Jurisprudence
Module 4 – Orders

In this module you will learn about

- The importance of orders in a CMRITO registrant's practice
- Different kinds of order, including
    - Direct orders
    - Medical directives or protocols
- Who has the authority to order procedures and treatments
- Other conditions that must be met prior to performing a procedure or starting a treatment plan
- What a registrant should do if they have concerns about an order or treatment plan
- A decision-making guide for registrants implementing a procedure
- Delegation

Resources to include with Module 4

- CMRITO Standards of Practice
  www.cmrito.org/pdfs/standards/standards-of-practice.pdf
- HPRO Medical Directive & Delegation information and forms
  http://www.regulatedhealthprofessions.on.ca/orders,-directives,-delegation.html

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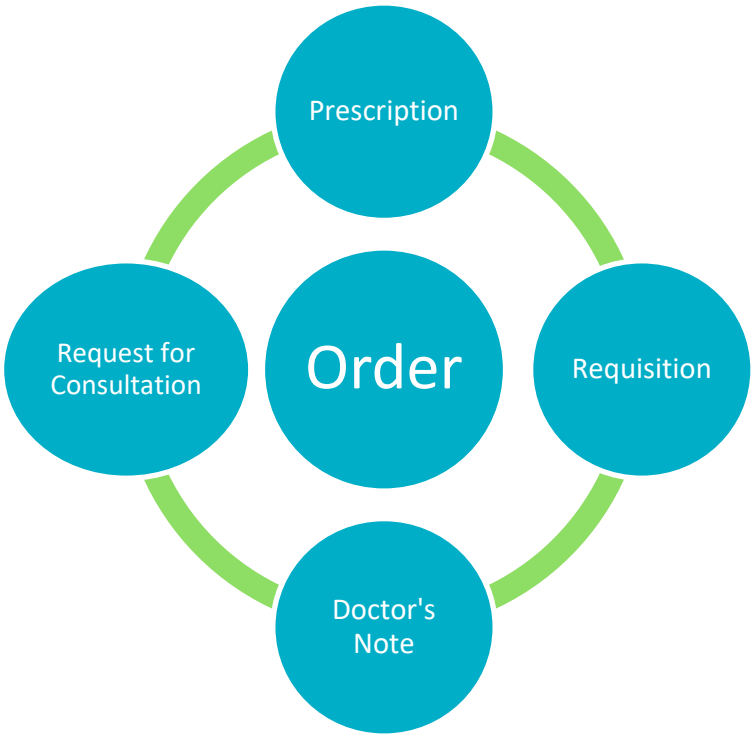
What is an order?

An order is an authorizing statement, from a regulated health professional with prescribing authority. An order permits a registrant of CMRITO to implement a procedure that falls within the registrant's scope of practice. An order may also be as a requisition. For other frequently used terms, see the diagram below:



Type of Procedure, Treatment or Intervention	Who Has the Authority to Order?
Application of ionizing radiation	Order must be from a physician or other authorized health professional listed in s. 6 of the HARP Act (see Module 1)
Nuclear medicine procedures	Order must be from a person authorized under the regulations made under the *Public Hospitals Act* or in accordance with the generally accepted professional standards under the *Independent Health Facilities Act*
Application of electromagnetism for magnetic resonance imaging procedures	Order must be from a physician or other authorized health professional listed in the Controlled Acts regulation made under the RHPA (see Module 1)
Application of soundwaves for diagnostic ultrasound procedures	Order must be from a physician or other authorized health professional listed in the Controlled Acts regulation made under the RHPA (see Module 1)
For authorized acts (other than the application of electromagnetism or diagnostic soundwaves)	Order must be from a physician

Registrants are required to have the knowledge, skills and judgement necessary to perform the procedure. If not, they **must** refrain from performing the procedure.

