DEX NO: **Practice Direction 16.0**

SUBJECT: **Documentation and Records Retention 16.6**

APPROVAL BY COUNCIL: **November 25, 2015**
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Background

The purpose of documentation is to demonstrate that care was provided. Documentation also facilitates sharing of client information and inter-professional collaboration.

Health care facilities/programs will have their own guidelines with respect to charting and records retention. Health professionals employed by a facility are responsible for adhering to the facility/program guidelines as well as College of Dietitians of Manitoba (CDM) documentation guidelines.

This practice direction applies to all dietetic practice settings and methods of documentation, i.e., paper, electronic.

Practice Direction

- RDs must document relevant information accurately and completely in a timely manner. Ideally, documentation is completed immediately after seeing client.
- Every part of the health record should have a reference identifying the client or client health record.
- All entries shall be in chronological order and include the date and practitioner's signature with credentials.
- Never alter a record. If an error is made, mark through it with a line, make the correction and initial/date the entry.
- If a late entry is required, write "late entry", the date and time and make another entry in the health record.
- Facility specific guidelines should be followed with respect to caremaps and protocols.
- Document relevant communication with clients via email or telephone

Initial Assessment should include:

- Date of consultation with dietitian.
- Presenting problem/reason for referral, if applicable.
- Relevant medical history
- Relevant medications and supplements
- Nutrition assessment including relevant:
  - Laboratory/diagnostic test results, if applicable
  - Anthropometric measurements, if applicable
  - Physical symptoms
  - Social history/Cognitive function
  - Food and nutrition history
- "Nutrition Diagnosis", if applicable
- Nutrition care plan, specific treatment goals
- Follow up plans and frequency of care

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Progress/Follow Up Documentation should include:

- Progress to goals
- Any adjustments to the nutrition care plan
- Rationale for adjustment
- New information provided
- Follow up plans, frequency of care
- Discharge plans if appropriate

Group presentations

- RDs are <u>not</u> required to keep individual records where clients are receiving public education at presentations, public speaking events, workshops, supermarket tours, etc.
- Documentation would be required if individual education is provided within the group setting. i.e. a weight management program that includes one-on-one sessions with the dietitian.

Fees

- When fees are charged the client must be made aware of the fee and available methods of payment prior to consultation with dietitian.
- A financial record must also be kept and include the following:
  - full name of the client
  - date, type and duration of service provided
  - fees charged and method of payment
  - if fees charged to a third party, the name and address of the third party.

Confidentiality

- Health professionals in Manitoba are bound by the provisions of the *Personal Health Information Act* (PHIA). PHIA provides direction regarding the confidentiality of and access to personal health information as well as sets out rules for collection, use, and disclosure of personal health information. RDs are required to understand their obligations under PHIA and are advised to refer to this Act and/or contact the PHIA office for specific guidelines and further information.

Records Retention

- Records should be retained for a minimum of 10 years from the date of the last entry.
- Records for pediatric clients should be retained for a minimum of 10 years and 2 years past the date the client becomes 18 years old.

Destruction of Health Records

- PHIA provides direction to health professionals with respect to destruction of personal health information. RDs are required to understand their obligations under PHIA and are advised to refer to this Act and/or contact the PHIA office for specific guidance and further information.

References

College of Dietitians of Manitoba. Code of Ethics for Registered Dietitians. Winnipeg: 2005
College of Dietitians of Ontario. Record keeping guidelines. 2014. https://www.collegeofdietitians.org/Resources/Record-Keeping/Record-Keeping-Guidelines-(2014).aspx
College of Occupational Therapists of Manitoba. Practice Guideline: Client records in occupational therapy.
College of Physicians and Surgeons of Manitoba. *The Physician Medical Record.* www.cpsm.mb.ca/Guidelines_and_Statements/117.html p. 9
College of Physiotherapists of Manitoba. Practice Statement. Record keeping. http://www.manitobaphysio.com/wp-content/uploads/4PS17-Record-Keeping.pdf
College of Registered Nurses of Manitoba. Documentation. http://www.crnm.mb.ca/resources-documentation.php.
Partnership for Dietetic Education and Practice. Integrated Competencies for Dietetic Education and Practice. 2013.
Province of Manitoba. Personal Health Information Act. Winnipeg:1997. http://web2.gov.mb.ca/laws/statutes/ccsm/p033-5e.php
The British Dietetic Association. *Nutrition and Dietetic Care Process*: 2006