



College of
Dietitians
of Ontario

Tel: 416.598.1725
Toll Free: 800.668.4990
Fax: 416.598.0274

5775 Yonge Street
Suite 1810, Box 30
Toronto, ON M2M 4J1

www.collegeofdietitians.org

December 19, 2017

Via Email and Regular Mail

Allison Henry, Director
Health System Labour Relations and Regulatory Policy Branch
Health Workforce Planning and Regulatory Affairs Division
Ministry of Health and Long-Term Care
56 Wellesley Street West, 12th Floor
Toronto ON M5S 2S3
Allison.Henry@ontario.ca

Dear Ms. Henry,

We are pleased to include our response to the Ministry of Health and Long-Term Care's request for information regarding the proposed scope of practice expansion to permit Registered Dietitians to directly order laboratory tests in support of nutrition care assessment and management. For your ease of reference, we have completed our submission using the format provided to us by the Ministry in relation to the Model for the Evaluation of Scope of Practice in Ontario (MESPO) Framework.

The College of Dietitians of Ontario appreciates the opportunity to work with the Ministry in helping to achieve its *Patient's First: Action Plan for Health Care*. We would like to thank the Ministry staff who have helped us in preparing this submission.

We trust this submission provides the requested information. However, if there is any additional information required or if there are any further questions, please do not hesitate to contact me at melisse.willems@collegeofdietitians.org or 416-598-1725 ext. 228.

Sincerely,

A handwritten signature in blue ink that reads "M. Willems".

Melisse L. Willems, MA, LLB
Registrar & Executive Director

Encl.

2017 College of Dietitians of Ontario Scope of Practice Change Submission

Scope of Practice Changes under consideration:

- 1) To order certain laboratory tests in community laboratories for nutritional assessment and maintenance
- 2) To order certain laboratory tests in hospitals for nutritional assessment and maintenance

Review of 2009 Submission

The Ministry of Health and Long-Term Care (the Ministry) has completed a preliminary review of the College of Dietitians of Ontario's (CDO) 2008 submission. Given the period of time that has elapsed since the drafting of the original submission and the Ministry's development of a new framework to evaluate scope of practice requests, the Ministry requests the following information in order to proceed with the review:

GENERAL INFORMATION:

Please provide the following information:

- 1. An updated list of laboratory tests the profession is requesting access to, the settings in which the tests would be used in (e.g. community practice, long-term care, acute care settings, etc.) and a brief description of the purpose of each test.**

Note: CDO typically refers to "clients" as the recipients of services from Registered Dietitians. Throughout this submission we will use the term "client" to mean "patient".

CDO is requesting that the authority for Registered Dietitians (dietitians) to order laboratory tests for nutrition assessment and monitoring be granted without a corresponding list of laboratory tests. We believe there is strong rationale for proceeding with this authority expansion without a list of laboratory tests defined in regulation.

Rationale for not proceeding with a list of laboratory tests

Laboratory testing can change quickly and often. Evolving research and technology often leads to improvements in laboratory testing that is more reliable and in the interest of safe, client-centered care. Based on best evidence, a once “gold-standard” test can be replaced with a new and more reliable one. In making this request, we are able to benefit from the hindsight of others. Other Colleges who regulate professions with laboratory test ordering authority in Ontario have indicated that the process for requesting changes to the list of laboratory tests is slow and complex. The time and resources required on the part of CDO, stakeholders and the Ministry to make regulation changes on a regular basis is neither achievable nor sustainable. Under the lens of a risk-based regulatory framework, a prescriptive list does not further protect the public from harm but rather introduces unintended consequences of delay, unequal access to care, and inefficient use of health care resources.

CDO does not feel there is an increased risk to the public to proceed without a list prescribed by legislation. Dietitians already work within the boundaries of the *Regulated Health Professions Act, 1991*, the *Dietetics Act, 1991*, the standards of practice of the profession and the limits of their individual competence. Dietitians are accountable and responsible for clients in their care and consult and coordinate care with additional or alternate providers when care the client requires exceeds their knowledge, skill and judgement. CDO would ensure that dietitians were aware that orders for laboratory testing, like all aspects of clinical care, are to be done only within the dietetic scope of practice.

Through this authority for dietitians, clients should have timely access to laboratory tests for nutrition assessment and monitoring. Clients should not be subjected to unnecessary system barriers in receiving quality dietetic care.

Physicians, dentists and nurse practitioners all have laboratory ordering authority without a detailed list prescribed in legislation. Nurse practitioners, once limited to ordering tests as set out in a list in Appendix A of the Laboratories Regulation under the *Laboratory and Specimen Collection Centre Licensing Act, 1990*, successfully requested the removal of their list in 2011 and are now permitted to order tests within their scope of practice as appropriate to client care. CDO is not aware of any meaningful difference between these professions and dietitians to justify proceeding with a different approach.

To address the question regarding the settings in which the laboratory tests would be used, the majority of the laboratory tests dietitians would be ordering for nutrition assessment and monitoring are not setting-specific. Rather, the tests would be specific to the condition which the dietitian is assessing and treating for nutrition care. As such, these conditions could span a variety of practice settings from acute

care hospitals, to community health centres and family health teams, long-term care homes and private practice, etc.

To assist with answering the questions posed by the Ministry, CDO sent a survey to members in November 2017. A total of 1534 dietitians (38% of total membership) participated in the survey. Through that survey, dietitians strongly indicated (96% of total respondents in favour, 3% unsure and 1% not in favour) that they are supportive of proceeding without a detailed list. Dietitians reported that they feel they have the necessary competence to work within their scope to only order the laboratory tests that are relevant to the specific clients' needs for nutrition assessment and monitoring.

2. Updated profile of the profession and its practice, specifically addressing the following considerations:

- **How many members are registered to practise with the college?**

As of November 15, 2017, there are 3989 members registered with CDO.

- **How many registered members will be impacted by this change?**

Answers provided to this and the following demographic questions come from information self-reported to the CDO by members. A total of 2602 members (65% of practising membership) reportedly work in one or more areas area of clinical practice (e.g. hospital or family health team) and may be impacted by this change.

- **Practice Setting (e.g. % of members practicing in community or acute settings)**

Table 1: Clinical Practice Settings Where Dietitians Work in Ontario

Practice Setting	Number of Dietitians	Percentage of Clinical Dietitians Who Work in Practice Setting
Hospital (including Chronic Care Institutions – adult and pediatrics)	1090	42
Long-Term Care Facility	494	19
Diabetes Education Centre	467	18
Family Health Team/ Family Health Network	339	13
Community Health Centre	275	11
Private Practice – Solo Office	273	10
Private Practice – Group Practice	142	5
Home Care Agency	113	4
Rehabilitation Centre	87	3
Mental Health and Addiction Facility	67	3
Cancer Care Centre	58	2
Occupational Health/Corporate Wellness	49	2
Assisted Living Residence/Supportive Housing	24	1

Note: For explanations of each practice setting, please refer to page 13 of CDO's Annual Renewal Guide.¹

- **Practice Characteristics (e.g. % in independent practice, % practicing in interprofessional teams)**

The majority of dietitians practicing in clinical nutrition work in interprofessional teams. Only those dietitians who work in private practice – solo (see above, 273 or 10%) would be practicing independently.

- **Geographical Distribution (e.g. % practicing in rural/remote locations, % in urban locations)**
 - 80% of dietitians work in urban population centres (1,000 people or greater and a density of 400 or more people per square kilometre)²
 - 20% of dietitians work in rural areas
- **General Demographics of principal patient groups treated by the profession (e.g. age, morbidities, geographic distribution)**

CDO does not collect specific information about the age or morbidities of the client groups treated by dietitians.

