Telephone/Verbal/Electronic Messaging Orders

POLICY:

Patient safety and JCAHO standards do not permit the use of verbal orders in any setting including ambulatory, inpatient, ED and OR except when there is an emergency or life threatening situation or when the provider is physically unable to enter the orders in a timely manner without impacting the quality or safety of care. Telephone orders are permitted only when the provider is not physically present, does not have direct access to the CPOE system and there is no other qualified provider on site to enter the order. Written orders, pre-printed requisitions, and order sets are the preferred method of communicating orders if CPOE is unavailable. In all settings, when a verbal or telephone order is accepted, the recipient will write down and read back the order to confirm the accuracy of the communication. Electronic messaging (email or other means) may not be used to communicate orders or serve as documentation of an order.

PURPOSE:

To ensure that provider orders are entered in a timely and safe manner consistent with their scope of practice, good clinical practice, JCAHO standards, the rules and regulations of the medical staff and the policies of the medical informatics/records committee. The ordering provider is responsible for documenting the medical necessity of all orders in the medical record.

PROCEDURE:

I. Telephone/Verbal Orders:

A. Telephone and verbal orders, because of their potential for misinterpretation or incorrect transcription may be used only when the provider does not have timely access to the chart, the CIS or CPOE and a qualified in house provider is not available to respond. Telephone or verbal orders should only be utilized if one or more of the following situations exists:
   1. Patient care must be expedited to assure safe care or avoid patient injury or discomfort, and the patient’s responsible provider is not in the immediate care area.
   2. Provider is scrubbed for a case in the OR or is in the midst of a procedure.
   3. A pharmacist, nurse or respiratory therapist calls to clarify or correct a written order.

B. Code 188 flow sheets serve as a written medication and therapy order sheets and do not need to be entered into the CIS except for on-going orders.

C. In limited circumstances in the ambulatory setting, RNs may enter orders on behalf of the provider (and route for co-signature) as follows:
   1. Patient or family contacts ambulatory clinic RN by phone with a request.
   2. The ambulatory RN has been provided specific care instructions (contained within the clinic notes in medical record) OR the RN messages the
responsible provider with the new information and obtains the responsible provider’s plan (See II. Electronic Messaging Orders).

3. Examples include: Refilling prescriptions, setting up clinic appointments, entering orders for laboratory studies.

4. Urgent and Emergent issues should be managed by contacting the responsible on call provider.

II. Electronic Messaging Orders:

A. Email programs outside of the CIS should not be used to communicate orders or clinical information to be entered or acted upon by any staff.

B. Electronic messaging within the CIS (using the Inbox) may be used to communicate clinical information including the need for prescription management, or the need for laboratory or radiology studies between clinic visits in the ambulatory setting. Documentation within the CIS of electronic messaging communication does not constitute an order and would require the order or prescription to be entered in the CIS by the responsible clinician. If the responsible clinician or the on call covering provider is unable to enter the order due to an emergency or when the delay will impact the safety of care the order can be entered on behalf of the provider as a Verbal order in the CIS.

C. Electronic messaging and verbal orders should not be used to enter orders when the patient is physically present in any setting except as noted below in section C.

III. Accepting Telephone/Verbal Orders:

A. Registered Nurses, Pharmacists, Certified Dieticians, Respiratory Therapists and Radiology Technologists can accept telephone orders and verbal orders within their respective scope of practice to initiate, change or monitor therapy. For lab staff, refer to Lab P&P, Telephone/Verbal Laboratory Orders, on CHILD. For radiology staff, refer to Radiology P&P, Radiology Imaging Orders. Certified medical assistants may not accept or enter verbal orders, see also Certified Medical Assistants (CMAs) Role in Documentation and Ordering in Ambulatory Services.

B. The person receiving a telephone order will document the order on paper or enter the order directly into the CIS and then read the order back to the provider. The provider must stay on the phone until the order is entered into the CIS, any alerts or warnings are answered by the ordering provider and the final order is read back to assure accuracy.

C. The person receiving a verbal order Must immediately write the order down or enter the order directly into the CIS as a verbal order and then read the order back to the provider to assure accuracy. The provider giving the verbal order must confirm the order back to the person receiving the verbal order.

D. In the clinical areas where CPOE is not available or during a downtime, written documentation of the order is entered into the medical record.

E. A nurse or other allied health professional has the authority to delay carrying out a verbal order when in their judgment the order should be verified by the provider, or the patient’s provider should evaluate the patient before the order is carried out.

