

Practice Question of the Month

November 2009

Documenting Group Sessions

Welcome! To enhance communication and education of our members, the College has developed a *Practice Question of the Month* five-minute module series.

The November 2009 module will cover the topic of *Documenting Group Sessions*.

Note that you may need to temporarily disable your pop-up blocker on your computer to access the resource links in this e-learning module.

Please take the time at the end of the module to fill out a short survey. We appreciate your input and value your feedback.

Now let's begin...

Are RDs required to keep separate client records for all attendees in group education sessions?

- A) Yes
- B) No

Are RDs required to keep separate client records for all attendees in group education sessions?

Please select the most appropriate answer to this practice question and click submit when finished.

Answer: No

- RDs are not required to keep separate client health records where attendees are receiving group education.

The correct answer to this practice question is *No*.

RDs are not required to keep separate client health records in settings where the client is receiving public education, group education or group services. In most cases, documentation of group sessions can be done in one record.



Group Documentation

- Includes non-personal information (e.g., stats for participation/attendance)
- Follow organizational policies

Group documentation often pertains to non-personal information such as statistics for participation or attendance records.

Group documentation includes information pertaining to the program or services provided to the group, therefore, it is important to follow organizational policies as to what information should be collected in documenting group sessions.

PHIPA Privacy & Confidentiality

- Ensure personal information (name, contact information) is kept private & confidential
- Information collected may also include personal health information
- For example:

A client who attends a diabetes education session may be assumed to have diabetes

If you are collecting the names and contact information of attendees in your group session, this information should be kept private and confidential according to the *Personal Health Information Protection Act* (PHIPA).

In some cases, information collected in group sessions may also contain personal health information. For example, a client who attends a diabetes education group session may be assumed to have diabetes.

One-On-One Discussions Within Group

- Not all one-on-one discussions require a client health record
- Detailed discussion does not constitute an assessment
- Make a note in record about discussion/topic
- May help to alter future sessions and/or resource development

In group sessions, not all one-on-one discussions require the creation of a detailed client health record. A detailed discussion with a client - more detailed than in the group session - and asking questions to clarify what resources would be most useful for the client, does not constitute an assessment and would not require you to create an individual client health record.

If you have not asked for any personal health information or conducted an individualized nutrition assessment, then you may simply note in your group record that you had a discussion with an individual and the topic discussed. This information may also help to alter future class content or highlight topics that may warrant further discussions and/or resource development.

One-On-One Discussions Within Group

- Not common to conduct assessment in group
- Discussion leads to nutrition assessment - create client health record
- Record may be brief
- If more detailed, follow CDO's [Draft Proposed Regulation: Records Relating to Members' Practices](#)
- Subject to PHIPA and CDO's retention policy

RDs have asked the College when it is necessary to create an individual client health record in a group setting.

It is not that common for RDs to conduct an individualized nutrition assessment in a group setting. Generally, RDs answer specific questions then ask the individual client to stay afterwards or come and see them in a one-on-one counselling session.

However, if a one-on-one conversation in a group setting feels like a nutrition assessment (e.g., you have the person's name, you have asked for a nutrition history or medical information, and have provided nutrition advice) then you need to create an individual client health record.

Depending on the depth of your assessment, your record may be a very brief note with only the person's name and a comment about your specific recommendations, or it may be very detailed as described in *Section 7* of CDO's *Draft Proposed Regulation: Records Relating to Members' Practices*.

Because personal health information has been collected and an individual client health record has been created, the RD would have to follow PHIPA and CDO's record retention policy.

Privacy & Confidentiality Safeguards

Paper

- Kept in supervised area during office hours
- Locked room and cabinet when unsupervised or after hours

Electronic

- Computers should be password protected
- Log-off computers when not in use

In accordance with PHIPA, paper records containing personal information should be kept in a supervised area during office hours. Paper records should be kept in a locked room and locked cabinet when unsupervised or after hours.

Electronic records should only be accessed through computers which are password protected. It is important to log-off computers when they are not in use.

Record Retention

- ▶ Individual client health records should be kept for:
 - 10 years since the client's last visit; or
 - 10 years after the client turns 18

- ▶ Group session records:
 - Consult organizational policies for retention period

The College requires that individual client health records be kept for a period of 10 years since the client's last visit or 10 years after the date the client turns 18 years of age.

The College doesn't have a requirement for the retention of documentation surrounding group sessions. RDs should consult organizational policies for the appropriate retention period.

Helpful Resources

Spring 2007 *résumé*:

[*Record Keeping in Public Health*](#)

[*Record Keeping Guidelines*](#)

[*Personal Health Information Protection Act*](#)

CDO has published additional resources that may assist you in documenting group sessions:

The Spring 2007 issue of *résumé* newsletter contains an article titled: *Record Keeping in Public Health* and contains information regarding group documentation sessions.

In addition, *Section J* of the College's *Record Keeping Guidelines* contains information pertaining to documenting group sessions.

For more information on privacy and confidentiality, refer to the *Personal Health Information Protection Act* (PHIPA).

Click on the links on this slide to access these resources.

**Thank you for taking the time to view the
November 2009 Practice Question of the Month.**

Please click [here](#) to access the survey.

Your feedback is greatly appreciated.

Thank you for taking the time to view the November 2009 Practice Question of the Month on *Documenting Group Sessions*.

Please take a moment to click on the link on this slide to fill out a short survey regarding this five-minute e-learning module.

Your feedback is greatly appreciated.