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Title:	**Registered Dietitians Order to Assess and Implement, Diagnose and Communicate Malnutrition**		
Program or Department:	Professional Practice	**Document Type:**	MEDICAL DIRECTIVE
Effective Date:	November 03, 2017	**Author**	Collaborative Practice Manager - DSL, Professional Practice Health Disciplines
Last Revision:	September 15, 2017	**Reviewing Body:**	Professional Practice Executive Committee; Clinical Dietetics Council
Last Reviewed:	September 15, 2017	**Approving Body**	Executive Vice President Programs and Chief Medical Officer; Vice President Chief Nurse and HealthDisciplines Executive; Director, Health Disciplines Practice and Education
Next Review Date:	September 15, 2020	**Document Number:**	01479
Emergency Code:	n/a	**Keywords:**	dietitians, malnutrition, diagnosis, screening, nutrition

Order and/or Delegated Procedure

Registered Dietitians (RD) to assess patients for malnutrition and implement a related treatment plan for all in patients who screen positive for malnutrition. RD to document in patient record: "Assess and implement for malnutrition ordered as per medical directive."

RD will communicate the diagnosis of malnutrition following the assessment of the patient which includes, whenever possible, the Subjective Global Assessment (SGA). The diagnosis of malnutrition will be communicated to/about patients of SMH who have been assessed by an RD who is trained and competent in SGA.

Recipient Patients

All in patients admitted to SMH who screen positive using the Canadian Nutrition Screening Tool (CNST).

Authorized Implementer

Authorized implementers are RDs who have completed SGA training. The identification and management of malnutrition is entry level practice for RD's in Ontario.
Refer to Authorizer Approval Form.

Indications

The directive applies to all inpatients with two "yes" answers on the Canadian Nutrition Screening Tool and who consent to referral to be assessed by a RD.

The RD will communicate a diagnosis of malnutrition using best-practice malnutrition assessment tools including SGA.

Contraindications

Patients who do not consent to either the Canadian Nutrition Screening Tool screening or the RD assessment.

Patients who are not able to participate in the SGA.

Consent

The health care provider administering the CNST will obtain verbal consent to administer the screen.

The RD will obtain informed consent to complete the SGA assessment from each patient and document this in the medical record.

The Order/Procedure

1. Patients will be screened using the CNST upon admission where applicable.
2. It may be necessary to repeat screening during an admission.
3. A positive screen is two "yes" answers to the Canadian Nutrition Screening Tool. A positive screen is documented in the patients' medical record.
4. A patient who screens positive is then offered an assessment by a RD and the RD is notified of the patient.
5. The RD will document "assess and implement for malnutrition ordered as per medical directive" in either paper or electronic record at the time of assessment.
6. Verbal consent for the SGA will be obtained and documented by the RD for all patients who screen positive and other patients directly referred by most responsible practitioner/care provider (MRP) for assessment/management of malnutrition.
7. The SGA will be completed and documented in the medical record by the RD with the results of SGA (Level A,B,C) along with a diagnostic statement of Mild, Moderate or Severe Malnutrition
8. RDs will discuss the diagnosis of malnutrition and the treatment plan with the patient/family/SDM and care team.
9. The MRP will include Malnutrition under "Other Conditions" in their Discharge Note.

Documentation/Communication

The SGA will be documented in the patient's medical record.

The diagnosis of Malnutrition will be made by the RD using the ratings generated by the SGA protocol and/or the language mild, moderate or severe malnutrition. The treatment plan for identified malnutrition will be discussed and documented.

Review and Quality Monitoring Guidelines

Review of this Medical Directive will be every three years.

Administrative Approvals (as applicable)

Douglas Sinclair, Executive Vice President Programs and Chief Medical Officer
Sonya Canzian, Executive Vice President Programs and Chief Nursing and Health Disciplines Executive
Marisa Cicero, Director Health Disciplines Practice and Education

Approving Physician(s)/Authorizer(s)

Refer to Authorizer Approval Form

Appendix Document

Authorizer Approval Form
Implementer Approval Form
Implementer Performance Readiness Form (Group)
Malnutrition in Acute-Care References
Performance Readiness Assessment
Performance Readiness Plan

Malnutrition in Acute Care: References

Malnutrition and Length of Stay

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Performance Readiness Assessment

***For determining the appropriateness of establishing Directives, Delegation and Performing Procedures beyond Principle Expectations of Practice.**

Title/Procedure:	Registered Dietitians Order to Assess and Implement, Diagnose and Communicate Malnutrition
Applicable Authorizing Mechanism:	☒ **Delegation** ☒ **Medical Directive** ☐ **Direct Order** ☐ **Unnecessary**
Authorizing Profession:	Medicine
Implementing Profession:	Registered Dietitians (RD)
Patient(s):	Inpatients of St. Michael's Hospital (SMH) who screen positive for malnutrition on the Canadian Nutrition Screening Tool and are then assessed as malnourished by a Registered Dietitian.
Disposition:	☐ **Approved** ☒ **Being forwarded for Approval** ☐ **Not Approved**
Date:	

Sponsors *(This Section For Use in Large Multi-professional Settings).*

Representative(s) of Authorizing Profession:	
Representatives(s) of Implementing Profession:	
Administrative Representative(s):	

Have all applicable stakeholders been consulted: *(See Section 11 for list)*	☒ Yes	☐ No	
Is a completed Medical Directive or Delegation template attached:	☒ Yes	☐ No	☐ N/A
Is a completed Performance Readiness Plan attached:	☒ Yes	☐ No	☐ N/A

Assessment Parameters

1. Reason and Specific Benefits of the Directive or Delegation:

1.1. Does establishing the directive or delegation address patients' best ☒ Yes ☐ No ☐ Unsure

interests?

