

College of Dietitians of Ontario Workshop 2006



Controlled Acts and Authority Mechanisms

Today's Objectives

- A framework for Understanding Authority Mechanisms
- Key Authority Mechanisms
- Share strategies
- Upcoming Resources



Scenario 1

In the endocrinology clinic where I work, RDs implement a medical directive from the endocrinologist that authorizes the RD to make insulin adjustments for clients.

Some of our clients live in a nursing home where their RN gives the medications. Prior to these patients coming to our clinic, and seeing the endocrinologist, the facility MD was responsible for the insulin adjustment.

Is there any problem when we do adjustments, by giving the adjustment by phone, to the RN at the site?

Scenario 2

A patient of the diabetes clinic is going for a test. The family MD told her to take her usual insulin the day of the test, even though she would not be eating anything till the afternoon. The home care nurse who gives the insulin called the clinic and asked the diabetes educator-RD who told the client “not” to take her insulin until after the test. (Although the RD was correct for pt safety) was that the right way to handle it?

Scenario 3

A Public Health Nutritionist would like to have authority to provide iron supplements and vitamins to expectant women who attend a drop in clinic. What steps would she need to take?

What are authority mechanisms ?

Authority mechanisms are provisions in place in law, in policy, and in convention. These mechanisms give us the authority to perform specific tasks in exercising our role as RDs.

Mechanisms

Authorized Controlled Acts
Delegation
Orders
Medical Directives

Context

Work Setting
Scope of Practice
Personal Competence
Client Situation

Why is this important now?

- Human Health Resource shortages
- Greater emphasis on collaborative practice
- Road blocks to accessing/providing care
- The most appropriate person is not always the person who has the authority to act
- More questions

“What do I need in order to be able to...”

- give iron supplements at prenatal clinics
- order diets
- order lab work
- teach insulin adjustment

Changing practices, outdated or undeveloped policies



Yes or No?

- “I am a nurse working in a large hospital. Can RDs insert NG and NJ tubes into patients and if not how do we start the process of learning?” Y
- “Does the College have a list of delegated acts that are done by its members?” N
- And are there any restrictions on what delegated acts an RD could or could not do?” Y
- “Can RDs become certified insulin pump trainers?” Y
- “Is it was true that Registered Dietitians cannot endorse or sell any nutritional supplements?” N
- “Can RNs delegate capillary blood glucose monitoring to RDs?” Y
- “Can I write an order for a diet in long term care?” Y

Inquiry for Decision Making

Public protection
and patient safety

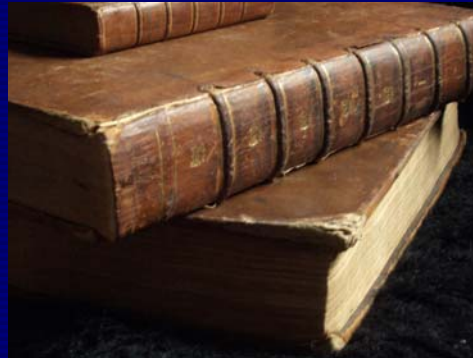
- Am I competent to do this?
- Do I have the authority to do this?
- How am I accountable ?
- How do I manage the overlap between what I do and the actions and roles of others?
- How will I need to respond to changes as this practice evolves?

Fundamental principles

- Patient needs and safety (includes competence)
- Mindful of legal practice
- Complex team care environment
- Accountability
- Authorizers and implementers
- Mindful of different perspectives and questions from key players in the process

Some professions are authorized in law to perform one or more controlled acts subject to the individual RHP competence and other authority required in some settings.

