



University Health Network

Toronto General Hospital | Toronto Western Hospital | Princess Margaret Hospital

August 15, 2008

Ms. Annie Schiefer, Project Manager  
Health Professions Regulatory Advisory Council  
55 St. Clair Avenue West  
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Toronto, ON M4V 2Y7  
[HPRACsubmissions@ontario.ca](mailto:HPRACsubmissions@ontario.ca)

Dear Ms. Schiefer,

We are pleased to provide the Health Professions Regulatory Advisory Council with a letter in support of the proposed changes to the dietetic scope of practice, as articulated in the joint submission by the College of Dietitians of Ontario and Dietitians of Canada.

At the University Health Network (UHN), a teaching hospital fully affiliated with the University of Toronto, we are committed to collaborative and exemplary patient-centred care. In a time of growing health care need and shrinking health human resources, UHN has found it essential that all of our health care professionals work at their optimal scope of practice in the interest of our patients. Our experience is such that restrictions to full scope of practice have the potential to negatively affect patient care and the patient/family experience. This may come in the form of unnecessary delays and wait times to assessment and treatment of patients by dietitians, to lack of access to dietitians on the full continuum of care. We also recognize that an inability to practice to full scope is a significant recruitment and retention issue for hospitals. As such, drawing and keeping our skilled professionals is a top priority at UHN.

The UHN utilizes established systems and processes to ensure high quality practice and care in all of our health professions. Registered dietitians at UHN practice across all of our programs and services, and are also competently practicing in expanded roles, such as in our Eating Disorders program. As we actively pursue further expanded roles for dietitians and other health care professionals, much time and effort is placed on organization-specific processes, such as developing medical directives, certifying and re-certifying staff, and renewing medical directives when signatures are required for each delegator new to the hospital. Being able to focus our precious health human resources on health care delivery is in the best interest of our patients, families and staff.

As such, we are delighted to endorse the proposal from the College of Dietitians of Ontario and Dietitians of Canada, recommending a change to the dietetics scope of practice statement, the modification of selected controlled acts and the proposal of two new controlled acts under the Regulated Health Professions Act.

Daily, in ambulatory settings, providing quality and efficient patient care is limited by the inability of dietitians to communicate an established diagnosis to patients who are unaware of the reason for referral to a dietitian. We strongly support the modification of controlled act #1 (communicating a diagnosis) to enable dietitians to be authorized to communicate a diagnosis that relates to nutrition therapy, when the diagnosis has been confirmed by an authorized health professional.

Recently, via a medical directive, UHN dietitians became authorized to perform capillary blood glucose testing for the purpose of measuring blood glucose levels. The result is enhanced service delivery for patients, as they no longer experience the delay of waiting for another health care professional to do a skin prick prior to testing. We support modification of controlled act #2 (procedure below the dermis), as this will streamline care and eliminate the need to use valuable health human resources to annually review the medical directive (see attached letter from Dr. R. Wong).

In current practice, dietitians assess food intake and physical activity in relation to medication doses, and recommend medication changes to other health care professional, who then adjust the medications. In order to streamline patient care, we support modification of controlled act #8 (prescribing or dispensing, specifically for the adjustment of insulin or oral hypoglycemia).

Dietitians in our highly specialized eating disorder program provide psychotherapy to patients, developing therapeutic relationships and incorporating psychosocial aspects into assessment and care. Dietitians explore meaning, thoughts and beliefs attached to food and weight, and they utilize techniques of motivational interviewing, behaviour change facilitation, cognitive restructurings and reframing, cognitive behavioural therapy and a variety of therapy modalities and relapse prevention strategies. Our dietitians have gone through extensive psychotherapy training beyond traditional dietetic education, as well as supervision and learning within an interprofessional team. Patients, families, and the public are well served by highly competent dietitians at UHN, and it is imperative for us to continue this level of service through the controlled act of psychotherapy (see attached letter from Dr. M. Olmsted).

We also support the two new controlled acts of “prescribing and managing enteral and parenteral nutrition,” and “prescribing and managing therapeutic diets.” Typical practice at UHN is that house staff, physicians and other members of the health care team rely on dietitians to recommend the appropriate enteral and parenteral nutrition care plan, which then requires sign-off by an authorized health care provider. This example of interprofessional collaboration utilizes dietitians’ unique skills for complex components of dietetics to facilitate the timely provision of appropriate, patient-centred care. In addition, dietitians at UHN enter enteral feeding orders into the computerized chart, which defaults to a physician’s inbox for authorization within 48 hours. Due to ongoing revisions of a complex order-entry system, functionality issues have created an immediate need for a medical directive to continue an already effective practice. Being able to prescribe and manage therapeutic diets will also support patient-centred care and interprofessional collaboration as dietitians will further facilitate the timely implementation of the appropriate nutrition care plan at point-of-care discussions with all members of the healthcare team.

In summary, we are supportive of the proposed expansion to the dietetic scope of practice and the legislative changes that will streamline patient care, increase access to health services, reduce human resource burden, enhance opportunities for interprofessional collaboration and assist us with our priority of a sustainable work force in a publicly funded health care system.

