group Discussion- Hospital and DTC Management of Standing Orders, April 2018

Table 1: General information about Standing Orders (SOs)

Hospital/LHD DTC	Currently approved SO number	Used in following clinical settings/ patient groups
Murrumbidgee incl Young Health Service	24 Incl. Young Health Service: 2 local SOs	anaphylaxis, cardiac arrest, pregnancy, labour, neonates (immunoglobulin and vaccination and sucrose for pain), NRT, oncology hypersensitivity reactions, radiography contrast We also have all the SOs from the Adult and Rural Paediatric Emergency Guidelines signed and approved for use. Young Health Service: Heparin stat dose pre-op under one particular surgeon for patients meeting the criteria, and ibuprofen given as RM initiated in post-partum NVD patients for up to 24 hours in the absence of listed precautions or contraindications
HNE District	91	Nurse Delegated Emergency Care MSOs, Rural Adult Emergency Clinical Guideline MSOs, Renal, Sexual Health, Maternity (mostly places where nursing staff are onsite and medical officers are mostly offsite).
Bankstown	Unknown. We assume that all standing orders come to DTC for discussion and tabling but there is no official auditing process of departments for SOs to date. Could be anywhere upwards of 50.	Used where circumstances requires a standard universal treatment based on clinical evidence without an immediately signed chart from a medical officer.
Liverpool	Approximately 20	In units such as Birthing Unit, Sexual Health Clinic, Apheresis Unit and Adrenaline for Community Health (& HITH)
South East Sydney	Approx. 20 district-wide SOs. PLUS responsibility for approx. 20 STOs for community clinics. PLUS Individual hospitals will also have some local SOs relevant to local practice.	17 used across district EDs. Others for IV fluids given with parenteral meds, adrenaline and influenza vaccination (staff health). There are some specialist ones for Royal Women's and Sydney Eye in particular.
Nepean Blue Mountains	~25 standing orders approved	In general, they fall into one of the following categories: - in specialised areas for clearly defined population, indication, and staff - for use in clinics - for use in emergency situations where time is critical to patient safety

		- as part of NSW Ministry of Health policy implementation
Calvary Mater Newcastle	Unknown. SOs have been filed with P&Ps. CMN is in process of separating these 2 sets of documents. Therefore unable to provide exact number of SOs.	
Far West LHD	There are approx. half a dozen current SO, PLUS the Nurse Delegated Emergency Care (NDEC) SO (ACI).	3 SO are for ophthalmology clinic used as prep for regularly performed procedures. There are 3 for "Nurse Administered Thrombolysis Protocol" for treatment of STEMI at remote sites (enoxaparin, tenecteplase, clopidogrel – align with the STEMI pathway. All NDEC SO have been endorsed by the District for use in remote sites, however, the SO for paracetamol/Codeine 8mg was rescinded by DTC in March in response to the rescheduling of low-dose Codeine and IB 2017_043. Only NDEC trained nurses administer NDEC SOs. There were a number of maternity SOs in previous years – all currently rescinded while review is undertaken (some were historic and outside policy and all needed review). "Remote sites" are nurse led without available MOs – medical support from RFDS or BHHS ED.
Canterbury Hospital DTC	29	ED has 21. There are 4 theatre ones – morphine and fentanyl (adult and paediatric) ordering in recovery, and 4 general ones, 2 for PONV (adult and paediatric) and naloxone (adult and paediatric). They are used to allow fast administration of a medication to a patient prior to an order being charted by the medical prescriber. A medical prescriber has to countersign the order in 24 hours.
St Vincent's DTC	33 SO are currently approved for use.	3 for anaphylaxis in various outpatient clinics; 4 for eye drops in Day procedure centre; 7 for vaccines in ED and staff health ; 6 for acute pain ED; 2 for diagnostic services; another 9 for ED; 1 x chest clinic; 1 x theatres.
Royal North Shore Hospital	We have approximately 130 Standing Orders used by approximately 26 areas/wards.	SOs are used when a medical officer (MO) is not readily available to prescribe a medication e.g. Delivery, Drug and Alcohol (after hours), Sexual Assault Services, Antenatal Clinic, Renal Dialysis Unit, APAC, Sexual Health Clinic. Some SO are used to cover RNs/Radiologists in the normal process of their work e.g. Burns (use of methoxyflurane for dressing changes); Radiation Oncology SO are also used for supply of medication in emergency scenarios when MO not present immediately e.g. Cardiology, ITU (Advanced Life Support), Spinal ward, Pain management (naloxone), Chemotherapy Day unit. SO are used when MO has not written up medication and would delay surgery (e.g. Surgical for bowel prep). In ED, some SO are used to reduce wait time for medication administration. In Eye Clinic, SO are used prior to patient seeing a MO for further investigation