Generally, dietitians treat clients from premature birth (via parenteral nutrition in neonatal intensive care units) and throughout the life cycle in the treatment and management of conditions such as diabetes, cardiovascular disease, gastrointestinal disease, kidney disease, liver disease, cancer, dysphagia (swallowing dysfunction), obesity, genetic abnormalities, eating disorders, and end-of-life palliative care treatment. Clients often have multiple nutritional concerns and medical co-morbidities which may require nutrition intervention orally or via enteral nutrition (bypassing the upper gastrointestinal tract) or parenteral nutrition (via the veins).

Responses from 791 dietitians in our member consultation survey indicated the top five reasons or disease states seen in clients within their dietetic practice include:

1. Diabetes (including pre-diabetes)
2. Weight loss
3. Cardiovascular Disease
4. Gastroenterology
5. Enteral nutrition (attributed to a variety of morbidities)

Responses from 803 Dietitians to the survey indicated that 25% work with pediatric clients, 77% work with adults, and 69% work with seniors. Note that Dietitians were asked to “check all that apply” so percentages add up to more than 100.

- **Description of remuneration model for the profession (e.g. % OHIP-insured services, % privately insured services, % uninsured services)**

Dietitians do not have OHIP billing codes for dietetic services. However, from CDO’s 2017 registration statistics, the majority of dietitians who work in clinical practice settings are employed by facilities which receive (at least in part) some public funding from the Ministry (e.g. hospitals, diabetes education centres, long-term care homes, family health teams, etc.). The extent of the funding would be based on the Ministry’s allocations for the specific dietetic services and programs.

Only those dietitians working in private practice, occupational health/wellness and possibly some private retirement homes or assisted living residences/supportive housing would not be receiving public funding. Dietetic services offered in these settings would be obtained via a fee-for-service payment structure. Self-reported membership statistics collected at CDO’s annual renewal indicate 488 Dietitians (19% of those in clinical practice) work in these settings.

CDO does not have access to data about the percentage of dietetic services that are privately insured (e.g. employment benefit plans/private insurance companies) vs. uninsured (e.g. client pays out of pocket without any third-party reimbursement).

PATIENT AND/OR SYSTEM NEED:

The 2008 policy submission links the expanded scope to the various patient and system needs listed below. The Ministry is seeking more information and supporting evidence on how the proposed changes to scope of practice impact these needs.

1. Relevance to nutritional therapy and management of nutrition-related disorders

In order for a dietitian to assess a client’s nutritional status and determine the most appropriate nutrition treatment, a comprehensive nutrition assessment is required.

Typically, a component of the nutrition assessment process includes the examination of a client's laboratory data.^{3,4} Laboratory test results provide an objective and precise approach to evaluate certain metabolic and biochemical functions which are dependent on an adequate supply of essential nutrients.⁴ Laboratory test results can indicate micro/macronutrient deficiencies, toxicities, nutritional complications of medical/metabolic conditions and the client's hydration status.

An important aspect of a dietitian's care of individuals is the ability to synthesize the components of the nutrition assessment, including laboratory results, with medical conditions, lifestyle and psychosocial aspects of the client. This occurs throughout the nutrition care process, including monitoring of a client's response to treatment. This is done in part through biochemical responses such as changes in blood glucose levels or markers of protein status. Laboratory tests provide both qualitative and quantitative measurements that have an impact on the dietitian recommended nutrition care plan for a particular client with particular nutritional and/or related medical condition(s).⁴ Results of laboratory tests can alter a dietitian's nutrition treatment by increasing or restricting particular foods or nutrients (e.g. vitamins and minerals) and incorporating/recommending nutritional supplements.

Clients are presenting with more acute conditions requiring intensive nutrition therapy or nutrition support through enteral or parenteral nutrition. Ongoing monitoring of individual client tolerance and response to nutrition support is critical in parenteral nutrition therapy, which may be associated with common metabolic, infectious and technical complications.⁵ Close metabolic monitoring by dietitians through laboratory tests may prevent a variety of potential complications such as fluid imbalance, acid-base imbalance, hyperglycemia, hypoglycemia, hyperlipidemia, electrolyte abnormalities, respiratory difficulties secondary to lipid intolerance and abnormal liver function due to overfeeding.^{6,7} Liver disease is also a known complication of long-term parenteral nutrition therapy and its progression is monitored closely through laboratory test results.⁸

Approximately 4.6 million Ontarians, or 30 per cent of the provincial population, are living with diabetes or prediabetes and Ontario is facing the largest increase in diabetes prevalence among all provinces in Canada.⁹ Diabetes can lead to serious and costly health complications, including heart attacks, stroke, vision loss, kidney disease and amputation. It is estimated that diabetes is costing the health-care system \$1.5 billion a year in Ontario.⁹

The *2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada* recommends that people with diabetes receive nutrition counselling by a dietitian with expertise in diabetes management; nutrition counselling by a dietitian is an important element of team-based care and facilitates improved diabetes health outcomes of clients.¹⁰ Effective treatment of diabetes

involves the monitoring of laboratory test results for both longer-term glycemic control and the risk of other associated nutrition-related health complications.

Dietitians in Ontario are active members of diabetes health care teams. Since 2008, CDO has seen a four-fold increase in the number of dietitians working in diabetes care as reported by our members on their annual renewal. This is in large part due to funding that the Ministry has allocated to address this health care crisis in the province. The onset of diabetes in greater numbers has brought dietitians to the forefront in effective disease management. Their role is key, particularly at the preventative and primary health level. The complex therapeutic diet required for a client with diabetes, with co-morbidities such as cardiovascular disease and renal failure can be quite restrictive; food choices are limited based on carbohydrate, fat, protein, and micronutrient content.¹¹ The dietitian needs to adjust the level of each nutrient to maximize intake and nutrient status, while minimizing vascular complications that affect disease progression.¹¹

As this section indicates, the use of laboratory test results is already deeply embedded in dietetic practice. With the ability to directly order appropriate laboratory tests for nutrition assessment and monitoring, the dietitian is able to assess the effect of changes in nutrition therapy and make appropriate treatment decisions in a more timely and effective manner. According to Public Health Ontario, nearly a third of children and youth are overweight or obese, conditions that can result in chronic diseases like diabetes, cancer and heart disease.¹² Chronic diseases are more prevalent in the aging population and healthcare utilization is higher among the elderly.¹³ Dietitians play a significant role in managing these conditions and would be able to use the authority to directly order laboratory tests in the care and management of these vulnerable populations.

2. Contribution to cost-containment

One of the limits of the current system is that dietitians and clients have to rely on “work-arounds” to ensure that dietitians have access to the laboratory test results they need to do their work. This limitation results in wasted time and money for providers and clients. Currently, physicians or nurse practitioners typically have to be directly involved in ordering the laboratory tests dietitians need. This may require the client to attend multiple appointments or the dietitian taking steps to obtain the order from the physician or nurse practitioner. This is especially apparent in home care settings where clients have funding for a limited number of appointments with dietitians. If dietitians could order laboratory tests directly, these processes would be more streamlined and efficient.

The extra work of other practitioners in assessing, approving and ordering the dietitian's suggested laboratory tests related to nutrition assessment and monitoring would be alleviated by having dietitians directly order the laboratory tests.

In some practice settings, dietitians have the authority to order laboratory tests for nutrition assessment and monitoring through medical directives. The current use of medical directives to permit dietitians to order laboratory tests demonstrates the interprofessional health care team's trust and reliance on dietitians to engage in this practice. While these mechanisms of transferring authority have been useful in many cases, they do not represent the best use of limited resources in the health care system, and lead to inconsistencies in utilizing the expertise of the dietitian to achieve optimal client care. The cumbersome process of creating and maintaining these facility-specific documents takes practitioners' time away from direct client care. The limitations of reliance on medical directives is further outlined below.

