 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p><b>FAMILY MEDICINE PRIMARY CARE OPERATIONAL GUIDELINES</b></p>	<b>Operational Guideline:</b> <i>Electronic Signatures</i>	<b>Guideline Number:</b> <i>PCOG # 34</i>
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## Appendix A - Medical Directive - Electronic Signatures

A medical directive is a prescription for a procedure, treatment, of intervention that may be performed for a range of patients who meet certain conditions. It is not patient specific. The medical directive identifies a specific treatment or range of treatments, specific conditions that must be met and any specific circumstances that must exist before the directive can be implemented. A medical directive is always in written format. Medical directives are reviewed and authorized annually. It is the responsibility of Prescribers, Delegates and Clinical Support Staff to read and agree to follow the medical directive and agree with the conditions and responsibilities as specified in the Family Medicine Primary Care Operating Guideline - Electronic Signatures.

### Responsibilities of the Prescribers issuing the Medical Directive:

Understand the rules and regulations of the Privacy Policy [Security and Storage of Personal Health Information 10.40.120](#) as per 4.1.3 which states, "Individuals who sign on to a computer must not leave the computer on in accessible areas when they leave their workstation. User password protocols must be in place and utilized. Where possible, automatic shut offs after a prescribed period of disuse should be programmed for all workstations." within the context of the C-EMR. CSIS to provide education to Prescriber, Delegates and Clinical Support Staff prior to witnessing the Prescriber capture their electronic signature. Education includes the following:

- User Passwords are not to be shared with anyone
- C-EMR automatic shut off of 30 minutes
- Default Fuzzy Lock Screen CSIS <http://home.wrha.mb.ca/prog/csis/provider.php>
- Understand the identified process of allowing the Delegate the ability to create prescriptions, forms and other documents for Prescribers
- Understand the identified process of allowing Clinical Support Staff the ability to create forms and other documents for Prescribers
- Understand the safe methods of electronic signatures (as outlined below) and the responsibility that is required by both the Prescriber, Delegate and Clinical Support Staff
  - Prescribers shall adopt and comply with the e-signature methods which are as follows:
    - Prescribers will complete their own prescriptions under their own user name in order to affix their signature to their own prescriptions
    - Prescribers will designate delegates to generate / create / complete forms and apply their signature on their behalf
  - Prescribers shall not adopt the e-signature methods within the EMR or with other applications (MS Word) which are as follows:
    - Prescribers will not allow delegates to log into the EMR with the Prescribers user name in order to complete prescriptions on their behalf
    - Prescribers will not import scanned images of a signature into a clinical note to represent their signature
    - Prescribers shall not use a pen or mouse as it is not encrypted as it can't be guaranteed the signature wasn't altered or removed by any user


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- Ensure you are aware of the appropriate resources available to consult with and/or intervene as required should mischief, suspicious or confirmed forgery occur as described in the PCOG #34 - Electronic Signatures
- Failure to comply will result in disciplinary action including e-signature being suspended or revoked

### **Responsibilities of the Prescriber Delegate implementing a Medical Directive:**

Understand the rules and regulations of the Privacy Policy [Security and Storage of Personal Health Information 10.40.120](#) as per 4.1.3 which states, "Individuals who sign on to a computer must not leave the computer on in accessible areas when they leave their workstation. User password protocols must be in place and utilized. Where possible, automatic shut offs after a prescribed period of disuse should be programmed for all workstations." within the context of the C-EMR. CSIS to provide education to Prescriber, Delegates and Clinical Support Staff prior to witnessing the Prescriber capture their electronic signature. Education includes the following:

- User Passwords are not to be shared with anyone
- C-EMR automatic shut off of 30 minutes
- Default Fuzzy Lock Screen CSIS <http://home.wrha.mb.ca/prog/csis/provider.php>
- Understand the identified process of being allowed as the Delegate the ability to create prescriptions, forms and other documents for Prescribers
- Understand the identified process of being allowed as the Delegate the ability to create forms and other documents for Prescribers
- Understand the safe methods of electronic signatures (as outlined below) and the responsibility that is required by both the Prescriber, Delegate and Clinical Support Staff
  - Delegates shall adopt and comply with the e-signature methods which are as follows:
    - Delegates will always log into the EMR using their own user name
    - Delegates will only attach a signature of a Prescriber to forms as directed by the Prescriber
  - Delegates shall not adopt the e-signature methods within the EMR or with other applications (MS Word) which are as follows:
    - Delegates will not initiate forms in the EMR unless by delegation of the Prescriber
    - Delegates will not import scanned images of a signature into a clinical note to represent the Prescriber's signature
    - Delegates shall not use a pen or mouse as it is not encrypted as it can't be guaranteed the signature wasn't altered or removed by any user.
- Ensure you are aware of the appropriate resources available to consult with and/or intervene as required should mischief, suspicious or confirmed forgery occur as described in the PCOG #34- Electronic Signatures
- Failure to comply will result in disciplinary action including e-signature being suspended or revoked

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### Responsibilities of the Clinical Support Staff implementing a Medical Directive:


Understand the rules and regulations of the Privacy Policy [Security and Storage of Personal Health Information 10.40.120](#) as per 4.1.3 which states, "Individuals who sign on to a computer must not leave the computer on in accessible areas when they leave their workstation. User password protocols must be in place and utilized. Where possible, automatic shut offs after a prescribed period of disuse should be programmed for all workstations." within the context of the C-EMR. CSIS to provide education to Prescriber, Delegates and Clinical Support Staff prior to witnessing the Prescriber capture their electronic signature. Education includes the following:

- User Passwords are not to be shared with anyone
- C-EMR automatic shut off of 30 minutes
- Default Fuzzy Lock Screen CSIS <http://home.wrha.mb.ca/prog/csis/provider.php>
- Understand the identified process of being allowed as Clinical Support Staff the ability to create forms and other documents for Prescribers
- Understand the safe methods of electronic signatures (as outlined below) and the responsibility that is required by both the Prescriber, Delegate and Clinical Support Staff
  - Clinical Support Staff shall adopt and comply with the e-signature methods which are as follows:
    - Clinical Support Staff will always log in to the EMR using their own user name.
    - Clinical Support Staff will only attach a signature of a Prescriber to forms as directed by the Prescriber
    - Clinical Support Staff will not import scanned images of a signature into a clinical note to represent the Prescriber's signature
  - Clinical Support Staff shall not adopt the e-signature methods within the EMR or with other applications (MS Word) which are as follows:
    - Clinical Support still will not initiate forms in the EMR unless by delegation of the Prescriber
    - Delegates shall not use a pen or mouse as it is not encrypted
- Ensure you are aware of the appropriate resources available to consult with and/or intervene as required should mischief, suspicious or confirmed forgery occur as described in the PCOG #34 - Electronic Signatures
- Failure to comply will result in disciplinary action including e-signature being suspended or revoked

I, the undersigned, fully understand, have read and agree to follow the medical directive and agree with the conditions and responsibilities as specified in the Family Medicine Primary Care Operating Guideline - Electronic Signatures.

Signed \_\_\_\_\_,  
(Designation)

Date \_\_\_\_\_

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Signed _____,	_____	Date _____
	(Designation)	
Signed _____,	_____	Date _____
	(Designation)	
Signed _____,	_____	Date _____
	(Designation)	
Signed _____,	_____	Date _____
	(Designation)	
Signed _____,	_____	Date _____
	(Designation)	
Signed _____,	_____	Date _____
	(Designation)	
Signed _____,	_____	Date _____
	(Designation)	
Signed _____,	_____	Date _____
	(Designation)	

I, the undersigned, have reviewed the conditions, responsibilities and am witness to confirm the signature of the Prescriber is representative of the signature captured as the electronic signature as specified in the Primary Care Operating Guideline - Electronic Signatures.

Printed Name of Witness \_\_\_\_\_,

Signature of Witness \_\_\_\_\_, \_\_\_\_\_  
(CSIS Designation of Witness)

Original: Prescriber's Contract File  
CC: Clinical Support Staff and Delegates File  
CSIS File