Table 2: NSW Policy and Standing Orders

Hospital/LHD DTC	12-monthly review? Full review or a less extensive process?	How often is a full review of each SO undertaken?	How often are SO re-signed by the Medical Officer? By the DTC? By anyone else?	Is there always a requirement for a MO to sign a SO medication record within 24 hours of administration; or are there exceptions (e.g. in community facilities, medication recorded in database and not on a record)?	PD2013_043 states: "A standing order must be consistent with the respective medication's approved Product Information…". Is off-label use ever approved (e.g. off-label paediatric doses, off-label indication)?
Murrumbidgee including Young Health Service	Yes – full review each 12 months with current SO document sent out to stakeholders for updated feedback about 6 weeks prior to renewal. Young HS: reviewed annually by the key stakeholders of each, references updated and changes considered/reviewed. Revised standing orders are then tabled (and discussed as needed) at our monthly multidisciplinary clinical review committee, and forwarded to MLHD DTC thereafter.			For LHD SOs – yes this is a requirement but I understand there may be some local SOs where this has not been required. Young HS: Standing orders are required to be signed off by MO within 24 hours	
HNE District	Yes, a full review is completed every 12 months except in circumstances such as Nurse Delegated Emergency Care MSOs , Rural Adult Emergency Clinical Guideline MSOs –			Only exception is the midwife-led birthing service at Belmont Hospital, they have 7 days.	

	where the guidelines that they relate too are not updated so we extend for another 12 months. Never longer than 24 months.				
Bankstown	Some SOs have 12 month review dates stated however there are others with longer dates specified and with no review dates. Policy states a review of 12 months but this is not generally the case for SO in reality. Review/Establishment of SOs is done by consultant HOD and/or with a CNE. These are sent to the DTC for tabling and discussion usually with supporting data (especially for any new or significant change in treatment protocol)		New SOs are mostly signed by Medical officers. Reviews are sometimes resigned by them or by CNEs. None, to our knowledge, are signed by DTC members.	The requirement is for the MO to sign the SO within 24 hours but this is not audited by the DTC. There may be specific records on the wards or departments where this is done but probably depends on what that ward has set up in regards to operational SO's but there is no check in regards to this	
Liverpool	Less extensive process if there are no changes.	Probably every 3 years.	Our DTC chair signs a submitted Standing Order and states that approval is valid for up a date in 12 months. We don't chase up re-approval. It's up to the Unit using it to resubmit.	We are not on eMeds and therefore all of our inpatient SOs are recorded on the NIMC. Our Sexual Health Clinic does have a different system and the management of their patients is done electronically. We don't receive separate prescriptions for those patients.	As long as we have published evidence for a particular drug in the context of the standing order, we would approve it.

South East Sydney	Yes, they go back to the author/owner for review, amendment and updating of references. We ensure that changes are tracked, the changes are reviewed and accepted by QUM secretariat. The updated version is then sent back to be signed by the designated medical officer. Then the signed version is tabled at QUM Committee for approval. This happens for all 40 district STOs every 12 months. It's very time consuming.			Some exceptions e.g. influenza vaccine, IV fluids with parenteral meds	No, always in line with TGA indications
Nepean Blue Mountains	Ideally they should be reviewed every 12 months; the extent of review is usually left up to the department that owns the standing order and the circumstances e.g. significant changes in policy, therapeutic guidelines, immunisation guidelines, in response to incidents, etc. Drug Committee may make recommendations or question parts of the standing order.	See previous answer	Ideally after every approval or re-approval however this can be logistically cumbersome	There is always a requirement for a MO to "sign" a standing order within 24 hours of administration. This may be done on paper or electronically. In some instances a medical officer must indicate that the patient is suitable for use of a standing order prior to its use (i.e. there are no contraindications).	No as off label medicine use is the exception. Also see comments section made in last Table.

