



**RECORD
KEEPING**

**in Dietetic
Practice**

2018 Annual CDO Workshop


Facilitating Quality Healthcare

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IT'S NOT just

WHAT

BUT WHY


YOU DO IT

The *why* can inform the what, who, when, and how



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Workshop Overview

1. Introduction
2. Reasons for Record Keeping
3. Records for Non-Clinical Dietetic Services
4. Summary & Resources
5. College Update




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**PROTECTING
the Public**




Educating dietitians about their professional obligations for record keeping aligns with the College's mandate.




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**QUALITY
ASSURANCE**




Self-Directed Learning Tool
Chart review (as applicable)




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Record Keeping Focus



Client Health Records
Paper & Electronic



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Section 2: Reasons for Keeping Records

Record keeping is important for everyone in the health care system



To facilitate effective client-centered health care delivery



“Record keeping is client care”

Record Keeping

Facilitates Quality Health Care Delivery

- | | | | |
|--------------------------------|-----------------------------------|-------------------------------------|---|
| 1.
Tracks Dietetic Practice | 2.
Demonstrates Accountability | 3.
Communication & Collaboration | 4.
Fulfills Professional Obligations |
|--------------------------------|-----------------------------------|-------------------------------------|---|

1. Tracks Dietetic Practice

- Document assessment, treatment, progress
- Demonstrates critical thinking and professional judgement in an evidence-based manner (writing as thinking)
- Provides an account of what happened so RDs do not solely rely on memory

Accurate and complete records helps RDs to continue to provide good quality dietetic care


1. Tracks Dietetic Practice



- Contributes to a body of evidence to support nutrition services/interventions/outcomes
- Helps to support research in dietetic and other healthcare service delivery

Evaluates a Dietitian's Ability

**1.
Tracks
Dietetic
Practice**



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**2.
Demonstrates
Accountability**

- Records show you are doing your job well – adequacy of competence
- Provide clear accountability of what was done and by who
- Indicate what will be done and who is responsible

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**2.
Demonstrates
Accountability**

- Motivates RDs to follow-up with the care they intend to provide
- Used for quality assessment processes
- Contributes to risk mitigation

Helps to drive RD behaviour towards a commitment to quality client-centred care

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**Time2
Reflect**

A person can run a red light everyday and the action has no consequence until a collision occurs.


Inadequate records or missing entries may be of no consequence until an issue is identified.

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**3. Communication
& Collaboration**

- Facilitates communication among health care team members (oral and written)
- Effective communication is vital to the functioning of care teams.



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**3. Communication
& Collaboration**

- Other members of the health care team rely on an RD's entries
- Prevents unnecessary duplication, saves time, used for sense-making
- Mitigates risk - used to construct what is known, flag knowledge gaps and develop an understanding of the client's needs
- Enhances teamwork to help optimize safe, effective and efficient client-centred care

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3. Communication & Collaboration

- Records can facilitate communication with clients
- Client access to their health records can empower them to become active participants in their own care



Someone else will have to read and understand what I write when I am not there.

4. Fulfills Professional Obligations

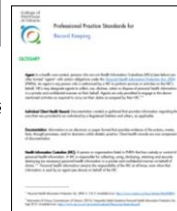
Personal Health Information Protection Act, 2004 (PHIPA) Requirements for Health Information Custodians (HICs) and their authorized agents for handling personal health information to protect privacy

Professional Misconduct Regulation
"22. Failing to keep records as required."

4. Fulfills Professional Obligations

Standards & Guidelines

Standards
The MUST



Guidelines
Enhanced or best practices



WHY IMPORTANT?



Dietitians contribute to health information management.
They are stewards of their clients' health information.

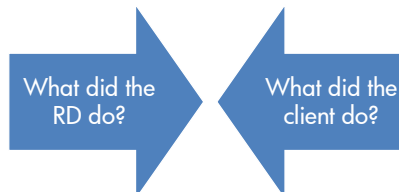
Standard 1

RDs must ensure their documentation is accurate, objective, and reflective of the dietetic services provided.

Standard 1 - WHY?

