



Delegation and/or Medical Directive

Title: Diet Texture Adjustment after Assessment by Speech-Language Pathologist (SLP)

Policy Number: 07-12

**Approval Date: Medicine Program Advisory Committee - May 2018
BG Division Family Medicine – April 2018
TMH Division of Family Medicine – November 2018
PECMH Division of Family Medicine – April 2019
Emergency Primary Care Program Advisory Committee – February 2019
Medical Advisory Committee – June 2018 & September 2019**

Review/Revision Date: February 20, 2018 / February 19, 2019

**Sponsoring Department: Medicine Program Advisory Committee
BGH Division of Family Medicine (Dr. Bryson)
PECMH Division of Family Medicine (Dr. Charriere)
TMH Division of Family Medicine (Dr. Noland)
Manager, QHC Adult Speech & Language Services**

Does this policy include a delegation of a controlled act? Yes No

Orders:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>The SLP diet texture medical directive allows Speech-Language Pathologist (SLP) staff to change a current diet texture order following a swallowing assessment by the SLP. The qualified SLP will be able to adjust a diet texture as follows:</p> <ul style="list-style-type: none"> • A patient has a written physician order for assessment & treatment by an SLP • A patient consents to the assessment by an SLP • A patient has an appropriate SLP assessment prior to any changes • A patient has a current diet texture order from a physician • An SLP assessment deems it safe to change from NPO to eating food 	

Recipient Patients:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<ul style="list-style-type: none"> • Clients admitted on any unit or areas at QHC • Clients residing under the care of a physician within the Division of Family Medicine at QHC • Clients residing under the care of a physician within the Division of Internal Medicine at BGH • Clients that have a valid physician order for SLP assessment & treatment • Clients that have been assessed for swallowing by a QHC SLP 	



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Approving Physician(s)/Authorizer(s):	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Appendix 1: Designated Physician Authorization Sheet
Ensure a signed copy of approvals is maintained with the Medical Directives on the unit, Medical Directive Manual (Patient Services), and Chief of Staff office.	

Authorized Implementers:	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Appendix 2: Authorized Implementer Form
<p>All Quinte Health Care (QHC) SLP staff, who have:</p> <ol style="list-style-type: none"> 1. A license to practice as an SLP in Ontario 2. Completed their QHC probationary period 3. Completed the Self-Learning Package and have reviewed the Medical Directive annually (See Appendix 3 – “<i>Self - Learning Package</i>”). 4. Completed the Self Appraisal of Competency Statement form and submitted to the manager, clinical educator or designate (See Appendix 4 – “<i>Self - Appraisal of Competency Statement</i>”). 	

Indicators:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>This medical directive for diet texture adjustments by a qualified SLP will allow prompt & efficient care immediately after the assessment. Qualified SLP staff working at QHC will be able to assess the patient and adjust diet textures based on patient needs without the most responsible physician for new orders.</p> <p>We estimate this directive will enable safer care by allowing more responsive changes to patient needs while streamlining work and eliminating steps that have been deemed unnecessary or cause delays.</p>	

Contraindications:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<ol style="list-style-type: none"> 1. An SLP may not change a diet status from food to NPO 2. Clients that do not consent to assessment & treatment from a QHC SLP 3. Clients that do not have a valid physician’s order for SLP assessment & treatment 4. Clients that have not received an original diet order from a physician 5. Clients that reside at a hospital other than QHC Belleville General or Trenton Memorial 6. Clients that have an MRP outside of the Division of Family Medicine at BGH or TMH 	



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Consent:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
<p>The patient must have a valid physician’s order for SLP assessment & treatment and verbally consent to care by a QHC SLP. The patient must be a patient at QHC-BGH under the Division of Family Medicine or Division of Internal Medicine.</p>	

Guidelines for Implementing the Order/Procedure:	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Appendix 5: Implementing a Medical Directive
<p>The SLP who initiates this medical directive is responsible for the following:</p> <ul style="list-style-type: none"> • Understanding the risks & benefits inherent when using this medical directive • Possessing the knowledge, skill & ability to: <ul style="list-style-type: none"> ○ safely implement this medical directive ○ understand when to contact a physician for further direction and support ○ determine if management of possible adverse outcomes are within his/her scope ○ determine the appropriate medical professional to contact in the event of an adverse outcome or reaction • Clarify there is a valid physician’s order for an SLP assessment & treatment in the EMR • Clarify that the patient resides at QHC-BGH under the care of a physician in the Division of Family Medicine or Division of Internal Medicine. 	

Documentation and Communication	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
<p>The SLP who initiates this medical directive will:</p> <ul style="list-style-type: none"> • Document their assessment in the EMR under an SLP intervention or note clearly noting diet texture changes • Write any changes to the diet texture order in the patient’s physical chart • Communicate any adverse reactions to the physician (MRP) and Patient Care Lead (PCL) for the patient in question 	

Review and Quality Monitoring Guidelines	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Appendix 3: Self - Learning Package Appendix 4: Self - Appraisal of Competency Statement for Authorized Staff
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Administrative Approvals:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
Approval Dates:	
Medicine Program Advisory Committee	May 2018
BGH Division of Family Medicine	April 2018
TMH Division of Family Medicine	November 2018
PECMH Division of Family Medicine	April 2019
Emergency Primary Care Program Advisory Committee	February 2019
Medical Advisory Committee Approval Date:	June 2018 / September 2019
Ensure a signed copy of approval is maintained with the medical directive manual coordinator, and with the Chief of Staff office.	
_____ Chief of Staff	_____ Vice President
_____ Date	_____ Date

References:

Appendices:

- Appendix 1: Designated Physician Authorization Sheet
- Appendix 2: Authorized Implementer Form
- Appendix 3: Self – Learning Package
- Appendix 4: Self Appraisal of Competency Statement for Authorized Staff
- Appendix 5: Implementing a Medical Directive