

Medical Directive: Authorizing Dietitians to Write Diet and Tube-Feeding Orders

DEBORAH ELLEN (BOYKO) WILDISH, BHEc, MA, RD, ARAMARK Canada Ltd. at the Toronto Rehabilitation Institute, Toronto, ON

Abstract/Résumé

Dietitians working with patients in hospital settings are recognized experts in clinical nutrition. However, the diet and tube-feeding ordering process varies among hospitals and can present barriers to expeditious, effective patient care. When dietitians are granted full authority to implement their nutritional recommendations, they can write diet and tube-feeding orders on the physicians' order sheets, change existing physician orders, and implement orders immediately, without a physician's co-signature. This article describes the process whereby the dietitian team at the Toronto Rehabilitation Institute became authorized through a medical directive to write diet and tube-feeding orders. Full authorization to write diet and tube-feeding orders is groundbreaking for the dietetic profession because it expedites patient-centred care and expands the dietitian's responsibilities beyond the traditional sphere of clinical dietetic practice. (Can J Diet Prac Res 2001; 62:204-206)

Les diététistes travaillant auprès de patients dans les milieux hospitaliers sont reconnues comme des spécialistes en nutrition clinique. Le processus de prescription d'un régime alimentaire ou d'une alimentation entérale varie toutefois parmi les hôpitaux et peut nuire à la rapidité et à l'efficacité des soins. Lorsqu'on accorde aux diététistes la pleine autorité pour mettre en œuvre leurs recommandations nutritionnelles, elles peuvent écrire leurs prescriptions de régimes alimentaires et d'alimentation entérale sur les formulaires de prescriptions des médecins, changer les prescriptions du médecin et mettre en œuvre les prescriptions immédiatement, sans la signature du médecin. Cet article décrit le processus par lequel l'équipe de diététistes du Toronto Rehabilitation Institute a été autorisée, par une directive médicale, à rédiger des prescriptions de régimes alimentaires et d'alimentation entérale. L'autorisation complète de rédiger des prescriptions de régimes alimentaires et d'alimentation entérale est un progrès pour la profession, car elle accélère les soins axés sur le patient et élargit les responsabilités de la diététiste au-delà de la sphère traditionnelle de la diététique clinique. (Rev can prat rech diétét 2001; 62:204-206)

INTRODUCTION

In Ontario, physicians are authorized to write orders for diagnostic procedures and treatment, including therapeutic diets and tube feeding. Dietitians have the expertise to recommend diet and tube-feeding order revisions (DATFORs). The next logical step is for dietitians to write DATFORs. This will expedite patients' nutritional care, and have an impact on both quality of life and clinical nutrition therapy. It also will decrease the time that dietitians, physicians, and nurses spend in the DATFOR process.

A medical directive was developed and later approved on September 9, 1999 at the Toronto Rehabilitation Institute (Toronto Rehab), authorizing dietitians to write DATFORs.

Toronto Rehab is a relatively new organization, formed in November 1998 through the amalgamation of the Rehabilitation Institute of Toronto, Lyndhurst Hospital, and the Toronto Rehabilitation Centre. Toronto Rehab comprises five

centres and six clinical programs. These provide a broad spectrum of rehabilitation and complex continuing care services for adults.

BACKGROUND

At Toronto Rehab, the process of obtaining DATFORs was labour-intensive, requiring repeated interactions with physicians. The process was not patient-centred, and often a delay occurred before DATFORs were implemented. On average, the entire process took two working days; in rare instances, it took as long as one week. Eliminating physician approval of dietitian-written orders would allow DATFORs to be implemented immediately.

The vision for dietetic practice at Toronto Rehab evolved from a dietetics report developed by the dietitians at the former Rehabilitation Institute of Toronto in June 1996. The professional practice portfolio hired a professional practice

consultant to provide expertise in the implementation of the *Regulated Health Professions Act*; this consultant led the development of several reports. The dietetics report included a discussion of limitations to effective dietetic practice. Among these limitations was dietitians' inability to write orders when the need for DATFORs was identified.

In fall 1998, the professional practice consultant held sessions with physicians to improve team functioning and communication within the complex continuing care program. Barriers to effective practice were discussed, including dietitians' inability to write their own diet and tube-feeding orders. This physician group recognized that patient-centred care would improve if dietitians wrote DATFORs, and the group recommended that dietitians be permitted to do this.

