



ALL FOR HEALTH, HEALTH FOR ALL.®

A California Nonprofit Public Benefit Corporation

Standing Orders

Purpose

Each clinical employee will act at his/her highest level of training and licensure in order to achieve the highest quality care and improve efficient patient flow in a team care environment.

To assure preventive and diagnostic services are provided in a timely manner to effectively identify and monitor medication use, disease states, and health maintenance efforts to the patient.

Policy

All for Health, Health for All will permit appropriately skilled clinical staff to execute standing orders when the order addresses a specific patient-care activity that can be applied to any patient meeting specific criteria during a defined time period.

The standing order is documented in the medical record by the individual making the order, and the requisitions to laboratory, diagnostic imaging, etc. are made under the name of the treating clinician.

All staff will be oriented to the Standing Orders protocol prior to generating orders for the patients.

All for Health, Health for All will monitor the Standing Order protocol to assess safety, cost, and quality measures. In addition, All for Health will revise the standing orders periodically to reflect best practices in care delivery.

Procedure

The Medical Director, in conjunction with Providers will draft and recommend standing orders to the medical team through the Quality Improvement Committee.

All for Health medical staff will authorize routine standing orders to enhance and streamline medical care.

Staff is prompted to use standing orders by referring to disease management templates in the EMR and will use the health maintenance and immunization reminder system to prompt orders.

Approved Standing Orders for MA:

1. Immunizations, per recommendations:
 - a. Influenza Vaccine yearly
 - b. Pneumococcal Vaccine for at risk patients and/or \geq age 59
 - c. Tdap booster every 10 years or Tdap if Td $>$ 5yrs
 - d. Routine childhood immunizations per CDC guidelines
2. PPD placement
3. Perform in-office point of care testing as follows:
 - a. Random fingerstick glucose for known or suspected diabetics
 - b. Urinalysis for patients with dysuria, abdominal pain, vomiting, or fever
 - c. Urine pregnancy testing on demand or for patients with amenorrhea,
 - d. EKG for patients complaining of chest pain
 - e. Hemoglobin check for pediatric patients between 9 and 12 months to detect anemia
 - f. Hearing and vision screenings for adult and pediatric well exams

References: Joint Commission on Accreditation of Healthcare Organizations (JCAHO); Standards for Ambulatory Care (SAC); Primary Care Effectiveness Review (PCER) and Centers for Disease Control (CDC); U.S. Preventive Services Task Force (USPSTF)

Board Chair

Chief Medical Officer

Date Signed

Date Signed

Date Implemented

Date Implemented