- RDs' documentation contains valuable information that helps facilitate the entire health care of the client, including the dietetic care
- Information is used by RDs and other members of the health care team to provide quality services

An entry can specify the kind(s) of service(s) rendered and the client's response(s)



It's not just **what** you say,
but **how** you say it.



WHAT WOULD YOU DO?

An RD has been seeing a client who has been struggling to meet their nutrition care goals. The RD documents that the client is "non-compliant due to a knowledge deficit."

The client requests a copy of their health care record, reads the RD's notes and is offended.

What are some alternatives to avoid offending the client?

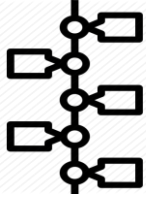
Standard 2

RDs must document in a systematic and timely manner.

Standard 2 - WHY?

Systematic and timely documentation ensures that the right people have the right information at the right time.

Chronological & Accessible Information



- Documentation must be chronological and accessible to those who need it
- Information must be captured within the client health record
- Personal/soft notes are not sufficient



WHAT WOULD YOU DO?

An RD sees individual clients alongside an RN for care. Since both the RD and RN were present in the shared appointments they divvy up the documentation thereafter so that only one provider documents client care.

How should the RD manage the documentation expectations for shared appointments with other providers?

Timely Documentation



- Documentation may trigger treatment provision to a client
- Timely may mean:
 - Immediately after a client interaction
 - Within same day
 - Something else



How accurate will my documentation be if I wait days or weeks to write a note?



WHAT WOULD YOU DO?

RD accepted a new position. Due to weather and travelling concerns she was unable to complete her last days of work at her prior position. This left her unable to chart her last counselling sessions. She's been trying to coordinate a time to complete her charting, however due to conflicting schedules, she have been unable to accommodate this task.

How can this situation be fixed? How could it be avoided?

Standard 3

RDs must ensure a comprehensive client health record is maintained when individual nutrition assessments and treatment/intervention are provided.

Standard 3 contains the bulk of the "what"

Standard 3 - WHY?

- Relevant (as applicable) content should be included
- Information related to dietetic care is needed by RDs and other members of the health care team to communicate and effectively do their job



WHAT WOULD YOU DO?

An RD works in an outpatient renal clinic and often gets e-mails about specific food questions. Questions often relate to the RD's previous intervention/education for a client (e.g. education on low potassium) and the client is asking if they can eat a specific fruit.

Does the RD need to document this interaction?

Standard 4

RDs must maintain financial records whenever billing occurs in dietetic practice.

Standard 4 - WHY?

Accurate and complete financial records ensure that RDs remain accountable to their clients and third-party payers for fair and honest billing practices.



This note will be the best possible reflection of my professional abilities.

Standard 5

RDs must ensure reasonable measures are in place to maintain the security of client health records.

Standard 5 - WHY?

- Client health records contain valuable, important and confidential information
- Strong information protection practices by RDs helps ensure that records are accessible to those who need it
- Security of client health records is important to prevent the loss and inappropriate access of personal health information for continuity of client care

All health records must be kept confidential and secure



consult with experts



WHAT WOULD YOU DO?

An RD working in a fitness center has a locked filing cabinet with client health records that only she has access to. The cabinet is located in a room that cannot be locked because other staff use it.

Is a locked filing cabinet in a room used by other staff members sufficient to maintain the security of client health records?

Best Practices for Protecting Personal Health Information



Establish privacy policies to detect, prevent and reduce the risk of unauthorized access

Educate yourself and employees

Ensure understanding and the consequences for not complying

Safeguards

Administrative

- Confidentiality agreements, privacy notices, logs, audits, not writing down passwords

Physical

- Limited access (locked rooms, cabinets)

Technical

- Individual logins, auto log-off, encryption, warning flags, firewalls, malware, audit trails, closed networks, corrections trail, date/time stamp

Email/Text Communication



- Obtain informed and knowledgeable consent
- Limit personal health information being communicated
- Implement technical, physical and administrative safeguards
- Follow organizational policies, as applicable
- Document correspondence that relates to client care: Summarize, cut/paste/attach email or print paper copies and file
- Delete emails/texts if not needed and/or summarized



What are your practices when travelling with personal health information of clients?

