

Verbal/Telephone Order Authentication and Time Frames (2001)

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It is important for a healthcare facility to review and understand all applicable federal and state laws and accreditation standards when developing policies and procedures for acceptance and authentication of verbal and telephone orders. This practice brief outlines the laws and standards that apply to verbal and telephone orders as well as the time frames for authentication.

In general, the federal regulations and accreditation standards do not prescribe a specific time frame for authentication. This information is usually in state licensure regulations. "Federal Regulations and Joint Commission Standards for Verbal/Telephone Orders" outlines the documentation requirements for verbal and telephone orders found in federal regulation and Joint Commission accreditation standards. "State Regulations for Verbal/Telephone Orders" is a compilation of state laws that outline specific requirements at the state level for acceptance and authentication of verbal and telephone orders.

Consider the following steps when researching regulations and standards for development of organizational policy and procedures pertaining to acceptance and authentication of verbal/telephone orders:

- research applicable federal regulations. Not all healthcare settings are governed by federal law. If your organization does not fall under federal law, use accreditation standards, state regulations, and professional practice standards in policy development
- if your organization is accredited by a third party such as the Joint Commission on Accreditation of Healthcare Organizations, research applicable standards pertaining to verbal orders. Even if you are not accredited, standards similar to your setting can provide a foundation for establishing procedures
- search all applicable state statutes to determine if there are state regulations governing your practice setting. Some states have regulations by practice setting, while others have general statutes pertaining to licensed healthcare facilities
- when developing policies, make sure that they meet all laws and standards. This usually means developing a procedure to meet the most stringent requirements required by law or standard. For example, if state regulations require verbal orders to be signed within 48 hours but accreditation and federal law do not specify a time frame, your organization should develop a procedure that meets the state law in the absence of a law or standard for acceptance and authentication of verbal/telephone orders, create policies that follow professional practice standards. Most practice settings have laws and standards that require clinical records to be complete, accurate, and timely. Your facility policies should address these issues and determine the time frame in which verbal and telephone orders are to be authenticated

Federal Regulations and Joint Commission Standards for Verbal/Telephone Orders

Practice Setting	Federal Regulation	Joint Commission Standard
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Hospitals, hospital-based outpatient services, specialized rehabilitation facilities/units	42 CFR 482.23(c) (2): All orders for drugs and biologicals must be in writing and signed by the practitioner or practitioners responsible for the care of the patient as specified under 482.12(c). When telephone or oral orders must be used, they must be (1) accepted only by personnel that are authorized to do so by the medical staff policies and procedures, consistent with federal and state law; (2) signed or initialed by the prescribing practitioner as soon as possible; and (3) used infrequently.	IM.7.7: Verbal orders of authorized individuals are accepted and transcribed by qualified personnel who are identified by title or category in the medical staff rules and regulations. Intent: Practitioners often give orders verbally in the course of patient care. The quality of patient care may suffer if such orders are not received and recorded in a standard way. Each verbal order is dated and identified by the names of the individuals who gave it and received it and the record documents who implemented it. Individuals who receive verbal orders are qualified to do so and are authorized by the medical staff to do so as identified by title or category of personnel. When required by state or federal law and regulation, verbal orders are authenticated within the specified time frame.
Long-term care facilities	42 CFR 483.40: A physician must personally approve in writing a recommendation that an individual be admitted to a facility. 42 CFR 483.40(b): The physician must (1) review the resident's total program of care, including medications and treatments, at each visit; (2) write, sign, and date progress notes at each visit; and (3) sign and date all orders.	IM.7.7: Verbal orders of authorized individuals are accepted and transcribed by designated qualified personnel. Intent: Processes for receiving, transcribing, and authenticating verbal orders are established to protect the quality of care to the resident. Qualified personnel are identified and authorized to receive and record verbal orders. Each verbal order is dated and identified by the names of the individuals who gave it and received it. The record indicates who implemented it. When required by state or federal law and regulation, verbal orders are authenticated within the specified time frame.
Behavioral health care facilities	42 CFR 482.60: Requires psychiatric hospitals to comply with the federal regulation for hospitals 482.23 listed in above.	IM.7.7: Every clinical record entry is dated, its author identified, and, when necessary, authenticated. Intent: The organization has a way of ensuring that only authorized individuals make entries into clinical records; identifying the date and author of every entry in the clinical record; and enabling the author to authenticate an entry to verify that it is complete, accurate, and final. The author authenticates those entries required by organization policy. The organization ensures that, at a minimum, entries of histories and physical examinations, evaluations and assessments, progress notes, medication orders, and discharge summaries are authenticated. Other entries are authenticated as specified by organization policy or as required by state or federal law and regulation. Organizations establish policies and mechanisms to assure that only an author can authenticate his or her own entry. Indications of authentication can include signatures or initials, rubber-stamps, and computer "signatures" (or sequence of keys).
Ambulatory care facilities	See hospital regulations above if providing hospital-based outpatient services.	IM.7.7: Verbal orders of authorized individuals are accepted and transcribed by designated qualified personnel. Intent: Processes for receiving, transcribing, and authenticating verbal orders are established to