This recommendation provided an opportunity for improved dietetic professional practice in all Toronto Rehab centres with inpatient programs. The vice-president of professional practice and chief nursing officer facilitated the implementation of the recommendation and secured the involvement of the professional practice consultant, who has expertise in regulatory matters for health professions.

At Toronto Rehab, the preferred approach was to develop a medical directive to empower dietitians to improve the DATFOR process and to satisfy the requirements of existing health care legislation. The *Public Hospitals Act* states that a physician must order hospital treatments (1). Although this Act does not specifically refer to nutrition therapy, therapeutic diets and tube feedings may be interpreted as hospital treatments requiring a physician's order.

The *Health Care Consent Act* obligates regulated health professionals to obtain informed consent for proposed treatments (2). The health care practitioner who proposes a treatment must take reasonable steps to ensure that the treatment is implemented only when the patient or substitute decision-maker has provided informed consent. This Act is relevant to Ontario dietitians who make recommendations for DATFORs while providing direct patient care. The dietitian is responsible for providing information about the benefits and risks of the proposed treatment, the possible alternatives, and the consequences of not having the treatment.

The *Regulated Health Professions Act* governs 24 health professions, and is intended to advance and protect the public interest (3). It includes a list of 13 controlled act procedures, none of which falls within the scope of dietetic practice. An authorized regulated health professional (e.g., a physician) can transfer the authority to perform a specific controlled act procedure to another regulated health professional who is not authorized to perform it. The medical directive described in this article does not involve the delegation of a controlled act procedure.

Writing DATFORs is within dietitians' scope of practice. This scope of practice is defined within the *Dietetics Act* as "...the assessment of nutrition and nutritional conditions and the treatment and prevention of nutrition related disorders by nutritional means" (4). A medical directive provides a formal

mechanism to capitalize on dietitians' scope of practice while meeting the requirements of the *Public Hospitals Act*. A medical directive is a medical order that applies to a range of patients under specified circumstances.

Collaboration with experts and key stakeholders

Developing the medical directive was a collaborative process involving experts and key stakeholders. The College of Dietitians of Ontario was contacted in November 1998, before any action was taken. Reassurance was given that dietitians are not prohibited from prescribing therapeutic diets and tube feedings under the *Regulated Health Professions Act*. However, the *Public Hospitals Act* and a hospital governing body may restrict dietitians from writing DATFORs unless a written policy, endorsed by the appropriate hospital authority, provides authorization. The governing body of each hospital also determines the specific requirements for co-signing orders, and medical directives spell out pre-approved parameters for writing each order.

The dietitians at Toronto Rehab discussed the breadth of the medical directive. Upon medical screening, dietitians can write admission diet and tube-feeding orders. However, the dietitians decided to limit the directive to the revision of orders. They also decided that dietitians would not write orders to initiate or terminate tube feeding, as inserting and removing feeding tubes are medical procedures.

The medical directive was written and presented to key Toronto Rehab stakeholders. These included clinical nurse specialists, nurse educators, speech language pathologists, the Clinical Practice Committee and the Medical Advisory Committee.

Dietitians also discussed implementation issues related to the medical directive. To avoid misunderstanding, dietitians would reference the medical directive when writing orders and communicate with the attending physician, especially if there was a reason to believe that the revised order might lead to a clinical debate.

When a dietitian writes diet and tube-feeding orders, the orders should be based on the dietitian's nutritional intervention (e.g., nutrition screen, full assessment, or follow-up). In addition, the rationale should be clearly documented in the patient's medical chart, and College regulations for record keeping should be followed.

Description of the medical directive

The Toronto Rehab Clinical Practice Committee, which comprises corporate professional leaders, developed a template for medical directives. The template incorporates key issues identified through collaboration with stakeholders. The medical directive about dietitians writing DATFORs begins with specifications for complete diet and tube-feeding orders. These are followed by a list of indications and contraindications for dietitian-written DATFORs. Mechanisms for addressing patient or substitute decision-maker consent to DATFORs are described, as are documentation issues. These include

...the dietitians
decided to limit the
directive to the
revision of orders.

writing diet and tube-feeding orders on physicians' order sheets to promote visibility and continuity of all treatment orders in the patient chart.