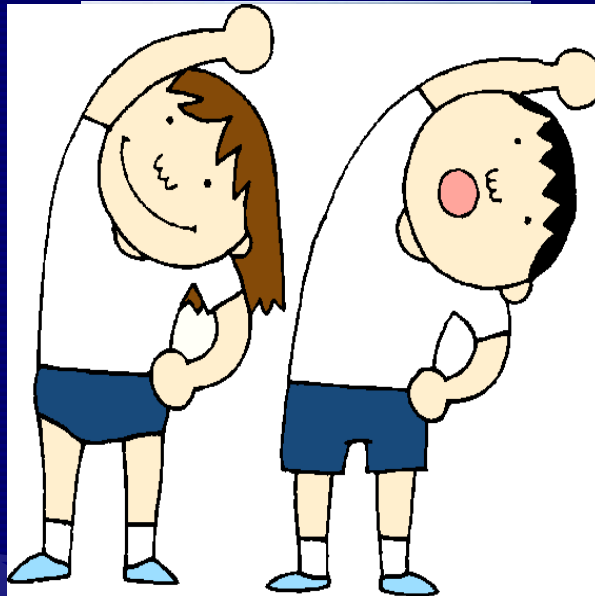
Laws that affect dietetic practice



- RHPA
- Dietetics Act
- other profession specific acts e.g. Medical Laboratory Technology Act
- Public Hospitals Act (PHA)
- Drug and Pharmacies Regulation Act
- Food and Drug Act (Therapeutic Product Directorate policy letter 407)
- Health Promotion and Protection Act

Policy

- In addition to legislative limitations, the policies of the organizations in which care is delivered also define what one may or may not do.



Florian Palzinsky

Federation Toolkit

FHRCO project will deliver

- Framework for Decision Making
- Lexicon
- Decision algorithm
- Medical directive and medical delegation templates
- FAQs

Framework for Decision Making

Public protection
and patient safety

- Practice Evolution
- Performance Readiness
- Authority
- Accountability
- Communication
- Enabling Practice Evolution

Lexicon

- Orders
- Prescribing
- Directives
- Delegation
- Sampling



Lexicon

The authorizing mechanisms

CONTROLLED ACTS

A controlled act is a

The concept of “controlled acts” is set out in RHPA. health care activity or
This means that no one is permitted to perform a procedure that carries
controlled act (which has specifically referred to
in the Act) unless they have been authorized by their
with it a risk of harm
profession specific Act to do so or the controlled act
the outcomes of which
has been delegated to them by someone authorized to
perform it.
must be safely
The act provides for some exceptions e.g.
managed.
emergencies.

Jurisprudence Handbook -

The Thirteen Controlled Acts under the *Regulated Health Professions Act*.

- (1) Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.
- (2) Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.
- (3) Setting or casting a fracture of a bone or a dislocation of a joint.
- (4) Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.
- (5) Administering a substance by injection or inhalation.
- (6) Putting an instrument, hand or finger,
 - i. beyond the external ear canal,
 - ii. beyond the point in the nasal passages where they normally narrow,
 - iii. beyond the larynx,
 - iv. beyond the opening of the urethra,
 - v. beyond the labia majora,
 - vi. beyond the anal verge, or
 - vii. into an artificial opening into the body.
- (7) Applying or ordering the application of a form of energy prescribed by the regulations under this Act.
- (8) Prescribing, dispensing, selling or compounding a drug as defined in subsection 117(1) of the *Drug and Pharmacies Regulation Act*, or supervising the part of a pharmacy where such drugs are kept.
- (9) Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifiers.
- (10) Prescribing a hearing aid for a hearing impaired person.
- (11) Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.
- (12) Managing labour or conducting the delivery of a baby.
- (13) Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.

Delegation

Delegation is the transfer of the authority established in the legislation to a person not otherwise authorized to perform a controlled act procedure.

- *“Authorizer” must be authorized to perform the controlled act*
- *“Authorizer” must know that the “implementer” is competent*
- *There may exist other requirements in law in order to authorize the “implementer” to initiate the delegated act. (e.g. orders, physician-patient relationship)*

...Delegation

For example

- Physicians are authorized to perform 12 controlled acts and may, in appropriate circumstances, delegate the performance of those acts to other individuals who may or may not be members of a regulated health profession.
- RNs in the General Class and Extended Class may delegate authority to individuals not otherwise authorized to perform procedures that fall within nursing's three authorized acts
- Under the Dietetics Act RDs may accept delegation of all the controlled acts.

Nursing authorized acts

Nursing is authorized to three controlled acts. Each could be delegated to competent RD:

- perform a prescribed procedure below the dermis or a mucous membrane
- administer a substance by injection or inhalation
- put an instrument, hand or finger:
beyond the external ear canal, beyond the point in the nasal passages where they normally narrow, beyond the larynx, beyond the opening of the urethra, beyond the labia majora, beyond the anal verge, and/or into an artificial opening in the body.