3. Impact on timely access to care

As noted above, the current system relies on "work-arounds" to ensure that dietitians have access to the laboratory test information they need to provide appropriate client care. Unfortunately, this access is not always as timely as it could or should be. The authority for Dietitians to directly order laboratory tests will alleviate unnecessary delays to effectively manage both acute and chronic nutritional conditions in a timely manner. This can prevent nutritional concerns from materializing into more critical health complications if identified early, achieving better health outcomes and better client experiences in a sustainable manner.

In community settings, especially those in remote rural areas, clients will appreciate the convenience of getting comprehensive nutrition care from their dietitian, rather than making numerous trips to various practitioners (or in home care, requiring numerous practitioner visits) to have laboratory tests ordered, analyzed and monitored. There is increasing awareness of the disparate access to care for marginalized and vulnerable clients. These clients often have limited mobility and reduced access to transportation services. They can also be disproportionately negatively impacted by the need to take time off of work or to make childcare arrangements to accommodate health care appointments. Simplifying the health care experience for these clients is an important priority.

As noted above and detailed further below, a number of dietitians currently order laboratory tests under medical directives. However, medical directives are time consuming to create and maintain and do not represent an efficient use of practitioners' limited time. Taking practitioners away from direct client care to tend to

the creation and maintenance of medical directives has an indirect impact on timely access to care.

In aligning with the Minister's *Patients First: Action Plan for Health Care*,¹⁴ the authority for dietitians to order laboratory tests would improve health care access by facilitating the ordering, interpretation and utilization of laboratory tests for nutrition assessment and monitoring in a more timely fashion. Health services should be provided when and where the client needs them.¹⁵ The authority for dietitians to order laboratory tests will enable clients to get the right care, from the right provider, at the right time.¹⁴ This will also contribute to improvements in timely access to primary care by freeing up practitioner's time to provide more urgent health care needs.¹⁶

4. Impact on quality of care and patient safety

Timely access to care means better care. As described above, the ability of dietitians to directly order laboratory tests will often result in more timely care. In addition to an increasing demand in more timely care, clients are becoming more sophisticated consumers of health care. Heightened public awareness of the need for proper nutrition, and professional advice to tailor eating plans for the individual, point to an increased need for dietetic services, and the public's expectation that dietitians will provide comprehensive care.¹¹ This underlines the need to give dietitians the tools to more directly and efficiently manage nutrition therapy, such as ordering laboratory tests. Client safety is the cornerstone of health care delivery. Clients should have access to nutrition care that is effective, and based on the best available care services, including practitioners who practice within their full scope.

As cited in the *McMaster Health Forum's Evidence Brief: Modernizing the Oversight of the Health Workforce in Ontario*, "Overall, members of the public now expect more than ever that the health system and the workers providing services to patients within it, have the primary goal of ensuring an excellent patient experience. To meet these expectations the health workforce requires flexibility and a nimbleness towards patient care that the current legislative approach does not."¹⁷

Quality care includes a system that is concerned with preventing illness just as much as it is with treating illness.¹⁵ This comprises paying attention to all of the clients in our province, regardless of ethnicity, income, or place of residence and making sure that health care is organized according to their needs, not the habits and history of our current health care system.¹⁵ Greater efficiency, easier client navigation, and better resource allocation would be achieved through the authority for dietitians to order laboratory tests for nutrition assessment and monitoring. This aligns with a

high quality health care system that is safe, effective, client-centred, timely, efficient, and equitable.¹⁸

Fragmented care whereby clients have to see other health care providers in order to have laboratory tests completed can result in increased client anxiety and access limitations for clients. The extra burden on the client to see or make an appointment with another provider for laboratory tests (depending on the setting) can result in lack of client compliance in having the test done at all. All of these concerns were cited within the comments from dietitians in CDO's November 2017 laboratory test member consultation survey.

The focus of the health care system in Ontario has shifted away from institutional acute treatment towards interprofessional care provided in the community.¹⁷ Improved management of chronic diseases and conditions (such as diabetes and heart disease)¹⁹ in the community through the delivery of comprehensive nutrition care, which includes the ordering and monitoring of laboratory tests, can result in improvements to client safety by facilitating decreased wait times to see primary care providers, and reduced emergency room visits and hospital admissions.^{15,20}

IMPACT ASSESSMENT:

The Ministry is seeking further information for an evidence-informed impact assessment of each change in scope of practice. The Ministry is particularly interested in getting more information in the following areas:

- 1. Patient Safety: how does the proposed scope change impact risks of over-testing and over-utilisation? How does the profession intend to mitigate these risks?**

Effective inter and intra-professional collaboration will contribute to minimizing over-testing and over-utilisation. Dietitians are very experienced in coordinating care with other health care providers. As noted above, the majority of dietitians work in collaborative settings. Collaboration with clients, caregivers, and other health professionals is central to dietetic practice whether the dietitian works in a private practice or as a member of a health care team with other care providers such as physicians, nurses, pharmacists and social workers.

In preparation for dietitian laboratory test ordering authority in 2011, CDO drafted *Standards of Professional Practice for Ordering Laboratory Tests for Nutrition Assessment and Monitoring*. This document makes it clear that dietitians who order

laboratory tests are expected to collaborate and communicate with other health care providers involved in their clients' care. CDO has several resources available for dietitians on the topic of interprofessional collaboration, including several articles and two comprehensive e-learning modules.²¹

The increase in use of electronic health records and provider access to e-Health's Ontario Laboratories Information System (OLIS) makes coordination of care and transparent sharing of lab test results much easier than it has been in the past.²² CDO also has a number of resources, including recently published *Standards of Professional Practice for Record Keeping*, to facilitate effective information sharing through electronic records.²³ In addition, CDO also recognizes the recent shift in Ontario to give clients online access to their lab test results. This access has the potential to empower clients in their own health care decision-making, including the ability to share test results with other providers.

The draft *Standards of Professional Practice for Ordering Laboratory Tests for Nutrition Assessment and Monitoring* also articulate clear expectations for dietitians to only order tests that are clinically indicated given the specific client conditions and potential impact on nutrition care planning. Dietitians must consider the cost-effectiveness of the laboratory tests and any appropriate alternatives to make an effort to minimize unnecessary testing and duplication by reviewing all available medical health records and information from the client and other health care providers, as appropriate.

CDO is in the process of reviewing these standards to ensure they reflect the current behavioural expectations and practice landscape for dietitians in the event this authority is granted.

We can also draw on the experience of dietitians who are already ordering laboratory tests through medical directives. Members indicated that when ordering laboratory tests, they practice in a manner that is evidence-based, client-centered, collaborative, and respects the financial impact on the health care system to avoid duplication and over-utilization.

As noted by HPRAC in its 2008 *Interim Report to the Minister of Health and Long-Term Care on Mechanisms to Facilitate and Support Interprofessional Collaboration Among Health Colleges and Regulated Health Professionals: Phase II, Part I*:

"While concerns were raised about the risk of duplication of tests and the increased burden on the system HPRAC is confident that dietitians would use appropriate judgement in the use of such tests. Moreover, hospital patient records would document the test orders and results and HPRAC has no doubt that, outside the hospital, dietitians would record and report test information to other health professionals involved in a patient's care."²⁴

2. Education and competency: provide further detail on the competency of in-practice and new graduates to order, interpret, and appropriately utilise the specified laboratory tests.

Registration with CDO requires three main steps, which includes the successful completion of:

- i. Academic Training – An accredited four-year food and nutrition undergraduate degree (or equivalent).
- ii. Practical Training - An accredited internship or practicum (or equivalent) of approximately 10 months in length.
- iii. Canadian Dietetic Registration Exam - A computer-based multiple choice national entrance exam.

Overall, dietitians have the necessary entry-level competence to order, interpret and appropriately utilize specific laboratory tests for nutrition assessment and monitoring. This is demonstrated through successful mastering of the *Integrated Competencies for Dietetic Education and Practice*, which form the basis of the steps listed above.