Sincere regards,



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Mary Ferguson-Paré  
VP, Professional Affairs  
& Chief Nursing Executive



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Ms. Maria Tassone  
Director, Allied Health & Professional Practice



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University Health Network

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Merck Frosst – UHN Director of Diabetes  
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Annie Schiefer, Project Manager  
Health Professions Regulatory Advisory Council  
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July 30, 2008

Dear Ms Schiefer:

UHN is an academic hospital providing a wide range of clinical services and programs to the multicultural and socio-economically diverse citizens of Toronto and the Province of Ontario. A significant proportion of admissions are due to medical complications related to prolonged poor glycemic control in patients with diabetes. UHN is responsive to the rapidly growing prevalence of diabetes and its overburdening ramifications to the ED and GIM admission and re-admission rates. As the UHN Director of Diabetes Care and Education speaking for UHN, I endorse as the following regulatory changes proposed within the joint Dietitians of Canada and College of Dietitians of Ontario submission to the Health Professions Regulatory Advisory Council (HPRAC):

#### **Controlled Act #2- Procedure below the dermis**

An increasing number of patients with diabetes require intensive insulin therapy to manage diabetes and reduce their risk of kidney, eye, and cardiovascular complications. The ability to rapidly detect, treat a hypoglycemic reaction within a health care setting is now essential. Regrettably, the lengthy and arduous process of requesting delegation is a significant burden on our already limited human resources.

As part of UHN's commitment to the MOHLTC's Chronic Disease Management (CDM) strategy with our key focus on improving patient safety and quality of care, we believe enabling dietitians to detect and treat glycemia at the point of care is essential to improving the quality of care and ensuring patient safety. Dietitians are core integral members of the diabetes care team. Following a lengthy process of administrative and medical approval firstly for the delegation, and subsequently, the revision of the Point-of-Care Testing for glucose monitoring medical directive and policy and procedure, dietitians are now able to detect and promptly treat patients with diabetes who are experiencing hypoglycemia. As well, dietitians are able to alert patients and their family physicians to critically high blood glucose results and the need for immediate treatment, which may subsequently avert an ED visit.

#### **Controlled Act #8 – Prescribing or dispensing, specifically for the adjustment of insulin or oral hypoglycemia**

Currently, UHN dietitians providing nutrition therapy for patients with diabetes provide recommendations on the modifications of insulin dosages, and oral hypoglycemic agents (OHA). Commonly elderly patients living alone who are discharged from hospital following a prolonged period of illness, are prescribed a set dose of insulin or OHA. Such patients are typically referred to Diabetes Education Centres post-discharge. Recovery stages typically result in lower glycemia, in the presence of a potent hypoglycemic agents or insulin therapy, elderly patients are facing a probably risk of hypoglycemic episodes in a vulnerable environment without assistance. Another typical scenario is a young student with type 1



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diabetes on intensive insulin therapy whose diabetes is particularly labile, requires nutritional counseling to achieve a fine balance of carbohydrate and insulin dose. Considering that the MOHLTC's Assistive Devices Program will soon fund **insulin pumps** for both children and adults with diabetes, there will be a growing demand for dietitians to be able to facilitate education of patient self-management of insulin dose adjustment with alterations in carbohydrate intake and physical activity. Managing weight in type 2 diabetes is an insurmountable challenge particularly when the dosages of insulin exceed caloric requirements to achieve effective weight management goals. With the authority to fine tune and adjust patients' insulin dosages, the dietitians are best able to enable patients to attain the appropriate carbohydrate to insulin dose ratio and the plan of insulin dose adjustment to enable weight control, and minimize hypoglycemia. Both are directed at reducing risk of complications, admission, and improving the quality of patient care and ensuring patient safety.

Therefore, UHN recommends that registered dietitians be authorized to perform capillary blood glucose testing and to make adjustments to patients' existing dosages of insulin or oral hypoglycemic medications. In so doing, enabling UHN to provide high quality, more effective inter-professional collaborative patient care.

Sincerely yours,

Rene Wong  
Merck Frosst – UHN Director of Diabetes Care and Education



# University Health Network

Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital

August 12, 2008

**Ms. Annie Schiefer**

**Project Manager**

Health Professions Regulatory Advisory Council

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Dear Ms Schiefer

I am writing to provide support for the inclusion of the controlled act of psychotherapy within the scope of practice for registered dietitians. As the Director of the Eating Disorder Program at Toronto General Hospital I have worked with an interdisciplinary team of health professionals for over 15 years. The registered dietitians on our team play a very special role and contribute very significantly to the overall effectiveness of our treatment program. While nutritional rehabilitation is a critical component of treatment, getting our patients to accept this type of intervention is a huge challenge. Our registered dietitians use their therapeutic skills to enhance motivation for change, to address maladaptive thoughts that keep the patient tied to her disordered eating and to help patients with the anxiety they experience when they consider changing the way they eat. These therapeutic skills are not “auxiliary” in any sense, rather they form the basic foundation for interactions between registered dietitians and patients. Both the psychotherapeutic component and the registered dietitians’ technical expertise are required to provide effective, high quality, patient-centered care.

**MARION P. OLMSTED, Ph.D., C.Psych.**

Psychologist

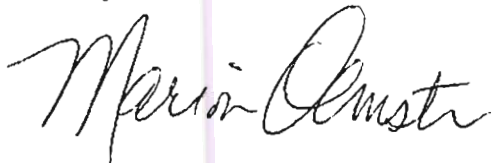
Director, Eating Disorder Program



Professor  
Department of Psychiatry  
University of Toronto

In my opinion, it is essential that registered dietitians continue to integrate their psychotherapeutic skills with their nutritional expertise in providing effective nutritional counseling and related support. I urge you to include psychotherapy in their scope of practice.

Sincerely

A handwritten signature in black ink that reads "Marion Olmsted". The signature is written in a cursive style with a large, looped initial "M".

Marion P. Olmsted, Ph.D., C. Psych.  
Director, Eating Disorder Program  
Toronto General Hospital, University Health Network