

PROFESSIONAL PRACTICE QUESTIONS

Members Share Ideas Therapeutic Diet Orders and Medical Directives

The *College of Dietitians of Ontario* (College) featured an article on *Therapeutic Diet Orders*¹ in the Professional Practice Questions section of *résumé* (Spring 2003). The College was interested in complementing it with an interactive dialogue between members who had experience with medical directives and those interested in learning about them. A teleconference held on July 16, 2003 provided such an opportunity for 53 dietitians from 10 sites.

The purpose of the teleconference was to share ideas and experiences related to developing medical directives. A review of current practices revealed that policies to facilitate implementing direct orders² and medical directives³ existed for a variety of nutrition and related dietetic interventions.

Some dietitians who participated in the teleconference already had established policies and medical directives covering ordering and adjusting therapeutic diet orders, total enteral nutrition (TEN), total parenteral nutrition (TPN), medications, laboratory tests, vitamins and minerals.

Helpful Strategies for Developing Medical Directives

1. It was advisable to start with a program-specific medical directive where a small number of dietitians work closely with a small number of physicians. It is easy to build on successes to create others.
2. Directives with specific parameters and limits stating specifically what can be ordered, prevent errors and facilitate patient care.
3. Directives should be communicated clearly to all stakeholders.
4. An appropriate complement of dietitians on staff, with clearly defined roles, facilitates the implementation of directives.
5. A Professional Practice Leader or Clinical Manager can facilitate processes for seeking medical directives.
6. Support from other disciplines and key stakeholders can help in obtaining medical directives.
7. An established framework and/or policy and procedures accepted by the institution for the development of medical directives can ensure that all the important steps are covered.

Generally, dietitians did not experience major barriers in obtaining and implementing medical directives and felt that it was possible to overcome obstacles. Most felt supported by their institutions and colleagues in their efforts to seek medical directives and establish policies.

Evaluation and Competency

The participants agreed that evaluation was an important and necessary part of the process. Established medical directives needed to be evaluated to ensure that the intended results were attained such as increased efficiency, decreased errors and better patient outcomes. In addition, continually assessing the competence of dietitians who have medical directives was seen as an important factor to minimize risks for patients as well as dietitians.

It was noted that it might even be necessary to establish remedial processes to address competency issues. Some institutions have processes such as suspending a dietitian from carrying out a medical directive until competency



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Members Share Ideas, continued...

is achieved.

Several institutions have formal competency review processes that include required readings, study guides, certification through recognized organizations, hands-on supervised demonstrations and supervisory attestation with periodic reviews to ensure ongoing competency. In cases where there are no formal review processes to determine competency, the onus is clearly on dietitians to assess their own competency level to either accept or decline a medical directive. In addition, some institutions require that dietitians responsible for implementing medical directives carry additional liability insurance.

Medical directives allow

dietitians to exercise their full scope of practice and can enhance the profile of dietitians in their places of work. They ensure that quality nutrition care for clients is expedited by removing systemic barriers to responsive care.

The College supports and applauds dietitians' efforts to develop medical directives at their work place. We also appreciate their interest in sharing the experience with their colleagues.

If you have questions or comments regarding this topic please contact:

Sue Behari

Quality Assurance Manager
(416) 598-1725 ext 33

beharis@cdo.on.ca

1. An order is a prescription for a procedure, treatment, drug or intervention. It can apply to an individual client by means of a direct order, or to more than one individual by means of a medical directive. A therapeutic diet order relates to prescription for diet related interventions and treatment. When, Why and how to Use Medical Directives (rev. 2000) College of Nurses of Ontario.
2. A direct order is client specific. It is an order for a procedure, treatment, drug or intervention for an individual client. A direct order may be written or verbal (by telephone). When, Why and how to Use Medical Directives (rev. 2000) College of Nurses of Ontario.
3. A medical directive may be implemented for a range of clients when specific conditions are met, and when specific circumstances exist. A medical directive is always written. When, Why and how to Use Medic Directives (rev. 2000) College of Nurses of Ontario.

Helpful Resources for Developing Medical Directives

1. A sample framework/process, document/policy and procedure for developing medical directives.
2. Samples of medical directives from other hospitals.
3. Information on ways of evaluating medical directives.

The College will obtain samples of these documents and post them on the website www.cdo.on.ca as a resource under the Professional Practice and Resource Room sections. The document will serve as a kit for dietitians interested in developing medical directives and policies at their place of work.