Enhancing Nurse Autonomy through Authorization Orders

Kaemingk, Danae; Cunningham, Terri; Taylor, Lenise; Armes, Laura; Seattle Cancer Care Alliance; Seattle, WA

Purpose: Describe an electronic orders strategy to preapprove clinical intervention by nurses through the use of authorization orders and protocols. Preapproved clinical interventions by nursing was implemented with the following goals: enhance nursing autonomy, reduce delays in patient care, and minimize clinician interruptions.

Background/Significance: Common clinical interventions for oncology patients include prn administration of antiemetics, maintaining patency of central lines, and immediate response to transfusion and hypersensitivity reactions. The clinical interventions for these situations are limited and predictable; however, they require orders from a prescribing clinician. Nurses obtain these orders by contacting a clinician. This communication delays care to the patient and interrupts the nurse and prescribing clinician. The Joint Commission’s Office of Quality and Safety identified that delays in treatment result in harm to patients or unanticipated care. The Institute of Medicine's To Err is Human and the Agency for Healthcare Research and Quality's The Effect of Health Care Working Conditions on Patient Safety both correlate interruptions and medical errors.

Description: A multi-disciplinary group developed evidence based protocols, supported by policies, allowing nurses to independently administer interventions in specific clinical situations. For ease of use and to meet the Joint Commission requirement that these protocols are accessible in the patient chart, the protocols are linked to the appropriate electronic order sets. Prescriber signature is needed to authorize the nurse to implement the protocol. Protocol authorization orders are imbedded into specific order sets to capture the prescriber signature prior to nurse implementation of the protocol.

Evaluation and Outcomes: Prescribers and nurses report satisfaction due to a perceived reduction in interruptions. Data is being collected to analyze the percentage of these order sets signed by nurses compared to the number signed by prescribers for the 3rd quarter of 2016.

Conclusions: Authorization orders backed by protocols are a helpful tool for clinical scenarios with predictable interventions. Establishing these protocols and their supporting policies requires partnership between the prescribers, pharmacy, nursing, and clinical analysts to simplify complicated algorithms and processes. A standard process to capture the authorization order is essential.

Contact: dkaeming@seattlecca.org