Delegation of Controlled Acts – Direct Orders and Medical Directives

The *Regulated Health Professions Act, 1991* (RHPA) identifies thirteen controlled acts that may only be performed by an authorized regulated health professional. Any controlled act can be delegated by a regulated health professional with the authority to do so to someone (regulated or unregulated) who is not authorized, as long as delegation is not prohibited by legislation or organizational policy (for example, a registered pharmacy student may neither delegate a controlled act nor accept the delegation of a controlled act as per Regulation 202/94). The healthcare professional conferring the delegation is the 'authorizer' and the person accepting the delegation is the 'implementer'. Delegation confers the authority to perform that act to the implementer and therefore allows him or her to perform the delegated act as long as proper procedures are followed.

The College's Medical Directives and the Delegation of Controlled Acts Policy was recently revised and reorganized in order to clarify the College's expectation for members when considering delegation. The policy provides guidance on a member's responsibility when, accepting delegation, performing delegated acts, and highlights the need for communication between the authorizer and implementer, particularly the assessment of the implementer's performance readiness. The policy also clarifies that delegation occurs through an order which may take the form of either a direct order or medical directive. The updated policy emphasizes that delegation is a process whereby the authorizer and implementer enter into

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a *mutually accepted agreement for the provision of services that enhance patient care and that they share accountability for patient outcomes.*

To help illustrate the main components of this revised policy; accepting delegation, direct orders and medical directives, this article will utilize fictional scenarios featuring pharmacist Sandy Smith.

1. ACCEPTING DELEGATION

Independent of the authorizer's assessment, when accepting a delegation, a member is required to apply his or her therapeutic judgment to determine the appropriateness of the delegated act or procedure given individual patient circumstances and his or her competence to safely and effectively perform the delegated act. Any member can accept delegation, but whether or not he or she should accept it is a decision based on his or her skills and the best interest of the patient.

When assessing the best interest of the patient consideration includes:

- *Patient need* - whether the patient's health has been stable or unstable, the risks and benefits of the act or procedure, if the act or procedure is associated with predictable or unpredictable outcomes, potential complications;
- *Context of Practice* – the frequency the member performs the act or procedure, if there is adequate staffing to support the member when performing the act or procedure, the complexity of the act or procedure and the time required to perform;
- *Practitioner Competence* - access to continuing education and clinical experience to acquire and maintain competence.

Both the authorizer and the implementer share accountability to make decisions within the context of delegation that put patient interests first and ensure optimal patient outcomes. When accepting delegation a member assumes accountability for his or her actions when performing the delegated act or procedure, as well as for any patient outcomes that occur as a result of the act or procedure.

Appropriate delegation requires open communication between the authorizer and the implementer as communication and documentation are central to good patient care when working in a team environment. Prior to accepting delegation the member and the authorizer should have discussed the accessibility of the authorizer should the member have a question regarding the implementation of a delegated act or procedure (e.g. the authorizer's office staff is aware of the delegation and will put the member in contact with the authorizer in a timely manner). In addition, the authorizer must have assessed the member's performance readiness prior to issuing the direct order. When reviewing a member's performance readiness it is best practice for the authorizer to consider the member's opportunities to attain and maintain competence, as well as the suitability of the physical environment, whether the member has enough support to devote adequate time to the act or procedure, the risks and benefits of delegation, whether the member has adequate policies, procedures and resources available to support safe practice, and whether the patient will receive the same standard of care as they would from the authorizer.

When performing an act or procedure under delegated authority transparency is of utmost importance. The implementer is required to provide

the patient with appropriate information on the authority under which the act or procedure is being performed and receive informed consent to perform the act or procedure under delegated authority. The informed consent required for performing the act or procedure under delegated authority is distinct from the consent required to physically perform the act or procedure on the patient. Consent for both delegation and for performing the act or procedure should be documented. A member is also required to document relevant details of the delegated act or procedure performed under a direct order, and when performed under a medical directive documentation of the results of the patient assessment as well as rationale for performing the delegated act or procedure is required.