Comments: This directive with delegation will support the effective management of nutrition for inpatients of SMH to enable faster healing, shorter length of stay and the identification of appropriate follow-up/ community resources at discharge. Additionally SMH will be taking an active role in identifying and helping to manage this social determinant of health and qualify of life indicator.

2. **Authorizer:**

Does the authorizer:

2.1. Have the scope, authority from their college, competencies and privileges (where applicable) to authorize performance?	☒ **Yes**	☐ **No**	☐ **Unsure**
2.2. Have an established or anticipated professional relationship with the patient?	☒ **Yes**	☐ **No**	☐ **Unsure**
2.3. Agree the directive applies to all his/her patients who meet the conditions?	☒ **Yes**	☐ **No**	☐ **Unsure**
2.4. Have the ability to provide ongoing supervision directly, or are other provisions for appropriate supervision in place?	☒ **Yes**	☐ **No**	☐ **Unsure**

Comments:

This directive and delegation is specifically for the communication of the diagnosis of malnutrition by RD's. The directive is to facilitate an automatic referral to RDs for patients who have failed the malnutrition screening at admission.

The directive and delegation allows the most efficient flow and effective use of all clinicians' time to realize cross-hospital screening, diagnosis and response to patient malnutrition.

3. **Implementer:**

Does the implementer:

3.1. Have the scope and authority from their own college (where applicable) to perform the procedure(s)	☒ **Yes**	☐ **No**	☐ **Unsure**
3.2. Have the baseline competencies to perform the proposed procedure(s) and manage the outcomes given the: 3.2.1. predictability of the patient's condition and needs, 3.2.2. predictability of the procedure and its outcomes, and 3.2.3. circumstances in the situation including resources and safeguards (such as established standards of practice, written materials, back-up and supervision), and opportunities to attain and maintain	☒ **Yes**	☐ **No**	☐ **Unsure**

Comments: The identification and management of malnutrition is entry-level practice for a RD in Ontario and the College of Dietitians of Ontario has confirmed that it is not considered Advanced Practice.

Rd's have the ability to carry out assessing, diagnosing and implementing a plan of care for the treating malnutrition

through an authorizing mechanism by:

i) Receiving a direct order from an authorized prescriber at the point of care or
ii) a directive and delegation.

As well, under the Public Hospitals Act, regulation 965 requires an order from an authorized prescriber, such as a physician for an assessment and treatment.

This delegation and directive enables RD's to communicate a diagnosis of malnutrition and implement a related treatment plan.

Best practice for the assessment and diagnosis of malnutrition is currently the use of the Subjective Global Assessment (SGA). This best practice for RDs will be supported by:

1. Updating the training materials for SGA will be monitored by the Manager of Collaborative Practice for RDs and the Vice Chair of Practice for the RD Council.

2. Changes and updates to the agreed SGA protocol will be discussed and affirmed at the Registered Dietitians Council.

3. As available aggregated data on screening rates, SGA completion will be shared annually with individual RDs and the RD Council as well as malnutrition data on individual patient populations to inform data-driven practice.

4. Consent:

4.1. Can informed consent be properly obtained? ☒ **Yes** ☐ **No** ☐ **Unsure**

Comments: Verbal consent will be obtained from patient or substitute decision maker at the time of screening by the malnutrition screener and at the time of assessment by the RD.

5. Review and Quality Monitoring Processes:

5.1. Is there a process in place to ensure a regular review of the directive or delegation? ☒ **Yes** ☐ **No** ☐ **Unsure**

5.2. Is there a process in place to address questions or concerns arising from the directive or delegation? ☒ **Yes** ☐ **No** ☐ **Unsure**

Comments: The directive and delegation will be reviewed every 3 years. Concerns or questions will be directed to the Director of Health Disciplines Practice and Education.

6. Practice Setting Feasibility

6.1. Are the necessary human and material resources available to support the practice? ☒ **Yes** ☐ **No** ☐ **Unsure**

6.2. Is the practice sustainable? (For example can new staff readily adopt the practice? If intensive resources are required to support the practice over the longer-term, is this feasible?) ☒ **Yes** ☐ **No** ☐ **Unsure**

6.3. Does the practice broadly support effective health care delivery? (For ☒ **Yes** ☐ **No** ☐ **Unsure**

example, if implementers are responsible for implementing the directive or delegation or performing the proposed procedure, will other services only they can provide be disrupted? Will other team members or care delivery systems be negatively impacted? Can these effects be offset?)

