CLINICAL NUTRITION SERVICES RISK MATRIX

DETAILED RISKS	POSSIBLE CAUSAL FACTORS	EXPECTED CONTROLS	ACTUAL CONTROLS (STRENGTHS) *(Based on QI survey results)*	CONTROL GAPS (GAPS) *(Based on QI survey results)*
1. Program goals and objectives are not measurable or realistic. **Survey Question 1**	Lack of process to identify and develop measurable and realistic goals and objectives.	The team works together to develop team goals and objectives ***(Medicine Services** Standard **2.1)***. The team's goals and objectives for clinical nutrition services are measurable and specific ***(Medicine Services Standard 2.2)***.	• Strong leadership with vision for future • Regional approach to advance practice (SharePoint, resources, practice councils) • Communication – patient rounds, diet kardex • Team effort with common goals • QI team newsletter, quality plan and quality reports	• Communication • Time constraints • Too many simultaneous projects • Resource constraints
2. Resources required to achieve goals & objectives are not in place. 3. Organizational support is insufficient in terms of assisting the team in achieving its goals. **Survey Question 2**	Lack of a process to identify and obtain resource requirements. Organizational support (i.e. information, recognition, access to resources) is not in place to support the work of the team.	The team identifies the resources needed to achieve its goals and objectives ***(**Medicine Services Standard **2.3)***. The team has access to the supplies and equipment needed to deliver clinical nutrition services ***(Medicine Services Standard 2.4)*** The organization provides support to the team to deliver quality clinical nutrition services ***(Medicine Services Standard 2.5)***.	• There have been changes to practice that allow our profession to stand out as leaders; our profession takes on initiatives and follows through • Staff feel supported (regional, site and team) • Team leader/manager • Education resources • PEN • Standardized manuals and evidence based practice tools • Practice Councils • SharePoint • Computer access • Office space	• Inconsistent message re: reliable resources • Staff resources • Length of time to complete education resources • Outdated technology • Resources to complete projects • Equipment • Implementation of nutrition care plan dependant on other disciplines (e.g. weights, calorie counts, feeding patient/resident) • Adequate training with new implementations
4. Staff do not receive adequate education and training. 5. Student and volunteer placements do not receive the required level of supervision or education. **Survey Question 3**	Lack of an effective program to educate and train staff. Lack of necessary education and supervision provided to students and volunteers placed on service.	The team receives specific education and training to deliver clinical nutrition services ***(Medicine Services Standard 4.5).*** The team supports student and volunteer placement on the clinical nutrition services team ***(Medicine Services Standard 4.6).***	• There is a commitment to continuing education with many opportunities for learning through a)WRHA NFS education – clinical rounds, education days, vision day and MPP workshops b) Web based learning, teleseminars (including ADA, ASPEN) • RD's feedback is considered when WRHA education sessions are planned • Education of students and volunteers is a strength	• Outdated technology to access education • Provincial travel ban results in very limited ability to participate in learning opportunities not held locally, especially if practice is specialized with few working in the area and there is interest to discuss practice issues with others from the area and learn from others practice. • More funds for education needed, especially for sessions outside of Winnipeg. • Heavy workloads and lack of relief make education events difficult to attend • Would like more cooperative education focus (with time allocated) such as journal club. • Limited time available for student mentorship

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6. Staff are not assigned to services and responsibilities in a fair and equitable manner. **Survey Question 4**	Lack of defined criteria to assign staff to clients & other responsibilities. Leaders do not request staff input about job assignments or designs.	The organization has defined criteria that are used to assign team members to clients and other responsibilities in a fair and equitable manner ***(Medicine Services Standard 5.1).*** Team members have input on work and job design, including the definition of roles and responsibilities, and case assignments, where appropriate ***(Medicine Services Standard 5.2).***	• We can give input re: workload and how to make our work day most efficient. • Changes are made in unit assignments with program changes (increases and decreases in acuity) • Statistics identify where we need more EFTs • Very good with team spirit in helping each other and covering for each other. • There are attempts to divide workloads evenly, however there may not be awareness of how heavy/ light some workloads are	• Value of doing workload measurement has not been explained. • Overall, workload is heavy, there are inequities in workload with some areas highly understaffed. Newer positions have lower workloads than longstanding positions. • A more structured approach to evaluating workloads might be worthwhile to pursue. • Workload measurement tools are not standardized and can be inaccurate. • Lack of relief coverage limits our effectiveness • Too many projects are taken on at one time. • Require more standardization of clinical workload and budget throughout the province.
