



NSW
Therapeutic
Advisory
Group Inc.

Advancing
quality use
of medicines
in NSW

Group Discussion- Hospital and DTC Management of Standing Orders

Date: April 2018

Question:

NSW TAG received an enquiry from a member about Hospital and DTC management of Standing orders (SO). The policy related to Standing Orders is found on pages 74-75 in PD 2013_043 Medication Handling in NSW Public Hospitals http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013_043.pdf In most hospitals, there are approved SOs used in many wards. The initial review, approval and further ongoing review of these SO takes up considerable Drug Committee time. It would be of interest to know a) how other hospitals/facilities interpret PD2013_043 with respect to the review of SO and b) further general information about how other hospitals/facilities manage the whole process of SO.

NSW TAG and TAGNet members were asked to provide specific answers to the following questions:

General information about Standing Orders

1. Approximately how many SO are currently approved at your hospital? In general, under what circumstances are they used?

NSW Policy and Standing Orders

2. Are SO reviewed every 12 months? If yes, is this a full review (i.e. reviewing and updating of references, literature, evidence) or a less extensive process?
3. How often is a full review of each SO undertaken?
4. How often are SO re-signed by the Medical Officer? By the DTC? By anyone else?
5. 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)?
6. 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)?

Standing Order process

7. Does the DTC approve all SO?
8. Who is responsible for the maintenance of SO?
9. Does the DTC have any processes/strategies in place to reduce the workload associated with reviewing/maintaining/monitoring SO?

Other

10. Do you have problems or concerns with SO (e.g. administration, monitoring, sign off, education, keeping within NSW Health policy)?
11. Any other comments/feedback?

Background: There is concern that the annual review of SOs is too onerous a task for NSW DTCs given their resources and the lack of change in SOs on a year-to-year basis. Directors of Pharmacy held this same concern in 2012/3. A review of the SO review process is timely as review of PD2013_043 *Medication Handling in NSW Public Health Facilities* will commence soon.

Responses: 12 responses were received. See detailed responses in Tables 1-3 in Appendix attached.

Summary of Responses

SO Number and relevant care settings: The number of Standing Orders currently operational in NSW metropolitan hospitals ranges between 20 and 130. Rural appear to have fewer SOs but they still represent a significant workload burden to the DTC. Common areas for their use include the emergency department, maternity wards, operating theatre, and outpatient clinics (e.g. ophthalmology, sexual health) and for clinical scenarios such as anaphylaxis, acute coronary syndromes, radiological testing, apheresis, vaccination, pain and nausea and vomiting management. In general, SOs are developed when the medical officer (MO) is not readily available to prescribe a medicine in a clinical situation where further delay could be detrimental to the patient or their quality of care. Occasionally they are individual prescriber-specific. All hospitals have a general requirement that a medical officer countersigns the Standing Order medication order within 24 hours of administration; however, there are some exceptions: midwife-led birthing unit where 7 days is allowable, influenza vaccination, renal dialysis units and radiology.

Review and Approval processes: The workload burden with respect to reviewing new and existing Standing Orders is high. All new standing orders are reviewed by DTCs. Most hospitals are endeavouring to conduct a full review every 12 months for almost all existing Standing Orders. Exceptions are the State-aligned Standing Orders for Nurse Delegated Emergency Care SOs and Rural Adult Emergency Clinical Guideline SOs where the associated guidelines are not updated annually. In reality, a full review of all existing SOs is not feasible and hospitals have adapted the process to make the review task manageable by:

- i) DTCs modifying the intensity of the review depending on whether there are any changes;
- ii) extending the review date depending on the circumstances; and/or,
- iii) DTCs sending the SO to the relevant stakeholder (usually Nurse Unit Manager and medical officer) for their confirmation that a standing order is still required, and their impending review obligation, prior to the scheduled review.

The review and, if necessary, update is usually done in collaboration with a DTC/QUM pharmacist. An update can be very labour intensive if a literature review needs to be undertaken and new evidence has emerged. The revised SO requires best practice to be promoted and references to be updated. The SO may be updated earlier than 12 months if a professional organization/society releases a new statement related to best practice.

One hospital does not conduct a full review every 12 months. This hospital has instituted an annual streamlined review process that requires sign-off by the relevant Medical Officer and Senior Nurse/Senior Midwife that the SO has been reviewed, is still required and remains current. (see Page 5). However barriers to the DTC receiving a completed form exist. Failure to provide the form within 3 months of its due date leads to cancellation of the SO. This hospital 2

conducts full reviews every 3 years. This aligns with the review procedures for protocols and guidelines.

All hospitals reported that all reviewed SOs require DTC approval prior to use. Signatory requirements on the finalised SO appear to vary and may include the requesting prescriber/prescriber group, the Head of the relevant clinical department and/or NUM as well as the DTC Chair.

The responsibility for SO maintenance varies and may include alone, or in combination, the Chief/District Pharmacist, the author(s), the ward/department where the SO is used, the Clinical Nurse Educator/Consultant of the relevant ward, the prescriber/prescriber group and/or the QUM Committee/DTC secretariat.

