

# SESLHD POLICY COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	Nursing and Midwifery Delegation: Ordering of Pathology and Imaging in eMR
<b>TYPE OF DOCUMENT</b>	Policy
<b>DOCUMENT NUMBER</b>	SESLHDPD/303
<b>DATE OF PUBLICATION</b>	August 2019
<b>RISK RATING</b>	Low
<b>LEVEL OF EVIDENCE</b>	Standard 1 – Clinical Governance
<b>REVIEW DATE</b>	August 2024
<b>FORMER REFERENCE(S)</b>	N/A
<b>EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR</b>	Kim Olesen Director, Nursing and Midwifery
<b>AUTHOR</b>	Ms Hala Mouhanna Ms Simone Kelly Mr Lee Speir Ms Sarah-Jane Messum Ms Leshae Johnston
<b>POSITION RESPONSIBLE FOR THE DOCUMENT</b>	District Director of Nursing and Midwifery
<b>KEY TERMS</b>	Electronic order access eMR Pathology Radiology
<b>SUMMARY</b>	This policy states the districts position on nurse and midwife initiated orders in eMR and the mandatory requirement for specialities district wide to have nurse ordering protocols in place.

**COMPLIANCE WITH THIS DOCUMENT IS MANDATORY**  
**This Policy is intellectual property of South Eastern Sydney Local Health District.**  
**Policy content cannot be duplicated.**

Feedback about this document can be sent to [SESLHD-ExecutiveServices@health.nsw.gov.au](mailto:SESLHD-ExecutiveServices@health.nsw.gov.au)

**Nurse and Midwifery Delegation: Ordering of Pathology and Imaging in eMR**

**SESLHDPD/303**

**1. POLICY STATEMENT**

This policy outlines the requirements for appropriate allocation of nursing and midwifery authorisation for pathology and imaging ordering in eMR and for specialties to develop or review and document guidelines for ordering. Allocation of access should be determined across the district by specialty and should be governed by standing nursing and midwifery ordering protocols.

Appropriate assignment of nurse and midwife pathology and imaging ordering within eMR is essential to quality ordering practices. Allocation of access is determined by qualification, skill, designation and location of employment.

South Eastern Sydney Local Health District (SESLHD) is committed to ensuring patients receive the most cost effective and appropriate pathology and imaging tests, within best evidence guidelines for the clinical needs of the patient.

**2. BACKGROUND**

The review of delegations of ordering rights for Nursing and Midwifery positions has occurred as part of the district wide Sensible Test Ordering Project (STOP) which is aimed at increasing value by ensuring patients receive the most cost effective and appropriate pathology and imaging tests within best evidence guidelines for the clinical needs of the patient.

The delegation of eMR pathology and imaging ordering is allocated during the process to establish a new account.

This document has been developed to:

- Ensure a consistent and appropriate delegation of ordering access based on protocols, qualification, skill and location.
- Outline the process to appropriately review, allocate, enhance and change levels of access.
- Clarify the different levels of ordering access within eMR.

The main target for this procedure is clinical areas which require Nursing and Midwife staff to have eMR pathology and imaging order access.

**3. RESPONSIBILITIES**

- 3.1. Employees will:** order appropriately based on clinical need, selecting verbal or protocol as advised by medical officer or documented protocol / standing order. Employees, if rotating around clinical settings, should only place orders in the appropriate/approved departments.
- 3.2. Line Managers will:** facilitate staff access within eMR based on nursing and midwifery staff designation, education, training and competence including clinical requirement. Managers will also ensure staff are appropriately educated on appropriate ordering, provide access to local protocols / standing orders / models of care and review and monitor nurse and midwife initiated eMR ordering practices.
- 3.3. Medical staff will:** provide 'verbal' ordering instructions to nursing and midwifery staff as clinically appropriate and are required to co-sign orders via eMR.
- 3.4. Clinical Streams:** should review protocols to ensure they are adequate and replicated across the district where relevant. The introduction of new protocols should be approved through the stream structure.

## 4. POLICY

### 4.1 Allocation of ordering access

- When creating a new position, the line manager will grant level two eMR access for all nursing staff, excluding:
  - Nurse Unit Managers (NUMs), Clinical Nurse Specialists (CNSs), Clinical Nurse Consultants (CNCs), Clinical Nurse Educators (CNEs) and Nurse Managers who, given their experience and qualifications, are granted level three eMR ordering access
  - Nurse practitioners ordering access granted as per [SESLHDBR/084 Ordering, Prescribing and electronic Health Record access for Nurse Practitioners in SESLHD](#)
  - Nurses and Midwives working in a clinical setting that have documented nurse ordering protocols, standing orders or specified models of care that require nurse or midwife-initiated orders are granted level three eMR ordering access, excluding Transition to Practice Nurses and Midwives (who will be granted level two access).
- When creating a new position, the line manager will grant all registered midwives level three access.

