Ethical & Professional Obligations for RDs When Completing SDA Forms

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When completing SDA forms, RDs must ensure that clients meet the eligibility criteria at the time the form is filled out and that there is documented proof to confirm the need for SDA funding.

If a client is ineligible for funding, RDs can work with their team to explore other options.

The purpose of the *Special Diet Allowance* (SDA) is to help clients with the costs related to the dietary management of a medical condition. Following government social assistance cutbacks in 2000, SDA applications significantly increased. The *Ministry of Community and Social Services* (MCSS) estimated an excess of 25 million dollars annually as a result of increased applications for SDA funding.

The *2009 Annual Report* of the Office of the Auditor General of Ontario noted at least one organization which held clinics where heath care professionals automatically completed forms that entitled recipients to the maximum $250/month contribution.[1] The audit showed that one of the 318 health care professionals who signed the 1,000 applications from this clinic was responsible for completing 20% of the applications. As a result of these and other abuses noted in the 2009 Audit, the MCSS revamped the program to include new accountability measures and to comply with the *Human Rights Tribunal of Ontario* order in the Ball decision (February 2010). The new SDA program took effect April 1, 2011.

While the intent of health care professionals who abused the program may have been noble, exploiting the SDA program's vulnerabilities for clients who are in financial need is unethical and unprofessional. Professionals must not sacrifice honesty and integrity to meet client needs. Professional decisions must respect the purpose of the SDA program and other government-sponsored programs. This article gives a summary of the SDA program changes and outlines what the Ministry expects of Registered Dietitians who are responsible for signing the SDA application forms.

INCREASED ACCOUNTABILITY

The new accountability enhancements to the SDA include a new application form. On the new form, health care professionals must sign a declaration that they believe the information on the form is true. There are also improved methods for obtaining information and tracking health care professionals who are filling out the forms. As of April 1, 2011, applications based on the previous form will not be processed.

Another key enhancement to the SDA program is that clients must consent to the access of their medical records by the MCSS. Without this consent, which is part of the form, their application will not be processed. If an RD has signed the SDA form, the consent gives the MCSS legal authority to review the RD's record if there is reason to question the information on the application.

SDA ASSESSMENT AND DOCUMENTATION OBLIGATIONS

The MCSS expects that health professionals signing a form have appropriately assessed a client for special diets and that they have adequately documented their assessment. When determining eligibility for the SDA program, RDs must rely on current assessment information and only sign forms for clients who meet the eligibility criteria in keeping with the purpose of the program.

Assessment

When determining eligibility for the SDA program, RDs are responsible for:

- Determining the reliability of the assessment information;
- Collecting additional assessment information as required; and
- Making clinical judgments about the nature of the nutrition disorder and the nutrition care plan.

Prior to 2005, the SDA program was not tightly controlled and the schedule of diet types on the application form was fairly general. The program review resulted in changes to the list of eligible medical conditions. There are now 29 medical conditions on the new SDA schedule versus 43 on the previous one. These changes resulted from the work of a medical advisory panel which was established to ensure there was evidence to support the increased cost of managing a condition with a special diet.

In addition to signing the application form, an RD must confirm each medical condition by initialling relevant sections of the form. This is to verify that the RD confirms the diagnosis of each condition. If the MCSS feels that there is a highly improbable combination of conditions indicated on a client's SDA form, the RD may be flagged and the ministry may ask a third-party medical professional to comment.

Documentation

RDs are also accountable for documenting their decision to support a client's eligibility for SDA funding. They may gather the assessment information themselves or they may rely on information collected by MDs, RNs and other professionals who are part of the client's care team. The documentation must include:

- Their assessment information and clinical decisions;
- Verification of a client's medical diagnosis/condition;
- Evidence that clients meet the specific eligibility criteria required at the time of the SDA application; and
- That a SDA form was filled out for a particular client.

Need to Know

- The revised SDA program demands increased accountability from RDs for the assessment and supporting documentation.
- Clients must meet the SDA program's eligibility criteria at the time of application.
- RDs must have clear documentation that confirms a client's medical condition and resultant need for the SDA.
- RDs signing an application which includes false information may be reported to the College for professional misconduct or charged under the *Criminal Code of Canada* for an offense.

CONSEQUENCES FOR MAKING A FALSE STATEMENT

RDs need to ensure they are not making any false or misleading statements in their practice, and this includes the completion of SDA forms. If the documentation to confirm a client's medical diagnosis or condition is not adequate, or if there is reason to believe that the RD is abusing the SDA program, a complaint may be filed with the College for committing an act of professional misconduct[2] or the RD may be charged for an offence under the *Criminal Code of Canada*.[3]

SEEK SUPPORT

It is the hope of the MCSS that on a go-forward basis all health professionals will act with integrity and not abuse the SDA program. If a client needs further social assistance, RDs should refer them appropriately to other programs and resources within the client's community, rather than try to take advantage of the current SDA program.

RDs who need support in managing patients who are upset that they are losing money, can refer to other professionals (e.g., social work) who may be better equipped to handle income security. RDs are also free to contact the College with inquiries about ethical practice relating to SDA funding, professional misconduct and findings of fraud.

