

SESLHD POLICY COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Nursing and Midwifery Delegation: Ordering of Pathology and Imaging in eMR
TYPE OF DOCUMENT	Policy
DOCUMENT NUMBER	SESLHDPD/303
DATE OF PUBLICATION	August 2024
RISK RATING	Low
LEVEL OF EVIDENCE	National Safety and Quality Health Service Standards: Standard 1 – Clinical Governance
REVIEW DATE	August 2029
FORMER REFERENCE(S)	N/A
EXECUTIVE SPONSOR	Director, Nursing and Midwifery Services
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POSITION RESPONSIBLE FOR THE DOCUMENT	District Director of Nursing and Midwifery
FUNCTIONAL GROUP(S)	Nursing and Midwifery Records Management - Health
KEY TERMS	Electronic order access eMR Pathology Radiology
SUMMARY	This policy states the districts' position on nurse and/or midwife initiated pathology and imaging orders in eMR and the mandatory requirement for all specialities to have related ordering protocols in place.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
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Nurse and Midwifery Delegation: Ordering of Pathology and Imaging in eMR

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1. POLICY STATEMENT

This policy outlines the requirements for appropriate allocation of nursing/ midwifery authorisation for pathology and imaging ordering in the Cerner electronic medical record (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/ midwifery ordering protocols and associated documents.

Appropriate assignment of nurse/ 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/ 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/ midwifery 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/ nurse practitioner 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 training and access within eMR based on nursing/ midwifery staff designation, education, training and competence including clinical requirement.
- 3.3. Medical staff will:** provide 'verbal' ordering instructions to nursing/ midwifery staff as clinically appropriate and are required to co-sign orders via eMR as needed.
- 3.4. Clinical Streams:** should review protocols to ensure they are adequate and standardised across the district where relevant. The introduction of new protocols should be approved through the stream structure.

Nurse and Midwifery Delegation: Ordering of Pathology and Imaging in eMR**SESLHDPD/303****4. POLICY****4.1 Allocation of ordering access****4.1.1 Nursing**

- **General nurses:** When creating a new position, the line manager will grant Level 2 eMR access for all general and Transition to Practice nurses.
- **Higher grade nurses:** The following roles will be eligible for Level 3 eMR ordering access.
 - Nurse Unit Managers (NUMs),
 - Clinical Nurse Specialists (CNSs),
 - Clinical Nurse Consultants (CNCs),
 - Clinical Nurse Educators (CNEs) and
 - Nurse Managers/ Educators/ Practitioners.
 - Nurses/ midwives working in a clinical setting that have documented ordering protocols, standing orders or specified models of care.

4.1.2 Midwifery

- **General Midwives:** When creating a new position, the line manager will grant all registered midwives Level 3 access.
- **Higher grade midwives:** The following roles will be eligible for Level 3 Scheduler eMR ordering access.
 - Midwifery Unit Managers (MUMs),
 - Clinical Midwifery Specialists (CMSs),
 - Clinical Midwifery Consultants (CMCs),
 - Clinical Midwifery Educators (CMEs),
 - Midwifery Managers/ Educators/ Practitioners
 - Transition to Practice Midwives.

4.2 Protocols / Standing Orders / Models of Care

- Clinical areas develop and document specialty or location-based nurse / midwife 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/ imaging items which are appropriate for nursing/ 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 , nurses/ midwives must ensure they are clinically indicated and align with documented local protocols.
- Results must be reviewed by the clinician who ordered it and actioned as needed.

4.3 Enhancement of staff access

- Direct line managers complete the online SESLHD Digital Health (DH) [Access Request Form](#) to create the record of change.

4.4 Employee resignation

- SESLHD DH will automatically revoke access upon receipt of resignation lists from StaffLink.

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4.5 Staff movement between specialties

- New direct line manager to complete the online SESLHD DH [Access Request Form](#) to create the record of change.

4.6 Nurses/ midwives that work across multiple specialties or locations

- Nurses/ midwives working in different areas where varying levels of eMR access are needed must only apply their ordering privileges in the appropriate setting.
- If a higher level of access is needed, that area’s manager will complete the online SESLHD DH [Access Request Form](#).
- Managers will communicate to staff that eMR access is limited to those specific specialties or locations.

5. DEFINITIONS

Nurse/ midwife ordering protocol / standing order: an endorsed document to guide nursing/ midwifery decisions to order pathology and radiology based on agreed criteria/ best practice.

Nurse/ midwife Level 2: access to view blood results and order certain basic pathology tests including wound micro swab, urine MCS (initial sample) and MRSA swabs as per [eMR Position List](#).

Nurse / midwife Level 3: access to view and order the full pathology and imaging catalogue.

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

6. DOCUMENTATION

- Approved protocols, standing orders and models of care are reflected in the ordering and associated results/ activity in the patient’s medical record.

7. AUDIT

Direct line managers may audit eMR ordering activity to ensure compliance.

Contact local eMR trainers for assistance.

POWH / SSEH / War Memorial:
SESLHD-NHNeMRTrainers@health.nsw.gov.au
Ph: 02 9382 4542

SGH / TSH / Calvary Healthcare:
SESLHD-CHNeMRTrainers@health.nsw.gov.au
Ph: 02 9113 4157

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8. REFERENCES

- [NSW Health Policy Directive PD2024_011 - The Use of the Emergency Care Assessment and Treatment \(ECAT\) Protocols](#)
- [SESLHDPR/522 - Managing Chart Access Audits in Electronic Health Records](#)
- [SESLHDGL/108 - Master of Nursing \(Nurse Practitioner\) Students – Guidelines for Managers](#)

8. VERSION AND APPROVAL HISTORY

Date	Version	Version and approval notes
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
October 2019	1	Minor change to specify midwives more accurately. Processed by Executive Services and published.
14 August 2024	1.1	Minor review by Tat Garwood and SESLHD NPs: hyperlinks, formatting and titles updated; removal of duplicate information; Management of access approvals changed to align with operational changes; reference to ECAT authority; improved clarity for Nurse Practitioners. Approved by Executive Sponsor.