Travelling with Personal Health Information

- RDs must ensure reasonable measures are in place to maintain the security of paper and electronic client health records
- Be proactive and consider the risk of theft
- Encrypt all electronic mobile devices that contain personal health information (e.g. laptops, USB keys, tablets, smart phones, etc.)



Encryption 101

- Takes original data and encodes it making it scrambled
 - Paired with an encryption key
- "Copies" of the key are passed to those who need access
 - Key can be a password, USB key, fingerprint, etc.
 - Decryption occurs and data becomes readable
- Symmetric encryption uses same key to encrypt and decrypt
- Asymmetric encryption uses different keys to encrypt and decrypt
 - Encryption can be incorporated into devices, apps, email and software
- End-to-end encryption – only those users sending and receiving data can read it
 - Can encrypt documents, emails, texts, drives and entire devices

Resources:

- Techworld. (2018) [What is encryption?](#)
- Office of the Information & Privacy Commissioner of Ontario. (2007). [Encrypting Personal Health Information on Mobile Devices.](#)



WHAT WOULD YOU DO?

An RD regularly exchanges emails with her clients regarding their care and refers to these emails during follow-up sessions. The RD accesses her email on her phone.

What should the RD be mindful of to ensure she is fulfilling her professional obligations for record keeping?



What is the difference between a health information custodian (HIC) and an agent?

Health Information Custodians (HICs)

A person or organization listed in PHIPA that has custody or control of personal health information:

- Responsible for ensuring appropriate policies & practices in place
- HICs are accountable for personal health information in their custody or control and for the actions of their agents with respect to that information.

Personal health information remains the responsibility of the HIC at all times

Agents

- Any person who is authorized by a HIC to perform services or activities on the HIC's behalf
- HICs may designate agents to collect, use, disclose, retain or dispose of personal health information in a private and confidential manner on their behalf
- Agents are 'implementers' and only permitted to engage in the above-mentioned activities required to carry out their duties as assigned by their HIC



Just because you can,
doesn't mean you are
authorized to do so

Client Right of Access

- Clients/substitute decision-makers have the right to access their client health records
- Access applies to the entire chart, including consultation reports and any documents provided by other practitioners
- Extends to persons authorized by the client to access the chart, including family members

Exceptions are unusual and relate primarily to any serious safety concerns for third persons or, in rare cases, the client.

Client Right of Access

- Explanations of technical terms/abbreviations may be required
- Viewing a health record in the presence of a health care professional may prevent tampering or altering of that record
- Unless the entries are particularly sensitive, RD should consider providing a copy of the chart
- Can charge a reasonable fee

Corrections/Changes

- Can be initiated by client, RD or other health care provider
- Original entry should remain legible
- Made by the practitioner who originally made entry and shared with others, as applicable
- If HIC or authorized agent disagrees, no corrections should be made, but this should be noted in chart

Corrections/Changes

- If client continues to dispute the entry after the HIC's or authorized agent's explanation, the client may file a statement of disagreement in the chart.
- Clients can also file complaint with Information and Privacy Commissioner of Ontario if correction request is denied
- RDs who act as HICs should implement a process to manage client requests for corrections that complies with PHIPA

Know organizational processes or establish them

Managing a Privacy Breach

- Unauthorized collection (access), use or disclosure of any personal health information
 - Includes theft, loss, info going astray, unauthorized copying, modification or disposal
 - May result in a loss of trust and confidence in health care
- Inform organization's privacy officer and implement privacy breach protocol
- RDs who act as HICs should establish and implement their protocol



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Fall 2017/winter 2018 résumé article and the Information & Privacy Commissioner of Ontario's website resources



WHAT WOULD YOU DO?

An RDs works for a clinic. The clinic manager has been designated the HIC, but is not a regulated health professional. The RD is concerned that the HIC is not complying with their obligations for protecting the personal health information of their clients. The HIC is accessing and disclosing information inappropriately and keeping client health records in a non-confidential manner.

What should the RD do?



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What should be done with client health records when RDs close their private practice?