Calvary Mater Newcastle	All SOs presented to the CMN's DTC are reviewed every 12 months. The DTC asks that a pharmacist be involved in the review process of all documents referring to medications. The pharmacist would be expected to ensure that a full review of current literature, references and best practice has occurred.	All SOs presented to the CMN's DTC are reviewed every 12 months. The DTC asks that a pharmacist be involved in the review process of all documents referring to medications. The pharmacist would be expected to ensure that a full review of current literature, references and best practice has occurred.	All SOs presented to the CMN's DTC are required to be reviewed and re-submitted to the DTC annually. The requesting prescriber/prescriber group must sign each SO they submit.	The expectation is that SOs be signed within 24 hours of administration. It is hoped that the move to an electronic medication prescribing system will facilitate this requirement. For CMN Palliative Care Outreach teams the DTC has approved a faxed verification of the order.	
Far West LHD	Yes, SO are r/v every 12 months. A full review is expected (although usually little change)		SO are signed by the Director Medical Services, Director of Pharmacy and Exec Director of Nursing, with final signoff by Chair DTC – re-signed after each 12 monthly review.	Dependent on the SO – specified in the body of the SO. Currently, all FW SO require this.	None for off-label use

Canterbury Hospital DTC	Yes they are. Some need little change, but yes others have gone more extensive changes based on literature review and evidence. The MSOs are signed by the relevant Department Head then the DTC Chair (after DTC review) before being uploaded to the Pharmacy intranet site	Technically a full review should be undertaken every 12 months.	I would hope 100% of the time. But I'm not certain - not sure an audit has been done on this	There is not meant to be any exceptions	None for off-label use
St Vincent's DTC	SO are reviewed every 12 months. The documents are sent to the relevant departments for whose responsibility it is the review and endorse the document for currency of information. A final review is undertaken by the QUM pharmacist with a basic review of references.	Every 12 months/when required. I.e. Diagnostic Services Department just reviewed their Standing Orders following new advice from the RANZCR and a change in local practice.	Every 12 months by Nursing Manger, Medical Head of Department & DTC Chair following DTC endorsement	The following is written on all SVH standing orders; *"A Medical Officer MUST CHECK the entry on the medication chart documenting the drug administration and CONFIRM BY SIGNING this entry WITHIN 24 HRS"*	Nebulised Lignocaine 2% ampoules, in patients who require bronchoscopy in theatres.
Royal North Shore Hospitals	Relevant NUM and MO for the area/ward are requested to annually review SOs and confirm that SOs are still required and relevant. We use a simple Form which they need to sign and submit to DC. DC Chair then signs off. For new SO we ask if there is any	Every three years	Annual sign off by DTC chair and annual Form sign off by NUM and MO. Three year sign off includes NUM (or Senior RN or author), Director or Nursing for facility or LHD (as relevant), Medical Officer (for	In general yes. However sometimes MO does not review chart within 24 hours e.g. renal dialysis unit (charts reviewed at weekly meeting by MO and NP), APAC community nurses. Some clinics do not have charts, therefore medication administered by SO is written in patient notes (paper or computer) and review by MO but not signed. Radiologists do not get SO signed by MO.	Yes off label use for tropicamide eye drop administration (paediatric dose not approved in PI for tropicamide, however administered to paediatric patients in Eye Clinic as SO).

	feedback after the first year. We started using a Form so as to cover NSW policy where annual review of SO is required. A full review including update references, review of literature etc is done every three years (as not possible to do annually as too time-consuming). The annual sign off takes enough time i.e. chasing up people to return their Form.		ward/area or LHD as relevant) and Chair of DC every three years.		

