

San Francisco Health Network
Standardized Procedures for Registered Nurses

TABLE OF CONTENTS

Introduction

Standardized Procedures for RNs – preamble

Refill of Medications
Approved Medication Refill List
Medication Refill Algorithm

San Francisco Department of Public Health
San Francisco Health Network
Primary Care Registered Nurse
Standardized Procedures and Protocols

The following Registered Nurses have reviewed the standardized procedures and have demonstrated competency as Registered Nurses working in primary care in the San Francisco Health Network. They are authorized to practice in the SFHN primary care clinics, including the nurse advice line and complex care management program, under the Standardized Procedures and Protocols contained in this manual.

Anna Robert, RN, MSN, DrPH

Director of Primary Care, San Francisco Health Network

Carol Taniguchi, PNP, MPH

Acting Director of Nursing, Primary Care, San Francisco Health Network

INTRODUCTION

The following protocols are the policies and guidelines for the care provided to patients at the San Francisco Department of Public Health San Francisco Health Network's Primary Care clinics. Since it is impossible to anticipate every clinical situation or presenting chief complaint that may arise, it is expected that NP/PA-C/MD/DO consultation may be warranted. As such the RN may refer any patient for NP/PA-C/MD/DO evaluation. The RN shall function within the scope of practice as specified in the State of California Nurse Practice Act. The RN may refer patients for NP/PA-C/MD/DO evaluation in the outpatient primary care setting, or to a higher level of care as determined by their clinical judgment.

The Standardized Procedures were developed with assistance from the following:

1. "Implementation of Standardized Procedures," Position Statement of the California Nurses Association (CNA).
2. "An Explanation of the Scope of RN Practice," State of California, Board of Registered Nursing (BRN), Department of Consumer Affairs.

TITLE: STANDARDIZED PROCEDURE – REGISTERED NURSE
Registered Nurse in SFHN Primary Care clinic

- I. Policy Statement
 - A. It is the policy of the San Francisco Health Network and Zuckerberg San Francisco General Hospital and Trauma Center that all standardized procedures are developed collaboratively and approved by the Committee on Interdisciplinary Practice (CIDP) whose membership consists of Nurse Practitioners, Physician Assistants, Registered Nurses, Pharmacists, Physicians, and Administrators and must conform to all eleven steps of the standardized procedure guidelines as specified in Title16, CCR Section 1474.
 - B. A copy of the approved and signed standardized procedures for each RN will be kept electronically at each SFHN Primary Care Clinic and on file in the Medical Staff Office.
- II. Functions to be performed
 - A. The RN provides health care, which involves areas of overlapping practice between nursing and medicine. These overlapping activities require standardized procedures. These standardized procedures include guidelines stating specific conditions requiring the RN to seek clinician consultation.
- III. Circumstances under which an RN may perform function
 - A. Setting
 - 1. The RN may perform the following standardized procedure functions in the San Francisco Health Network Primary Care clinics and Nurse Advice Line, consistent with their experience and training.
 - B. Scope of supervision required
 - 1. The RN is responsible and accountable to the Primary Care clinic charge nurse, Nurse Manager and Medical Director or physician designee.
 - 2. Overlapping functions are to be performed in areas where a consulting NP/PA-C/MD/DO is available to the RN, by phone or in person, at all times.
 - 3. NP/PA-C/MD/DO consultation is to be specified in the protocols and is appropriate under the following circumstances:
 - a. Acute decompensation or worsening of the patient’s condition
 - b. General evaluation of health status that is concerning or unclear based on protocols
 - c. Emergency conditions requiring prompt medical intervention
 - d. Upon the request of the patient, parents, RN, or NP/PA-C/MD/DO
 - e. Any patient requiring likely hospitalization
- IV. Protocol: RN Refill of Medications
 - A. Protocols for each medication class will be developed and approved as outlined in Section VI. Only medications within these approved protocols will be available for RN refills.
 - ~~A. Protocol: RN Refill of Medications~~
 - ~~1. RN Refill Protocols for specific medication classes are developed, and then then approved by Pharmacy and Therapeutics committee and/or appropriate ambulatory care committees~~
- V. Requirements for the registered nurse
 - A. Experience and education
 - 1. Possess an active, unrestricted California Registered Nurse license
 - 2. Current Basic Life Support certification from an approved American Heart Association provider

Commented [GA1]: Where will these protocols be found for the RN to refer to?

Commented [DS2R1]: Currently, protocols are available as hard copy in the clinics. The plan with Epic is to make them available on the Epic Learning Home Dashboards as well as Sharepoints.