The following competencies are relevant to laboratory test ordering:²⁵

1.03 Manage implementation of nutrition care plans:

- Identify strategies to communicate nutrition care plan with client, interprofessional team and relevant others.
- Coordinate implementation of care plan with client, interprofessional team and relevant others.

2.06 Contribute productively to teamwork and collaborative processes:

- Demonstrate knowledge of scenarios where dietetics knowledge is a key element in health care delivery.
- Demonstrate knowledge of ways to effectively contribute dietetics knowledge in collaborative practice.
- Contribute dietetics knowledge in collaborative practice.
- Demonstrate knowledge of scenarios where the expertise of other health care providers is a key element in dietetic practice.
- Identify ways to draw upon the expertise of others.
- Draw upon the expertise of others.
- Contribute to shared decision making.

- Demonstrate knowledge of principles of teamwork and collaboration.
- Facilitate interactions and discussions among team members.

3.01 Assess nutrition-related risks and needs:

- Demonstrate knowledge of ways to identify relevant data to perform a nutrition assessment.
- Identify relevant assessment data to collect.
- Demonstrate knowledge of ways to obtain and interpret biochemical and medical test/procedure data.
- Demonstrate knowledge of principles to identify relevant biochemical and medical test/procedure data.
- Obtain and interpret biochemical data and results from medical tests and procedures.

Dietetic academic and practice training program faculty were consulted in November 2017 regarding entry-to-practice readiness of dietitians to order laboratory tests. Feedback from academic programs indicates students are taught the common laboratory values that are relevant to nutrition assessment and monitoring, how to interpret the results to determine when laboratory tests would be out of range in the context of different disease states/conditions and consider how laboratory tests for nutrition assessment and monitoring would impact the nutrition care plan and ongoing response to treatment. Programs facilitate learning through several courses and case studies are used to provide opportunities for students to apply their knowledge of laboratory tests to specific disease states requiring nutritional care. These programs lay a solid foundation to interpret and utilize laboratory tests that is further refined during practical training.

Through practical training, students obtain exposure to the facility-specific ordering and analysis processes of laboratory tests. Preceptors and other health care team members provide opportunities for interns/students to gather and interpret laboratory test results in clinical placements as a basis for conducting nutrition assessments and to consider how the results may impact the nutrition care and education of clients. Clinical placements also provide students with exposure to ongoing laboratory test monitoring to evaluate the client's response to treatment. A focus on evidence-based practice is incorporated throughout to ensure utilization of the most appropriate laboratory tests results to ensure optimal nutrition care outcomes.

If dietitians obtain the authority to order laboratory tests for nutrition assessment and monitoring, enhancements to both academic and practical training can be explored to increase the time spent on when and how to order laboratory tests (including frequency and number of tests conducted at any given time), what tests require

fasting, the cost of laboratory tests (to be mindful of economic impact) and the interpretation of laboratory test results.

Should the authority for dietitians to order laboratory tests for nutrition assessment and monitoring proceed, we will also explore changes to CDO's Quality Assurance Program to capture this new authority.

3. Economic Impact: what is the anticipated economic impact of the proposed change on:

- a. Patients** – See above sections regarding timely access to care. No direct impact, unless the laboratory tests that are ordered by dietitians are not publically funded. Indirect impacts to clients may be reduced time off work by not having to attend multiple healthcare appointments.
- b. Other providers** – CDO does not have access to this information. More streamlined approach to laboratory test ordering may result in better use of practitioners' time.
- c. Public resources** – Minimal impact on public resources are foreseen if dietitians are able to order laboratory tests. In many, if not all, cases this ordering would replace what is already ordered by physicians and nurse practitioners to free up the practitioners' time to attend to other client needs.
- d. Other stakeholders and Ontario businesses** – The potential impact to other stakeholders and businesses, such as laboratory testing facilities, is uncertain at this time.

4. Inter-professional care: how will these changes to scope of practice impact inter-professional care teams and care transitions in different settings (e.g. community and hospital) where access to laboratory tests is sought?

In their 2008 *Interim Report to the Minister of Health and Long-Term Care on Mechanisms to Facilitate and Support Interprofessional Collaboration among Health Colleges and Regulated Health Professionals: Phase II, Part I*, HPRAC recommended that dietitians receive additional tools to enhance their contributions to team-based care and to the education and monitoring of clients who rely on their skills.²⁴ HPRAC highlighted "clinical dietitians as important members of interprofessional teams in primary, secondary and tertiary care, providing specialized technical expertise to assist people of all ages, whether that care is delivered in hospitals, long-term care, the community or the home. The

strength of this profession is its unique place in multi-disciplinary patient care, bringing its knowledge and skills to a team whose members together make decisions and deliver care to patients.”²⁴

As mentioned previously, current practice involves dietitians requesting laboratory test orders from primary care providers, specialists or the most responsible physician for each client (as is often the case in hospitals or long-term care settings). In some instances, dietitians obtain the ability to order laboratory tests via direct orders or through medical directives. These processes can be very time consuming and do not represent an efficient use of practitioners’ time. Direct authority for dietitians to order laboratory tests would enhance interprofessional care team processes by enabling dietitians to utilize their existing knowledge, skills and competence without the need for complex and cumbersome work-arounds. This authority would also free up other practitioners time to focus on the more critical aspects of their client care.

Laboratory tests ordered by dietitians would be included in client health records and available in care transitions in both an intra and inter-facility manner. The advent of electronic health records and e-Health’s Ontario Laboratories Information System (OLIS) has positioned the system to better coordinate care amongst multiple providers both within and between hospital and community settings.²² With such systems, the health care team can be well informed of the laboratory tests that are ordered by a dietitian.

In community settings where shared electronic health records and OLIS access are not available, dietitians would have the ability to copy primary care providers (and others) on requisition forms and/or directly provide copies of laboratory results to the client and other providers, as appropriate. Standards of professional practice would also require dietitians to communicate and collaborate with members of the health care team regarding nutritional and potential medical concerns associated with laboratory tests results. Dietitians would not be working in silos, but rather, in a manner that facilitates safe, collaborative client care.

a. With regards to hospital-based care pathways:

- i. Are there protocols and/or directives in place in Ontario hospitals that currently allow dietitians to order laboratory tests?**

Yes.

If yes, please describe these directives/protocols, providing examples. Describe how these directives and protocols enable and hinder patient care.

While not exclusive to a hospital setting, according to our 2017 member consultation survey, 156 Dietitians (6% of those in clinical practice) have medical directives in place to permit direct laboratory test ordering authority. Dietitians indicated that 14 (9% of those with medical directives) have open authority to order and monitor any necessary laboratory tests to manage nutritional conditions; the remaining 142 (91%) follow a prescribed list of laboratory tests in the directive (e.g. for diabetes monitoring or for enteral/parenteral nutrition management).

While protocols/directives to order laboratory tests have been useful in many cases, they do not represent the best use of limited resources in the health care system. The current lack of legal authority under the dietetic scope of practice for dietitians to order laboratory tests related to the management of nutrition therapy does not fully utilize the current knowledge and competence of dietitians to work within their optimal scope of practice. As verified in our 2017 member consultation survey, the time it takes to develop medical directives or request and “chase down” another provider in a hospital to order the laboratory tests (or in some cases request a laboratory test outside of what is authorized in the medical directive) can lead to inefficient use of health care practitioner’s time, untimely client care, compromised quality of care, communication challenges between practitioners and compromised client safety.

While mechanisms of transferring authority have been useful in many cases, they do not represent the best use of limited resources in the health care system, and lead to inconsistencies in utilizing the expertise of the dietitian to achieve optimal client care. The labour-intensive process of creating and maintaining these facility-specific documents takes practitioners away from direct client care, and has caused some organizations to abandon the idea entirely.¹¹

ii. What is the current typical workflow for the provision of nutritional therapy and management in hospitals? Please identify the different care providers usually involved and the extent of their involvement.