6.4. Can any billing, cost or liability considerations be appropriately managed? ☒ **Yes** ☐ **No** ☐ **Unsure**

6.5. Are there any other situation-specific factors to consider? ☒ **Yes** ☐ **No** ☐ **Unsure**

Comments:

7. Risk/Benefit Analysis:

7.1. Do the benefits of proceeding by way of the directive, delegation or practice outweigh the risks? ☒ **Yes** ☐ **No** ☐ **Unsure**

Comments: This directive and delegation will support the effective management of nutrition for inpatients at SMH to enable faster healing, shorter length of stay and the identification of appropriate follow-up/ community resources at discharge.

8. Education and Performance Readiness Plan:

8.1. Is there a plan for enabling implementers to attain the necessary competencies and achieve performance readiness? (Identify a basic plan here, or where the plan is more involved, refer to the Performance Readiness Plan.) ☒ **Yes** ☐ **No** ☐ **Unsure**

Comments: See Performance Readiness Plan.

9. Communication Plan:

9.1. Is there a plan for informing stakeholders and for activating the directive, delegation or practice? ☒ **Yes** ☐ **No** ☐ **Unsure**

Comments: The process of the directive and delegation will be communicated by RDs through health team meetings, rounds, education sessions along with education on the impact of patient malnutrition in an acute care context. The directive will be activated when RDs document "assess and implement for malnutrition ordered as per medical directive." in the patient record.

10. References to Support Practice:

10.1. Are there references to support practice? (References may be listed here or attached) ☒ **Yes** ☐ **No** ☐ **Unsure**

Comments:

11. Those Consulted for Input:

☒ **Yes** ☐ **No** ☐ **Unsure**

11.1. Have all affected stakeholders been consulted? List those consulted in the table below.

Comments:

Stakeholders Consulted	Names/Positions	Agree?	
1. Authorizers	Chiefs of Service	☐ **Yes**	☐ **No**
2. Implementers: • Implementer(s) or representatives, • Co-implementers (if applicable) • Educators (if applicable)	Registered Dietitians	☐ **Yes**	☐ **No**
3. Administrators		☐ **Yes**	☐ **No**
4. Professional Leaders of: • Authorizers; • Implementers; &, • Co-implementers (if applicable)		☐ **Yes**	☐ **No**
5. Applicable profession-specific groups/committees of: • Authorizers • Implementers • implementers (if applicable)	Medical Advisory Council Registered Dietitians Council	☐ **Yes**	☐ **No**
6. Program Committees		☐ **Yes**	☐ **No**
7. Corporate Committees	Professional Practice Executive Committee	☐ **Yes**	☐ **No**
8. Other Relevant Individuals or Committees		☐ **Yes**	☐ **No**

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Performance Readiness Plan

Guidelines for Use: The Performance Readiness Plan may be used when more indepth education is required to attain necessary competencies, for example to perform delegated controlled acts, and procedures that are not controlled acts but are beyond principal expectations of practice.

Procedure:	Registered Dietitians Order to Assess and Implement, Diagnose and Communicate Malnutrition
Date:	
Plan Endorsed by: *(name, position, signature)*	
Designated Educators *(if applicable; name, position, signature)*	

1. Competence and Authority of Educator(s) (if applicable)

Identify whether any applicable educators have the scope, authority from their College and competencies to perform and teach the procedure.

Comments: The identification and treatment of malnutrition is an entry-to-practice competency for Registered Dietitians (RD's) in Ontario.

2. Education Plan

Identify the:

2.1. Knowledge, Skills and Judgment Component (Attach any relevant slides, references and hand-outs).
SGA resources (video, paper, online) have been purchased by the Professional Development Committee of the RD Council and have systematically been shared in groups and individually through 2016-2017.

2.2. Supervised Practice Component (If any).
Some RDs worked with an SGA expert over two days at SMH in the past year and in a train-the-trainer model are available to support their colleagues in competency and consistency of SGA assessment.

2.3. Evaluation of Competence Component (Attach any relevant test materials).
In keeping with expectations of self-regulation and that this is an entry-level practice, RDs are expected to monitor their own competence and to self-declare once a year at the time of annual credentialing that they are competent in SGA. The Manager of Practice and Education responsible for RDs will keep these records.

Comments: Each RD will:

1. Prepare for competency in SGA assessment using current video, written, web-based materials (Knowledge)

2. Complete three SGA assessments with a colleague who is trained in SGA assessment (Skills, Judgment)

3. Complete 3 SGA assessments every three months to maintain calibration and competency. If this item is not completed then repeat items 1 to 3.

4. Indicate their competency in SGA assessment at the time of annual credentialing.

3. Plan for Assuring Ongoing Competence

3.1. Identify the plan for assuring ongoing competence.
RDs are self regulated health care professionals who monitor their competence and will self-declare this specific competency once a year at the time of registration renewal, asserting that they are competent in SGA.

Comments:

4. Practical Arrangements

4.1. Identify the arrangements for delivering the education, both initially and ongoing.

Comments: Newly hired RD's will receive education on implementing this directive.

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Revision	Effective Date	Next Review	Author or Reviewer
00			Professional Practice Health Disciplines