Table 3: Questions related to Standard Order Process and Other Comments

Hospital/LHD DTC	Does DTC approve all SO?	Who is responsible for the maintenance of SO?	Does the DTC have any processes/strategies in place to reduce the workload associated with reviewing/maintaining/monitoring SO?	Do you have problems or concerns with SO (e.g. administration, monitoring, sign off, education, keeping within NSW Health policy)?	Any other comments/feedback?
Murrumbidgee incl Young Health Service	Yes – for LHD SOs	Chief Pharmacist	We have aligned all standing orders to be reviewed at the same time/meeting each year where possible (occasional exceptions for new SOs etc.)	There is potential still for some SOs at small sites without onsite pharmacists to potentially have SOs we are unware of and perhaps not reviewed or re-signed but we have promoted sites to submit any site specific SOs to also support them with governance.	
HNE District	The District QUM Committee approves all district wide MSOs	The author and the District QUM Pharmacist	No. Very interested if other districts do!	The MSOs which are included in MoH policies are weak. The Nurse Delegated Emergency Care and Rural Adult Emergency Clinical Guideline documents did not contain enough information to be considered an SO. Therefore, we re-wrote all 45 of them to a standard which was acceptable to HNE Health.	Increasing the review requirements to every 3 years would help with the workload.
Bankstown	Yes , it is a mandatory procedure but only the ones that are actually physically sent to DTC for review would	Maintenance of SOs is the responsibility of the wards/departments who are using them together with input from the appropriate medical offices and CNE	Not really. The SOs are sent for the agenda items ,discussed , reviewed and sent back for either approval or further clarification and/or alterations	Ideally some sort of data base for loading SO's would be helpful and appropriate to track those that need approval or annual review. Whose responsibility for maintaining the data base would have to be established as far as chasing up the reviews? This would also extend to sign offs for patients who have received a	

	be tabled and approved			standing order medication on a ward by ward basis and the extent of ease in obtaining a MO's signature in a timely manner. Stake holders for the standing orders would also need to be prepared to routinely review and ensure these are up to date. Who would oversee that this is done would be a key question, as potential for a breakdown of maintaining the process would quite easily occur if there is no sufficient support for ensuring all the necessary requirements for standing orders are met consistently	
Liverpool	Yes	Usually the CNE/CNC of the individual unit. Our process is not robust. I would like Standing orders to be coded and followed up by the Clinical Governance Unit, just as they follow up any outdated policies. We don't have the capacity within the Pharmacy and nor do we have any Drug Committee resources.	No but I would like the Standing Orders to be managed as Statewide Standing orders in many common areas of urgent need and any locally developed Standing Orders to be managed and coded by the support officers that usually handle the policies. The Drug Committee can be sent the ones due for review in a co-ordinated approach: Standing order expires, relevant unit reviews, relevant medical head of department signs off, and then sent to Drug Committee. New proposed Standing orders to be submitted with appropriate evidence to DTC in the first instance.	Unable to verify sign off, other than at specific audit times. If a problem with administration of the medication to the patient, it's far too late for any authorising officer who has signed off the Standing order to be accountable. So you almost need to address all the risk management aspects, including who is allowed to administer, before the approval of a standing order. Don't consider Standing orders just because the doctors are lazy to write a prescription and it seems easier or more convenient	I would support the possibility of "Nurse-Initiated" orders for S4 medications within the appropriate context with adequate nursing expertise, if other medication safety risks are addressed. Again for only legitimate "urgent need" when a medical officer is not available and not for convenience reasons.

South East Sydney	District QUM Committee approves all those listed above.	QUM Committee secretariat	Nothing other than a tracking list (Excel spreadsheet)	Significant time is spent on the above processes which are largely administrative to conform to policy. There are rarely any significant changes required on annual review	The med handling policy also requires all specialist medication charts to undergo annual review. We go through a similar time-consuming annual review process with 20 or so different forms that have prescribing/administration sections (many are part of clinical pathways for day surgery/outpatient procedures). Is this also something you could also push to have revised in the next iteration of the policy?
Nepean Blue Mountains	Yes	The department that authored and use it.	No	There are doubts regarding the utility of restricting SO to be exclusively within approved prescribing information, and would be interested in the approach of other LHDs to this issue - particularly with respect to paediatrics and palliative care. If all SOs are to be approved by the local Drug Committee, is it reasonable for medicines to be allowed to be used off-label as it is already the responsibility of the Drug Committee to approve such use? DTC would consider when approving individual SO whether the proposed use is consistent with approved guidelines or supported by literature. This also overlaps with the recent discussion of "routine off-label use". Off-label SO may be the exception but having some	