### 4.2 Protocols / Standing Orders / Models of Care

- Clinical areas develop and document specialty or location-based nurse ordering protocols based on agreed criteria and best practice with endorsement from relevant management, medical staff and clinical streams to cover such areas as:
  - the specific diagnostic pathology and diagnostic imaging items which are appropriate for nursing and midwifery initiation
  - the circumstances under which these items can be initiated, and
  - how results are to be managed and by whom.
- When ordering pathology or imaging tests, nurses and midwives ordering from the full range of pathology and imaging catalogue have a responsibility to ensure tests ordered are clinically indicated and are ordered according to documented local protocols
- Any orders that are placed must be followed up and reviewed by the employee it was ordered by.

### 4.3 Enhancement of staff access

- Direct line managers email local eMR trainers with a request for upgrade providing justification and/or reference to the local protocol, standing order or model of care
- Alternatively, the line manager can complete the online Health ICT Computer Network Access Modification form to create the record of change. This will generate a ticket for the eMR Support team to action.

### 4.4 Employee resignation

- IMSD will automatically revoke access upon receipt of resignation lists from Stafflink.

### 4.5 Staff movement between specialties

- New direct line manager to email local eMR trainers the specialty change and date of change. Alternatively, the line manager can complete the online Health ICT Computer Network Access Modification form to create the record of change.

**Nurse and Midwifery Delegation: Ordering of Pathology and Imaging in eMR**

**SESLHDPD/303**

**4.6 Staff that work across multiple specialties or locations**

- If one or more of the specialties or locations worked at regularly have protocols, standing orders or models of care requiring nurse/ midwife initiated orders and the line manager requires that staff member to have level three access, the manager will submit the request for access. The manager will communicate to the staff member that this access is only valid while working in that specified specialty or location, and unless stated by their managers in the other specialties or locations worked, they must comply with level two access.
- In the instance where there are one or more specialties or locations that have standing orders for pathology requests, regular protocols for ordering pathology, or models of care that require nurse-initiated orders where staff require level three access, the manager will submit the request for access.
- Managers will communicate to staff that the level three access is limited to working in those specific specialties or locations.
- Should staff work in areas other than these nominated specialties or locations, they must revert to complying with level two access.

**4.7 LOCAL eMR CONTACT DETAILS:**

POWH / SSEH / War Memorial:

[SESLHD-NHNeMRTrainers@health.nsw.gov.au](mailto:SESLHD-NHNeMRTrainers@health.nsw.gov.au)

Ph: 02 9382 4542

SGH / TSH / Calvary Healthcare:

[SESLHD-CHNeMRTrainers@health.nsw.gov.au](mailto:SESLHD-CHNeMRTrainers@health.nsw.gov.au)

Ph: 02 9113 4157

For further detail on eMR positions please access the [eMR Position List](#).

**5. DEFINITIONS**

**Nurse ordering protocol / standing orders / model of care:** a document to guide nursing and midwifery decisions to order pathology and radiology based on agreed criteria / best practice with endorsement from relevant management and medical staff.

**Nurse level two:** access to view blood results and order certain basic pathology tests including wound micro swab, urine MCS (initial sample) and MRSA swabs.

**Nurse / midwife level three:** access to view and order the full pathology and imaging catalogue.

**6. DOCUMENTATION**

- Approved protocols, standing orders and models of care.

## SESLHD POLICY

### Nurse and Midwifery Delegation: Ordering of Pathology and Imaging in eMR

SESLHDPD/303

#### 7. AUDIT

Direct line managers may perform an audit based on designation eMR ordering access- upon regrade and employment transfer to another facility / clinical area. Contact local eMR trainers for assistance.

#### 8. REFERENCES

- NSW Nurses and Midwives Association - [Guidelines on Nurse and Midwife Initiated Diagnostic Investigations, 2011](#)
- [eMR Position List](#)
- Site specific Clinical Business Rules
  - [SESLHDBR/084 Ordering, Prescribing and electronic Health Record access for Nurse Practitioners in SESLHD](#)

#### 9. REVISION and APPROVAL HISTORY

Date	Revision Number	Author and Approval
21/11/16	Draft 5	Hala Mouhanna, Simone Kelly, Lee Speir and Sarah-Jane Messum
07/02/17	Draft 6	Endorsed by Nursing and Midwifery
08/02/17	Draft 7	Draft for Comment period
15/05/19	Draft 8	Sarah-Jane Messum, Margaret Martin and Kim Olesen
5/07/2019	Draft 9	Leshae Johnston – incorporated comments
July 2019	Draft	Formatted by Executive Services prior to tabling at August 2019 Clinical and Quality Council meeting for approval
August 2019	1	Approved by the Clinical and Quality Council for publishing