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COLLEGE OF DIETITIANS OF ONTARIO

a systematic approach to **Record Keeping in Public Health**

Public Health Nutritionists and Dietitians working in a variety of settings and programs have asked for more guidance on record keeping. This article offers a systematic approach to applying the laws, regulations and College resources to record keeping in public health. Through questions and answers, the College responds to issues commonly raised by Public Health Nutritionists and Dietitians.

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**Results
2007**

ELECTION

DISTRICT 1

Council Member

Cecily Alexander RD

Non-Council Member

Sue Skopelianos RD

DISTRICT 3

Council Members

Fiona Press RD

Sharon Zeiler RD

Non-Council Member

Linda Hines RD

BY-ELECTIONS

DISTRICT 2

Non-Council Member

Carolyn Lordon RD

DISTRICT 6

Council Member

Terry Koivula RD

Members elected by acclamation.

COLLEGE OF DIETITIANS OF ONTARIO - RÉSUMÉ - SPRING 2007

HIGHLIGHTS

6 MOVING FORWARD WITH CONTROLLED ACTS FOR RDs — PRESIDENT'S MESSAGE

7 RESPONDING TO YOUR ISSUES — REGISTRAR & ED'S MESSAGE

9 JOB OPPORTUNITY — PROFESSIONAL PRACTICE ADVISOR & POLICY ANALYST

CDO IDEAS SERIES 2007

Membership Consultation about Practice Advisory Support & Practice Assessment. Please give us your ideas. See page 10 and back COVER.

RÉSUMÉ

RD
REGISTERED
DIETITIAN

Public Health Nutritionists & Dietitians have asked...

How does the College's guidance on record keeping apply to my area of practice?

A Systematic Approach

Approaching record keeping in any area of practice, including public health, starts with the fundamental question: "Am I collecting personal health information?" If the answer is "YES", then you need to follow the requirements outlined in the *Personal Health Information Protection Act, 2004* (PHIPA). The chart on page 5, "A Systematic Approach to Record Keeping in Public Health", shows three situations where RDs working in public health collect identifiable personal health information. The chart also shows considerations and resources for creating and maintaining health records.

If you are not collecting personal information, then you should follow your organization's policies on record keeping and documentation. The chart gives two examples where non-personal information is collected or where the information does not identify a person. In the absence of organizational policies and procedures, RDs can play an important part in assisting their organization to develop them.

Resources

The laws, regulations and CDO guidelines listed below contain what you need to know about keeping health records and for documenting services in the public health sector. These resources are on the CDO website in the Resource Room.

The Personal Health Information Protection Act

The legal requirements for personal health information are found in The *Personal Health Information*

Protection Act, 2004 (PHIPA). The purpose of the Act is to:

- establish rules for the collection, use and disclosure of personal health;
- provide individuals with a right of access to, correction or amendment of personal health information;
- establish a means for an independent review and resolution of complaints; and
- establish remedies for contraventions of this Act. (See PHIPA chapter 3, Schedule A, Part 1)

PHIPA defines personal health information as 'any identifying information about a person, given either verbally or in a record', that relates to:

- the physical or mental health of the individual, including information about family health history;
- providing health care to the individual, including the identification of a person as a provider of health care to the individual;
- payments or eligibility for health care in respect of the individual;
- the individual's health number, or
- the identification of an individual's substitute decision-maker. (See PHIPA c. 3, Sched. A, s. 4 (1)).

For more detailed information about the *Personal Health Information Protection Act, 2004*, see the video and PowerPoint presentations at: http://www.health.gov.on.ca/english/providers/legislation/priv_legislation/priv_legisl_video.html

The *Information and Privacy Commissioner's Office* ensures compliance through a complaints review and inspection process. The

office has prepared two guides that explain PHIPA in simple and clear terms: *A Guide to the Personal Health Information Protection Act* (2004), and *Frequently Asked Questions: Personal Information and Protection Act* (2005). You may access these documents at <http://www.ipc.on.ca> > Resources: Educational Material.

CDO Resources and Guidelines

The Proposed Regulation: Records Relating to Members' Practices (2006)

sets out the requirements for members of the College with respect to keeping records. The proposed regulation focuses on client/patient record keeping obligations and has direct relevance to Public Health Dietitians and Nutritionists when clients require individual assessment and intervention.

The Record Keeping Guidelines for Registered Dietitians in Ontario, (2004), expands on and goes beyond the proposed regulation to provide more guidance on why, when and how to keep records for members of the College. Public Health Dietitians and Nutritionists may find the following sections useful:

- Purpose for Documenting
- Tips For Good Record Keeping
- Third Party Information
- Group Counseling, Presentations, Workshops
- Mandatory Reporting
- Telepractice
- Transmitting Client Information
- Records Retention
- Shared and Joint Records

continued...

