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	<b>PROTOCOL ORDERS</b>	<b>Effective Date:</b>	<b>06-18-15</b>
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## I. SCOPE:

This policy applies to (1) Tenet Healthcare Corporation and its wholly-owned subsidiaries and affiliates (each, an “Affiliate”); (2) any other entity or organization in which Tenet Healthcare Corporation or an Affiliate owns a direct or indirect equity interest greater than 50%; and (3) any hospital or healthcare facility in which an Affiliate either manages or controls the day-to-day operations of the entity (each, a “Tenet Entity”) (collectively, “Tenet”).

## II. PURPOSE:

The purpose of this policy is to standardize the process for accepting and establishing protocol orders for tests or services provided by all Tenet Entities in the hospital inpatient, hospital outpatient department or provider based setting.



## III. DEFINITIONS:

- A. **“Physician”** means, in the context of this policy, a medical doctor or any licensed independent practitioner who is authorized by state law to order tests or services and/or legally accountable for establishing the patient’s diagnosis.
- B. **“Protocol”** means a treatment regime or standardized specifications for care of any patient having a specifically-defined care need (*e.g.*, an order for transfusion of blood or blood products will precipitate multiple laboratory tests to determine blood compatibility). A Protocol directs patient care in the absence of a Physician order; the Protocol is a suggested guideline of services which might be performed for patients with a given condition. Protocols must be valid and approved in accordance with the Tenet Entity’s Medical Staff bylaws, rules and regulations, state and federal regulations and rules of accrediting organizations. An appropriate Protocol allows patient care staff to initiate orders or care in absence of the Physician but does not imply there can be an automatic, linked or exploding condition in the information system to automatically order a test or service.
- C. **“Protocol Orders”** mean orders for chargeable tests or services within a valid, approved Tenet Entity Protocol.

## IV. POLICY:

Each Tenet Entity must only accept Protocol Orders that have been approved by its Medical Staff. The Medical Staff must review and approve Protocol Orders prior to implementation and then at least annually.

## V. PROCEDURE:

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A. Tenet Entity Implementation

1. Tenet Entity staff may initiate a Protocol Order without a physician order; however, once they have initiated the Protocol Order, the Physician must authenticate, date and time the Protocol Order. The sole exception to this requirement is Medical Staff-approved vaccine Protocol Orders, which registered nurses may initiate without a physician order and which a physician does not need to authenticate. The Protocol and Protocol Order must be retained in the medical record.
2. Each Tenet Entity must have a process in place to manage Protocol Orders, including initial and annual review by its Medical Staff. All Medical Staff approvals must be based on clinical indications and not on convenience. Clinical indications should be evidence-based, as documented in peer-reviewed journals or professional medical society materials.
3. Each Tenet Entity must have a process in place to ensure Physicians are notified of the requirements of this policy at the time of initial application to the medical staff and on an annual basis thereafter. (See [Regulatory Compliance policy COMP-RCC 5.09 Laboratory Annual Notice](#).)

B. Auditing and Monitoring



Audit Services will audit adherence to this policy.

C. Responsible Person

Clinical Department Directors (including, but not limited to, Laboratory, Respiratory Therapy, Nursing, etc.) with approved Protocol Orders are responsible for ensuring that all individuals adhere to the requirements of this policy, that these procedures are implemented and followed at the Tenet Entity, and that instances of noncompliance are reported the non-adherence to the Compliance Officer.

D. Enforcement

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include

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modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

**VI. REFERENCES:**

- [Regulatory Compliance policy COMP-RCC 5.01 Orders for Outpatient Tests and Services](#)
- [Regulatory Compliance policy COMP-RCC 5.09 Laboratory Annual Notice](#)