

MEMORANDUM

To: HFHT Physicians

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Subject: Medical Directives

This memo is intended as a “Medical Directive Primer” to ensure that all HFHT Physicians and IHPs understand the purpose of Medical Directives, the need for Medical Directives, and the requisite process for implementation of Medical Directives.

Definition

A **Medical Directive** is an order for a procedure, treatment, drug or intervention that may be implemented for a number of clients when specific conditions are met and when specific circumstances exist. A medical directive is *always* written and can only be implemented by an Interprofessional Health Provider (RPh, RD, RN, RPN) when both the Implementer and the Authorizer (MD) have discussed, agreed to, and complied with, the terms of the directive and have subsequently signed the Implementer and Authorizer Approval Forms appended to each directive.

Directives, correctly used, can be an excellent means of providing timely, effective and efficient client care, using the expertise of the physician who orders the directive, and the health care practitioner who uses discretion and judgment when implementing it. It is important to remember implementers are not ordering a procedure when they implement a directive; rather they are implementing a physician or authorizer's order for a procedure.

When are Medical Directives Required?

A Medical Directive is required, to enable an Interprofessional Health Provider to perform a procedure, treatment, or intervention for a number of clients, when specific conditions are met and when specific circumstances exist, in the absence of direct assessment by the authorizing physician, in any of the following instances:

- When a procedure falls within one of the controlled acts authorized to a Regulated Health Professional;
- When a procedure does not fall within any controlled act, but is part of a medical plan of care;
- When a procedure falls within one of the controlled acts not authorized to the implementing professional but that procedure is being delegated by a professional with the authority to perform that act to the implementing professional.

For example:

Ordering diagnostic tests including ultrasound and blood work and prescribing drugs are not controlled acts currently authorized to Registered Nurses. However, under certain circumstances, with an appropriate medical directive, the nurse can undertake these functions in the absence of direct assessment of the patient by the ordering physician. Similarly, while Registered Dieticians have recently been given authority to do finger pricks and teach patients to manage their own insulin but they cannot prescribe the insulin. Implementation of a Medical Directive can enable them prescribe the insulin under certain, specified conditions.

What are the Responsibilities of Physician Who Authorizes the Medical Directive and the Health Care Professional Who Implements It?

The physician who authorizes the medical directive is responsible for:

- Knowing the risks of performing the intervention being ordered;
- Knowing the predictability of the outcomes associated with the intervention;
- Knowing the degree to which safe management of the possible outcomes requires direct physician involvement or intervention;
- Ensuring that the medical directive contains case studies that can be used to implement the mandatory assessment of the delegate;
- Ensuring that appropriate medical resources are available to intervene as required. [The implementer and authorizer need to agree to a plan for medical back-up should consultation be required (i.e. in house or via telephone as per regulations found in the Schedule of Benefits <http://www.health.gov.on.ca/english/providers/program/ohip/sob/physserv/genpre.pdf>, page 50)];
- Ensuring that informed consent has been obtained.
- Ensuring that the implementation is evaluated and review initially on a yearly basis then every two years.

The health care professional who implements a Medical Directive responsible for:

- Clarifying that informed consent has been obtained;
- Assessing the client to determine whether the specific client conditions and any situational circumstances identified in the directive have been met;
- Knowing the risks to the client of implementing the directive;
- Possessing the knowledge, skill and judgment required to implement the directive safely;
- Knowing the predictability of the outcomes of the intervention;
- Determining whether management of the possible outcomes is within the scope of her/his practice, if so, whether she/he is competent to provide such management and if not, whether the appropriate resources are available to assist as required;
- Knowing how to contact the physician responsible for care of the client if the medical directive requires clarification and/or if patient consultation is required.

How do you determine whether a Medical Directive is required for/by Members of your Practice Team?

Each Regulated Health Care Professional has a specific scope of practice identified by their Professional College which defines the range of activities that they can undertake independently without a physician order. It is important that all team members are familiar with each other's scopes of practice.