Registrants perform five of the fourteen controlled acts, which they are authorized to perform under the MRIT Act. These authorized acts are:

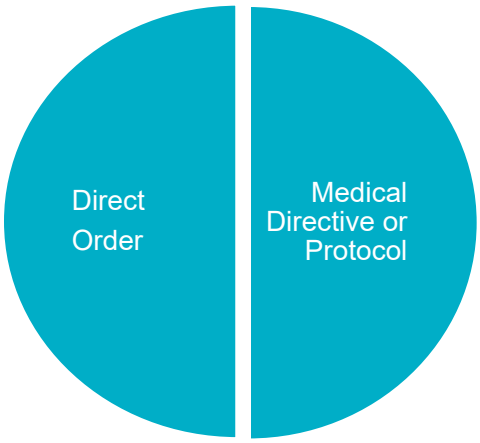
1. administering substances by injection or inhalation;
2. tracheal suctioning of a tracheostomy;
3. administering contrast media or putting an instrument, hand or finger,
    a. beyond the opening of the urethra,
    b. beyond the labia majora,
    c. beyond the anal verge, or
    d. into an artificial opening of the body;
4. performing a procedure on tissue below the dermis; and
5. applying a prescribed form of energy.

Although these acts are authorized to registrants, these five acts are not restrictive in the sense that registrants are only authorized to perform these five acts. This is because not all acts performed by registrants are controlled under the RHPA. Certain acts are part of the public domain, and are not controlled by legislation because they do not pose a risk of harm to the public. These acts fall within patient procedures or treatments, and registrants are free to perform these acts if they have a valid order (e.g. taking blood pressure).

Registrants are required to have an order prior to performing a procedure, treatment or intervention. The regulated health professional who has the authority to order may vary depending on the type of procedure, treatment or intervention:

Types of orders

An order may be one of two types:



Direct order

A direct order is an order or prescription for a specific procedure, treatment or intervention, for a specific patient, written directly in the patient record by an individual physician or other regulated health professional with prescribing authority. Under the regulations made under the *Public Hospitals Act* (PHA), every order for treatment must be:

- in writing
- dated
- authenticated by the ordering physician or other authorized health professional.

Direct orders are usually written but provision has been made for telephone and electronically transmitted orders (pursuant to regulations made under the *Public Hospitals Act* (PHA)) and verbal prescriptions (pursuant to provisions of the *Drug and Pharmacies Regulation Act* (DPRA)).

The order should also include the details required to perform the procedure, treatment or intervention, for example:

- name of patient and the patient's date of birth
- date and time the order was made
- name of the procedure or substance being ordered, and, when a substance is being ordered, the details required to administer the substance, for example: the dosage; the route of administration; and the frequency with which the substance is to be administered.

Verbal orders

In order to deal properly with telephone orders or requests, registrants are expected, if working in a hospital governed by the PHA, to:

- ensure they have been designated by the administrator as someone who can accept telephone orders;
- transcribe the order along with the name of the physician (or authorized health professional) who dictated it, and the date and time it is received;
- sign the order; and
- ensure that if someone else has transcribed a telephone order, the person has the authority to accept such orders before the registrant implements the order.

The responsibilities of registrants when dealing with telephone orders are set out in greater detail in the Hospital Management Regulation under the PHA at s. 24(3).

Medical directives or protocols

A medical directive or protocol is an order or prescription for a procedure, treatment or intervention for a range of patients who meet specific conditions (in some instances this may be known as a "standing order"). Medical directives or protocols are **always written**. This means that medical directives or protocols must be written or documented electronically. Medical directives or protocols cannot be verbal. Medical directives or protocols must contain:

- a standardized reference number;
- identification of the specific procedure or treatment or range of treatments being ordered;
- identification of who specifically may implement the procedure under the authority of and according to the medical directive;
- specific patient conditions that must be met before the procedure(s) can be implemented;
- any circumstances that must be met before the procedure(s) can be implemented;
- any contraindication for implementing the procedure(s);
- documentation requirements;
- quality monitoring mechanisms;

- the name and signature of the physician (or authorized health professional) authorizing the medical directive; and
- the date and signature of the administrative authority approving the medical directive.

When to use a medical directive or protocol

Generally, medical directives or protocols may be used as the authority for performing procedures when a health professional has the necessary knowledge, skills and judgement to determine that the conditions and circumstances identified in the medical directive have been met. Procedures that require direct assessment of the patient by the physician require direct orders and are not appropriate for implementation under a medical directive.

For example, nuclear medicine requires a direct order to perform a brain scan on a particular patient, but the injection of the radiopharmaceutical to complete the scan may be covered under a medical directive or protocol.