Scenario 1 – Accepting Delegation

A patient comes into the pharmacy with a prescription from the travel medicine clinic next to the pharmacy for hepatitis A and B vaccination. Sandy (fictional pharmacist) assesses the patient using criteria in the medical directive ABC pharmacy developed with the travel clinic and determines that the patient meets all criteria in the directive. In addition, Sandy assesses that it is in the patient's best interest to administer the vaccination. Sandy explains that she is authorized by the physician to administer the vaccination under delegation. She reviews the risks and benefits of receiving the vaccination, potential adverse events and side effects, as well as how to identify and manage an adverse event or side effect that is experienced. Before proceeding with the injection she asks if the patient has any questions about either the delegation of the act or about the vaccination. Sandy documents that informed consent was received to administer the injection under delegation and that the patient consented to receive the injection, as well as other relevant details of administering the vaccination.

Did Sandy properly inform the patient about her authority to administer the injection?
Yes. Sandy informed the patient that she was administering the injection under delegated authority and asked the patient if he had any questions regarding the delegation.

Did Sandy receive proper consent to administer the injection?
Yes. Sandy received and documented that the patient provided consent to administer the vaccination.

2. DIRECT ORDER

A direct order is an order to perform a controlled act for only one patient for a specific intervention, for example injecting Mr. Brown's travel vaccination. Direct orders may only be made after a direct assessment of the patient by the authorizer. Direct orders may be written or verbal; however members are encouraged to use written direct orders unless a verbal order is in the patient's best interest due to emergency circumstances. Where a verbal order is given the order should be documented in a timely manner.

Scenario 2A – Direct Order

Sandy is working a relief shift when a regular patient of the pharmacy presents a prescription for a travel vaccination that includes the order "pharmacist to inject". Sandy has completed her injection training and has knowledge of travel medicine, but has no relationship with the physician. Although she is confident in her ability to safely administer the medication and manage any potential outcomes, she is not confident that the order from the physician was intended for her as they have had no previous communication regarding the topic of injections. Sandy informs the patient that either she would have to call the physician to discuss administering the vaccination since she does not know this physician or the patient could return the next morning when the pharmacist who regularly works shifts and has an established relationship with the physician is available.

Would it have been best practice for Sandy to have accepted delegation in this scenario?
No. Where a member is not named in the direct order they must be confident, based on prior communication with the authorizer, that the order was intended for him or her and that an appropriate assessment of his or her practice readiness has been done.

Scenario 2B – Direct Order

Sandy is working a shift at her regular pharmacy, ABC pharmacy, and receives a prescription for a travel vaccination for a patient which includes the order "pharmacist to inject" on the prescription. Sandy has an established relationship with the prescribing physician and they routinely communicate regarding patients. During a previous conversation Sandy mentioned to the physician that she had received her injection certification. The physician contacted Sandy to discuss her injection training and certification as well as her

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additional education and training in the area of travel medicine and agreed to have her patients get their travel vaccinations injected by Sandy at the pharmacy. Sandy is confident in her ability to safely administer the medication and manage any potential outcomes, and that the order from the physician was intended for her. Sandy dispenses the medication to the patient, who is a regular patient at her pharmacy and assesses that administering the vaccination is in the patient's best interest. Sandy explains that the prescribing physician has delegated the task of injecting the vaccination to her and that the physician has reviewed her training and determined that she is competent to carry out the order. Sandy obtains consent from the patient, injects the vaccination and appropriately documents all required information.

Was it appropriate for Sandy to accept delegation in this scenario?
Yes. Sandy is confident based on her prior communication with the physician, that the physician assessed her performance readiness and that the order was intended for her. Sandy also assessed her own personal competence and received appropriate patient consent before implementing the delegated act.

3. MEDICAL DIRECTIVE

A medical directive is an order authorizing those identified in the directive to perform a controlled act or a series of controlled acts under specific conditions for any patient who meets the criteria set out in the directive, for example all pharmacists at the ABC pharmacy are authorized to order INR testing for any patient receiving warfarin therapy. A medical directive is always written and may permit the implementer to perform the act or procedure without the requirement for a direct assessment by the authorizer. The implementer is accountable for ensuring that all the specified criteria within the directive have been met prior to performing the authorized act or procedure and completing documentation. All affected regulated professionals and relevant administrators must participate in the development of a medical directive.

