

UW DFM Policy

<input checked="" type="checkbox"/> Clinical Operations <input type="checkbox"/> Executive Council <input type="checkbox"/> Administrative <input type="checkbox"/> Other	Effective Date:	<input type="checkbox"/> Original <input type="checkbox"/> Revision	Page ____ ____	Policy #
Title: Co-Sign				

A. Purpose

This policy provides guidelines for required co-signatures of medical record documentation by health care providers and clinical staff.

B. Definitions

Co-Sign (Co-signature): A co-sign represents a health care provider’s acknowledgement of work performed by for a patient on a provider’s behalf or under a provider’s supervision. In Health Link, co-sign messages are electronically routed to providers’ InBasket “Co-Sign” folders.

C. Policy

1. Physicians currently co-sign all prescription renewals, verbal orders, standing orders or protocols carried out and documented by MAs, RNs, LPN’s, PAs, and residents on their patients within 48 hours (weekend days excluded) of the service being provided or receipt of dictation. (Please see DFM Policy: Past Due Charts, CoSigning Orders.)

2. **Effective 1/6/2009, DFM/UWMF will change Health Link security for PAs and RNs.** As a result, Health Link encounters will no longer require a co-sign by a physician in order for a PA or an RN to close such encounters.

3. If a physician chooses to continue to review all work or require specified information to be shared by a PA or RN, the PA or RN will need to manually route information to the physician (at Phase 2 and Fully Live sites) or print and share (at RxPlus sites).

4. PAs and RNs are expected to use their best clinical judgment when determining if an encounter needs to be shared with a physician for review, feedback, and/or co-sign.

5. Newly hired RNs, APNPs, PAs, and float staff will be expected to share information with physicians until given approval to stop doing so by the appropriate supervising physician. Approval will be made at the supervising physician’s discretion.

D. Procedure

1. Based on applicable Wisconsin laws and regulations, UWMF/DFM policies, credentialing, or scope of practice limitations, some activities of PAs, RNs, LPNs, and MAs must be approved or co-signed by a physician. Please contact the UWMF Legal Services Department at 821-4263 with questions or concerns not specifically addressed below:

(a) PAs:

PAs must check the order co-sign box in order entry when ordering a new medication or renewing recurrent medications that are not renewed per an approved protocol. The supervising physician will receive a medication co-sign message with all encounter information included in the medication co-sign folder. The supervising physician must review and co-sign these messages.

(b) RNs:

(1) Initiating an Approved Protocol: RNs can initiate application of an approved protocol but **must manually route** to a physician any Health Link encounters regarding application of a protocol, to document a physician's approval of application of the protocol to a specific patient.

(2) Medication Renewal by Protocol: RNs can renew medication orders that were originally signed by a physician without a physician co-sign, and may manually route the medication renewal request to a physician for clarification or advice if needed.

(3) Non-Protocol Medication Renewal AND Medication Renewal for Medications originally Signed by APNPs or PAs: RNs **must pend orders** for non-protocol medication renewals and orders for renewals of medication orders that were originally signed by APNPs or PAs. Orders for non-protocol medication renewals must be **manually routed to a physician** for authorization. Orders for renewals of medications that were originally signed by APNPs or PAs must be **manually routed to the appropriate provider** for authorization.

(4) Verbal Orders: By policy, RNs can take verbal orders in emergency situations or when an physician, APNP, or PA is not physically present. These orders **must be sent for co-sign** by the appropriate provider.

(5) Telephone Encounter – Not Requiring Action by a Physician, APNP, or PA: RNs can provide advice within the scope of their practice via phone without a physician co-sign.

(6) Telephone Encounter – Requiring Action by a Physician, APNP, or PA: RNs will **manually route these encounters** to the appropriate provider (at Phase 2 and Fully Live sites) or print and share (at RxPlus sites).

(7) Nurse Office Visit – Not Requiring Action by a Physician, APNP, or PA: RNs can provide care within the scope of their practice without a physician co-sign.

(8) Nurse Office Visit – Requiring Action by a Physician, APNP, or PA: RNs will change the visit provider for the encounter to the appropriate provider; the appropriate provider will then complete and close the encounter.

(c) **LPNs / MAs:**

LPN and MA work is automatically routed to the appropriate health care provider for approval or co-sign.

E. References

1. UWMF / DFM / "UW Health" Ambulatory RN, LPN, MA Workflow Grid (Updated 11/19/08; Attached).
2. UW Health Operational FAQs Regarding Co-signs in Health Link (Updated 11/14/08; Attached).
3. Instructions regarding 'How to Send Medication Co-signs to Faculty Providers' and 'Co-sign Meds and Co-sign Orders Folder (Updated 11/19/08; Attached).
4. UW Health Ambulatory Care Guidelines (Updated 2004; Attached).
5. UWMF Policy: Past Due Charts, CoSigning Orders (https://uconnect.wisc.edu/servlet/Satellite?cid=1126646955767&pagename=B_EXTRANET_UWHC_POLICIES%2FFlexMember%2FShow_Policy&c=FlexMember&root=uwmf).
6. Please contact the UWMF Legal Services Department (821-4263) with additional questions or concerns.

F. Author & Review

Sponsor:	Health Link Operations WorkGroup
Review:	Lori Hauschild, Director of Clinic Operations / Primary Care
	Sue Kaletka, DFM Director of Clinical Care Services
	UWMF Legal Services
Committee Approval:	Health Link Operations WorkGroup
Approved by:	Sandy Kamnetz, DFM Vice Chair for Clinical Care

Sandra A. Kamnetz M.D.

12/12/08

Sandy Kamnetz, MD
Vice Chair for Clinical Care

Date