



<b>Chapter:</b>	<b>Governance</b>	<b>Date Approved:</b>	November 2013
<b>Section:</b>	Governance		
<b>Subject:</b>	Medical Directives Policy		

<b>Policy Statement</b>	<p>A medical directive is "a medical order<sup>1</sup> that applies to a range of [patients]" (College of Nurses of Ontario, July 1995, p.10). "It is a prescription for a procedure, treatment or intervention that may be performed for a range of [patients] who meet certain conditions. The medical directive identifies a specific treatment or range of treatments, the specific conditions that must be met and any specific circumstances that must exist before the directive can be implemented. A medical directive is always written". (CNO, July 1995, p.10).</p> <p>Regulated health professionals including the College of Nurses of Ontario (CNO), the College of Physicians and Surgeons of Ontario (CPSO), the College of Dietitians of Ontario (CDO), and the Ontario College of Pharmacists (OCP) support the use of medical directives as described in the document <i>An Interdisciplinary guide to the Use of Orders, Directive, and Delegation for Regulated Health Professionals in Ontario, 2007</i>. Correctly used, medical directives can be an excellent means to provide timely, effective and efficient patient care. Medical directives utilize the expertise of both the physician who orders the procedure within the directive and the health care professional who uses clinical judgement when implementing it. It is important, however, to state that the physician has ultimate responsibility for the medical directive.</p>
<b>Requirements for a Medical Directive</b>	<ol style="list-style-type: none"> <li>1. The procedure falls within one of the controlled acts authorized to the regulated health professional but the regulated health professional cannot initiate in the absence of an order, and/or</li> <li>2. The procedure does not fall within any controlled act but is part of a medical plan of care, and/or</li> </ol>

<sup>1</sup> **Medical Order** - is a prescription for treatment or an intervention. It can apply to an individual client by means of a client-specific order, or to more than one individual by means of a medical directive. Medical orders can be client-specific or written as a medical directive for a range of clients.

	<ol style="list-style-type: none"> <li>3. The procedure falls within one of the controlled acts not authorized to the regulated health professional (e.g., ordering diagnostic tests), and/or</li> <li>4. The procedure or treatment is not included within the Regulated Health Professions Act but is included in another piece of legislation (e.g., x-rays under the Healing Arts Radiation Protection Act).</li> </ol>
<p><b>Mitigation of Risk</b></p>	<p>The Regulated Health Professions Act allows the delegation of regulated acts based on patient needs and the appropriateness of the care provider who will deliver the treatment with proven knowledge and skill. Through delegation of aspects of care, the patient will receive more timely interventions with similar or better outcomes using an interdisciplinary team approach.</p>
<p><b>Responsibilities</b></p>	<ol style="list-style-type: none"> <li>1. In order to meet its responsibility to its employees, the NVFHT Board needs to be aware of all medical directives implemented by NVFHT staff, and has the responsibility for approving all such medical directives.</li> <li>2. The designated committee needs to determine whether a procedure can be safely ordered by means of a medical directive or whether direct assessment of the patient by a physician is required before a procedure is initiated.</li> <li>3. The health care team proposing a medical directive is responsible for ensuring that the identified process for developing, implementing and evaluating a medical directive is followed.</li> <li>4. The health care team must ensure that medical directives are always in writing, using the NVFHT standardized template for medical directives, and that a copy with original signature of authorizers and implementers is always available on site.</li> <li>5. The committee proposing the directive must: <ul style="list-style-type: none"> <li>• Ensure that the directive has been reviewed and approved (as per the medical directive process.)</li> <li>• Know the risks to the patient(s) of implementing the treatment(s)/ procedure(s) within the medical directive.</li> <li>• Know the predictability of the outcomes associated with the procedure.</li> <li>• Know the degree to which safe management requires physician involvement or intervention.</li> <li>• Ensure that appropriate medical resources are available to intervene as required.</li> </ul> </li> </ol>

	<ul style="list-style-type: none"> <li>• Ensure that informed consent is obtained when required.</li> </ul> <p>6. The regulated health professional accepting the directive and the individual(s) implementing the directive must:</p> <ul style="list-style-type: none"> <li>• Ensure that the directive has been reviewed and approved (as per the medical directive process.)</li> <li>• Possess the knowledge, skill and judgment to safely implement the procedure(s).</li> <li>• Clarify that informed consent has been obtained.</li> <li>• Possess the knowledge, skill and judgement to assess the patient for specific client conditions outlined within the medical directive.</li> <li>• Know the risks to the patient in implementing the directive.</li> <li>• Know the predictability of the outcomes of the intervention.</li> <li>• Determine whether management of the outcomes is: <ul style="list-style-type: none"> <li>i. Within the scope of her/his practice and if so,</li> <li>ii. Whether she/he is competent to provide such management, and if so,</li> <li>iii. Whether the appropriate resources are available to assist as required.</li> </ul> </li> <li>• Know how to contact the physician responsible for the care of the patients for clarification and/or management of adverse outcomes.</li> </ul>
<b>Limits</b>	<p>In each medical directive, responsibilities and accountabilities are specified. Only individuals in roles designated within the medical directive and who have met the educational requirements for the medical directive may enact them for patients under the care of physicians who have agreed to the directive.</p> <p>The Medical Directive must be signed by the physician(s) delegating and approving the medical directive, and those implementing the medical directive.</p>
<b>References</b>	<p>Federation of Health Regulatory Colleges of Ontario (2007). An Interprofessional Guide on the Use of Orders. Directives and Delegation for Regulated Health Professionals in Ontario.</p> <p>College of Nurses of Ontario. <sup>1</sup>A Guide to Decide. A Decision Tree for Performance of Procedures. January 2000.</p> <p>College of Nurses of Ontario (1995). When, why and how to use medical directives. College Communique,20(3), 10-14.</p> <p>College of Nurses of Ontario. When, why and how to use medical directives. Specific Practice Expectation. January 2000. pp. 3-5.</p> <p>College of Nurses of Ontario. Medication Standards (2003). June 2003.</p> <p>Regulated Health Professions Act. 1993.</p>