Improving Your Effectiveness by Focusing on the Quality of Your Dietetic Practice

The College has heard from several RDs who are overwhelmed by the number of clients they are asked to see. These dietitians are carrying large caseloads due to a variety of issues, including staffing constraints.

number of clients. Rather than refusing new clients, it may be more fruitful to concentrate on how to better serve them. To do this, RDs must look for ways to build capacity in their practices to manage challenging workloads.

HOW CAN RDS BE MORE EFFECTIVE WITH THE SAME OR FEWER RESOURCES?

As RDs, we have a professional obligation to provide safe, ethical and competent services to each and every client that we accept in our workloads. It is not acceptable to reduce the thoroughness of an assessment, intervention, follow-up or record-keeping in order to see more clients. This is supported by the *Dietetics Act*, 1991, Professional Misconduct Regulation, O. Reg. 680/93, which defines professional misconduct as:

- 5. Failing to maintain a standard of practice of the profession.
- 22. Failing to keep records as required.

The College fully appreciates the realities of today's healthcare system and the heavy workloads carried by many dietitians. RDs do have a responsibility to maintain quality services and can refuse to accept new clients when they cannot provide safe service.² However, in some practice settings, it is difficult or simply not possible to reduce the

BUILDING CAPACITY THROUGH QUALITY IMPROVEMENTS

One way to build capacity is through quality improvements. The illustration below shows the Six Quality Aims identified by the Institute of Medicine (National Academy Press: Washington, D.C., 2002), which are client safety, client-centered, effectiveness, efficiency, timeliness, and equity.³. Reflecting on these quality aspects, may help identify areas in your practice for quality improvements. Below are six suggestions for building capacity with these quality aims in mind.



1. Ranking Client Priority

Create a screening tool to rank client priority on nutrition risk and other indicators important to your practice setting. Alternatively, selected nutrition criteria may be added to a tool currently used by your healthcare team. When demand is high, having a clear policy for sharing the caseload between staff dietitians is also helpful.

2. Referring Clients Appropriately

Educate other healthcare professionals on appropriate RD referrals. Consider developing a referral tool and booking procedure to enable clear triaging of clients and appropriate referral pathways. You may want to get together with your colleagues to review your triaging policy, so that everyone is aware and using the same rationale for referring clients. Clear expectations can help build team collaboration.

3. Developing Skillful Communications

Focus on the quality, not the quantity, of time spent with your clients. Based on physician-patient interaction evidence, physicians with skillful, patient-friendly communication styles tend to have patients who have better health outcomes and are more satisfied with their care. These researchers concluded, "The most productive technique for time management is to improve the physician's communication skills." Extrapolating to dietetic practice, RDs who focus on building their communication skills — active listening, soliciting feedback, providing support, and establishing agreement — will have more impactful interactions with clients, regardless of the time available. 5

4. Engaging Clients

Clients who are more engaged in their health care do better. Engagement is defined as "actions individuals take to obtain the greatest benefit from the health care services available to them." Providing clients with preparation information or tools, such as an FAQ sheet or a food diary, prior to their first visit may promote engagement. Consider creating print and digital resource materials that support clients in your practice setting and are suitable for self-serve access by them.

5. Collaborating with Other Health Professionals

Strive to collaborate with the other health professionals. Work plan tools that focus on teams can help clarify roles, responsibilities and scope of practice of the various team members, thereby improving team collaboration. You can also consider assigning appropriate dietetic tasks to other competent team members to increase workload capacity.

6. Practising More Effectively

Assess your practice with a view to improving your own efficiency. Changing how you practice can build the greatest capacity. Here are some areas you may want to examine for improvements:

- Evaluate your current work routines and determine whether you can improve your work flow and increase productivity.
- Appraise your record keeping process. Be wary of excessive record-keeping with redundant or unnecessary information. This can be a significant waste of time.
 Strive to produce clear, complete, accurate and timely documentation in a client health record.
- Work to develop a participatory decision-making communication style when interacting with clients.
- Build your personal resilience to practice more effectively by using resilient techniques such solution-focused thinking, setting limits and having realistic optimism.
- 1. Richard Steinecke & College of Dietitians of Ontario, *Jurisprudence Handbook for Dietitians in Ontario*, p. 3.
- 2. Carolyn Lordon. Extra Workload Responsibilities. *résumé* Spring 2008, p10-11.
- 3. Institute of Medicine. Crossing the Quality Chasm: A New System for the 21st Century, Committee on Quality of Health Care in America: Washington D.C., National Academy Press, March 2001.
- 4. Dugdale, D.C. et al. "Time and the Patient-Physician Relationship." J Gen Intern Med. Jan 1999; 14(Suppl 1): S34-S40.
- 5. Beckman H et al. "Getting the most from a 20-minute visit." Am J Gastroenterol. 1994 May;89(5):662-4.
- 6. Centre for Advancing Health, <u>www.cfah.org/engagement</u>
- 7. The College has several IPC resources, including the Interprofessional Collaboration (IPC) e-learning module (2013) and Building Capacity for Collaborative Leadership (résumé, Winter 2013). Go to www.collegeofdietiians.org and enter "interprofessional" or "IPC" in the search box.

Also see, Federation of Health Regulatory Colleges of Ontario, *Interprofessional Collaboration (IPC) eTool.* http://ipc.fhrco.org.