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PROVINCIAL STANDING ORDER POLICY

BACKGROUND

Laboratory requisitions are regulated under the *Laboratory Services Act (LSA)*, enacted on October 1, 2015. Prior to the development of this policy, “standing orders” were to be processed in alignment with a policy update stated in the *Physicians’ Newsletter*, Spring 2003, published by the Medical Services Plan for Medical Practitioners. The newsletter mentions an amendment to a previous policy outlined in the Medical Services Commission Communique published on July 26, 1996.

AUTHORITY

Section 36 of the LSA authorizes the Minister of Health (the Minister) to establish forms (e.g., requisitions) for compulsory use for the purposes of the LSA. As well, the Minister may specify the manner in which records are kept and the information that is required to properly administer the LSA.

As of April 1, 2019, the Provincial Laboratory Medicine Services (PLMS) at the Provincial Health Services Authority (PHSA) assumed responsibility for the management of requisitions, including providing recommendations to the Ministry of Health (the Ministry) regarding new or changes to existing requisitions. The Ministry, on behalf of the Minister, reviews these recommendations and makes a final determination through Records of Decision.

PURPOSE

The *Provincial Standing Order Policy* intends to define requirements and guidelines for Standing Orders requested by Referring Practitioners, in order to support the delivery of appropriate, high-quality, consistent, and cost-effective Laboratory Services for all in British Columbia.

DEFINITIONS

Term	Definition
Beneficiary	Means, as defined in Section 1 of the LSA, as follows: “a person enrolled as a beneficiary under the <i>Medicare Protection Act</i> ”
Effective Date	Means the date at which a Requisition Form is first considered valid; either the date the Requisition Form is signed by a Referring Practitioner, or the start-date stated on the Requisition Form.
Laboratory Facility	Means, as defined in Section 1 of the LSA, as follows: <ul style="list-style-type: none"> (a) in respect of a hospital within the meaning of paragraph (a) or (e) of the definition of “hospital” in Section 1 of the <i>Hospital Insurance Act</i>, that part of the hospital that provides Laboratory Services; (b) a facility that provides Laboratory Services; (c) a specimen collection station associated with a hospital or facility referred to in paragraph (a) or (b) of this definition.
Laboratory Services	Means, as defined in Section 1 of the LSA, as follows: “Subject to the Laboratory Services Regulations: <ul style="list-style-type: none"> (a) the taking or collecting, or the analysis, of specimens for the purpose of preventing, diagnosing, or treating human injury, disease, or illness; or, (b) a prescribed service.”
Operator	Means as defined in Section 1 of the LSA, as follows: “In relation to a laboratory facility, means the following: <ul style="list-style-type: none"> (a) the owner; (b) the person having responsibility for the daily operation of the laboratory facility; (c) a regional health board or prescribed agency”
Referring Practitioner	Means as defined in Section 1 of the LSA, as follows: “a person who <ul style="list-style-type: none"> (a) is either <ul style="list-style-type: none"> (i) a medical practitioner enrolled under section 13 of the <i>Medicare Protection Act</i>, or (ii) a person within a class of prescribed health care practitioners, and (b) makes a request for a beneficiary to receive benefits”

Term	Definition
Requisition Form	Means, as defined in Section 1 of the Laboratory Services Regulations, as follows: “the form, whether paper or electronic, on which a request for benefits from a referring practitioner is made or recorded.”
Standing Order	Means a Requisition Form in which a Referring Practitioner has indicated the time-period and frequency for the provision of specified Laboratory Services.

SCOPE

This policy applies to all Standing Orders issued by a Referring Practitioner and the manner by which Laboratory Facility Operators manage such Requisition Forms.

POLICY

Requirements

1. Standing Orders must only be completed on Requisition Forms approved under the *Laboratory Services Act*.
2. Standing Orders must be on a separate Requisition Form than one-time test orders.
3. In addition to the information that is required for a Requisition Form, a Standing Order must include the frequency that testing is expected to occur and duration of the Standing Order.
4. If the details of an existing Standing Order need to be changed, a new Standing Order must be completed by the Referring Practitioner and a notation made to indicate it is a replacement of the original.

Duration and Expiry of Standing Orders

1. The maximum time-period for any Standing Order is twelve (12) months. If no expiry date is identified, the default is twelve (12) months.
2. The duration of a Standing Order starts on the Effective Date indicated on the Requisition Form. If no Effective Date is stated, then the date the Requisition Form is received by the Operator becomes the Effective Date.

REVIEW & QUALITY IMPROVEMENT

1. PLMS is responsible for the review of this policy and forwarding recommendations for changes to the Ministry.
2. The policy will be reviewed at a minimum every two years from January 1, 2024, or as required.
3. The policy may also be reviewed and amended by the Ministry, in consultation with relevant stakeholders.

CROSS REFERENCE

Physicians' Newsletter, Spring 2003, published by the Medical Services Plan for Medical Practitioners.

Medical Services Commission Communique (published July 26, 1996)

AUTHORITY

Laboratory Services Act, Sections 16, 23, and 36

REFERENCE

Laboratory Services Regulations, Sections 13, 14(2a), 16

Guidelines

Managing Records

1. Standing Orders should be kept and managed by the Operator as part of the clinical record.

Discontinuation of Standing Orders

1. Standing Orders are not transferrable to other Referring Practitioners.
2. When a Referring Practitioner leaves their practice in B.C., communication to Operators is required to cancel any active Standing Orders.
3. An Operator may cancel a Standing Order if a Standing Order has expired or when the Referring Practitioner number is no longer active. In this situation, the patient will be asked to contact the Referring Practitioner.
4. Referring Practitioners should notify their patients of expired or cancelled Standing Orders.
5. Operators should inform patients of Standing Order cancellations from a practitioner without an active license.

Frequency of Testing

1. Outpatient laboratory orders are only to be used for non-urgent or ambulatory conditions.
2. Standing Orders are to be used for routine testing (i.e., tests that are repeated at regular intervals).
3. Operators require the frequency of testing to be clearly defined on Standing Orders (i.e., daily, weekly, or monthly). Frequencies listed as "PRN" (pro re nata) will be managed at the discretion of the Operator.

Post-Dating a Standing Order

1. The Effective Date of Standing Orders may be post-dated so that the Standing Order becomes active at a future time.
2. The Effective Date of a post-dated Standing Order should be no more than six (6) months past the date the Standing Order was completed by the Referring Practitioner.

Multiple Standing Orders for a Single Patient

1. Multiple Standing Orders can be completed for a single patient. Referring Practitioners should be aware of multiple standing orders on their patients, as well as ask their patient if they have any other standing orders from other practitioners, in order to minimize blood draws.
2. If a single patient has multiple Standing Orders for tests which should be performed at different frequencies, separate Standing Orders should be completed for each frequency of testing required.
3. If a patient has multiple Standing Orders or one-time orders with the same test requests, the Operator may minimize the amount of blood drawn from the patient by identifying one practitioner (usually the one requesting most of the repeated tests) as “most responsible”, with all other practitioners copied on the test results.