The Jurisprudence Handbook for Dietitians in Ontario (2003)

explains the regulatory obligations for keeping client health records. The new edition, which will be released in Fall 2007, will provide new record keeping information and new public health scenarios dealing with joint records and transmitting sensitive information by electronic means.

Q & As

In a group session, an encounter with a client becomes a one-on-one discussion about a specific nutrition topic. Does this mean that I should create a detailed client health record?

Not all one-on-one discussions result in the creation of a detailed client health record. Using the chart, first ask yourself, "Am I collecting identifiable personal health information from this client?" A detailed discussion with a client - more detailed than in the group session - and asking questions to clarify what resources would be most useful for the client, do not constitute an assessment and would not require you to create a client health record. If you have not asked for any personal health information or conducted a nutrition assessment, then you may simply note in your group discussion record that you have had a discussion with an individual and the topic discussed.

If, however, the conversation feels like a nutrition assessment, i.e., you have the person's name, you have asked for a nutrition history or medical information, and have provided nutrition advice, then you are collecting identifiable health information and you need to create an individual health record. Depending on the depth of your assessment, your record may be very

brief with only the person's name and a note about your specific recommendations or it may be very detailed as described in the proposed regulation, *Records Relating to Members' Practice*, Section 7. This applies when:

- you do an individual assessment of the client's medical, social and nutrition history;
 - identify goals for an individual intervention; and
 - make nutrition recommendations and/or a care plan based on an assessment of the individual and make arrangements for follow up.
- Remember, even a brief notation that contains personal health information is subject to PHIPA and should be treated differently than notations without personal health information.

Where vitamins and minerals are recommended for pregnant clients, do I create a client health record?

The recommendation of vitamins and minerals by a Registered Dietitian is normally based on an assessment to determine a need for them. Where an assessment is conducted, a client health record should be created.

Creating a record need not be laborious; the assessment can be very specific, "for determining the need for vitamins and minerals only" versus "assessing overall nutrition status". It follows that the health record would contain less information than one would expect to see for a more comprehensive assessment.

Some health units have streamlined this process by creating assessment forms specifically for this purpose. Where you have such forms, you do not need to create a separate client record to meet College requirements. The form is the client health record.

We are required to keep a number of forms with detailed information for the clients of the Canada Prenatal Nutrition Programs (CPNP). Do I need to create a separate individual client health record to comply with the College's proposed regulation on record keeping?

The forms required by the CPNP program are all part of the individual client record. The College does not expect you to keep a separate record for the information required by the proposed record keeping regulation, only that you include it on your CPNP forms.

There are instances where some of the "must have" information listed in the proposed regulation is not relevant. According to PHIPA, you should collect and record only relevant information and the College fully acknowledges this. For example, most of the information required in the proposed regulation is already included on the CPNP forms; what is excluded is not relevant to CPNP clients. The same principle would apply to the forms discussed in the vitamins and minerals question above.

What should I do if I do not have some of the information, such as a doctor's name, as required in the proposed regulation for record keeping?

Obviously, you cannot record information you do not have. In cases where you feel the information is crucial, you may note attempts you made to obtain that information. For some public health clients, it may be inappropriate to request certain information due to the sensitivity of a situation. Any review of records by an accrediting body or by the College would certainly consider the appropriateness of collecting the information, efforts made to collect it and its accessibility.

continued...

Despite the guidance you have provided, I still have some concerns about documenting for group sessions.

Documenting group sessions that do not collect personal health information should be done in accordance with your facility policies and procedures. The *Record Keeping Guidelines*, Section J, suggest that public health units should consider documenting their programs by focusing on:

1. the purpose of the program or service;
2. an assessment of the group or community needs;
3. objectives or outcomes;
4. a plan for meeting the objective;
5. interventions to execute the plan;
6. evaluation and future plans; and
7. a list of materials and handouts.

This documentation should be done at the start of programs and when significant changes are made to services provided. Recording the information need not be onerous and does not preclude keeping attendance records or any other record as required by your organization.

How do I document telephone calls?

Again, ask yourself, "Am I collecting personal health information?" If you are not collecting personal health information, the documentation of calls in your telephone log should be governed by organizational policies and procedures and should be based on the purpose for collecting the information. Examples of telehealth services for general nutrition advice that do not include personal health information are:

- An individual who identifies by name, but is not linked with any

personal health information such as a diagnosis of cancer or any other disease asking about any nutrition topic;

- An anonymous individual who states their diagnosis of say AIDS or any other disease inquiring about supplements for weight gain or any other nutrition topic;
- An individual who identifies by name, asking about the amount of trans fats in a food product or any other nutrition topic.

