



A Framework for Managing Risk in Dietetic Practice

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Thank you to all the RDs who responded to the risk research survey, who participated in the focus groups, who attended and contributed to the Fall 2014 workshops, and who communicated with us online to ask questions and to share their experiences about managing risk of harm in their practice.

In keeping with its duty to protect the public, the College recently undertook research to identify areas where there could be potential risks of harm to clients in dietetic practice. In response to input from RDs who participated in the research surveys and focus groups, the College has developed a risk management framework (next page), applicable to all practice settings. The purpose of the *Framework for Managing Risks in Dietetics* is to help RDs identify a source of risk and the corresponding protective factors, and then implement the best protective solutions for safe, client-centred services.

Risk management is the analysis and control of risks. It is a methodical approach to recognizing the likelihood of risk (how often); analyzing the impact of the potential harm (how bad) to the client; and implementing strategies and processes informed by data, to identify and respond to circumstances that put clients at risk of harm.

It is not possible to eliminate all risks in dietetics, however, RDs have a duty to protect clients from risk of harm as much as possible. The framework presented in this article is based on principles of public protection including: safety, client-centred services, communication, accountability and compliance with professional and regulatory obligations.^{1,2} It has four steps for managing the risk of harm:

- 1) Find the Source of Risk and Analyse the Harm Characteristics;
- 2) Explore Protective Factors;
- 3) Apply the Best Protective Solutions;
- 4) Evaluate Experiences, Processes and Protective Outcomes.

1. FIND SOURCE(S) OF RISK AND ANALYSE THE HARM CHARACTERISTICS

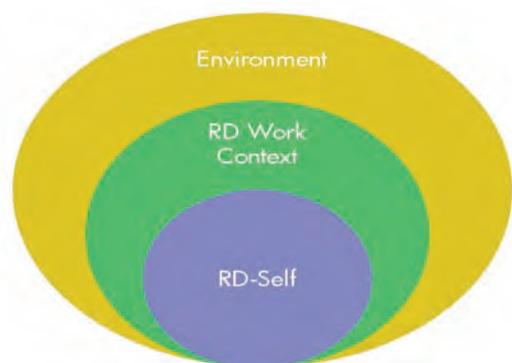
Based on RD responses to the College’s risk survey, risk of harm to a client can stem from the RD, the RD work context or the broader practice environment.

The RD-Self: lack of competence, high stress levels, lack of motivation and confidence.

The RD Work Context: issues related to complex nutrition support (e.g., enteral and parenteral feeding, diabetes management and dysphagia), issues with co-workers, dysfunctional interprofessional dynamics, heavy workload, and inadequate staffing and resources.

Environment and System Limitations: confusion over the RD/nutritionist title, lack of staffing ratio guidelines, outdated dietetic standards, increased client quotas, lack of funding in public health and community programs.

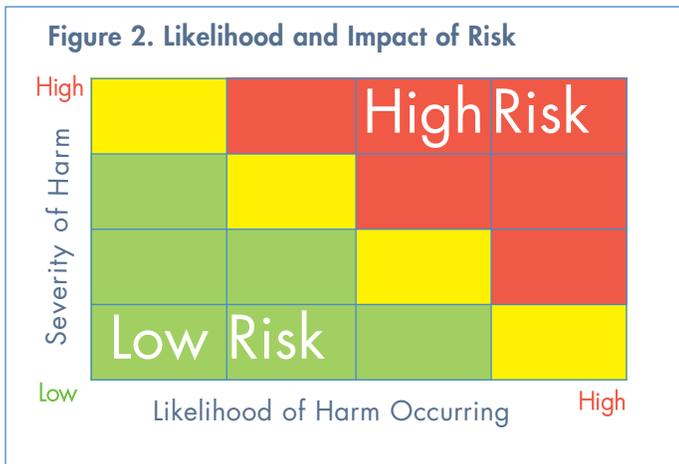
Figure 1. Risk of harm can stem from the RD, the RD work context or the practice environment.



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College of Dietitians of Ontario Framework for Managing Risks in Dietetics