When performing any procedure, including a controlled act, the member is accountable for

- her/his own competence (i.e., doing the procedure correctly)
- determining the appropriateness of performing the procedure given the client's circumstances.



Performance Readiness

Prior to authorizing or performing any procedure, authorizing and implementing HPs must assure performance readiness – competence and clinical appropriateness of the procedure – in light of the circumstances of the situation

CDO **Policy** on Delegation

The CDO

recommends that all delegations be in writing, specifying:

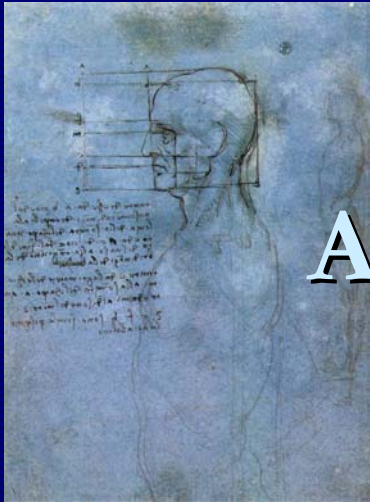
- (a) the procedure that is being delegated;
- (b) the names of the dietitians to whom the procedure is being delegated;
- (c) the patients on whom the delegated procedure is to be performed; and,
- (d) the duration of the delegation.

Orders

- The requirement for orders may be legislated or facility specific.
- PHA requires an order for treatment, whether an authorized controlled act or not, to be documented in the health record before the treatment is initiated.
- Orders are for **patient care** rather than ordering a person to do something. Even with an order, the HP implementing the order must determine it to be appropriate.
- Order may be additional requirement —>
 - To meet additional requirements existing in other laws e.g. PHA, RHPs authorized to perform and to delegate a Controlled Act may require an order to authorize another RHP to implement the delegated procedure

Kinds of Orders

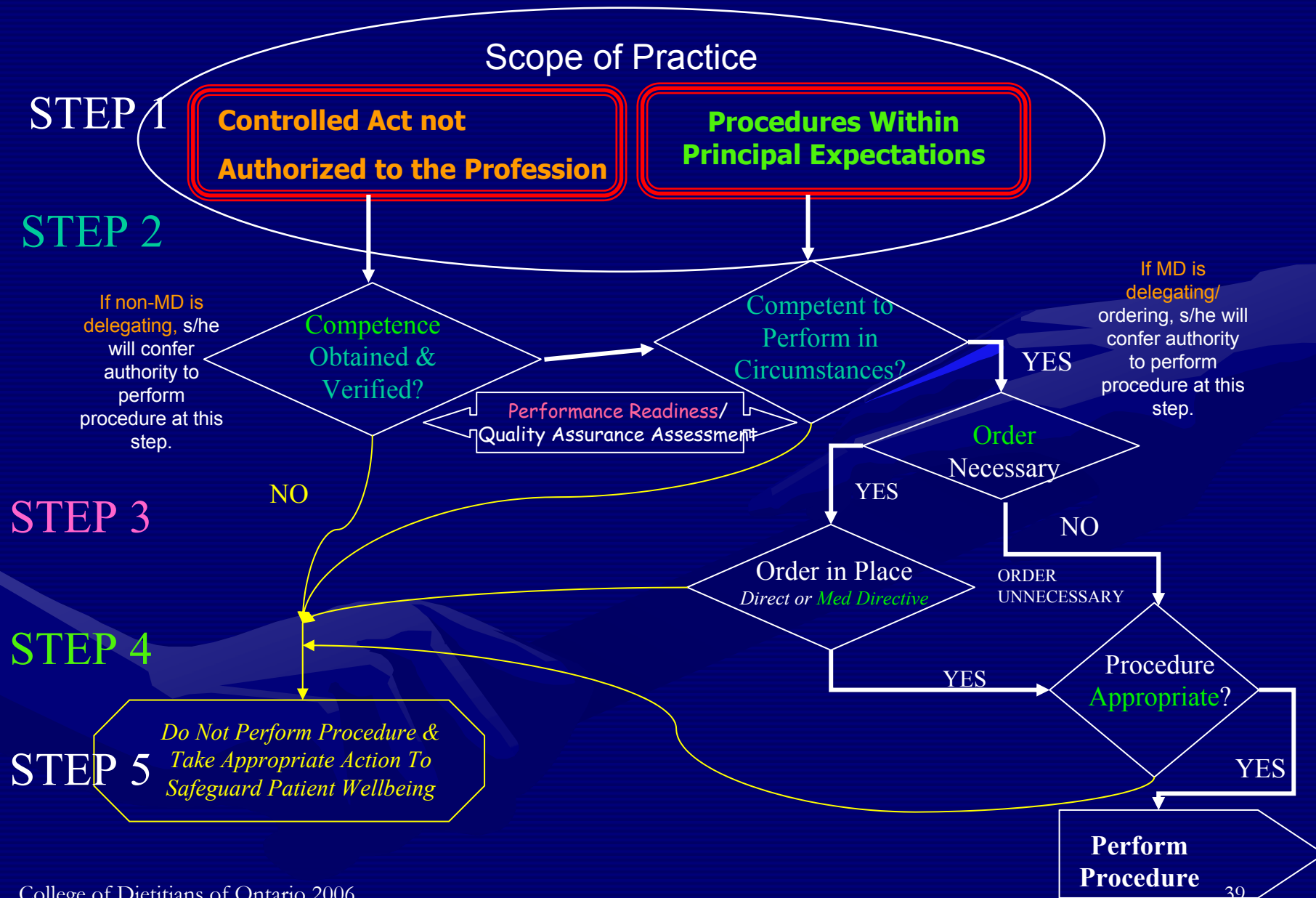
- Direct order
- Medical Directive
 - A medical order for a range of patients who meet certain conditions