Dietitians see clients in inpatient hospitals settings via: physician/nurse practitioner referrals, referrals by other health care providers, nutrition screening by dietitians or others, and/or client requests to see a dietitian.

Once referred to a dietitian, the dietitian conducts a nutrition assessment, including a comprehensive review of the client health record. While dietitians practice fairly autonomously in the nutrition assessment process, they often liaise and collaborate with other members of the health care team (e.g. physician, speech language pathologist, nurse, pharmacist, etc.) to discuss any relevant nutritional concerns (e.g. medical nutrition therapy and/or texture modifications) and establish the appropriate nutrition care plan for the client. This would include the therapeutic diet (oral, enteral or parenteral nutrition), as well as any oral nutritional supplements (e.g. high protein/high calorie products) and vitamin and mineral supplements, as applicable.

Due to Regulation 965, Hospital Management, under the *Public Hospitals Act, 1990*, dietitians are not permitted to order nutrition treatment.²⁶ Orders for nutrition care are made as “suggest orders” and the most responsible physician signs off and implements the order prior to entry in the hospital’s diet order system and pharmacy (in the case of vitamin and mineral supplements), as applicable. Exceptions to this process include those facilities whereby dietitians have medical directives in place to permit direct implementation of diet order treatment. Also as noted above, under the current system, dietitians cannot directly order the laboratory tests they use as part of their nutrition assessment and management. This results in “work-arounds” to ensure that dietitians have the information they need to provide proper client care. Accordingly, the current workflow for dietitians in hospitals is not always very smooth.

iii. Identify tangible issues with the current workflow. Is the proposal to allow dietitians to order laboratory tests the only solution to these issues?

Other parts of this submission have detailed the issues with the current workflow and those comments will not be repeated here. As per CDO’s 2017 member consultation data, dietitians have cited many concerns with the current workflow for nutrition care in hospitals. In particular, they feel the current system is inefficient and results in untimely care. The process of obtaining an order for a laboratory test impedes timely nutrition intervention. For example, dietitians are often responsible for managing enteral or parenteral nutrition. These forms of nutrition care require extensive monitoring, particularly in the early stages of the treatment, so that adjustments to the formulations and rates can be made accordingly. The monitoring function, central to dietitians’ expertise, depends on timely access to data obtained through laboratory tests.

iv. Should dietitians gain the authority to order laboratory tests in hospitals, how will the profession ensure smooth transitions within care pathways and ensure continued inter-professional collaboration?

As mentioned previously, there are currently mechanisms in place for dietitians to directly and responsibly order laboratory tests for nutrition assessment and monitoring. Dietitians are also already experience collaborative care providers. A new authority for dietitians to order laboratory tests for nutrition assessment and monitoring would resemble existing processes to ensure that dietitians practice in a manner that is evidence-based, client-centered, collaborative, and respects the financial impact on the health care system to minimize duplication and over-utilization.

CDO would establish a communications plan to ensure our members, other professions, the public and other stakeholders (e.g. hospitals, the dietetic professional association, academic and practical training programs, laboratory testing facilities, etc.) are well informed of this new authority. As described below, CDO has already been in contact with the Ontario Hospital Association about this work.

5. Economic impact: what are the anticipated costs to patients associated with granting these changes to scope of practice?

See above. No cost would be incurred by clients unless the laboratory tests ordered by dietitians are not covered by the existing public health care system funding.

CONSULTATIONS

Please provide the following information regarding consultation activities:

1. Has the college consulted with the Ontario Hospital Association on this proposal? Other health professions?

CDO spoke with representatives of the Ontario Hospital Association (OHA) and provided a written summary of the proposed scope of practice changes inviting comment. Because of timing, this submission will be provided to the OHA just

before or at the same time as it is provided to the Ministry of Health and Long-Term Care. The OHA is aware of this.

The OHA provided a submission to HPRAC during the 2008 consultation process. In their response, the OHA stated that it “strongly supports the adoption of interprofessional care (IPC). IPC is essential to addressing the challenges facing the health care system in delivering high quality, patient-centered care, enhancing provider satisfaction and improving organizational efficiency.”²⁷ The OHA also indicated, “Within an IPC environment, it is important to ensure that mechanisms exist to coordinate care amongst professions to avoid the unintended consequences of duplication and fragmentation of care when multiple professionals are involved.”²⁷

And further “As the health care system continues to evolve, so too should the legislative frameworks in order to reflect the current practices in the health care sector and facilitate ongoing system integration and change”.²⁷ The OHA recognized that changes to the relevant regulation under the *Public Hospitals Act, 1990* that limit the ability of certain professionals to make orders in hospitals may need to be changed to “appropriately align with the provisions set out in the RHPA and to better reflect and support an interprofessional collaborative practice environment”.²⁷ The OHA also recognized that “delegation, however, is not a permanent solution. Autonomous authority for competent providers is the preferred means of optimizing care.”²⁷

The OHA did not specifically comment on the changes then being explored in relation to dietitians, including the ability to directly order laboratory tests.

It should be noted that in HPRAC’s 2008 *Interim Report to the Minister of Health and Long-Term Care on Mechanisms to Facilitate and Support Interprofessional Collaboration Among Health Colleges and Regulated Health Professionals: Phase II, Part I*, they recommended that section 24 of the Hospital Management Regulation made under the *Public Hospitals Act, 1990*, be amended to authorize dietitians to order specified laboratory tests relative to nutritional assessment and monitoring and that Regulation 682 and Regulation 683 under the *Laboratory and Specimen Collection Centre Licensing Act, 1991*, be amended to allow dietitians to order specified laboratory tests relevant to nutrition assessment and monitoring outside of the hospital setting.²⁴

Please refer to #2c below regarding consultation with the other health regulatory Colleges in Ontario.

2. Given the time that has elapsed since the development of the initial proposal, the ministry encourages the college to seek updated perspectives from its stakeholders, including but not limited to:

a. Patients

Given the compressed timeline to prepare this submission, CDO was not able to directly consult with members of the public. However, we note the work recently completed by the McMaster Health Forum wherein they conducted focussed consultation with a number of patients about the current health regulatory system. In its 2017 *Evidence Brief: Modernizing the Oversight of the Health Workforce in Ontario*, the McMaster Health Forum commented “Overall, members of the public now expect more than ever that the health system and the workers providing services to patients within it, have the primary goal of ensuring an excellent patient experience. To meet these expectations, the health workforce requires flexibility and a nimbleness towards patient care that the current legislative approach does not provide.”¹⁷ The authority for dietitians to order laboratory tests for nutrition assessment and monitoring would help to meet these public expectations, improve patient experience and contribute to the provision of high-quality and comprehensive nutrition care.

b. Members of the profession in Ontario

CDO sent out a member consultation survey from November 16-December 6, 2017 (inclusive). For detailed results, please refer to [Appendix I](#). A total of 1534 responses were received (38% of total membership). Some of the feedback provided by members has been referenced elsewhere in this submission. As noted earlier, the vast majority of members (96%) who responded support proceeding without a list of laboratory tests in regulation.

Consultation results also provided valuable insight into the current workflow challenges experienced by dietitians in how laboratory tests are ordered in their practice setting. As discussed throughout this submission, dietitians cited that the current processes for ordering laboratory tests for nutrition assessment and monitoring were time consuming, especially when extensive time is spent “chasing down” other practitioners to order and/or obtain copies of laboratory test results for nutrition care and monitoring. Current processes also have led to communication challenges

amongst team members, untimely nutrition care, lack of client compliance and overall compromised quality of care.

When asked how the authority for dietitians to order laboratory tests for nutrition assessment and monitoring would alleviate these workflow challenges, dietitians indicated that this would use practitioners' time more efficiently and effectively, save clients' time, improve client compliance and improve the overall quality of nutrition care.

