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We would like to express our sincere appreciation to all the RDs who responded to the lab work survey. The results have provided valuable insight into the critical issues surrounding documentation, communication, accountability and competence needed for RDs to order lab tests.

The College will be seeking further consultation with our members and stakeholders later this year to help establish guidelines and standards for RDs ordering lab tests.

Survey Provides Insight Into Variety of Lab Tests Used by RDs

In Spring 2010, the College sent out a consultation survey to help identify the lab tests RDs rely on for the assessment and management of nutritional and related disorders. A total of 401 RDs responded to the survey (approximately 25% of members working in clinical settings). They provided valuable insight into the critical issues surrounding documentation, communication, accountability and competence needed for RDs to order lab tests. The survey results also provided insight into the wide variety of tests referred to by RDs for optimum nutritional care.

LIST OF LAB TESTS

The survey listed 79 lab tests used to assess and monitor nutrition status. This list was compiled through research and consultation with academics and dietitians in clinical practice. In addition to these 79 lab tests, respondents mentioned another 54.

79 LAB TESTS LISTED IN THE SURVEY		54 ADDITIONAL LAB TESTS IDENTIFIED BY RESPONDENTS	
41 identified by respondents as essential to nutrition care	38 identified by respondents as occasionally relied upon for optimal nutrition care	12 identified by more than 2 respondents	42 identified by 1 or 2 respondents

COMMUNICATION PROTOCOLS

There was consensus among respondents regarding how the ordering and results of lab tests should be communicated within their organization. Currently, communication includes:

- Copies of labs in electronic medical record/paper chart;
- Lab orders and relevant results summarized in progress notes section of chart;
- Telephone and face-to-face discussions with physicians and other health care team members;
- Lab results shared at rounds;
- Formal letters to external health care providers summarizing lab results; and
- Copies of lab results directly sent to external physicians and other health care providers.

Respondents that felt communication protocols for lab work results are adequate in their workplace.	66 %
Respondents that felt communication protocols for lab work results are lacking in their workplace	34%

The reasons for inadequate communication included:

- Untimely communication of lab results;
- Lab results being missed by physicians and other health care providers;
- Lab results communicated to physicians but not other health care providers; and
- No access to the client health record for external health care providers.

REFERRAL TO A PHYSICIAN/OTHER HEALTH CARE PROVIDER

When lab results suggest a condition that cannot be managed solely through nutrition means, 24% of respondents felt that there were additional circumstances (beyond those examples listed in the survey) in which a consult/referral to a physician/other health care provider is warranted, including:

- RDs are unsure how to proceed with the lab results;
- There is a need for further discussion/collaboration with other health care providers on the next steps;
- Test results are confounding and/or may present multiple issues;
- Vitamin toxicity may exist;
- Discussions surrounding the frequency of repeat blood work are warranted;
- Drug interactions that may impact the nutrition care plan;
- Test results may indicate that a current nutrition intervention is unnecessary or inappropriate (e.g., a change in condition or improvement); and
- Lab results may warrant alterations in nutrition care plan and diet orders.

ENSURING RDS STAY CURRENT WITH LAB TESTS

To ensure RDs order the appropriate lab tests and stay current with changing lab test technologies relating to nutrition assessment and monitoring, respondents noted:

- Ongoing continuing education through courses (preferably through online means)
- Review of literature and clinical practice guidelines
- Networking/discussions with colleagues
- CDO/DC annual workshops
- Conferences

- Practice standards
- Lab manual for RDs

NEXT STEPS

Before the College can proceed with a lab regulation, more research is needed to justify and document the relevance of the additional lab tests that were identified by survey respondents as important for nutrition assessment and monitoring. In some cases, RDs noted diagnostic reasons for why lab tests were essential for optimum nutrition care. While lab results may help formulate a nutrition diagnosis (e.g., low iron status warranting supplementation), the purpose stated in law for RDs ordering lab tests is for nutrition assessment and monitoring. The College must be respectful of the intent of the scope of practice changes and not put forward tests in regulation that have a medical diagnostic purpose.

To advance the lab tests work, we will be seeking advice from small expert advisory groups in the following clinical practice areas:

- Diabetes
- Cardiology
- Renal/Nephrology
- Geriatrics
- Gastrointestinal Disorders
- Internal medicine
- Pediatrics
- Critical Care (includes nutrition support via TPN/EN)
- Oncology
- Food intolerances/allergies

The expert advisory groups will assist the College to:

1. Review lab tests relevant to specific client populations and disease states; and
2. Help articulate the rationale for how/why/when the specific lab tests are used for nutrition assessment and monitoring.

This research will assist the College in developing a proposed lab test regulation for submission to the Ministry of Health and Long-Term Care.