F. The following telephone orders or verbal orders will not be accepted:
G. Those given by medical students at any level of training.
H. Orders for anti-neoplastic chemotherapy agents (except as specified in Clinical P&P, *Chemotherapy: Prescribing, Dispensing and Administration*).
I. Orders to dealing with Investigational Drugs.
J. Incomplete orders such as **renew previous orders** or **continue previous orders**.
K. Orders left on a phone messaging system.

IV. Review and Signature of Orders by Providers:

A. Providers are responsible for reviewing and signing all telephone or verbal orders within 24 hours. Electronic orders will be signed in the CIS. The attending physician or other providers with appropriate privileges may countersign the telephone or verbal order if the provider is unavailable. The requirement to sign orders in a timely fashion is contained within the medical staff Rules and Regulations, and failure to adhere to this policy may result in suspension of hospital privileges.

B. If a practitioner erroneously receives an electronic order for co-signature, the order should be forwarded to the appropriate practitioner or marked as “refused” and the reason for refusal entered into the CIS.

**See Also: Appendix I.** See attached appendix for definition of other related terms.

Originated by: Patty Hencz, RN, Admitting

Reviewed by: Pharmacy and Therapeutics Committee (*Eric Harvey, PharmD, MBA, and Janet Englund, MD, Co-Chairs*)
Cindy Evans, RN, MN, MHA, Administrator, Ambulatory and Regional Services
Sallie Kirsch, RN, PhD, CNS, Ambulatory and Regional Services
Mark Del Beccaro, MD, Clinical Director Information Systems, Chair, Medical Informatics/Records Committee
Pru Arnquist, RN, BSN, Director of Corporate Compliance

Revised by: National Patient Safety Goal #2 Workgroup (*Jennifer Abermanis, Chair*)
Richard Molteni, MD, Vice President, Medical Director
Mark Del Beccaro, MD, Clinical Director Information Systems, Chair, Medical Informatics/Records Committee

**Approved by Medical Executive Committee:** 3/99, 9/99, 7/01, 12/01, 10/03, 3/05, 5/06
Clinical Policy/Procedure: Telephone/Verbal/Electronic Messaging Orders

APPROVED BY:

Richard Molteni, MD
Vice President & Medical Director

Susan Heath, RN, MN
Nurse Executive

ORIGINATED: 5/76
REVISED: 5/81, 12/83, 12/92, 3/93, 6/97, 9/98, 8/99, 5/01, 11/01, 8/03, 3/05, 5/06, 6/06

Additional Key Words: Alerts, CIS, CMA, CPOE, Email, Inbox, Medical Error, Medication Error, Orders, Patient Safety, Signature, Telephone Order, Verbal Order, Verbal Orders
APPENDIX I


CPOE:  Computerized Provider Order Entry in the CIS.  Electronic entry and record of orders.

CMS:  Centers for Medicare and Medicaid Services:  
http://www.cms.hhs.gov/  
Federal agency that is responsible for coordinating the federally funded health care benefits and sets the related regulations for health care providers.

JCAHO:  Joint Commission for the Accreditation of Hospital Organizations:  
http://www.jointcommission.org/  
JCAHO sets standards for hospital organizations for quality and safety. Its accreditation is a nationwide seal of approval that indicates a hospital meets high performance standards. Failure to meet JCAHO standards and loss of accreditation removes the ability of an organization to bill Medicare and related services. JCAHO recently went from announced to unannounced surveys (inspection visits). JCAHO standards specifically state that verbal or telephone orders are to be discouraged in all settings unless the delay will impact patient safety and that the order must be read back to assure accuracy.

Medical Necessity:  All ordering providers are responsible for assuring the medical necessity (reason for order) is documented in the medical record to satisfy all federal (CMS), state and other applicable compliance standards.

Scope of Practice:  The Revised Code of Washington (RCW) contains the provisions for determining the extent of practice of each licensed profession. The Washington State Department of Health (DOH) oversees the licensure and related issues and determines if a profession requires licensure. An example for genetics counselors follows (excerpted from the DOH Sunrise review of Genetics Counselors January 2006):  
http://www.doh.wa.gov/hsqa/sunrise/gen_couns_draft_sunrise.doc  

“The Department is concerned that genetic counselors may be engaging in the practice of medicine without a license. A person is engaging in the practice of medicine, as defined in chapter 18.71 RCW when he or she, “offers or undertakes to diagnose, cure, advise or prescribe for any human disease, ailment, injury, infirmity, deformity, pain or other condition, physical or mental, real or imaginary, by any means or instrumentality.” “When genetic counselors independently diagnose a condition, choose genetic tests, and interpret complex test results, they may be engaging in the practice of medicine without a license. Genetic counselors should review
their practice to ensure that they are not engaged in the practice of medicine.”