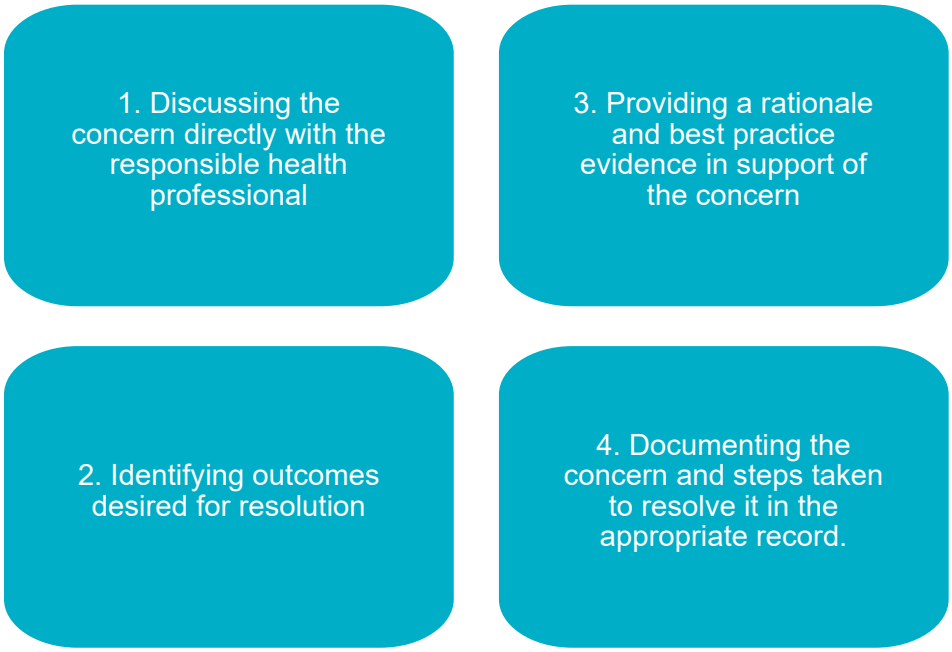
Other conditions that must be met prior to performing a procedure or treatment

The conditions which must be met before performing procedures or treatments are set out in the CMRITO Standards of Practice (see Module 2). Under CMRITO Practice Standard 3 – Diagnostic and Therapeutic Procedures, registrants must:

1. ensure that the appropriate order authorizing the performance of the procedure is in place
2. perform procedures, including authorized acts, only in the course of engaging in the practice of medical radiation and imaging technology
3. not perform procedures contrary to any terms, conditions or limitations placed upon the registrant's certificate of registration
4. have and apply the necessary knowledge, skill and judgement to perform and manage the outcomes of performing the procedure safely, effectively and ethically
5. ensure that patient consent has been obtained
6. be responsible and accountable for performing the procedure and managing the outcomes having considered:
    a. the known risks to the patient in performing the procedure
    b. the predictability of the outcomes in performing the procedure
    c. whether the management of the possible outcomes is within the registrant's knowledge, skill and judgement given the situation
    d. any other factors specific to the situation to ensure the procedure is implemented safely, effectively and ethically
7. not perform any procedure or provide any advice which may result in serious bodily harm unless that procedure or advice is within the scope of practice of the profession or the registrant is authorized or permitted to do so by legislation.

What should registrants do if they have concerns about an order or a treatment plan?

If a registrant has a concern about the accuracy or appropriateness of an order or treatment plan, they should take appropriate action to address the situation. Though this may vary from situation to situation, if a registrant has concerns about an order or treatment plan, resolving the concern will involve the following steps:



Performing procedures safely, competently and ethically

Registrants must have the knowledge, skills and judgement to avoid placing patients at unnecessary risk of harm, pain or distress. Under the CMRITO's Standards of Practice, registrants are expected to be:

- **Competent** means that registrants must maintain competence in their current area of practice, must refrain from acting if not competent, and must take appropriate action to address each situation.
- **Accountable** means that registrants must take appropriate action if they feel the interests of the patient are being unnecessarily and unacceptably compromised. This includes not implementing ordered procedures or treatment plans that, from their perspective, appear to be contraindicated, and in this event, taking appropriate action to address the situation.
- **Collaborative** means that registrants are responsible for communicating and coordinating care provisions with other members of the health care team, and taking appropriate action to address gaps and differences in judgement about care provision.