B. Special training

1. Completion of an SFHN training on each refill protocol (see section V.a) that identifies key protocol details, including importance of documentation, medication side effects, common drug interactions, safety implications of EMR access and importance of proper medication list and workflow review.
2. Completion of on-site training with one-on-one proctoring by a clinician experienced in using each protocol.
3. The RN must be observed completing 5 successful procedures by a qualified NP/PA-C/MD/DO prior to being signed off as competent on this SP as detailed in the proctoring requirements below.

C. Evaluation of the Registered Nurse competence in performance of Standardized Procedures

1. Initial:
 - a. At the conclusion of the standardized procedure training an experienced RN/NP/PA-C/MD/DO will assess the RNs ability to perform the procedure by assessing the following:
 - i. Successful completion of the training program
 - ii. Successful completion of the skills checklist associated with each protocol
 - iii. Review of a minimum of 5 patient cases for completeness of documentation and appropriate application of protocol parameters
2. Annual:
 - a. A supervising nurse who has been trained in the Refill Protocols will evaluate the RNs competence through an annual performance appraisal and skills competency review along with feedback from physicians, the Medical Director, Nurse Manager, and other nurses, direct observation, and chart reviews
3. Follow-up:
 - a. Areas requiring increased proficiency will be retrained and monitored by a supervising clinician or appropriately trained designee at appropriate intervals until acceptable skill level is achieved. RN will not perform the tasks associated with the standardized procedure until proficiency is established.

Commented [GA3]: How is it assured that RNs are on-boarded to new protocols that may be approved at any time after initial training?

Commented [DS4R3]: It will be the responsibility of the nurse manager of the clinic, and subsequently overseen by Director of Nursing, to facilitate training for each new protocol that may be approved. Protocol training will occur at fixed times throughout the year to allow for better, consistent on-boarding of existing RNs.

In Epic, we have the capability to run reports to see which people in Epic might be sending prescriptions. We will have the ability to run reports to evaluate which RNs are sending refills and for which medication classes. This can be cross referenced with training records to evaluate appropriate training

Commented [GA5]: Should the supervising RN need to have the SP and be actively using it in order to "supervise"?

How many cases are reviewed annually? Who does this? How are errors tracked?

VI. Development and approval of Standardized Procedure

A. Method of development

Standardized procedures are developed collaboratively by registered nurses, nurse managers, physicians and administrators and must conform to the eleven steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.

- B. Specific RN Refill Protocols will be developed based on medication classes (e.g. – beta-blockers). Each protocol will indicate specific criteria that, as determined by the multidisciplinary group, may be included in addition to the inclusion or exclusion criteria outlined herein. Development of criteria may take into account the electronic decision support tools available in the health record and specific safety considerations for that class of medications. Protocols will include, but are not limited to, guidance on the duration of time refills may be prescribed and specific action if protocol elements are not fulfilled. Approval

All standardized procedures must be approved by the CIDP, Credentials Committee, Medical Executive Committee and the Joint Conference Committee prior to use. Any standardized procedure that involves medications must be approved yearly by Medication Use and Safety Subcommittee (MUSS) and the Pharmacy and Therapeutics Committee.

1. RN Refill Protocols for each medication class will require approval through the Medication Use and Safety Subcommittee (MUSS) and the Pharmacy and Therapeutics Committee.

Commented [GA6]: Didn't we decide we would only approve refills for those meds that have electronic decision support?

Commented [DS7R6]: Yes, that is the case. However, there are times when a refill request may be submitted electronically – it may be done via non-electronic fax, in-clinic appointment, or via nurse advice line. In this case, the embedded protocol would not 'fire'. (e.g. – if a provider tries to order an Ace-inhibitor, the entire set of parameters for this med call will not pop-up. Thus, the expectation would be that if a refill request came in via non-electronic pathway, any RN utilizing the Refil Protocol would still need to verify the elements. This would obviously take additional time, but is the expectation for appropriate evaluation prior to sending a refill

Commented [GA8]: Protocol should (not may) include duration of refill.

Commented [DS9R8]: Agreed. Adjusted language from "may" to "will"

C. Review schedule

The standardized procedures will be reviewed every three years, or sooner if there is a significant change in practice, by the SFHN Primary Care Director, Chief Medical Officer and Director of Nursing.

D. Revisions

All changes or additions to the standardized procedures are to be approved by CIDP accompanied by the dated and signed approval sheet.

PROTOCOL – REFILL OF MEDICATIONS

I. **Definition:** This protocol covers the refill of medications by the registered nurse (RN) as based on the refill criteria clinical support decision tool within the EHR -- see Appendix A for example. The EHR criteria will be automatically applied to all electronic refill requests; for non-electronic requests the same criteria will be referenced by the RN. Qualified, trained and competent RNs are authorized to refill medications within the SFHN primary care clinics (Community Primary Care clinics, Richard Fine People's Clinic, Family Health Center, Children's Health Center and Positive Health Program, as well as at the Nurse Advice Line) on the behalf of the NP/PA-C/DO/MD for their patients as detailed in this standing order and work flow.