7. Client is unable to access required services on a timely basis. **Survey Question 5**	Limited hours of operation, physical and language barriers exist.	The team identifies and removes barriers where possible that prevent clients, families, service providers and referring organizations from accessing services ***(Medicine Services Standard 6.1).***	• Flexibility of RD time for after hours or on call. • Resources available (fax, pager, email, business card, etc, flexible le hours) to help provide services • Guidelines for timely access to service. • Access to community services	• Long waiting lists • Limited staffing and services for outpatients. • Evening, weekend and stat services lacking. • Restrictions on referral criteria and follow up of clients. • Lack of computer access to coordinate appointments • Dietitian coverage lacking for emergency department
8. There is untimely response to those requesting services and information. **Survey Question 5**	Lack of a formal process for responding to client requests and tracking response times.	The team responds in a timely way to requests for services & information *(Medicine Services Standard **6.3).*** The team gives potential clients, families, providers and referring organizations information about the organization and its services ***(Medicine Services Standard 6.4).***		
9. Unable to make an informed decision about whether services can be offered. **Survey Question 6**	Lack of process to obtain necessary information to determine if services can be provided.	With the client's permission, the team gathers health history information to determine the need for services ***(Medicine Services Standard 6.5).*** The team follows defined criteria to gather information from other providers when determining whether to offer services to a client or family ***(Medicine Services Standard 6.6).***	• We have nutrition care process • Nutrition risk screening process (MST and risk assignment) • RD consult process and guidelines • Referral criteria for the Dietitian • Diet order screening • Care maps	• Limited resources for nutrition risk screening and re-screening (patients are missed or delayed) • Guidelines lacking for prioritizing patients/ clients.

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10. Client needs are not comprehensively assessed on a timely basis. 11. Assessment results are not shared with client and family. 12. Assessment results are not shared with other service providers involved in the client's care. **Survey Questions 7**	Lack of a standardized process for assessing clients. Lack of access to diagnostic services, results and expertise. Lack of process to regularly review and re-assess client needs. Lack of protocols for sharing assessment information.	The team completes a timely assessment for each client ***(Medicine Services Standard 7.1).*** The team assesses the client's health and nutrition needs ***(Medicine Services Standard 7.2).*** The team considers the client's needs and expectations, family and caregiver involvement, and staffing resources during the assessment process ***(Medicine Services Standard 7.3).*** He team has access to the necessary diagnostic services, results and expert consultation or advice to complete a proper assessment ***(Medicine Services Standard 7.7).*** The team shares the assessment with the client, family and service providers in a timely and easy-to-understand way ***(Medicine Services Standard 7.9).*** The team regularly reviews the assessment and updates it if the client's health status changes significantly ***(Medicine Services Standard 7.10).***	• Standardized nutrition care process and forms resulting in better documentation communication and timely assessment/ reassessment. • NCP practice session • Standardized nutrition language.	• Time and workload to complete the form thoroughly • Require more training for standardized language and NCP (especially intervention, monitoring, evaluation and behaviour change)
13. Clients and their families do not receive required education and support to manage their health needs and issues. **Survey Question 8**	Lack of process to educate clients and their families to care for themselves. Lack of process to provide clients and their families with emotional support & counselling	The team provides clients and families with education related to service needs ***(Medicine Services Standard 8.5).*** Thee team provides clients and families with access to emotional support and counselling ***(Medicine Services Standard 8.6).***	• Strong caring manner and support for clinical, education and emotional needs provided • RD decides how much time to dedicate to client and or family, take time to listen • Provide basic survival education and refer to outpatient • Cardiac Class, ambulatory services • Dietitians part of multidisciplinary team to provide good service with all necessary supports • Patient or resident focused	• Require more time for effective teaching, increase EFT. Inpatient needs priority affect time. • Shared drive has out of date education material (site specific) • Difficult to meet needs of out of town clients, could make use of telehealth better • Waitlist for ambulatory care, unable to meet demands • Not well trained in counselling and not enough time • Limited outpatient time to refer to. • Not trained to provide emotional support, out of scope