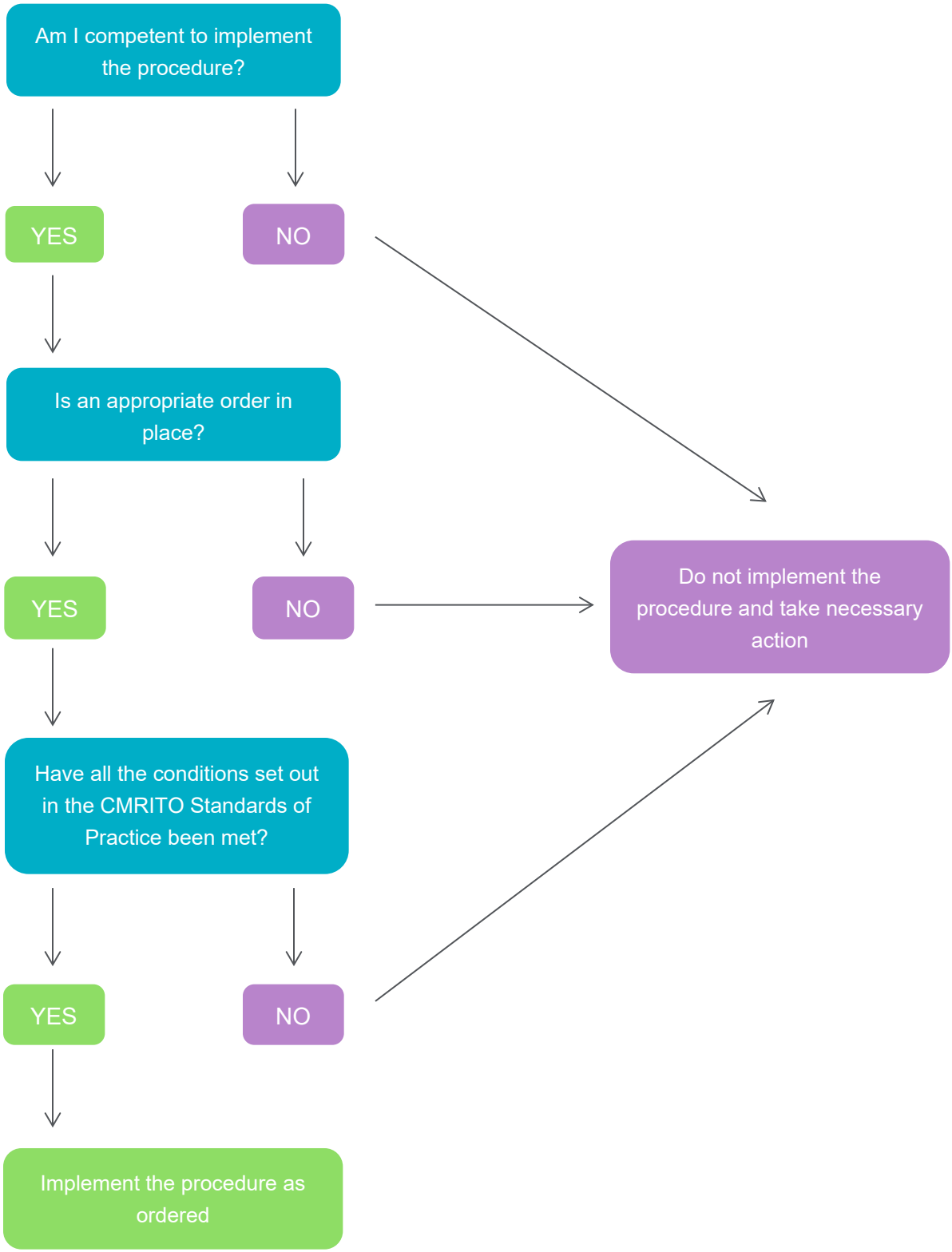
What should registrants do if they are not competent to perform a procedure?

Registrants must maintain competence in their current area of practice, must refrain from acting if not competent, and must take appropriate action to address the situation. The appropriate action when not competent to perform a procedure will vary from situation to situation.