The consultation survey also asked respondents if they foresee any unintended consequences if dietitians obtain the authority to order laboratory tests for nutrition assessment and monitoring. Members indicated the potential for duplication of testing, over-testing (e.g. putting clients through unnecessary testing or requesting too many laboratory tests at one time), increased costs to the public health care system or clients (if tests are not publically covered), "turf wars" between health care providers and reduced quality of interprofessional collaboration.

Dietitians also specified there may be a lack of clarity as to who is responsible for the results, that dietitians may not be able to correct the issue found in the laboratory test, and that dietitians should not be ordering laboratory tests for clients who don't have a primary care provider.

To facilitate effective interprofessional collaboration among the client's health care team if they obtain laboratory test ordering authority, dietitians suggested several approaches: shared client health records, notifications to other team members when dietitians order laboratory tests, directly communicate (phone, in-person, electronically) with practitioners about the results, copy the health care provider on the laboratory test requisition form, send a paper or electronic copy of the laboratory test results to other care team members and request clients provide copies of laboratory test results to other practitioners at next visit.

A number of dietitians specifically indicated they already know how to order laboratory tests. Consultation feedback from members provided some suggested resources that would be helpful to support a new authority to order laboratory tests for nutrition assessment and monitoring. These include workshops, online e-learning modules, standards of professional practice, work experience/on the job training, mentorship, more training incorporated in academic and practical training programs, and reading journal article/best practice research.

CDO also obtained a letter of support from the professional association, Dietitians of Canada, for the proposed lab test ordering authority. Refer to [Appendix II](#).

c. Members of other affected health professions in Ontario (unregulated and regulated)

On November 24, 2017, CDO sent an email to members of the Federation of Health Regulatory Colleges of Ontario (FHRCO) to request feedback on the proposed scope of practice changes to permit dietitians to directly order laboratory tests for nutrition assessment and monitoring. Because of timing, CDO was unable to provide our draft submission in our consultation request. Our submission will be provided to FHRCO members at the same time as it is provided to the Ministry of Health and Long-Term Care.

Four responses were received from other Colleges: two indicating that they had no comment on the proposed expansion and two with substantive comment, both indicating support for/no objection to the request. These responses are included in [Appendix II](#) of this submission.

The Ontario College of Pharmacists stated: “Extending to RD[s] the open authority to order laboratory tests which they are personally competent to order and interpret would facilitate their active participation on the patient’s health care team.” The College of Medical Laboratory Technologists of Ontario (CMLTO) wrote: “If the College of Dietitians of Ontario Council and the Ontario Ministry of Health and Long-Term Care support this change, CMLTO would have no objections. However, in order to enable this change, the regulations under the *Medical Laboratory Technology Act, 1991* (specifically Part III – Person Prescribed to Order Tests, under Ontario Regulation 207/94) must be amended to permit medical laboratory technologists to take blood samples from veins or by skin pricking when ordered by members of your College.”

In 2008, FHRCO indicated their support for changes to regulations under the *Laboratory and Specimen Collection Centre Licensing Act* to allow health professionals, including dietitians, to work to their maximum competence and capability.¹¹

d. Other affected third-parties

Not applicable.

LABORATORY TESTS REQUESTED

1. In the list of laboratory tests requested, please provide the following information:

a. Brief description how the test is relevant to the provision of dietitians' care within its current scope, and how it relates to other controlled acts and authorities that dietitians currently have.

CDO is requesting we proceed with dietitian laboratory test ordering authority without a list of laboratory tests. For rationale, please refer to the *General Information* section above. The relevance of how laboratory tests relate to nutritional therapy and management of nutrition-related disorders is outlined in the first question under the *Patient and/or System Need* section of this submission.

Under the *Dietetics Act, 1991*, dietitians have the following controlled act:

“3.1 In the course of engaging in the practice of dietetics, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to take blood samples by skin pricking for the purpose of monitoring capillary blood readings.”²⁸

The ability to order laboratory tests for nutrition assessment monitoring will be a companion to the monitoring that dietitians can currently perform through capillary skin pricks.

b. Cost to patients, if any, of undergoing each test

See above. No cost to clients/patients unless the laboratory tests ordered by dietitians are not publically funded.

c. Impact on public resources, if any, of ordering each test.

See above.

- d. Within the current typical patient pathway, how do patients currently receive each test listed in the submission and who usually interprets them? How would the pathway change should dietitians gain the authority to order the proposed laboratory tests?**

See above.

References

1. Annual Renewal Guide. College of Dietitians of Ontario.
<https://www.collegeofdietitians.org/cdo/Search.aspx?searchtext=annual+renewal&searchmode=anyword> Published 2017. Accessed Nov 12, 2017.
2. Archived – From urban areas to population centres. Statistics Canada.
<https://www.statcan.gc.ca/eng/subjects/standard/sgc/notice/sgc-06> Published 2011. Retrieved Nov 10, 2017.
3. Kris-Etherton PM, Akabas SR, Bales CW, Bistrrian B, Braun L, Edwards MS, Laur C, Lenders CM, Levy MD, Palmer CA, Pratt CA, Ray S, Rock CL, Saltzman E, Seidner DL, and Van Horn L. The need to advance nutrition education in the training of health care professionals and recommended research to evaluate implementation and effectiveness. *Am J Clin Nutr.* 2014;99:5: 1153S-1166S.
4. Gibson, RS. (2005). *Principles of Nutrition Assessment*. New York: Oxford University Press.
5. Ukleja, A. & Romano, M. (2007). Complications of Parenteral Nutrition. *Gastroenterology Clinics of North America*, v. 34 (1), pp 23-26.
6. Btaiche IF, Khalidi N. Metabolic complications of parenteral nutrition in adults, Part 2. *Am J Health-System Pharmacy.* 2004;61:2050-7.
7. Prins, A. (2010). Nutritional assessment of critically ill patients. *S Afr J Clin Nutr.*, 32(1);11-18.
8. Cavicchi M, Beau P, P C, Degott C, Messing B. Prevalence of liver disease and contributing factors in patients receiving home parenteral nutrition for permanent intestinal failure. *Ann Int Med.* 2000;132:525-32.
9. 2016 Report on Diabetes in Ontario. Canadian Diabetes Association.
https://www.diabetes.ca/getmedia/a45fe16a-3967-416c-bef5-d810f00ddb65/Diabetes-in-Ontario_FINAL.pdf.aspx Published 2016. Retrieved Nov 17, 2017.
10. Harper W, Clement M, Goldenberg R, et al. Canadian Diabetes Association 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada: pharmacologic management of type 2 diabetes. *Can J Diabetes* 2013;37(suppl 1): S61-S68.A13.

11. College of Dietitians of Ontario & Dietitians of Canada. Application for Review of the Scope of Practice of Dietetics in Ontario, Submitted to the Health Professions Regulatory Advisory Council.
<http://www.hprac.org/en/projects/resources/CollegeofDietitiansofOntarioSubmission.pdf> Published Jun 27, 2008. Retrieved Oct 20, 2017.
12. Addressing Obesity in Children and Youth. Public Health Ontario.
<https://www.publichealthontario.ca/en/BrowseByTopic/HealthPromotion/Pages/Addressing-Obesity-in-Children-and-Youth.aspx> Published 2016. Retrieved Nov 20, 2017.
13. How Healthy are Canadians? A Trend Analysis of the Health of Canadians from a Healthy Living and Chronic Disease Perspective. Public Health Agency of Canada. <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/healthy-living/how-healthy-canadians/pub1-eng.pdf> Published 2016. Retrieved Dec 1, 2017.
14. Patients First: Action Plan for Health Care. Ontario Ministry of Health and Long-Term Care. http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/ Published Jul 12, 2017. Retrieved Nov 27, 2017.
15. Quality Matters: Realizing Excellent Care for All. Health Quality Ontario.
<http://www.hqontario.ca/portals/0/Documents/pr/realizing-excellent-care-for-all-en.pdf> Published 2015. Retrieved Nov 28, 2017.
16. Quality in Primary Care. Health Quality Ontario.
<http://www.hqontario.ca/Portals/0/Documents/pr/theme-report-quality-in-primary-care-en.pdf> Published 2015. Retrieved Dec 6, 2017.
17. Waddell K, Moat KA, and Lavis JN. Evidence brief: Modernizing the oversight of the health workforce in Ontario. Hamilton, Canada: McMaster Health Forum, 21 September 2017.
18. *The Six Domains of Health Care Quality*. Agency for Healthcare Research and Quality (2016). <https://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/sixdomains.html> Published Feb 2015. Retrieved Nov 28, 2017.
19. Diabetes in Canada: Facts and figures from a public health perspective. Government of Canada. <https://www.canada.ca/en/public-health/services/chronic-diseases/reports-publications/diabetes/diabetes-canada-facts-figures-a-public-health-perspective/chapter-2.html> Published Dec 15, 2011. Retrieved Nov 30, 2017.