Off-label use of medicines in SOs: Although infrequently implemented, a few hospitals allow SOs for off-label use of medicines when there is high quality evidence for such a practice. Feedback suggests that the PD2013_043 should be modified to allow SOs to include off-label use of medicines when the practice is consistent with approved guidelines (e.g. eTGs), resources e.g. Australian Medicines Handbook or supported by the literature, particularly in the areas of paediatrics and palliative care. Such a practice would align with the category 'routine off-label use' found in the CATAG *Guiding Principles for off-label use of medicines in Australian hospitals*. There may be some circumstances when patient consent may also be a requirement. (Current policy supports DTC decision-making regarding off-label medicines use in hospitals.)

Recommendations for future management of SOs: A number of hospitals commented on the resource intensive nature of a largely administrative task given that the vast majority of SOs do not require change. Furthermore, it was noted that policy did not allow for flexibility when it was appropriate for the clinical scenario e.g. review, MO countersigning, off-label medicine SOs.

It is recommended that the in-depth review of SOs be extended to 3 years unless a change in best practice (from NSW Health, professional societies etc) occurs earlier. (The adequacy and feasibility of this 3-year timeframe can be reviewed prior to the Medication Handling Policy update that follows the impending 2018/19 update.)

Potential enablers for the reviews/development of SOs and compliance with policy include:

- the establishment of a SO library;
- eMeds implementations that will enable easier identification of SOs, SO use and auditing;
- sharing/development of SO information, checklists and tools;
- improved clarity regarding who are responsible for SO maintenance and review;
- nursing education that includes quality assurance in performance pertaining to SOs;
- increased resources for DTCs e.g. more QUM/DTC pharmacist FTE;
- ensuring that regulation is kept up to date, aligns with current best practice and requirements are feasible given resource constraints; and,
- consistency between policies and flexibility in policies which enable DTC autonomy in decision-making for certain scenarios, when appropriate.

Other comments:

Capture of all SOs: Despite DTCs requesting SOs to be submitted for review, concern was raised that there may be SOs in existence that DTCs are unaware of, especially in rural hospitals where there are no onsite pharmacists. Currently, there are no resources to audit practices regarding SOs e.g. whether a MO countersigns the medicine administration within 24 hours. The advent of eMeds may enable SO identification and auditing.

A readily-available local database/registry of SOs: This would be useful but there are currently no resources to maintain it and there needs to be greater clarity about whose responsibility it is for SO maintenance and review. eMeds implementations may assist.

Increasing demand and accountability with regard to use of SOs: Significant pressure is applied to DTCs to approve more SOs. DTCs need to ensure that there is a valid reason why a MO could not provide a written/electronic patient-specific order at the relevant time. Moreover, there needs to be clear reasons why a SO is 'activated' by a nurse/non-MO clinician. The eligibility/ credentialing of nurses that 'activate' a SO is required. MO countersignatures likely need greater compliance but there should be flexibility in the timeframe for countersigning such that the DTC can determine the appropriate timeframe by which MO countersigning must occur.

Provision of Ministry of Health/ACI guidelines that advocate SOs: These do not provide enough information to develop a SO and therefore further work is required to ensure that they are of the required standard for practice.

Review of specialist medication charts: This includes forms with prescribing/ administration sections in clinical pathways/day surgery/ outpatient procedures. Policy states these also require annual review, which are also very time-consuming.

Barriers to SO maintenance: include staff turnover and poor resourcing. The process should not be reliant on an individual clinician's expertise.

Incident reporting: No incidents associated with the use of SOs were reported in this email discussion. However, it would be useful to interrogate IIMS to understand the global nature and frequency of SO incidents (acknowledging that there will be under-reporting) that would also inform DTC's consideration of SOs and state policy.

Responses received as at 9th April 2018

Please note that all information and policies are only current at the time the response is sent and individual hospitals should be contacted to ascertain current policies and practices. The responses received are only representative of the hospitals participating in the discussion at the time and do not necessarily indicate a complete picture of current practices. Information sharing occurs on the understanding that due acknowledgement will be given to the original source and that the information will not be quoted or used out of the context of the discussion. Permission should be sought from the original source before any policy, protocol or guideline is used or applied in another setting.

Proforma: RNSH Annual Standing Order Review Form

Please complete this form, scan and email NSLHD-RNSRyde-DrugCommittee@health.nsw.gov.au Queries: 94631136 / 9463 1131

- This form needs to be signed on an annual basis.
- It is a legal requirement that Standing Orders are reviewed annually.
- By signing this form it is acknowledged that an appropriate Medical Officer and Senior Nurse/Senior Midwife have reviewed the Standing Orders and confirm that the following Standing Orders are still required and remain current.

ANNUAL SUBMISSION

Ward/Area:

Standing Order/s:

Please complete both questions (tick box) and sign

1. The Medical Officer has reviewed the Standing Order Yes (Required)

Signature:

Name:

Date:

2. A Senior Nurse/Senior Midwife has reviewed the Standing Order Yes
(Required)

Signature:

Name:

Date:

NOTE:

Please return this Form within **one month** of receipt. **The DC representative will forward one reminder only.** At three months, if no feedback has occurred, the DC will assume the Standing Orders for your ward/area are no longer required.