

FAQ for Medical Staff

Orders Management Policy/Procedure

Purpose:	To provide answers to frequently asked questions related to Orders Management Policy and Procedure.
Applies to:	Ordering Providers: Physicians, Nurse Practitioners, Midwives, Associate Physicians, Physician Assistants, Pharmacists

Ordering Provider vs. MRP responsibility (e.g. ED Holding Orders)

Q: Do orders placed by a previous ordering provider need to be cancelled and reordered when care is transferred to the next MRP (e.g. ED holding orders need to end after transfer of care to MRP)?

A: No they do not need to be canceled and reordered. The MRP holds the default responsibility for all orders upon accepting a patient's care. A name attached to an order does not necessarily indicate ultimate responsibility. Clear communication should occur for the transfer of care to the next MRP.

Q: What is the MRP responsibility for care transfer to a different MRP and service?

A: The MRP is accountable for all orders and outcomes upon accepting the patient's care. Clarification and resolution of treatment conflicts among care providers are part of the MRP's responsibilities. Clear communication and documented transfer of care are essential.

Verbal Orders

Q: Will verbal orders be supported with the implementation of CPOE?

A: Verbal orders should only be received by nursing in emergency situations or when safe or timely ordering is not feasible. All involved parties should stay on the line until the order is documented with accuracy validated through a read-back process.

Medication Reconciliation and Transfers:

Q: Who is responsible for completing admission medication reconciliation and transfer medication reconciliation?

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A: The admitting MRP or service is responsible for completing Admission Medication Reconciliation. MRP must provide complete admission orders within 24 hours of admission for acute care, and within 7 days for LTC, and collaborate with team members to ensure accurate medication history.

A: At the transfer of care between care services or levels of care, the receiving MRP or service is responsible for completing the transfer reconciliation. This responsibility holds true regardless of whether the sending ordering provider has completed the transfer reconciliation (e.g., ICU to acute care unit). Upon accepting the care, the receiving MRP or service is accountable for reviewing all active orders and pending results.

Consultants and Orders Management:

Q: How do consultants handle orders and medication reconciliation?

A: The MRP requests consults and is responsible for the overall patient care. Consultants communicate recommendations and termination of care with the MRP. When placing orders it's crucial for consultants to specify who monitors orders and results.

Resources:

[Medical Staff Rules for Island Health](#)

[Orders Management Policy](#)

[Orders Management Procedure](#)

[Canadian Medical Protective Association \(CMPA\)](#)

[College of Physicians and Surgeons of British Columbia \(CPSBC\)](#)

[BC Dental Association \(BCDA\)](#)

[Transfer of a Patient/Client](#)

For more information on Medication Safety refer to the [Medication Safety](#) Intranet page or contact MedicationSafetyConsultants@IslandHealth.ca

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