20. Risk Profile: Care – Access. HIROC. <https://www.hiroc.com/Risk-Management/Risk-Profiles/Risk-Profile-Care-%E2%80%93-Access.aspx> Published 2017. Retrieved Nov 28, 2017.
21. Interprofessional Collaboration. College of Dietitians of Ontario. <https://www.collegeofdietitians.org/cdo/Search.aspx?searchtext=interprofessional+collaboration&searchmode=anyword> Published 2013. Retrieved Dec 1, 2017.
22. Ontario Laboratories Information System. e-Health Ontario. <http://www.ehealthontario.on.ca/en/for-healthcare-professionals/ontario-laboratories-information-system-olis> Published 2017. Retrieved Dec 15, 2017.
23. Professional Practice Standards for Record Keeping. College of Dietitians of Ontario. <https://www.collegeofdietitians.org/Resources/Standards/Record-Keeping.aspx> Published Jun 2017. Retrieved Dec 6, 2017.
24. An Interim Report to the Minister of Health and Long-Term Care on Mechanisms to Facilitate and Support Interprofessional Collaboration among Health Colleges and Regulated Health Professionals: Phase II, Part I. <http://www.hprac.org/en/reports/resources/InterprofessionalCollaborationReportPhaseIIPartIENGSept08.pdf> Published Sept 2008. Retrieved Nov 2, 2017.
25. Integrated Competencies for Dietetic Education and Practice. Partnership for Dietetic Education and Practice. <https://www.collegeofdietitians.org/Resources/Standards/Competencies/Integrated-Competencies-for-Dietetic-Education-and.aspx> Published Apr 2013. Retrieved Nov 8, 2017.
26. Regulation 965: Hospital Management. Government of Ontario. <https://www.ontario.ca/laws/regulation/900965> Published 1990. Retrieved Dec 1, 2017.
27. Response to the Scope of Practice Reviews for Dietetics, Medical Laboratory Technology, Medical Radiation Technology, Midwifery, Pharmacy and Physiotherapy. Ontario Hospital Association. <http://www.hprac.org/en/projects/resources/OHAResponse.pdf> Published Apr 15, 2008. Retrieved Nov 14, 2017.
28. Dietetics Act, 1991. Government of Ontario. <https://www.ontario.ca/laws/statute/91d26> Published 1991. Retrieved Nov 3, 2017.

Appendix I

CDO sent out a member consultation survey from November 16 - December 6, 2017 (inclusive). In the introduction, we explained our rationale for proceeding without a laboratory test list (refer to question 1 above within this submission). Responses are summarized below.

1. Do you support CDO proceeding with a request for open laboratory test ordering authority in its submission to the Ministry of Health and Long-Term Care?

Indication of Support	Number of Respondents	Percentage of Respondents
Yes	1480	96
No	9	1
Unsure	45	3

Response rate to question = 1534 (59% of dietitians in clinical practice; 38% of total practising membership).

2. How are laboratory tests currently being ordered for nutrition assessment and monitoring in your work setting? Note: since respondents were asked to select “check all that apply” percentages add up to greater than 100.

Laboratory Ordering Process	Number of Respondents	Percentage of Respondents
Dietitians request the physician or nurse practitioner to order laboratory tests	632	76
The physician orders the laboratory tests for clients and dietitians refer to the results	629	76
Dietitians recommend clients discuss with their physician/nurse practitioner to order	429	52

laboratory tests at their next appointment		
The nurse practitioner orders the laboratory tests for clients and dietitians refer to the results	350	42
Dietitians have medical directives to order laboratory tests	134	16

Response rate to question = 830 (32% of dietitians in clinical practice; 21% of total practising membership).

3. How are laboratory tests currently being interpreted and discussed with clients?
Note: since respondents were asked to select “check all that apply” percentages add up to greater than 100.

Process	Number of Respondents	Percentage of Respondents
Physicians/nurse practitioners interpret and discuss the results with clients	161	19
Dietitians interpret and discuss the results with clients	56	7
Both of the above	637	77

Response rate to question = 828 (32% of dietitians in clinical practice; 21% of total practising membership).

4. Is there a medical directive in your work setting that gives dietitians the authority to order laboratory tests?

Process	Number of Respondents	Percentage of Respondents
Yes, dietitians may order only order laboratory tests listed in the medical directive	142	17
Yes, dietitians may order any laboratory test for nutrition assessment and monitoring	14	2

No	612	74
Unsure	58	7

Response rate to question = 826 (32% of dietitians in clinical practice; 21% of total practising membership).

5. If there is a medical directive in your work setting that gives dietitians the authority to order laboratory tests, is this open to all dietitians or a specific group that meets the criteria?

Process	Number of Respondents	Percentage of Respondents
A specific group of dietitians that meet the criteria*	98	12
All dietitians working within the facility	67	8
Unsure	84	10
Not applicable	563	69

Response rate to question = 812 (31% of dietitians in clinical practice; 20% of total practising dietitians)

*Specific groups of dietitians that meet criteria include those working within a particular unit or program such as diabetes, renal, bariatrics or intensive care and those who have demonstrated competence through annual competence assessments.

6. Please indicate any challenges with the current workflow of how laboratory tests are ordered within your work setting Note: since respondents were asked to select “check all that apply” percentages add up to greater than 100.

Current Workflow Challenge	Number of Respondents	Percentage of Respondents
Time consuming to request another practitioner to order laboratory tests	559	68
Untimely access to care	410	50

Communication challenges among health care practitioners	377	46
Compromised quality of care	355	43
Chasing paper to access results	296	36
Client compliance	166	20
Communication challenges between client and dietitian	139	17
All of the above	167	20
None, I currently have medical directives to order laboratory tests and the process works well	31	4

Response rate to question = 828 (32% of dietitians in clinical practice; 21% of total practising membership).

Dietitians also commented on some additional workflow challenges such as: referring clients and communicating with alternate practitioners when they do not a primary care provider; only a sub-set of clients being covered under the medical directive leads to organizational inefficiencies; and the physician doesn't order the requested laboratory tests that may be useful indicators of nutritional status.

7. How would the authority for dietitians to order laboratory tests for nutrition assessment and monitoring alleviate these above-mentioned workflow challenges? Note: since respondents were asked to select "check all that apply" percentages add up to greater than 100.

Potential Improvements with Dietitian Laboratory Test Authority	Number of Respondents	Percentage of Respondents
Improved efficiency of client care	491	61
Enhanced quality of nutrition assessment and monitoring	472	59
More effective use of Dietitians' time	444	55
More efficient and effective use of other health practitioners' time	430	53

Timely access to laboratory tests	421	52
Eliminating the need for developing medical directives	358	45
Saves clients time	272	34
Improved client compliance	213	26
All of the Above	384	48

Response rate for question = 805 (31% of dietitians in clinical practice; 20% of total practising members).