Scenario 3 – Medical Directive

ABC pharmacy operates beside a travel medicine clinic and employs three pharmacists. All three staff pharmacists have completed a certified injection course, are educated regarding travel vaccinations and are confident in their competence to safely administer the vaccinations and manage all potential outcomes. Sandy approaches the lead physician at the travel medicine clinic to discuss developing a medical directive to allow for injection of prescribed vaccinations at the pharmacy as Sandy and her staff have been accepting delegation through numerous direct orders from the travel clinic. The lead physician and Sandy set up a meeting for all the physicians from the clinic and pharmacists from ABC pharmacy to discuss the pharmacists' training and education.

The physicians and pharmacists agree to move forward with a medical directive and use the Federation of Health Regulatory Colleges of Ontario (FHRCO) medical directive template and guide to assist with the development. The medical directive:

- *Names all of the pharmacists at the pharmacy as authorized implementers;*
- *Provides details regarding the delegated order;*
- *Describes the recipient patients;*
- *Directs when and under what conditions the directive applies;*
- *Includes guidelines for implementing the order;*
- *Identifies documentation and communication required;*
- *Includes review and quality monitoring guidelines; and*
- *Contains the signature of all authorizers and implementers*

Can any pharmacist working at ABC pharmacy now perform injections under the medical directive?
No. Only those pharmacists specifically named in the medical directive are authorized to administer injections.

Can a pharmacist authorized by the medical directive inject any vaccination to any patient from the travel medicine clinic?
No. Pharmacists may only inject those medications authorized by the medical directive and only to those patients who meet the criteria set out in the medical directive. When determining if it is appropriate to perform an act or procedure authorized by a medical directive, the pharmacist must assess and document whether the patient meets all criteria within the directive.

Are the pharmacists authorized by the medical directive able to inject vaccinations prescribed from other travel medicine clinics?
No. Pharmacists are only authorized to inject vaccinations for patients under the care of physicians listed under the medical directive according to the criteria set out in the directive.

Whether you are a pharmacist, pharmacy technician, student or intern, the concepts outlined in both the Medical Directives and the Delegation of Controlled Acts Policy and the Professional Responsibility Principles – recently introduced by College Council – should be considered when contemplating delegation. (Note members may only delegate or accept delegation according to the terms, conditions and limitations on a member's certificate of registration as described in the Medical Directives and the Delegation of Controlled Acts Policy.)
Members are encouraged to use the resources developed for all healthcare professionals by the Federation of Health Regulatory Colleges of Ontario (FHRCO). FHRCO's *An Interprofessional Guide on the Use of Orders, Directives and Delegation* for Regulated Health Professionals in Ontario provides information on delegation and medical directives, and also contains templates for developing medical directives.

All of these resources and more can be found on the College website in the Practice Tool – Interprofessional Collaboration and Teamwork found under the Practice and Education tab.

IPC ETOOL FOR HEALTHCARE PROFESSIONALS

FHRCO launched the new Interprofessional Collaboration (IPC) eTool for healthcare professionals in early 2013. The tool supports regulated healthcare professionals to coordinate care and take into account expanding and overlapping scopes and authorities among professions.

The web-based tool has three useful features to assist practitioners:

1. CHECKLISTS

The checklists help to lay out workflow and are built on common patient-centred milestones, with drop down menus that allow you to add personalized milestones to suit your teams' specific needs. It prompts teams to work through all of the critical checkpoints they might encounter and plan ahead on how to manage these transitions safely and efficiently.

2. FREQUENTLY ASKED QUESTIONS

The FAQ section covers a broad range of topics — practical things such as consent, privacy, documentation and communication — and apply across the board. The extensive FAQ is a great place to start when looking for answers or as a learning tool for new and student healthcare professionals.

3. SCOPES OF PRACTICE & CONTROLLED ACTS

Comprehensive charts allow any healthcare professional to see at a glance who is authorized to provide what level of care. The charts help answer questions like "Who can suction in an ER?" or "Who on this health team has the authority to communicate diagnosis in this case?" It gives teams the information they need to systematically work through scenarios working across the continuum of care.

The new eTool helps build stronger, more effective teams by making sure every player knows their roles and responsibilities. The tool plays an important role in risk mitigation as the team will start their work together with a full understanding of where each player's accountabilities begin and end.

Access the eTool at http://ipc.fhrco.org