For example, if performing the procedure is part of a registrant's regular role expectations within a practice setting, the registrant should obtain the competencies necessary to provide safe, effective and ethical services to patients in their care. The registrant may consult with their manager or supervisor to determine how this may be achieved. In making this decision, the registrant is ultimately responsible to ensure that they are competent to provide services required by patients within the practice setting. On the other hand, if performing the procedure is not part of a registrant's regular role expectations, the appropriateness of obtaining the necessary competencies should be evaluated.

The following diagram will assist registrants in determining whether they should implement a procedure:

Decision-making guide for implementing a procedure



Delegation

As you will recall from Module 1, delegation is the transfer of authority from a member of a regulated health profession, authorized by their health profession Act to perform a controlled act procedure, to someone who is not authorized. This person can be either another regulated health professional or an unregulated person. Only regulated health professionals may delegate the procedure to another, subject to the standards and any applicable guidelines or regulations of the profession.

CMRITO registrants do not typically perform delegated acts as most of the controlled acts they perform in their practice fall under the five authorized acts they have the authority to perform. However, on occasion, some registrants will accept delegation of a controlled act which is not one of the five authorized acts. An example of a controlled act that may be delegated to registrants is:

Controlled Act #1:

Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.

Registrants in the specialty of nuclear medicine may need to communicate the results of a pregnancy test to their patient after performing a pregnancy test. This is because pregnancy may be a contraindication for certain nuclear medicine procedures due to the high risk to the fetus.

Registrant acceptance of delegation

Under CMRITO Practice Standard 6 – Professional Relationships, registrants of the CMRITO may accept the delegation of controlled acts under the RHPA that are not authorized to registrants of the CMRITO under the MRIT Act, provided they comply with the RHPA and the CMRITO Standards of Practice.

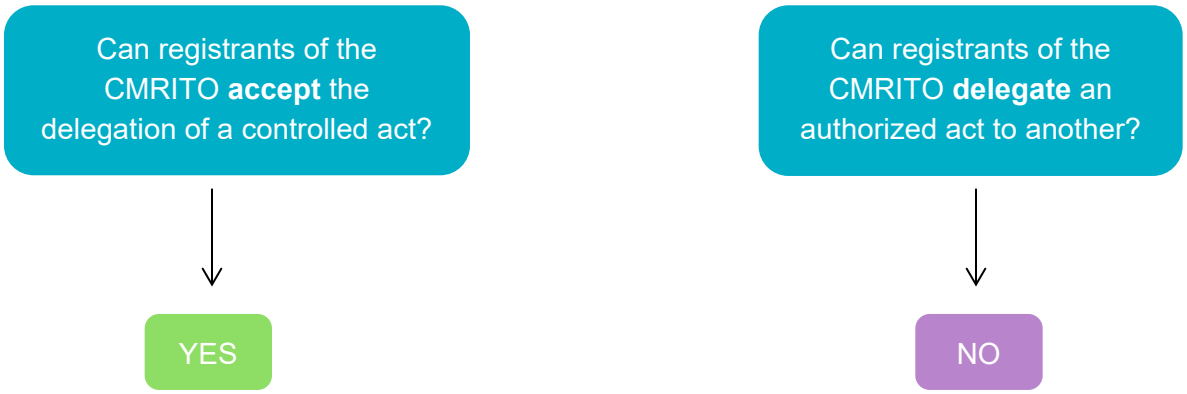
Registrants perform controlled acts not authorized to registrants under the MRIT Act, based on delegation, only when the following conditions have been met:

- the health professional who is delegating the controlled act (the delegator) is a member of a regulated health profession authorized by their health profession Act to perform the controlled act;
- the delegator is acting in accordance with any applicable legislation and any guidelines and policies of their regulatory body governing delegation, and has not been restricted or prohibited from delegating the controlled act;

- the delegator has the knowledge, skills and judgement to perform and delegate the controlled act;
- the registrant has the knowledge, skills and judgement to perform the controlled act delegated to them safely, effectively and ethically given the circumstances of the situation;
- a written record of the transfer of authority (delegation) and certification of the CMRITO registrant's competence is maintained;
- the registrant complies with any conditions established by the delegator in order for the registrant to maintain the authority to perform the controlled act.

The delegation of authorized acts to others by a registrant of the CMRITO

Under the CMRITO Standards of Practice, registrants **cannot** delegate controlled acts authorized under the MRIT Act to other individuals.



For more information on orders and performing procedures, please refer to the CMRITO publication *What you must know about … performing procedures*.