14. Client service needs, goals and expected results are not identified and documented in a client service plan. **Survey Question 9**	A comprehensive service plan is not developed or updated.	The team works with the client and family to identify service goals and expected results ***(Medicine Services** Standard **9.1).*** The team develops an integrated and comprehensive Nutrition Care Plan for each client ***(Medicine Services Standard 9.2).*** The team shares the client's Nutrition Care Plan in a timely way with the client's service providers in accordance with privacy legislation ***(Medicine Services Standard 9.3).***	• Interdisciplinary team approach is maintained at high level with good communication (rounds and team meetings) • Goals and progress discussed with team, client and family	• Need to work with other care providers and continue to involve patient and family • Not all disciplines read nutrition care plan; need to communicate care plan to team in rounds etc. Rounds focus on discharge not overall health and well being. • Nutrition needs often overlooked by team • Difficult to connect with some team members • Team care plans not always clear

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15. Client file information is not current, accurate and comprehensive. 16. Privacy and confidentiality of client information are not sufficiently protected. 17. Clients cannot access their own information on a timely basis **Survey Question 10**	Lack of processes or lack of compliance with processes to maintain client information files. Staff do not fully respect the rights of clients to maintain confidentiality over client information. Lack of a process to enable clients to access their records.	The team maintains an accurate and up-to-date record for each client ***(Medicine Services Standard 12.1).*** The team meets applicable legislation for protecting the privacy and confidentiality of client information ***(Medicine Services Standard 12.2).*** Clients have opportunities to access their records ***(Medicine Services Standard 12.3).***	• PHIA compliant • Timely access to client information • Clear process for clients to access records • Dietitian records (kept secure).	• Diet orders not always accurate • Inconsistent charting of activities due to staff shortages • Medical records are not always up to date with client progress.
18. Client information is not accessible to staff on a timely basis. 19. Client information required to facilitate transfers and handoffs is not shared. **Survey Question 11**	Essential client information is missing or cannot be located. Concerns over confidentiality of information discourage the sharing of information.	Staff and service providers have timely access to the client record ***(Medicine Services Standard 12.4).*** The team shares client information and coordinates its flow among service providers, other teams and other organizations, as required ***(Medicine Services Standard 12.5).***	• Access to patient medical charts (current or previous) • Lab access via computers • Electronic record • One chart for one patient, all the information is in one place • Other team members are very good at helping us obtain client information	• Electronic record • Inability to have access to private, hospital or community charts (external charts) • Availability of charts since they are being used by other team members. • Legibility of hand written notes. • Specific measurements, such as heights and weights are not readily available • Timely access to lab values • Need to work on sharing consistent information with other sites (e.g. care plans, initial nutrition assessments or CBORD card files, discharge summaries) within sectors and across sectors (e.g. transfers from acute care to LTC)
20. Evidence-based guidelines are not used as a basis for delivering services. **Survey Question 12**	Lack of a formal process to review, select and update which guidelines will be used.	The organization has a process to select evidence-based guidelines for Clinical Nutrition Services ***(Medicine Services Standard 14.1).*** The team reviews its guidelines to make sure they are up to date and reflect current research and best practice information ***(Medicine Services Standard 14.2).*** The team's guideline review process includes seeking input from staff and service providers about the applicability of the guidelines and their ease of use ***(Medicine Services Standard 14.3).***	• Regional best practice guidelines exist • WRHA Nutrition Advisory Committee directives (e.g. blue dye) and consistent practice messages with enteral products • PEN, SharePoint • Evidence summaries for the diet compendium • Our profession can be respected for its expertise.	• Staff resources to keep guidelines current. Time constraints. • Sometimes "evidence" is lacking. • Clinical Nutrition Handbook currently out of date. • Notification of practice changes (e.g. PEN) • Lengthy process. • Access to new best practice guidelines.