Quality monitoring mechanisms were developed:

- A sponsoring physician signs the medical directive to assume medical responsibility for it, and is available for questions or concerns about implementation.
- Each dietitian collects quality indicators, including the number of DATFORs they write and the percentage of orders implemented within 24 hours.

In addition, at Toronto Rehab, the dynamic process of developing, reviewing, and re-approving medical directives annually through the Medical Advisory Committee strengthens the integrity of medical directives.

Finally, supporting documents were crucial to the approval and success of this medical directive.

Supporting documentation

To standardize practice, dietitians at Toronto Rehab use the same policies, procedures, and guidelines. This promotes internal consistency: a patient can anticipate the same DATFOR from any member of the dietitian team. A dietitian assesses all Toronto Rehab inpatients within five working days. The assessment involves reviewing the appropriateness of current diet or tube-feeding orders and thereby detecting any need for a DATFOR.

Two existing manuals, the Toronto Rehab *Diet Compendium* and the *Enteral Formulary*, complement the diet and tube-feeding order process. The introduction to the *Diet Compendium* was revised to ensure clear, complete, and consistent diet terminology. The *Enteral Formulary* provides specific guidelines for tube feeding; for example, all tube-feeding orders must specify the provision of additional water to ensure adequate hydration.

Finally, the diet and tube-feeding order process became an interprofessional policy, to be followed by all professionals involved in the process. This policy provides guidance on the technical aspects and support functions related to implementing diet and tube-feeding orders within nutrition services.

CONCLUSIONS

One year after implementation of the medical directive, statistics were presented to both the Medical Advisory Committee and Quality Service Committee. The data indicate that dietitians at Toronto Rehab have exercised their authority to write DATFORs and have improved the timeliness of DATFOR implementation. Over one year, dietitians wrote 469 orders; 88% of these were implemented within 24 hours.

Timing is a critical factor in establishing an environment conducive to change. It took three years to kindle the idea that dietitians could write orders, and eight months to write the medical directive. Although direct satisfaction measures were not obtained, informal feedback indicates improved patient, family, dietitian, and health care team satisfaction.

Dietitians at Toronto Rehab are currently considering other

potential medical directives, such as those permitting dietitians to order laboratory tests and prescribe multiple vitamins with minerals. However, appropriate checks and balances must be in place before dietitians petition for greater responsibility and accountability. The process begins with the promotion of a consistent approach, grounded in best practice and collaborative interprofessional teamwork. Legislative and regulatory requirements must be met, and appropriate authorization mechanisms, such as medical directives, must be used. In addition, ongoing mechanisms to report and monitor possible risks are imperative, and must fit with a total quality management approach to dietetic practice.

RELEVANCE TO PRACTICE

Patients are sometimes held hostage to health care delivery processes. The current initiative is a good example of how dietitians can take action to improve patient care. However, as dietitians pursue authorization to write DATFORs, they should proceed with caution, for increased responsibility

is accompanied by greater accountability. Dietitians with full authorization to write DATFORs are held accountable for ordering nutritional therapy, which means they have more responsibility than those making a recommendation. It is an expectation that dietitians will practise within their range of competence. The accountability issue goes beyond the individual dietitian, and has an impact on the dietetic profession. The goal is to enhance patient-centred care and exercise the full scope of practice. This will move the profession beyond the traditional sphere of clinical dietetic practice.

Acknowledgements

I would like to thank Heather Campbell, vice-president, professional practice, and chief nursing officer at the Toronto Rehabilitation Institute, for her support throughout the development of this medical directive. I also wish to thank Shirley Lee, registrar, College of Dietitians of Ontario, for her advice about this medical directive. Finally, I would like to thank Paula May Ponesse, the professional practice consultant to the Toronto Rehabilitation Institute, who was intricately involved in several revisions of the medical directive.

References

1. Public Hospitals Act, R.S.O., 1990, c.P.40.
2. Health Care Consent Act, S.O., 1996, c.2, Sched. A.
3. Regulated Health Professions Act, S.O., 1991, c.18.
4. Dietetics Act, S.O., 1991, c.26, s.3.