The College would like to thank the Ministry of Community and Social Services for providing us with information about the recent amendments to the *Special Diet Allowance* (SDA) program.

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1. Office of the Auditor General of Ontario, 2009 Annual Report (p 363-4). Available from: http://www.auditor.on.ca/en/reports_en/en09/311en09.pdf
2. There are two provisions within the P*rofessional Misconduct Regulation* that would apply to RDs filling out SDA forms. It is considered professional misconduct for RDs to be:
   23. Falsifying a record relating to the member's practice.
   25. Signing or issuing, in the member's professional capacity, a document that the member knows contains a false or misleading statement."
3. A note on the SDA form states:"The *Criminal Code of Canada* ss 380 (1) states that everyone who, by deceit, falsehood or other fraudulent means, whether or not it is a false pretence within the meaning of this Act, defrauds the public or any person, whether ascertained or not, of any property, money or valuable security or any service is guilty of an offence. The Ontario Works Act, (1991) 70/Ontario Disability Support Program Act (1997), s59, states a person that knowingly aids or abets another person to obtain or receive assistance to which the other person is not entitled under this Act and the regulations is guilty of an offence".

RESOURCES

CDO and Richard Steinecke, LLB. *Jurisprudence Handbook for Dietitians in Ontario, (Online Version 2010)* "Introduction to Professionalism", Chapter 1, p. 1. at www.cdo.on.ca > Resources > Publications

MCSS Fact Sheet: *Changes to the Special Diet Allowance What Health Care Professionals Need to Know.* and Sample Form (February 2011), at www.cdo.on.ca > Resources > Practice Standards & Resources > Work Place Issues

Dietitians of Canada. *Code of Ethics for the Dietetic Profession in Canada* (1999).

College of Dietitians of Ontario, *Professional Misconduct Regulation* (1991).

Practice Scenarios - RD Obligations and the SDA Program

SCENARIO 1 PRE & POST-NATAL NUTRITIONAL ALLOWANCE

Lily is a Public Health Dietitian working in a pre/post-natal nutrition program for low-income women. She has been regularly seeing a post-natal client in the program who is breastfeeding well and plans to do so until her baby is at least 6-9 months of age.

During a recent appointment, the client asks Lily to fill out the SDA form to obtain funding for insufficient/ contraindicated lactation. Lily has previously filled out the Pregnancy & Breast Feeding Nutritional Allowance (P&BFNA) form which gives pregnant women on social assistance funding throughout their pregnancy and for up to 12 months after the birth of the child if the mother is breastfeeding.

Lily is aware of the financial need of the mother, and in attempt to assist her client, she fills out the SDA application as requested in the hope that the MCSS will not notice her client's dual applications for funding. Lily based her decision on taking a client-centred approach to provide maximum funding for someone in need. Are there any concerns with Lily's actions?

There are two programs that provide funding to pregnant and breastfeeding mothers on social assistance in Ontario:

1. Pregnancy & Breast Feeding Nutritional Allowance (P&BFNA): This program provides funding to mothers who are pregnant and up to 12 months after the child's birth if breastfeeding. The goal of the program is to ensure adequate nutrition of the mother during pregnancy and lactation.

2. Special Diet Allowance Insufficient/Contraindicated Lactation: This program provides funding to mothers who are unable to breastfeed due to insufficient supply of breast milk or when breastfeeding is contraindicated (e.g., due to a

medical condition). The goal of this program is to provide funding to purchase infant formula to ensure the baby receives adequate nutrition in the first 12 months.

As the P&BFNA program provides funding for the mother and the SDA program for the baby, the MCSS does not permit clients to receive funding from both programs concurrently. Despite the fact that Lily is aware that her client is in financial need, professional and ethical responsibilities as outlined in the *Code of Ethics for the Dietetic Profession in Canada* and the College's *Professional Misconduct Regulation* require her to follow the SDA program's eligibility criteria. Lily must always practice in an honest and ethical manner and ensure that she is following the program's eligibility criteria and avoid providing false or misleading information when filling out funding forms for clients.

Lily can explain to the client that funding eligibility is only permissible from one of the programs and encourage her client to carry on breast feeding as the P&BFNA funding can continue until the baby is 12 months. Where there are other ways to assist the client with additional funding, Lily can refer her client to these resources.

SCENARIO 2: SDA FUNDING DISCONTINUED

At the time of original publicationof the Spring 2011 *résumé* newsletter the MCSS's criteria for unintended weight loss was as per Scenario 2. In late July 2011, the MCSS revised their policies and sent the College an update on their criteria for the unintended weight loss category. Please refer to page 6 of the Summer 2011 *résumé* for updated details.

Jack is an RD who has been seeing a client for a number of years. This client has been receiving ongoing SDA funding for unintended weight loss related to HIV. The client has made considerable progress over the years due to ongoing nutritional counselling from Jack and daily intake of high-protein high-calorie oral supplements that have been made possible by the SDA program funding. The client has been able to maintain his weight for the past 6 months and while he is not yet at his ideal body weight, his unintended weight loss is currently not greater than 5%.