- A. **Indications_** Existing SFHN primary care patients seeking refill of medication(s) that below to a medication class for which a RN Refill Protocol has been approved by the Pharmacy and Therapeutics committee.
- B. **Contraindications_** The following medications/circumstances are excluded from this protocol:
1. Controlled Substances [scheduled substances II through V]
 2. Short course antibiotics
 3. Short course oral corticosteroids
 4. Chemotherapeutic agents actively managed by Oncology
 5. Anticoagulation agents
 6. Indication(s) that the patient may be experiencing side effects and drug interactions from the medication
 7. Evidence of non-adherence, including overuse or underuse of the medication;
 8. Specific medications documented in the medical record to be refilled only by the patient's PCP.
 9. Refill requests for medications that either do not meet all of the Epic refill protocol elements or are not part of a medication/medication class that has been approved for RN Refill
 10. Request to change from brand name to generic medication when brand is specifically requested by a specialist physician or NP/PA-C/MD/DO.

II. Clinical Assessment and Findings/Database

- A. **Chart review/Subjective**
1. Assigned and appropriately trained RN will review medication refill requests by electronic medical record, telephone contact, FAX inquiry or in person inquiry. It is expected that 3 business days is the standard turnaround time to process a medication refill.
 2. RN will review and assess patient information pertinent to the medication refill request. Review and assessment may include use of the decision support tools such as Refill Protocols within the EHR (see Appendix A) and any of the following: :
 - a. Patient's name, medical record number, and/or date of birth, patient's designated primary care clinic and PCP
 - b. Medication, dose, amount requested, and date of last refill
 - c. Whether medication falls into exclusion criteria noted in section (Ib) and/or NP/PA-C/MD/DO consultation is needed

Commented [GA10]: The indications need to state that only those meds approved by P and T because the "Contraindications" do NOT list all meds that have not been approved by MUSS and P and T.

Commented [DS11R10]: 4A in the prior section points out this same requisite; it also seems logical to include in the Indications section

Commented [DS12]: This is done most often by retail pharmacies due to what is stocked and only applies when a provider indicated "Do Not Substitute" on original prescription

Commented [DS13]: If we are limiting refills done by RN's to those that pass the Epic Refill Criteria, this will not 'pop-up' and be visualized for telephone, fax, or in-person. This may be something to consider in training and ensure each clinic has these criteria available in electronic/hard copy

Commented [BL14R13]: Yes

Commented [GA15]: I thought this was going to be a requirement. Shouldn't there be a way to review the patient record and verify the RN has at least viewed the clinical decision support for each case?

Commented [DS16R15]: There here are times when a refill request may be submitted electronically – it may be done via non-electronic fax, in-clinic appointment, or via nurse advice line. In this case, the embedded protocol would not 'fire'. (e.g. – if a provider tries to order an Ace-inhibitor, the entire set of parameters for this med call will not pop-up. Thus, the expectation would be that if a refill request came in via non-electronic pathway, any RN utilizing the Refil Protocol would still need to verify the elements. This would obviously take additional time, but is the expectation for appropriate evaluation prior to sending a refill

- d. Current medications and confirmation that the medication is on the current medication list
- e. Medication allergies
- f. Reconciling the medication directions listed in the most recent EMR note or prescription to the directions listed in the medication refill request.
- g. Medication adherence history
- h. Visit adherence history
- i. Medical history as relevant to the medication requested
- j. Relevant labs related to the medication or the chronic medical conditions (as specified in the medication list)

B. Objective Data

- 1. Laboratory and imaging evaluation, as indicated, relevant to history and exam.
- 2. Vital signs review pertinent to medication refill request.
- 3. All Point of Care Testing (POCT) will be performed according to ZSFG POCT policy and procedure 16.20.

III. Assessment

- A. Assessment based on chart review, subjective and objective data to identify that the patient may have medications refilled by an RN within this protocol.
- B. Review that medications/medication classes fall within EHR refill protocols and have been approved by P&T and appropriate subcommittees as outlined above.
- C. Confirm that all elements of approved protocol, including EHR decision support tools, refill protocols are met.
- D. Rule out contraindications as noted above in Section (Ib).
- E. **The following patient conditions require NP/PA-C/MD/DO consultation prior to the RN refilling the medication:**
 - 1. Lab results that are missing, abnormal or equivocal relating to the medication refill, as specified in the EHR refill protocol
 - a. In the case of missing lab values RN will order the missing lab and direct the refill request to the NP/PA-C/MD/DO.
 - b. In the case of abnormal or equivocal lab values, refill request will be redirected to NP/PA-C/MD/DO for approval
 - 2. Discrepancies with medication reconciliation
 - 3. Suspected medication adherence issues
 - 4. RN has questions or concerns in approving a medication refill request
 - 5. Upon request by patient, RN, PCP or family
 - 6. NP/PA-C will consult with physician as dictated by the expectations outlined in their Standardized Procedure.