Anatomy of a Medical Directive

- Authorizing (medical directive) template
- Education and Competence Assurance Plan
- Performance readiness templates
- Instructional template

CONTROLLED ACTS & AUTHORIZING MECHANISMS: THE BIG PICTURE



Medical Directives always

- Define of the procedure/treatment (what is the order?)
- Specify clinical conditions of included patients & any situational circumstances to be met
- Identify authorizer(s) and implementers(s)
- Identify indications and contraindications (risk)
- Define the process for implementing the order/procedure
- List documentation and communication requirements
- Define quality monitoring
- List administrative approvals

Authorizers and implementers

- Accountability



Sample Medical Directive Template

- **Procedure:** *(specify directive/ delegation/ direct order)*
- **Authorizing Profession:**
- **Implementing Profession:**
- **For Performance Upon Whom/Where**
- **Sponsoring Health Care Professionals** *(note name(s), position, signature)*
- **Authorizing RHP(s): Implementing RHP(s):**
- **Administrative staff member(s):**
- **Submission Date:** *(Date sent to Policy & Procedure for circulation for approval)*

...Supporting documents

- **Have involved RHPs/Committees been consulted/agree:**
(List RHPs/Committees)
- **If Medical Directive is being used, completed template attached:** (Mandatory for approval) if directive being used)
- **Education/Certification Plan Completed & Attached:**
(Mandatory for approval of Delegation)
- **Delegation and/or Directive not being pursued, proposal being forwarded for reference and archiving:**