STEPS TO MANAGING RISK	REFLECTION
<p>1. Find Source(s) of Risk and Analyse the Harm Characteristics</p> <p>Gather and analyse all the information relevant to the risk of harm. Then, analyse the situation to find the source or sources of risk.</p>	<ul style="list-style-type: none"> Identify the source(s) of the risk: a) the RD-Self (competence, confidence, motivation, stress level, judgement); b) RD work factors (issues with co-workers, interprofessional relations, workload, staffing, organizational policies, team mandates, client complexity); and/or c) environmental factors (systems limitations, public misunderstanding, lack of overarching standards, and funding).. Identify risk of harm characteristics: a) type of harm; b) the likelihood of the risk (rare, unlikely, possible, almost certain); c) frequency (almost never, sometimes, everyday, monthly, always); d) impact or severity of harm (low, moderate, high, extremely), e) duration (one time, short, long or indefinite period of time). Determine whether the risk of harm is perceived (irrational beliefs or emotions) or rational? Our explanation (to ourselves) about why the situation happened can help or hinder our ability to manage risk. To determine if the risk of harm is perceived or rational: a) define the worst case scenario, the best case scenario and identify the most likely outcome; b) consider whether your personal assumptions and beliefs are having an effect on the situation.
<p>2. Explore Protective Factors</p> <p>Assess all potential protective factors and explore the best solutions to mitigate risk. Some might already be in place or you may need to develop a new protective factor, such as, an advanced practice skill, a policy or standard.</p>	<ul style="list-style-type: none"> Assess the various protective factors that would best mitigate the risk of harm in this situation. Protective factors can be individual (RD competencies (skills, abilities, professional judgement) and/or environmental (processes, structures, policies, resources or controls). The RD must have the competence to respond to the risk in a timely manner. Although RDs may be competent to respond in a situation, individual factors (abilities, traits, goals, values, inertia, time available, stress, etc.) may hamper their ability to do so and expose clients to risk of harm. Asking for help may be an important protective factor. Protective factors in place or to be developed must protect a client's right to autonomy, respect, confidentiality, dignity, and access to information or increase safety, effectiveness of treatment to reduce risk of harm. The protective factors must respect laws, regulations, and organizational policies and the professional boundaries of the client-RD relationship.
<p>3. Apply the Best Protective Solutions</p> <p>Apply the most relevant protective solutions for the delivery of safe, competent, and timely client-centred dietetic services.</p>	<ul style="list-style-type: none"> Protective risk responses must be client-centred and aligned with principles of public protection and safe dietetic practice. Deciding to do nothing may be a viable risk response, but avoiding a response or ignoring a risky situation may lead to harm or professional misconduct. Communication and networking may be necessary for the implementation of effective protective risk factors. Determine whether others (interprofessional care team, organization, regulatory college, professional association or other stakeholders) need to be involved in the decision-making process, development and implementation of the protective factors.
<p>4. Evaluate Experiences, Processes and Outcomes</p> <p>Reflect on and assess the experiences, processes and protective outcomes. This may mean challenging previous responses and decision-making to identify any cumulative impact.</p> <p>Ask good questions to get relevant answers.</p>	<ul style="list-style-type: none"> Was the risk to the client minimized or removed? Was client-centered care maintained? Was the decision-making process conducive to safe, competent and timely dietetic services? Are other potential protective factors desirable to further minimize the risks of harm (e.g., further education, training related to scope of practice framework for non-RDs, etc) Did the communication within the team maximize learning and sharing of risk management strategies, raise awareness and highlight the importance of managing risk of harm? Were the roles and responsibilities of team members clear with respect to managing risk of harm to clients?



Likelihood and Severity of Harm

Perception of risk varies from one RD to another depending on competence, work context and circumstances. While safety can be described as “Freedom from accidental injuries”³, risk of harm has two components: the likelihood or probability that actions, inactions or events will cause harm to a client; and the relative impact of the harm.^{4,5} What may be assessed as a high risk by one RD may be no more than a low risk for another.

Figure 2, *Likelihood and Impact of Risk*, is a simple graph to help assess risk of harm to clients: one dimension shows the likelihood of the harm occurring and the other dimension shows the potential severity of harm. Where likelihood and impact intersect on the graph represents the degree of risk:

- Low risk (green) requires quick and easy protective solutions, e.g., encrypting an e-mail response to a client to protect their health information.
- Moderate risk (yellow) requires more in-depth protective solutions, e.g., obtaining training or skills for safe practice, or obtaining a delegation to perform a controlled act.
- High risk (red) requires urgent corrective action, e.g., when the privacy of a client’s health information is breached, the client and the key stakeholders must be informed immediately of the breach and any corrective action taken.

2. ANALYSE AND EXPLORE PROTECTIVE FACTORS

Once the source or sources of risk have been identified, analyse the situation to determine whether the appropriate protective factors are in place to help manage the risk of harm to clients. If not, then explore the potential protective factors that can be developed or applied to best mitigate the risks. Protective factors can be classified in two groups:

1. **Individual Protective Factors:** RD competencies, including appropriate level of knowledge, skill, judgement, obligation and confidence to manage risk of harm.
2. **Environmental Protective Factors:** laws, regulations, organizational policies, communication and team collaboration strategies in place to mitigate risk of harm.