				degree of flexibility in the PD may be helpful. Patient consent would need to be considered.	
Calvary Mater Newcastle	The expectation is that all SOs in use across the CMN (including Outreach services) have been presented to the DTC for consideration and validation. However, the DTC continues to liaise with all wards and departments to prompt this process	The prescriber/prescriber group is responsible for conducting the review in conjunction with a pharmacist. The DTC maintains a SO register and prompts the prescriber/prescriber group when the review is due.	Happy to learn from others on how to achieve this.	The CMN DTC believes that not all CMN SOs in use have been ratified by the DTC. For this reason we have requested the forwarding of all SOs to the DTC. This has also prompted the review and revision of our proforma. All wards and departments have been contacted requesting that they forward all SOs in use to the DTC. The DTC will then check the SO to verify that the SO has been validated by the DTC and that the validation period is still current. All validated SOs are entered into a SO register with a trigger alert to be sent to the appropriate lead before the expiry of the SO period.	It would be great if there was a SO library that we could refer to. This could be used as part of the DTC review process. It would also facilitate the preparation of SOs by prescribers. May even generate practice change.
Far West LHD	Yes	District Director of Pharmacy	Working on a schedule with Nurse Manager Policy & Practice. SOs are written/reviewed by the area requiring the SO, with support from Pharmacy and appropriate medical services	Continuity – we are only recently getting into a regular routine/schedule of review. District has gaps in staffing from time to time (e.g. gap of 12 months in DoP, gap of 12 months in permanent DMS etc), so developing plan so review not as person/position dependent. 12 month r/v has been challenging (comes around very	Standing orders have a place, especially in rural/remote areas but legislation hasn't kept up with the concepts.

				quickly) so developing schedule so limited/no gap in SO review/approval/continuation	
Canterbury Hospital DTC	Yes	The department who uses it or in the case of the general ones, either theatres or ED	No. – Would love to know if there is anything to reduce the workload!	Not sure our rates of sign off. Annual review is a lot of work and very time consuming. Would prefer biannual.	
St Vincent's DTC	Yes	It is the responsibility of the Ward / Department using the standing order to ensure annual review.	It is the responsibility of the Ward / Department using the standing order to conduct the annual review. The SOs are usually reviewed as a "job-lot" at the September DTC meeting each year.	The relevant section (7.4) of PD2013_043 is attached as the second page of each SO.	Review every 12 months is a very time consuming and resource intensive process. I would be in favour of submission of changes when required and then review consistent with other MOH policy documents
Royal North Shore Hospitals	Yes	We have a Drug Committee/Medical Information support person who assists author (e.g. usually a NUM, CNE, Radiologist) in writing SO. Support person also follows up with annual Form, chases up signatures, helps with three yearly review. Prior to SOs going to the DC for review/ approval, the DC support person reviews and makes sure all SO are up to a reasonable level.	We would like to get Nursing administration involved in maintenance and follow up but have so far not been successful. We have also requested that Policy and Governance notify relevant author when the three year review is required (as P&G does for guidelines and policies). We are hoping to reduce DTC workload by placing responsibility of annual review to authors/department owners of SOs who should alert DTC at 12 months (or sooner if necessary) of any changes and that DTC will only be responsible for managing the 3 yearly review?	Administration - SO administration is a serious responsibility for nursing staff. Each ward / area manages who can use SO. Variable competence and experience of nursing staff. We have had no IMMS wrt to SO. We have not received any feedback raising any issues to Drug Committee. Sign off - have not performed an audit but anecdotally believe that sign off may not occur for some wards /areas. Raises legality issues RN education - this is variable and depended on ward/area. SO may be used as medical staff not readily available due to staffing levels	We have a more rigorous sign off than is required by NSW Health policy as the NUM and DON wish to review and sign off on all SO. This is good in terms of review but takes a lot of time in terms of getting sign off happening. When LHD wide, sign off occurs at various facilities. Points for consideration for NSW Health Off label use considered in specific circumstances where such use is standard practice e.g. as per AMH or TG Requirement for review of SO occurs for example every 3-5 years (rather than annual) or as deemed appropriate by the DC. The time frame for review might

				There is a continued push to have Standing Orders, DC has to deem whether appropriate and question why a MO cannot write up medication. Process Time consuming nature of management/maintenance/follow up of SO. This takes up valuable time of limited staff in Medicines Information. DTC is also struggling to deal with workload of SOs and very busy agendas.	be decided by the nature of the drug in the SO or the context of use rather than an arbitrary value) The issue of signing off of Standing Orders within 24 hours. Expanding the statement below so that it is relevant for all Standing Orders, not just for "Standing Orders for Routine Procedures and Programs". That is allow the DTC to determine which SO need to be signed off within 24 hours as it is not possible in certain scenarios e.g. Antenatal Clinic, Renal Unit, APAC, Drug and Alcohol.