As the MCSS fact sheet (see *Resources*, p. 7) indicates, all current SDA recipients will have to qualify under the new program. Current recipients receiving funding under the old program must submit a new form signed by a health professional for an eligible condition by July 31, 2011 or their SDA payments will be discontinued.

Need to Know

Professional and ethical responsibilities as outlined in the *Code of Ethics for the Dietetic Profession in Canada* and the College's *Professional Misconduct Regulation* require RDs to follow the SDA program's eligibility criteria and avoid providing false or misleading information when filling out funding forms for clients.

Jack reviews the MCSS fact sheet and the new SDA form and determines that his client is now ineligible to receive SDA funding. When Jack communicates this information, the client expresses grave concerns that a lack of funding will result in subsequent weight loss as he will be unable to afford the oral supplements that have helped him gain and maintain his current weight. The client begs and pleads with Jack to sign the form. Jack respectfully refuses, but wonders if he's made the right decision.

According to the *Code of Ethics for the Dietetic Profession in Canada*, RDs must always maintain integrity and empathy in their professional practice. In doing so, Jack feels somewhat conflicted in his decision not to sign the SDA form for this client. From one perspective, he recognizes that he is ethically and professionally obligated to follow the SDA eligibility criteria; if a client does meet the requirements for funding then he is unable to sign the form. If Jack were to fill out the form for this client, it could be considered falsifying a record or providing false or misleading information as outlined in the College's *Professional Misconduct Regulation*. This is because the client had not experienced a greater than 5% unintended weight loss at the time Jack completed the SDA form.

From another perspective, Jack is empathetic and recognizes that without the SDA funding, his client cannot afford the oral supplements that have helped gain and maintain his weight. He fears that the client's nutritional status and health condition will decline due to this lack of funding. Jack is concerned that his client's weight will decrease over time and within 6-12 months his client will suffer from a greater than 5% unintended weight loss.

In an attempt to assist his client further, Jack meets with the health care team to brainstorm options for funding outside of the SDA program. The team explores options for other programs in the community that may be able to provide funding for the client to purchase oral supplements.

Jack presents these options to his client, sets up a meeting with a social worker and they obtain continued funding for the client to purchase the oral supplements.

This scenario presents a rather optimistic outcome for outside funding sources for the client. If additional funding was unavailable and at a later date the client suffered an unintentional weight loss of greater than 5%, he would then be eligible for SDA funding and be permitted to sign the form.

Although the latter outcome is not ideal due to the potential health risk to the client, the MCSS's intent for the SDA program is to treat an existing condition, not for preventative means. Where outside funding opportunities are unavailable, Jack would have to ensure that his client meets the eligibility criteria for SDA funding before he is able to sign the form.

Professional Practice Question

RD Documentation in an IPC Environment

RDS NEED TO ASK THEMSELVES "IF ANYONE WERE TO EVER REVIEW MY DOCUMENTATION, WOULD THE INFORMATION CLEARLY TELL THE STORY ABOUT THE CLIENT'S NUTRITION CARE?"

Currently our hospital is in the process of developing assessment forms for the new electronic documentation system. The goal is to have one (large) assessment form for all allied health professionals, each profession having their own designated area. Instead of repeating assessment information such as past medical history, medications, etc., health professions will have check boxes indicating they have reviewed information. Would this meet charting guidelines for RDs or do we need to include spaces in the nutrition care section for this information?

Generally, there is no need to repeat information that exists in the chart elsewhere when conducting nutrition assessments or follow-up care. Repeating information is not a very efficient use of an RD's time and may also risk transcription errors for medication doses, lab values, etc. However, when RDs refer to relevant information elsewhere, such as past medical history or medications, they must comment on the significant information they relied upon in their own nutrition care planning and monitoring notes.

It is also important to use professional judgment when relying on documentation made by other team members. For example, if the weight documented for a patient seems too low or too high, an RD may wish to have the weight re-done for verification. A weight discrepancy might indicate an error in the weight transcription or perhaps that the scale needs to be serviced or calibrated.

Organizations have different systems and elements to document nutrition care effectively. Some have a specific documentation style or culture that RDs should follow. Others have specific policies that outline documentation methods such as charting by exception and charting by reference. Regardless of the system or method chosen, the documentation should provide a clear picture of the nutrition assessment, planning, intervention and evaluation that have occurred in caring for a client.

RDs need to ask themselves "If anyone were to ever review my documentation, would the information clearly tell the story about the client's nutrition care?"

COLLEGE RESOURCES:

College of Dietitians of Ontario. *Record Keeping Guidelines for Registered Dietitians in Ontario.* http://www.cdo.on.ca/en/pdf/publications/guidelines/Record%20Keeping%20Guide%20ENG%20SEPTEMBER%2024%20PM.pdf

Richard Steinecke, LL.B. and CDO, *Jurisprudence Handbook for Dietitians in Ontario,* Chapter 8, "Record Keeping", p. 87. http://www.cdo.on.ca/en/pdf/Publications/Books/Jurisprudence%20Handbook.pdf

College of Dietitians of Ontario. *Draft Proposed Regulation: Records Relating to Members' Practices*: http://www.cdo.on.ca/en/pdf/BylawsRegs/ProposedR