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Closing Your Private Practice

- Records must be dealt with responsibly
- Clients should always know where their charts are to obtain access or to request copies, as needed
- Securely and confidentially keep records for appropriate retention period – consult IT experts
- Transfer records to another HIC and inform the client
- Must have plans in place to assign record keeping responsibility



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Section 3: Other Dietetic Services



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Group Education Classes & Workshops

- College doesn't require RDs to keep records for groups unless part of an individual treatment plan - summarize what was covered
- Consider the purpose for record keeping
- Documentation requirements mainly depend on the program (e.g. accountability, meeting program/funder's needs, tracking attendance or other statistics)
- Consult with peers
- Protect personal health information



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WHAT WOULD YOU DO?

An RD teaches a series of group education classes for weight loss. An attendee of the class asks several questions about the vitamin and mineral supplements they should be taking. The questions include the attendee sharing a lot of personal health information.

What should the RD be documenting?



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Individual Encounters in Group Sessions

- What is documented depends on the client-RD interaction
- Follow applicable program protocols to comply with scope of program/education session
- If a conversation feels like an assessment then create an individual client health record
- Protect personal health information



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Should You Record it?

Let the **WHY** guide you



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Record keeping must always be ...



- Professional
- Legible
- Accurate
- Honest – no false or misleading statements
- Ethical
- Within dietetic scope of practice
- Reflects dietetic services provided
- Accessible
- Private and secure
- Meets employer requirements



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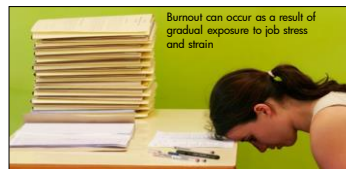
Record Keeping Concerns



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Overloaded = Paperwork can get sacrificed



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Be mindful and be solution-focused

The College has and continues to receive complaints/reports that include record keeping concerns



It's not uncommon for record keeping issues to flag other issues

Complaints/Reports About Record Keeping



- Incomplete documentation
- Failure to chart in record
- Timeliness
- Lack of clear and concise direction on dietetic interventions
- Unrecognized abbreviations/language
- Errors
- Failed to use format directed by employer
- Failed to document consent
- Altered charts in advance of a chart audit
- Inappropriate and unprofessional comments about a client in chart
- Inappropriate access of charts

Building Resilience To Mitigate Risk In Dietetic Practice - Learning Module



To find out how you can improve your personal resilience to thrive in dietetic practice go to:
[Building Resilience to Mitigate Risk in Dietetic Practice](#)

Section 4: Summary & Resources

Summary

- Documentation tracks dietetic practice and demonstrates accountability
- RDs actively contribute to interprofessional record keeping and communication; helps people do their work
- Personal health information drives the delivery of all health care
- Health information is valuable and needs to be protected in a manner that is also accessible to those who need it

Summary

- RDs have a responsibility to actively contribute to:
 - The client health record itself
 - Effective health information management practices that keeps information private and secure
- Effective record keeping provides a means for safe, competent, ethical and accountable health care

Record keeping is not just busy work, it matters!

Resources & References

- [Professional Practice Standards for Record Keeping](#) (2017)
- [Record Keeping Guidelines](#) (2014)
- [Personal Health Information Protection Act, 2004](#)
- [Professional Misconduct Regulation, Dietetics Act, 1991](#)
- [FAQs About Interprofessional Record Keeping](#) (2017)
- [Co-Signing Student & Intern Documentation](#) (2018)
- [Building Resilience to Mitigate Risk in Dietetic Practice](#) (2015)
- [Information & Privacy Commission of Ontario Website](#)



Questions?