21. A nutrition strategy is not implemented for those clients who have falling tendencies. **Survey Question 13**	Lack of process to identify clients who are risk of falling. Lack of process to address clients at risk of falling in terms of a nutrition strategy.	The team implements and evaluates a nutrition strategy for fall prevention to minimize the impact of client falls ***(Based on Medicine Services Standard 15.2 and ROP).***	• Regional Falls Committee • Nutrition Strategy for bone health and prevention of fracture • Provide general guidelines to use for at risk population	• Lack of understanding of benefit or awareness of nutrition strategy • Strategy not fully implemented or evaluated

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22. A nutrition strategy is not implemented for those clients who are at risk for developing pressure ulcers. **Survey Question 14**	Lack of process to identify clients who are at risk of pressure ulcers. Lack of process to address clients at risk for developing pressure ulcers in terms of a nutrition strategy.	The organization assesses each client's risk for developing a pressure ulcer and implements interventions to prevent pressure ulcer development ***(Long Term Care Standard 8.4 and ROP).***	• Regional wound education sessions and wound care team • Consultation of RD's for expertise	• Not always seen as crucial for prevention • Not routinely informed or consulted • New guidelines being developed • Need to educate nursing or have standardized protocol
23. A strategy for obesity and weight management is not established. **Survey Question 15**	Lack of process to identify clients who are obese and/or require weight management. Lack of systems approach to manage obesity.	The organization has a strategy for obesity and weight management ***(Clinical Nutrition Standard 1).***	• NFS Family Lifestyle Program • More bariatric equipment available • Individualization for clients • Promote well being not focused on weight • Work with PT, SW to help address weight management	• Challenging to do in LTC setting • Inconsistent approach between care providers • Lack of knowledge and experience with weight management / obesity • Regional plan/ program lacking • Lack of outpatient services and resources for ongoing follow up • Programs available for low income and transportation to programs
24. Client information is not transferred between service providers on a timely basis. **Survey Question 16**	Mechanisms for timely transfer of information at transition points are not used or in place. Lack of a referral process.	The team transfers information effectively among service providers at transition points ***(Medicine Services Standard 11.4 & ROP).*** The team has a concrete referral process in place with open communication across sectors that allows for efficient transfer of information and flow of services ***(Clinical Nutrition Standard 2).***	• Home care form • MHNP form • Referral process in place • Links between Dietitians in all sectors – easy to contact	• Feedback from clients • Medical team needs education as to when to refer to RD • Lack of standard referral process • Information may or may not be transferred between sites/ sectors • Patients may not want referral
25. Service delivery performance is not measured. **Survey Question 17**	Data on processes or outcomes are not collected.	The team identifies & monitors process & outcome measures for Medicine Services *(Medicine Services Standard 16.1).* The team monitors clients' perspectives on the quality of the Medicine Services *(Medicine Services Standard 16.2).*	• Clinical Nutrition QI team and quality plan (chart audits, starvation indicator, QI survey, Malnutrition Screening Tool) • Strong quality indicator process is in place and it gives effective feedback.	• Need audits to assess the appropriateness of the nutritional assessment, diagnosis and intervention • Client feedback • Health care team feedback • Quality data to evaluate effectiveness of the program./services
26. Changes to services are not made based on performance measurement. **Survey Question 18**	Benchmarking with other programs or organizations is not done. Processes to analyze results are not in place. Lack of resources in implement identified improvements.	The team compares its results with other similar interventions, programs or organizations *(Medicine Services Standard* ***16.3).*** The team uses the information it collects about the quality of its services to identify successes and opportunities for improvement, and makes improvements in a timely way ***(Medicine Services Standard 16.4).*** The team shares evaluation results with staff, clients and families ***(Medicine Services Standard 16.5).***	• Clinical Nutrition quality plan works towards improving the quality and timeliness of nutrition care provided (e.g. chart audits, starvation indicator)	• SGA training • Client feedback is not evaluated nor being used to improve patient care. • Reporting of the data to the organizations. • Sharing QI information with clients, families.

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