

CORPORATE POLICY

Manual/Library Name: Clinical Operations	No: CO-3.009
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Title: Automatic Stop Orders	Effective Date: 09/22/2021
	Previous Versions: 05/30/19, 09/19/16, 01/26/12, 06/07/10
	Approved By: Executive Leadership Team
	Approval Date: 09/20/2021

I. Scope:

This policy applies to Tenet Healthcare Corporation and its subsidiaries and affiliates other than Conifer Holdings Inc. and its direct and indirect subsidiaries (each, an “Affiliate”), any other entity or organization in which Tenet or an Affiliate owns a direct or indirect equity interest of greater than 50%, and any entity in which an Affiliate either manages or controls the day-to-day operations of the entity (each, a “Tenet Entity”) (collectively, “Tenet”).

II. Purpose:

To ensure that there is a means by which facilities operated by Tenet Entities (each a “Facility”) re-evaluate and review all medications on a consistent basis and that the Facility shares this information with the prescriber.

III. Definitions:

Automatic Stop Process: Refers to a mechanism within the Electronic Health Record (EHR) where medications have a defined duration and will automatically be discontinued at that time without active intervention from a prescriber.

Hard Stop: Refers to the mechanism where a medication is discontinued automatically within the EHR at the defined date and time.

IV. Policy:

The Facility will ensure safe administration of medications through the Automatic Stop Process. Medications that should be included, at a minimum, as part of the Automatic Stop Process are included in Table 1.

Table 1 (Hard Stop Medication List)

Medication	Duration	Medication	Duration
Acetaminophen (injectable)	24 hours	Ketorolac	5 days
Albumin	48 hours	Meperidine	2 days
Alvimopam	7 days	Methocarbamol (injectable)	3 days
Calcitonin (injectable)	48 hours	Tedizolid	6 days

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V. Procedure:

- A. The Automatic Stop Process is a Hard Stop. The Facility may define additional Hard Stop medications after approval by the Pharmacy & Therapeutics and/or Medical Executive Committees.
- B. Hard Stops may be superseded by a provider order to continue for a specified period of time past the timeframes defined in Table 1.
- C. Notifications by one or more of the means listed below will alert the provider, and nursing staff where applicable, that a medication with a Hard Stop has reached the end of its specified duration. Notification methods may include (but are not limited to):
 1. Messaging or alerting functionality within the EHR
 2. Chart flag (e.g. stickers within the patient’s chart)
 3. Directly by pharmacy department personnel
- D. Continuation of the medication shall only occur per a new order by a provider with a defined duration. If a provider does not create a new order for the medication, then the Facility will not make it available for administration past the original order stop date and time.
- E. Prescribers shall not prescribe medications for an indefinite period of time (e.g., “continue until further notice” or “continue until discharge”). Prescribers must review all medications and providers must re-order all medications according to the time established in accordance with this policy but, in all events, at least every 30 days.
- F. Prescribers shall review medication orders at all transitions of care (e.g. patients transferred to a different level of care or patients undergoing surgery) and either continue or discontinue each medication at each transition. The pharmacy shall not accept orders such as “continue all medications” or “discontinue all medications.”

VI. 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



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to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

VII. References:

Medicare Conditions of Participation