College Update

Highlights of Activities

Strategic Goals 2016-2020

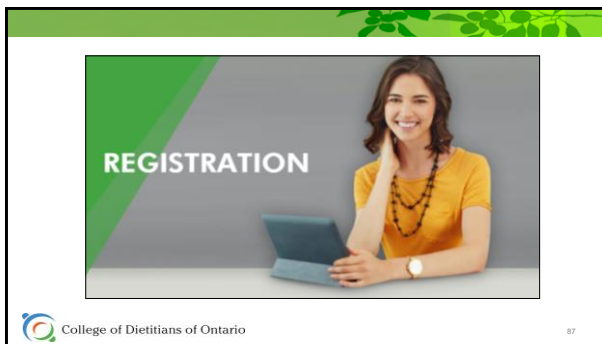
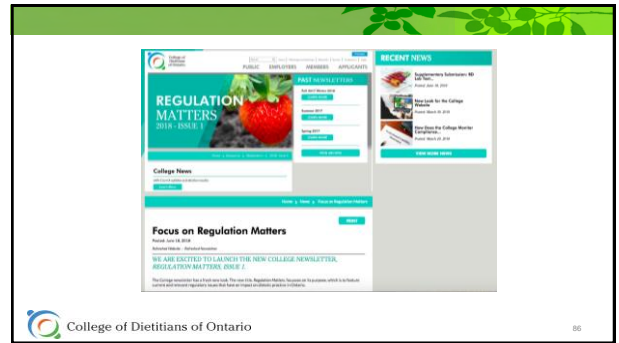
Goal 1: A Robust Regulatory Framework for the Quality and Safety of Dietetic Practice	Goal 2: Competent Members Engaged in Effective Informed Practice	Goal 3: Stakeholders Recognize CDO as an Accountable Regulator for Public Protection
Goal 4: A Collaborative Partner		
Goal 5: An Effective Organization with Optimal Use of Resources		

College Mission

The College of Dietitians of Ontario is dedicated to public protection.

We regulate and support Registered Dietitians for the enhancement of safe, ethical and competent nutrition services in diverse practice environments.

Values
Integrity
Collaboration
Accountability
Transparency
Innovation



2018 Registration Renewal

For all General Members

- Annual renewal fee \$629
- Online deadline: **Wed Oct 31st @ 11:59pm**
- Paper documentation must be received by **Wed Oct 31st @ 5pm**
- Includes renewal form and fee or \$70 late fee applies
- Responses must reflect your status on the date you renew

Mandatory Self-Reporting

As soon as possible and within 30 days:

- Subject of a current investigation, inquiry or proceeding or findings of professional misconduct, incompetence or incapacity
- Findings of professional negligence and/or malpractice
- Refused registration, is no longer in good standing or is no longer fulfilling any terms, conditions or limitations imposed on the member with any professional regulatory body
- Was not in good standing at the time member ceased being registered with any professional regulatory body
- Findings of guilt related to any offence
- Ceases to be a citizen or permanent resident or is unauthorized to work in CA
- No longer maintains professional liability insurance as required by law

Liability Insurance – For Public Protection

- Mandatory requirement when practicing dietetics
- Declared on annual renewal
- Targeted random selection + discrepancies on annual renewal
- An increase in the number of members who:
 - Have gaps in insurance
 - Did not respond to the College's request for proof (can be suspended)
 - Late response from employer
- Non-compliance: referred to Inquiries, Complaints & Reports Committee (ICRC)

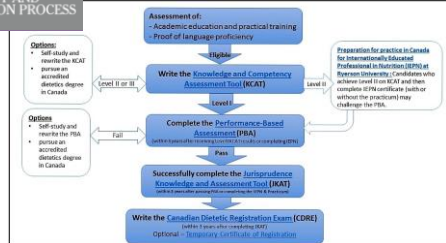
You are Responsible for Reading College Emails

- Increasingly electronic - emails are our primary communication tool
- Make sure that we have your current email and check regularly (even when on leave)
- Ensure the College email address is on your safe sender list



You are held accountable to fulfill your professional obligations even if you have not read your emails from the College

PRIOR LEARNING ASSESSMENT AND RECOGNITION PROCESS



QUALITY ASSURANCE



Quality Assurance Program Components



SDL Tool Review from Renewal 2017

SELF-DIRECTED LEARNING TOOL <small>LEARN MORE</small>	Total	%
Total reviewed	257	100%
Required Resubmission	136	53%
Attending Mandatory Webinar	42	31%

New Video: [Writing Professional Goals](#)



The College encourages all RDs to watch this video prior to setting annual SDL Tool goals

**JURISPRUDENCE
KNOWLEDGE &
ASSESSMENT TOOL**
LEARN MORE

1826 RDs required to do JKAT in 2018

- 1794 passed
- 1 failed
- 31 did not complete by deadline

**PEER AND PRACTICE
ASSESSMENT**
LEARN MORE

223 RDs completed the PPA in 2018
 9 RDs moved on to Step 2

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**PRACTICING FEWER
THAN
500 HOURS**
LEARN MORE