Commented [GA17]: "Confirm and document..."

IV. Plan

A. Treatment

- 1. Follow medication refill protocol (see Appendix A for example)
- 2. The RN will refill the medication for the duration of time outlined in the P&T approved SFHN-led training and take steps indicated steps outlined in the approved protocol (e.g. – schedule follow up visit with provider, order labs as allowed under approved standing orders).

B. Education

Review medication(s) purpose, administration instructions, and side effects directly to the patient.

C. Follow-up

As appropriate for specific patient and as specified in the refill protocol

V. Record-Keeping

- A. All RN medication refills will be documented electronically in the medical record and noted to be done per protocol
- B. Patient visit, consent forms, and other procedure specific documents will be recorded in the medical record as appropriate.
- C. The medication name, dose, directions of use, quantity, number of refills and/or any pertinent medical information must be documented in the patient's electronic medical record within 24 hours.
- D. RN will communicate to the NP/PA-C/MD/DO all medication refill approvals or denials in a manner consistent with the workflow within the EHR and within the designated clinic.
- E. Any relevant patient care information, changes in medications or lab work communications with the clinician and patient/family will be documented in the patient electronic medical record within 24 hours.
- F. Summary reports, as can be generated by the EHR, will be used to review adherence to the Refill Protocol and that appropriately trained nurses are executing this protocol at a frequency agreed upon by Pharmacy & Therapeutics committee and the Director of Nursing.

Commented [GA18]: Need something here that will allow a summary report to be generated so RN performance can be reviewed. Also need to document use of clinical decision support in each case.

Commented [DS19R18]: See newly added "f" in this section

Appendix A

Epic Refill Protocols Setup and Support Guide

Last Updated: 02/16/18

Epic | 1979 Milky Way | Verona, WI 53593 | Voice: 608.271.9000 | Fax: 608.271.7237 |

www.epic.com | documentation@epic.com

Refill Protocols Setup and Support Guide

A refill protocol is an In Basket display tool that allows physicians and other clinicians to more efficiently process refill requests by seeing at a glance whether a refill request likely meets the necessary criteria for approval. Detailed information about why the request passes or fails protocol appears directly in the Rx Request In Basket message. Though refill protocols are not meant to provide a definitive answer on whether a refill request should be approved, they do make it easier for the appropriate clinician to follow up on any obvious issues and present the most commonly relevant criteria for reference while the clinician determines whether the request should be approved.

Refill protocols show relevant information to clinicians managing refill requests in their In Basket and Card View, reducing the time spent manually searching through a patient's chart for basic information without changing the approval workflow or responsible users themselves. Refill requests using refill protocols are still routed to the appropriate users or pools for manual approval as per your organizational policy or regulatory requirements.

When you build a refill protocol, the system evaluates each order in a refill request based on the criteria you specified. For example, consider the following scenarios, which are based on a sample protocol for thyroid medications:

- A refill request for levothyroxine is sent. All criteria for the protocol that is attached to the medication are met, so the Rx Request message report shows a green check mark next to each criterion and indicates that the protocol was passed. A physician reviews the request, sees that it passes protocol for the listed criteria, checks for any special circumstances in the patient's chart, and approves the refill.
- A refill request for levothyroxine is sent. However, the patient's last TSH test was over a year ago, which the clinician reviewing the request can confirm by opening the Protocol Details report. The request fails to meet the criterion that a patient must have a TSH test from the past twelve months on file. The Rx Request message report shows a red X next to that criterion and indicates that the protocol has failed. A nurse routes the message to front desk staff so they can schedule a TSH test for the patient.

Rx levothyroxine (SYNTHROID) 100 MCG tablet
Take 1 tablet (100 mcg total) by mouth 1 (one) time each day.

Disp: 30 tablet Refills: 11
Class: Normal Start: 12/12/2016 - 12/12/2017

Thyroid Hormones Protocol Failed 12/12 11:32 AM

- ✗ Normal TSH in past 12 months
- ✓ Patient not pregnant
- ✓ Recent or future visit with authorizing provider
- ✓ Normal creatinine in past 12 months

[Protocol Details](#)

Benefits of the In Basket refill protocol feature include:

- Streamlined and standardized refill request workflows
- Quick and simple clinical decision support for common criteria that must be met before approval
- Reduced time searching charts when refilling common medications
- Reduced resources needed to process refills
- Clear follow-ups for patients who are missing necessary criteria for approval