



Nursing Subject Matter Expert Group: Authorization of Standing Orders
June 14, 2017 2:00-3:00pm Common Ground Health

Attendees:

- Gloria Berent, MSHA, BSN, RN, CNOR, NEA-BC Sr. Director Clinical Education, Rochester Regional Hospital
- Marilyn L. Dollinger, DNS, FNP, RN, Executive Associate Dean, Wegmans School of Nursing
- Brett Farrow, Esq., Law Offices of Pullano & Farrow PLLC, Attorneys and Counselors
- Tammy Labonte, RN, MSN, Nursing Education, Rochester Regional Hospital
- Michael D. Mendoza, MD, MPH, MS, Commissioner, Monroe County Department of Health
- Martin Presberg, Principal, Presberg and Associates
- Patrick Pullano, Esq., Law Offices of Pullano & Farrow PLLC, Attorneys and Counselors
- Melissa Wendland, Director, Strategic Initiatives, Common Ground Health

After introductions, background was provided on Phase 1 of the Healthcare Workforce Consortium. This subject matter expert work group was formed to specifically discuss 2 topics in order to provide recommendations to the New York State Workforce Workgroup (NYSWW) for their next meeting which is focused on care coordination and patient specific orders. The two topics for this nursing subject matter expert group were:

- Authorization of Standing Orders
- Expanded Scope of Practice for Licensed Practical Nurses

Through discussion, the group arrived at a consensus on the Authorization of Standing Orders as follows:

With a few exceptions, New York State law requires Patient Specific Orders for all treatment even when medical guidelines for best practice indicate that all patients meeting certain criteria should receive particular services and referrals. The exceptions under current law where non-patient specific Standing Orders can be provided include immunizations, Epi-pens and Narcan.

The group would like to expand the use of evidence based, provider approved standing orders and protocols to reduce costs, increase access to care, and enable staff to work at the top of their profession.

Note that standing orders are intended for cases where providing the service is within the nurse's scope of practice under current law, but decision to initiate the work is restricted to providers. This recommendation does not change the nurse's scope of practice.

The best approach for amending the law was discussed. Ideally, we would be able to avoid codifying medical practice details that might change into law. This would imply open ended legal language about standing orders in general. However, this approach risks being viewed as too risky and might result in no action. Instead, the group recommends adding to the list of cases where standing orders are allowed under current law.

Cases to be added should have a compelling public health need and could be selected from those already identified by the U.S. Preventive Services Task Force.

<https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>

Barriers to change were also discussed. These include artificially conservative institutional protocols generated by overly conservative lawyers. Education may be necessary so that institutions do not negate the effectiveness of the standing orders.

In some case institutions have codified protocols into their EMRs, and changes to authorizations within those systems may also be required for nurses to initiate care.

Payment barriers may also exist in cases where reimbursement requires a certain level of provider. This barrier is anticipated to decrease with the growth of value based payments, and financial incentives should ultimately push towards the adoption of standing orders.

Topic 2 - Expanded Scope of Practice for Licensed Practical Nurses – was deferred due to a lack of time.

A follow-up meeting has been scheduled for Wednesday June 28 at 1:00 at Common Ground. Additional meetings will be held to prepare for fall NYSWW meetings on primary and behavioral health integration.