Total Learning Diaries Reviewed 2017-2018	22
Learning Diaries Sufficient	19
Undergoing Competency Assessment	2
Lives outside Canada	1

57 members have signed a Voluntary Undertaking (VUT) as of May 15, 2018

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College is required by law to receive reports and investigate complaints about RDs

10 new ICRC matters received

- 5 Complaints
- 5 Reports
- 11 Quality Assurance Committee Referrals
- 1 Incapacity Inquiry

19 matters closed/decisions issued

- 5 Complaints
- 4 Reports
- 9 QA Referrals
- 1 Incapacity Referral

Average # of days to resolve a matter from date College received it until decision issued:
290

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 100

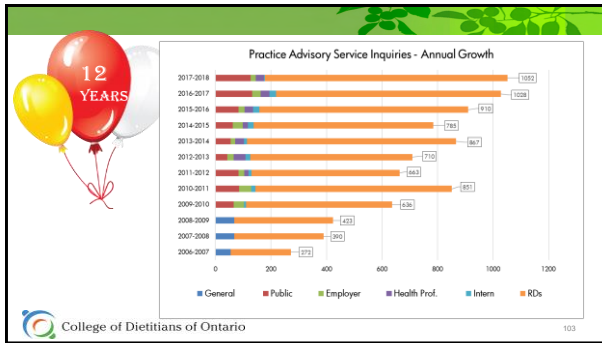
**PRACTICE
ADVISORY**

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**PRACTICE ADVISORY
SERVICE**

- Continued growth in inquiries
 - Please call or email us!
 - Specific questions or feedback appreciated
 - We learn from RDs
 - May develop educational resources based on common themes of inquiries

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Professional Practice Resources

Offered in a variety of Formats:

- Online documents
- In-person presentations
- Webinars
- E-learning modules

BOUNDARY CROSSINGS LEARN MORE	CONFIDENTIALITY & PRIVACY LEARN MORE
CONFLICT OF INTEREST LEARN MORE	CONSENT LEARN MORE
INTERPROFESSIONAL COLLABORATION LEARN MORE	PROFESSIONAL OBLIGATIONS LEARN MORE
PRIVATE PRACTICE LEARN MORE	RECORD KEEPING LEARN MORE
SCOPE OF PRACTICE LEARN MORE	SOCIAL MEDIA & TECHNOLOGY LEARN MORE
WORKPLACE ISSUES LEARN MORE	

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Upcoming New e-Learning Module

BOUNDARY CROSSINGS

PRESERVING PROFESSIONAL THERAPEUTIC RELATIONSHIPS

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RD Lab Test Ordering Authority Still Pending

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Collaboration

CDO collaborates on issues/projects of mutual interest:

- Other health regulators in Ontario
- Other dietetic regulators in Canada
- Partnership for Dietetic Education & Practice (PDEP)
- Dietetic Education Leadership Forum of Ontario (DELFO)
- Dietitians of Canada

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Public Education Campaign New Plan 2016/2020

2004: Goals and key messages developed. College website redesigned with new public education section.


2009: Established a baseline measure to evaluate campaign and initiated the campaign. College website redesigned to include a public portal.

2010-2013: Reviewed feedback. Adjusted the messages. Added tactics to include a video, infographic and infographic for community newspapers.

2013-2017: Post campaign survey by larger marketing to measure results against baseline set in 2009. Committee reviews campaign results. Committee and staff develop a new 3 year public education campaign 2014-17.

2018-2020: Campaign reviewed and aligned with College's Strategic Plan.

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PATIENT RELATIONS

Public Education

- YouTube - College of Dietitians
- Promotion of our new Boundary Crossings video-quiz
- Creation of new videos
- Articles in Zoomer online and community publications
- Google AdWords campaign
- Twitter and Facebook

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Profession Self-Governance


Be an active participant via:

- Council
- Committees
- Peer Assessors
- Item writers for JKAT
- Respond to consultations
- Stay informed – emails, newsletters and workshops
- Give feedback

Get involved.



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Please do not hesitate to contact the College:

Practice Advisory Service
practice.advisor@collegeofdietitians.org
 416-598-1725; 1-800-668-4990 ext. 397

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