8. Do you foresee any unintended consequences if dietitians obtain the authority to order laboratory tests for nutrition assessment and monitoring? Note: since respondents were asked to select “check all that apply” percentages add up to greater than 100.

Unintended Consequence	Number of Respondents	Percentage of Respondents
Duplication of testing	444	69
Over-testing (e.g. putting clients through unnecessary testing or requesting too many laboratory tests at one time)	353	55
Increased costs to public health care system	295	46
Turf wars between health care providers	176	27
Increased costs to clients (if tests are not publically funded)	127	20
Reduced quality of interprofessional collaboration/communication	70	11

Response rate to question = 647 (25% of dietitians in clinical practice; 16% of total practising membership)

Dietitians also specified there may be a lack of clarity in who is responsible for the results, that dietitians may not be able to correct the issue found in the laboratory test, and that dietitians should not be ordering laboratory tests for clients who don't have a primary care provider to ensure there is always a provider to refer to in case of any laboratory tests results that warrant medical treatment.

9. How would dietitians continue to ensure effective communication and collaboration among the client's health care team if they obtain laboratory test ordering authority? Note: since respondents were asked to select "check all that apply" percentages add up to greater than 100.

Methods to Ensure Effective Collaboration	Number of Respondents	Percentage of Respondents
Other health care team members will have access to laboratory test results in client health record	728	89
Other health care team members are notified when laboratory tests have been ordered	577	70
Copy the health care provider(s) on the laboratory test requisition form	461	56
Directly communicate (in-person, phone, electronically) with health care provider(s) about results	411	50
An electronic message is sent (e.g. email) to health care team member to review results	342	42
Send a paper or electronic copy to other provider(s) of the client's laboratory test results	321	39
A note is left in communication book for team to review results	269	33
Request client provide copy of laboratory test results to other provider(s) at their next visit	192	23

Response rate to question = 821 (32% of dietitians in clinical practice; 21% of total practising membership).

10. What resource do you anticipate being helpful to support dietitians with a new authority to order laboratory tests for nutrition assessment and monitoring? Note: since respondents were asked to select “check all that apply” percentages add up to greater than 100.

Educational Resources	Number of Respondents	Percentage of Respondents
Online e-learning modules	529	65
College Standards of Professional Practice	423	52
Workshops	406	50
Work experience/on the job training	363	44
More training incorporated into practical training (internships/masters) programs	353	43
More training incorporated into undergraduate food and nutrition curriculum	319	39
Reading journal articles/best practice research	238	29
Mentorship	229	28
All of the above	378	46

Response rate to question = 819 (31% of dietitians in clinical practice; 21% of total practising membership).

Dietitians also suggested mandatory regular education and testing for those ordering laboratory tests.

Appendix II

Allison Henry, Director
Health System Labour Relations and Regulatory Policy Branch
Health Workforce Planning and Regulatory Affairs Division
Ministry of Health and Long-Term Care
56 Wellesley Street West, 12th Floor
Toronto ON M5S 2S3

December 13, 2017

Dear Ms. Henry,

Dietitians of Canada is pleased to provide this letter of support for the proposed scope of practice expansion submitted by the College of Dietitians of Ontario (CDO) to permit Registered Dietitians to directly order laboratory tests. We have reviewed the submission and are in full support of the direction and information provided within.

Dietitians undergo comprehensive and rigorous training and are held accountable to the highest standards and ethics. As detailed in the scope of practice submission, a dietitians' ability to order lab tests will help achieve Patients First: Action Plan for Health Care. Primary care providers such as MDs and NPs are currently using time to provide lab requisitions for clients, to fulfill the dietitians' need for data necessary for nutrition assessment and management. This may require booking of additional appointments for the client, which is neither client-centred care nor an efficient use of providers' and clients' time. The ability for dietitians to order lab tests will improve access to primary health care and enhance healthcare efficiencies.

CDO currently has standards that will support the transition and ensure risks are mitigated. Dietitians of Canada would be pleased to support the College of Dietitians of Ontario in the transition phase as dietitians take on this expanded scope of practice.

Ontario

480 University Avenue, Suite 604
Toronto, Ontario, Canada M5G 1V2

TEL: 905.330.1407

EMAIL: jennifer.buccino@dietitians.ca

We look forward to your response on this submission.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jennifer Buccino".

Jennifer Buccino MEd RD
Regional Executive Director, Dietitians of Canada



Ontario College
of Pharmacists
Putting patients first since 1871

Ontario College of Pharmacists
483 Huron Street
Toronto, ON M5R 2R4

December 7, 2017

Ms. M. L. Willems, MA, LLB
Registrar and Executive Director
College of Dietitians of Ontario
1810-5775 Yonge Street, Box 30
Toronto, ON M2M 4J1

Sent via email: melisse.willems@collegeofdietitians.org

Dear Ms. Willems:

Re: Proposal for Registered Dietitians to order laboratory tests

It is the understanding of the Ontario College of Pharmacists that Registered Dietitians (RD) provide nutrition services in a variety of settings in Ontario, including Community Health Centres, Family Health Teams, home care, hospitals, long-term care homes and private practice.

Further, in disease prevention and treatment, RD expertise in food and nutrition encompasses the interactions between nutrients, medications and metabolic processes. Timely access to lab values expedites and improves patient care by enabling the RD to tailor nutrition therapy to the individual. With the ability of the RD to order specific lab tests in a judicious manner and in coordination with the entire healthcare team, care will be optimized while patients will not be subject to excessive blood draws.

Care of the patient would include having a system in place for appropriate follow-up of ordered laboratory tests, including action if the results of a test are outside the normal or expected range, as well as documentation of any decisions made based on the interpretation of the lab data.

Extending to RD the open authority to order laboratory tests which they are personally competent to order and interpret would facilitate their active participation on the patient's health care team.

Sincerely,

A handwritten signature in black ink, appearing to read 'N. Lum-Wilson'.

Nancy Lum-Wilson, R.Ph., B.Sc.Pharm., MBA
CEO and Registrar

December 5, 2017

Melisse L. Willems, MA, LLB
Registrar and Executive Director
College of Dietitians of Ontario
1810-5775 Yonge Street, Box 30
Toronto, ON M2M 4J1

RE: College of Dietitians of Ontario Proposed Scope of Practice Expansion

Dear Melisse,

Thank you for including the College of Medical Laboratory Technologists of Ontario (CMLTO) on your list of stakeholders for the circulation of the College of Dietitians of Ontario Proposed Scope of Practice Expansion that would authorize dietitians to have open authority to order laboratory tests. Since no draft submission was included in your consultation request, we cannot provide any comments or suggested revisions to the College of Dietitians of Ontario.

CMLTO was involved as a key stakeholder when the College of Dietitians of Ontario was preparing its submission to HPRAC in 2008.

If the College of Dietitians of Ontario Council and the Ontario Ministry of Health and Long-Term Care support this change, CMLTO would have no objections. However, in order to enable this change, the regulations under the *Medical Laboratory Technology Act, 1991* (specifically Part III – Person Prescribed to Order Tests, under Ontario Regulation 207/94) must be amended to permit medical laboratory technologists to take blood samples from veins or by skin pricking when ordered by members of your College.

As you are aware, regulation changes of this nature would require submissions to the government, statutory circulation to CMLTO members and stakeholders, and approval by CMLTO Council. We would appreciate being kept up to date on the proposed changes to enable the CMLTO to adequately prepare for, and



College of Medical
Laboratory Technologists
of Ontario

follow the prescribed process for proposed regulation amendments should this change in dietitians' authorization to order laboratory tests come to fruition.

We thank you again for inviting us to comment on the College of Dietitians of Ontario Proposed Scope of Practice Expansion that would authorize dietitians to have open authority to order laboratory tests. Please do not hesitate to contact me should you require any further information in regard to this matter.

Yours truly,

Kathy Wilkie, BHA, MLT
Registrar & CEO