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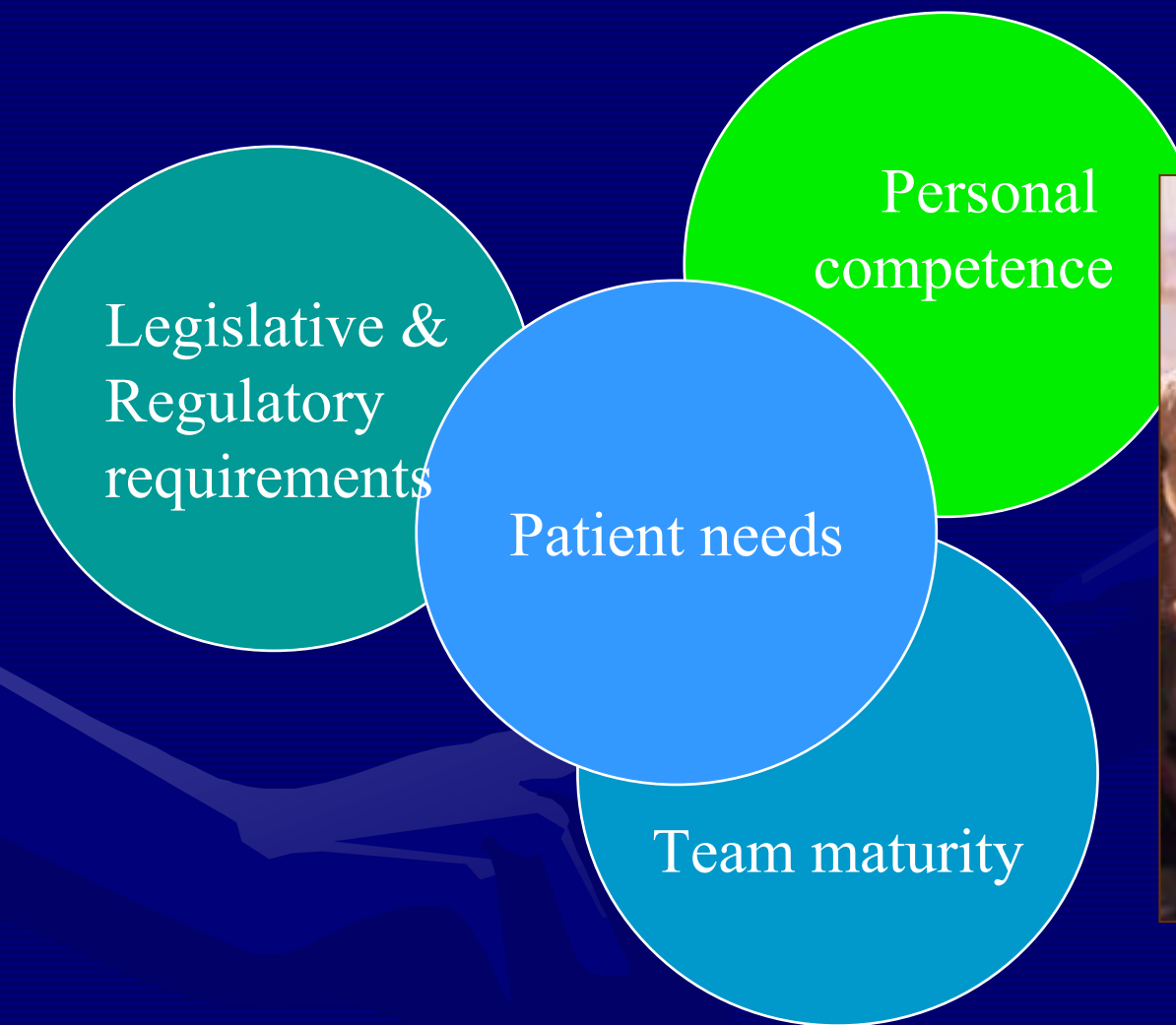
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Work in progress: CDO/DC survey

- Groundwork for new controlled act of ordering therapeutic diets
- High response
- Lots of activity
- CDO will collect sample medical directives
- Focus would be to enable RDs to order therapeutic diets rather than to limit others from doing so

Tools

Coming soon to www.cdc.on.ca

- Decision making framework
- Lexicon
- Decision algorithm
- Templates

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Delegation of Contolled Acts Policy - Microsoft Internet Explorer provided by Sympatico

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Legislation

- Regulated Health Professions Act, 1991
- Dietetics Act, 1991
- Health Care Consent Act
- Substitute Decisions Act
- Public Hospitals Act
- Long-Term Care Act
- Child and Family Services Act
- Nursing Homes Act
- Ontario Human Rights Code
- Personal Information Protection and Electronic Documents Act (Canada)
- Personal Health Information Protection Act, 2004
- Patient Restraints Minimization Act
- Business Corporation Act
- Homes for the Aged and Rest Homes Act
- Good Samaritan Act
- Mental Health Act

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