Standard:	Delegation, Orders and Directives
Reference #:	STCMO_C09252013
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College of Midwives of Ontario
Ordre des Sages-femmes de l'Ontario

DELEGATION, ORDERS AND DIRECTIVES

Purpose

This document sets the minimum standard for midwives with respect to delegation, orders and directives. It aims to support midwives in their ability to coordinate and deliver optimal care for their clients in interprofessional environments.

Midwifery standards of practice refer to the minimum standard of professional behaviour and clinical practice expected of midwives in Ontario.

Definition of Terms

An **order** is a written or verbal direction from a regulated health professional with legislative ordering authority (authorizer) that allows performance of a procedure by another (implementer).

An order can be in the form of a **directive** (sometimes called a medical directive) or a **direct order**.

Directives are developed and approved in advance by a group of health professionals identified as authorizers and implementers of the directive. Directives are always written and enable implementers to decide to perform ordered procedure(s) under specific conditions, without the direct assessment by the authorizer at the time. For example, midwives and nurses working together in a hospital may create a written directive whereby midwives authorize nurses to conduct bilirubin tests on hospitalized newborns who present with jaundice within 24 hours of birth. The midwife does not need to perform a direct assessment of the newborn in order for the nurse to perform the procedure.

A **direct order** relates to a specific client for whom an authorizer has made an assessment that an ordered procedure is necessary. A direct order includes physical assessments, prescriptions, requisitions, requests for consultation, and referrals for treatment. For example, midwives may document a direct order in a postpartum

client's hospital record to assess vitals every 4 hours. A direct order may or may not include a delegation.

Direct orders are usually written but verbal or electronically transmitted orders may be necessary in some circumstances, such as when a midwife is not in hospital but has called to request that a necessary procedure be performed. Due to the potential for error and liability issues, verbal orders must only be used in situations when the authorizer is not present to document the order in the client's record. When a midwife provides a verbal order, she must document the order in a separate record and include it in the client's original record at her first opportunity.

It is important to clarify that an **order** relates to the *performance of a procedure* and not to the *person* performing the procedure. Regulated health professionals cannot be ordered to perform procedures. It is the duty of the health professional to first determine if performing the procedure is appropriate from their clinical perspective. If it is, they can proceed with performing the procedure. If not, they are expected to refrain from performing the procedure and to take the appropriate steps to address the patient's interests.

Delegation is a formal process by which a regulated health professional, who is both competent and authorized to perform a controlled act[1], delegates the performance of the controlled act to another individual who is *not* authorized by legislation to perform it. Delegation involves a transfer of authority and must only occur when an individual accepting the delegation is adequately trained and competent to perform the controlled act. For example, a midwife who is adequately trained, competent and certified in first assists for cesarean births may receive the delegated authority from a qualified physician to perform the controlled act of placing an instrument, hand or finger into an artificial opening into the body.

Teaching is not equivalent to delegation because it does not involve the transfer of authority to perform a controlled act. Midwifery candidates enrolled in the Ontario Midwifery Education Program (MEP), the International Midwifery Pre-Registration Program (IMPP) or in a formal Aboriginal Midwifery Training Program acceptable to the College may perform controlled acts under the supervision or direction of a registered midwife in accordance with CMO standards.

[1] Authorized in the *Regulated Health Professions Act* (1991)

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Standard

In the course of engaging in the practice of midwifery, a midwife may **accept** direct orders, directives and delegations from regulated health professionals with legislative ordering authority. However, it is the midwife's responsibility to accept any direct order, directive or delegation in accordance with midwifery standards of practice, the *Midwifery Act (1991)*, the *Regulated Health Professions Act (1991)*, or the regulations under either of those acts. It could be considered professional misconduct if the midwife:

- Fails to maintain a standard of the profession.
- Provides or attempts to provide services or treatments that the midwife knows or ought to have known was beyond his/her knowledge, skills or judgment.
- Fails to inform the physician of his/her inability to accept responsibility of the procedure for which the member is not adequately trained, certified or competent to perform without supervision.

In the course of engaging in the practice of midwifery, a midwife is authorized to **provide** direct orders, directives and delegations. However, it is the midwife's responsibility to provide direct orders, directives and delegations in accordance with midwifery standards of practice, the *Midwifery Act (1991)*, the *Regulated Health Professions Act (1991)*, or the regulations under either of those acts. It could be considered professional misconduct if the midwife:

- Fails to maintain a standard of the profession.
- Provides a direct order, directive or a delegation of a controlled act to a member of the health care team (regulated or unregulated) for which he/she is not adequately trained or competent to perform.