

Report on Medicare Compliance Volume 31, Number 18. May 16, 2022 Standing Orders May Be Ripe for Review for CoP Compliance; There's a Risk of 'Overuse'

By Nina Youngstrom

Because anticoagulation services are provided to patients for months or years at a time, they're a good candidate for the use of standing orders. Although a physician initiates a standing order, the services are carried out by nurses and other staff, who assess the patients, check their prothrombin time and adjust their medication based on a protocol, a compliance expert said. Without oversight, however, providers may run afoul of the hospital Medicare conditions of participation (CoPs) because standing orders, protocols and order sets for administering drugs, providing treatment and performing diagnostic tests must be periodically reviewed and approved by the medical staff and hospital leadership and meet other requirements that may fall by the wayside or be misunderstood.

"Once you have atrial fibrillation, you have to stay anticoagulated forever, but what happens is you might have that standing order in place from three years ago without anyone questioning it," said Amy Gendron, director of clinical and regulatory compliance and integrity at Trinity Health, a system based in Livonia, Michigan. "Health care systems should have a limitation on the validity of a standing order. Six or 12 months is the maximum duration any standing order should be valid for." Medical staff bylaws should define limitations and expectations for standing order reviews, which must be aligned with state and/or federal laws, she noted.

This document is only available to subscribers. Please log in or purchase access.

[Purchase](#) [Login](#)