Example: RD Competence as an Individual Protective Factor

Not knowing what you don’t know is serious and may lead to unintended negative consequences. RDs who are not aware of their strengths and weakness or overestimate their abilities to manage risks can potentially cause serious harm to clients. For instance, an RD who is unaware that they are suffering from mental health issues or emotional stress may exhibit behaviours that could cause harm to clients. According to Maslow, *Adult learning Theory*, when you don't know that you don't know something, you are unconsciously incompetent and this poses a risk. When you become aware that you are incompetent in an area of practice, you have identified a potential risk of harm and are consciously incompetent. At this level, the risk can be addressed with the protective factor of developing the needed skill. When you develop the skill needed to address the risk of harm and are evaluating the situation you are consciously competent. RD competence, at this level, is a key individual protective factor for managing risk of harm.^{6,7}

Example: Mandatory report as an Environmental Protective Factor

Mandatory reporting for regulated health professionals is a good example of an environmental protective factor. The Ontario government laws and regulations requiring

mandatory reporting are environmental factors that help mitigate risk to clients. For example, a report under the *Child and Family Services Act* requires only reasonable grounds to "suspect", not "believe" that a child is suffering abuse or neglect is needed to trigger a report. This means that the degree of information suggesting that a child is in need of protection can be quite low. A dietitian would need to know the law and its application when reporting a situation where a child is at risk of harm.

Managing risk of harm to clients means being aware of the laws and regulations that govern dietetic practice in Ontario and keeping abreast of changes in the health care environment that may affect your practice.

3. APPLY THE BEST PROTECTIVE OPTIONS

Once you have explored the potential protective factors, apply the most appropriate measures to reduce or eliminate the risk of harm. Protective factors can address multiple risks and involve individual and environmental responses. Whatever the case, make sure the risk response is client-centred and aligned with the principles of public protection.

Choosing Nothing or Avoidance

There are many ways to respond to risk of harm. Choosing to do nothing can be a viable response in certain circumstances. However, ignoring a risk or avoidance of responsibilities may also lead to professional misconduct if a lack of risk response has caused harm to a client.

Context and Environment

There are aspects of dietetics that are routine and may be considered low or minimal risk. The risks may be acceptable as long as there are no better dietetic options available. However, acceptable or non-risky situations may become unacceptable under different circumstances. For example, an RD that has little experience and knowledge of total parental nutrition (TPN) may pose little risk of harm if her clients do not need this service.

However, if she moved to a different practice setting, like the ICU of a hospital, her lack of skills in managing TPN could prove a source of risk if steps were not taken for her to gain this competency.

Communication and Transparent Decision-Making

Choosing and implementing a risk response sometimes depends on communication and coordination among the interprofessional team members involved in client care. For example, when an RD's workload is increased due to staffing shortages, the likelihood of harm increases because the RD may not be able to see some clients, or may have to reduce the time allotted for each client. Potentially, this could lead to incomplete or inaccurate nutrition assessments or treatments.

The protective solutions, in this case, might include developing a triage system or a system of documentation to note the high or low priority clients, and which could be referred to others. In situations where the risk comes from the RD context or the environment, solutions would normally involve other team members. Under the *Code of Ethics*, dietitians have a duty to be collegial and make interprofessional relationships work.⁸ Involving team members in the discussions and decision-making maximizes interprofessional collaboration and buy-in for realistic and sustainable protective solutions. Collegial, interprofessional communications and transparent decision-making are environmental protective factors.

4. EVALUATE EXPERIENCES, PROCESSES AND OUTCOMES

Risk of harm can be addressed or prevented before it happens by evaluating the risk management strategies that were implemented in the past. Reflective practice is essential to capture the knowledge that was gained through the risk management experiences.

Experience is not the best teacher;
evaluated experience is.⁹

Learning from the risk management experience may mean communicating with clients, colleagues, interprofessional team members and other care staff to gain additional insights. Asking good questions to get relevant answers can maximize personal and team learning. Examples of good questions are: What did I learn about risk of harm and safe practice through this process? What did the team learn? How did the risk management strategies impact client safety? How can safe client-centred practice be maximized through what was learned individually and as a team? What role did the client, the RD, the team members play to maximize safety? What should we keep doing and what should we stop doing? What else?

Document the Risk Management Process

Documentation, reporting and disclosing risk strategies are helpful for preventing future risk of harm. Have effective record keeping systems in place to document risk factors, the potential impact of harm and the protective solutions that were implemented. Record the outcomes along with suggestions for improvement, if any.

Exercise due diligence and be disciplined in applying the *Framework for Managing Risks in Dietetics* to make sure that the appropriate protective factors and processes are in place to eliminate or mitigate risk of harm to clients in your practice.

THE FRAMEWORK ADDRESSES RISK OF HARM IN ALL AREAS OF PRACTICE

The risk management framework applies to all practice settings and to dietitians in all stages and years of practice. In particular, it is important for educating interns and new dietitians on how best to manage risk of harm in their practice. It is a methodical tool that helps RDs develop the discipline to stop, think, seek help, offer suggestions, build team knowledge and evaluate risk management outcomes for safe, competent and ethical dietetic practice. By continuously applying the framework,

RDs can build confidence and resilience when addressing risk of harm to clients in their dietetic practice.



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