		protect the quality of patient care. Qualified personnel are identified, as defined by organization policy and as appropriate, in accordance with state and federal law, authorized to receive and record verbal orders. Each verbal order is dated and is identified by the names of the individuals who gave it and received it, and the record indicates who implemented it. When required by state or federal law and regulation, verbal orders are within the specified time frame.
Medicare-certified ambulatory surgical treatment facilities	Regulations do not contain specific language related to physician order authentication and time frames.	Same as ambulatory care standards, plus: Orders given orally for drugs and biologicals must be followed by a written order, signed by the prescribing physician.
Home Health Agencies	Home health agency Medicare manual (Publication 11), 204.2E: Use of Oral (Verbal) Orders: When services are furnished based on a physician's oral order, the orders may be accepted and put in writing by personnel authorized to do so by applicable state and federal laws and regulations, as well as by the home health agency's (HHA) internal policies. The orders must be signed and dated with the date of receipt by the registered nurse or qualified therapist (i.e., physical therapist, speech-language pathologist, occupational therapist, or medical social worker) responsible for furnishing or supervising the ordered services. The orders may be signed by the supervising registered nurse or qualified therapist after the services have been rendered, as long as HHA personnel who receive the oral orders notify that nurse or therapist before the service is rendered. Thus, the rendering of a service that is based on an oral order would not be delayed pending signature of the supervising nurse or therapist. Oral orders must be countersigned and dated by the physician before the HHA bills for the care, in the same way as the plan of care.	IM.9.15: Each home care record contains authenticated, legible, and complete physician orders, as appropriate and as required by law and regulation. Intent: When a signed order is required, it is authenticated (signed with date of signature) by the physician or other authorized individual generating the order. The order is authenticated and received within the time frame defined by the organization or according to law and regulation. The organization has established a system for timely receipt of authenticated physician orders, when required by law and regulation.
Hospice services	Regulations do not contain specific language relating to physician order authentication and time frames.	
End-stage renal disease treatment centers	Regulations do not contain specific language relating to physician order authentication and time frames.	
Healthcare networks		IM.3.2.1: Member health records are periodically reviewed for completeness, accuracy, and timely completion of all necessary information. Intent: The network requires that components conduct periodic reviews that address the presence, accuracy, and timely completion, and, when necessary, authentication of the following data and information, as appropriate:

		diagnostic and therapeutic orders. The network ensures that components and practitioner sites have a system in place to identify the authors of all entries in the health record and for the authors to authenticate entries in accordance with state and federal law.
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To download a printable version of the new regulations pertaining to verbal/telephone orders by state in *.PDF format, [click here](#). (You must have Adobe Acrobat Reader in order to view and print the document to download the software for free, go to:

<http://www.adobe.com/products/acrobat/readstep.html>)

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