If you are collecting identifiable personal health information when dealing with a caller, then you need to create an individual health record. Again, the record may be a brief note in your telephone log depending on the depth of your assessment but it is still subject to the confidentiality, access and security provisions of the PHIPA. If you sense that the telehealth service has gone beyond general nutrition advice to an individualized, in-depth nutrition assessment and intervention, then you may need to create an individual client health record instead of making a simple notation in the telephone log.

I am a Public Health Nutritionist and provide services in schools. What are my record keeping responsibilities?

In a school setting, apply the same systematic approach to documentation as described for group discussions and recording telephone calls. First ask yourself, "Am I collecting personal health information?" Individual health records must be maintained according to PHIPA when identifiable personal health information is collected about students for nutrition assessments and counselling. Documentation of other health care services, where identifiable health information is not collected, should

be directed by organizational policies and record keeping purposes should be clear. There are situations where you may be required by law to make a mandatory report, such as suspected child abuse. How you document ought to reflect this additional purpose for the record.

Where should I record that I have made a mandatory report?

If you already have an individual client record, and there are no reasons why making a note about the mandatory report in the client record would be inappropriate, then make a note in the record. Given the nature of work in public health, there are often no individual client health records available. If this is your situation, you must rely on organizational policies and procedures for recording such incidents. Some organizations use incident forms for this purpose. In the event that your organization does not have existing policies, the *Record Keeping Guidelines*, Section B, may serve as a guide to develop them.

Work in public health involves travelling with confidential information, any thoughts on security?

The security of personal health information is an issue when work entails travel or carrying records from site to site. If you carry portable devices such as laptop computers and USB stick drives with identifiable health information, the *Information and Privacy Commissioner* requires that identifiable information be encrypted or stored in a manner that ensures the information is anonymous. During travel, health information must be stowed in the locked trunk of the vehicle. (see <http://www.ipc.on.ca/index.asp?navid=55&fid1=607>)

A Systematic Approach to Record Keeping in Public Health

Am I collecting Personal Health Information?

Yes

I am collecting personal health information that identifies clients and links them with information about their health and their case history.

No

I am not collecting personal health information. I am collecting non-personal information about programs and services that does not identify clients.

Mandatory Reports

CHILD ABUSE
SEXUAL ABUSE BY HEALTH PROFESSIONAL
ELDER HARM IN NURSING HOME

Consider

- Record relevant information of a sensitive or personal nature or illegal activities.
- In cases where there are no individual client records, you may use organizational forms such as incident report forms.
- Use professional judgement to determine how to manage client disclosure and inform clients appropriately.

References

1. PHIPA
2. Jurisprudence Handbook for Registered Dietitians in Ontario (2003), Chapter 2, p. 18-19.
3. RHPA
4. Nursing Homes Act
5. Child and Family Services

Telehealth Services

GENERAL ADVICE WHERE PERSONAL HEALTH INFORMATION IS COLLECTED.

Consider

- The purpose for creating a record is clear.
- Records are accurate, relevant and in accordance with PHIPA & internal policies & procedures.
- Record relevant information only.
- A record may be a brief notation in the call log or, where there is considerable information needed for assessment or change of care plan, RD uses professional judgement to determine if an individual health record is required.

References

1. PHIPA
2. Record Keeping Guidelines for RDs in Ontario, Sections A, B, L.

The Individual Client Health Record

INDIVIDUAL NUTRITION ASSESSMENT & INTERVENTION

Consider

- An individual client health record should be created for all encounters leading to an assessment, intervention and care plan.
- Use professional judgement for the application of laws and regulations.
- Record relevant information only.
- A record may consist of several documents kept in different places and linked to enable access, e.g. electronic files and hard copies.

References

1. PHIPA
2. Proposed regulation: Records Relating to Members' Practice.

Primary Prevention Public & Group Education

PROGRAM ATTENDANCE DATA
SCHOOL OR WORKPLACE RECORD OF SERVICES
WORKLOAD STATISTICS
STRATEGIC PLANNING
PROGRAM PLANNING & EVALUATION

Consider

- The purpose for documentation of services and programs is clear.
- Documentation should be done at the start of a program and when significant changes occur.

Reference

Requirements are set by organizational policies & procedures.

Telehealth Services

GENERAL ADVICE WHERE NO PERSONAL HEALTH INFORMATION IS COLLECTED.

Consider

- The purpose for creating a record is clear.
- Ensure records are accurate, relevant and in accordance with internal policies and procedures.
- Remember, if collecting personal health information, records are handled in accordance to PHIPA, see *Telehealth Services* under YES.

Reference

Requirements are set by organizational policies & procedures.