To assist with this process the following are links to documentation, from the three principle Interprofessional Provider Colleges, describing scopes of practice, authorized controlled acts and delegation:

Nursing: http://www.cno.org/docs/policy/41052_RHPAscope.pdf

Dietitians: <http://www.cdo.on.ca/en/members/professional/acts.asp>

Pharmacists: http://www.ocpinfo.com/client/ocp/OCPHome.nsf/web/_Practice+Policies+&+Guidelines

Once there is a mutual understanding of Scopes of Practice and range of independent practice, IHPs and physicians can then together determine if there are procedures, treatments, or interventions that the physician would like to delegate to the IHP to perform, for a number of clients, when specific conditions are met and when specific circumstances exist, in the absence of direct assessment by the authorizing physician. These activities will require a medical directive.

HFHT Medical Directives

Currently there are 7 medical directives available on the HFHT website relevant to implementation by specific IHPs. Several more are under development and will be uploaded to the site soon.

The existing Medical Directives are:

Medical Directive	Website Link	Potential Implementers
Diabetes Management in Adults HFHT 01	http://www.hamiltonfht.ca/files/dmDirectivesAug19.pdf	RN, RN(EC), RPh, RD
Warfarin Dosage Adjustment HFHT 02	http://www.hamiltonfht.ca/files/MedicalDirective_-_Warfarin_Doseage_Adjustment_HFHT_02.pdf	RN, RN(EC)
Assessment and Treatment of Lower Uncomplicated Urinary Tract Infections HFHT 03	http://www.hamiltonfht.ca/files/MedicalDirective_-_UTI.pdf	RN, RPN
Assessment and Treatment of Pink Eye (Conjunctivitis) HFHT 04	http://www.hamiltonfht.ca/files/MedicalDirective_-_Pink_Eye-Conjunctivitis.pdf	RN, RPN
Assessment and Treatment of Vaginal Yeast Infections HFHT 05	http://www.hamiltonfht.ca/files/MedicalDirective_-_Vaginal_Yeast_Infection.pdf	RN, RPN
Intermittent Suture and Staple Removal HFHT 06	http://www.hamiltonfht.ca/files/MedicalDirective_-_Intermittent_Suture_Staple_Removal.pdf	RN, RPN
Application of Liquid Nitrogen HFHT 07	http://www.hamiltonfht.ca/files/MedicalDirective_-_Application_of_Liquid_Nitrogen.pdf	RN, RPN

Medical Directives currently under development include:

Management of Adult Dyslipidemia
Ear Syringing
Provision of Hormonal Contraception
Administration of Depo-Provera

Allergy Injection
Injection of B12
Administration of Immunizations

By implementing directives such as those listed above you will be able to optimize utilization of your team's skills while providing increased access to services by your patients and mitigating the need for your direct assessment of patients requiring routine care. Medical Directives make it possible for improved telephone assessment, treatment and dispatch of patients, increased utilization of nurses to see patients with routine concerns and optimal use of RD's, Pharmacists and Nurses for Management of Chronic Diseases.

Medical Directive Implementation Process

The following steps must be taken in order to implement a Medical Directive:

- Have a discussion with your IHP team members around scopes of practice, competencies, and functions that they may be able to undertake through implementation of medical directives.
- If there is a HFHT medical directive for the function that you would like to delegate, carefully review it with the proposed implementer.
- If you would like to make a change to the directive please forward any changes to Laurel Cooke, Nursing Program Manager at laurel.cooke@hamiltonfht.ca or (905) 667-4848 ext 127.
- If you agree with the directive in its entirety and wish to proceed with authorizing the IHP implementer sign the Authorizer Approval Form attached to the medical directive.
- The IHP implementer must also sign the Implementer Approval Form attached to the medical directive.
- Keep the medical directive in an accessible, centralized location in the practice

Medical Directives in the HFHT – Next Steps

The HFHT is in the process of developing a database which will be accessible via our website. Ultimately this database will “house” all medical directives and provide a comprehensive list of Authorizers and Implementers for each directive. When this is complete community pharmacies, labs etc will be able to easily search to verify that an Implementer who has signed a requisition or a prescription under a medical directive is authorized to do so. We will let you know when this database is available and will request that you send in any Medical Directives that you are using at that point.

If you have any questions regarding this information or medical directives in general please do not hesitate to contact Laurel Cooke, Nursing Program Manager at laurel.cooke@hamiltonfht.ca or 905-667-4848 ext. 127.