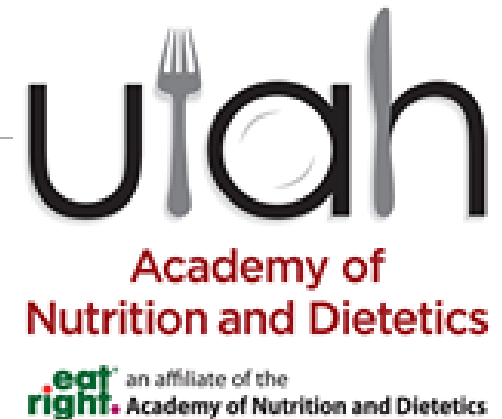


# Order Writing for the Dietitian in Utah

---

WENDY PHILLIPS, MS, RD, CNSC, CLE, FAND

ROBIN AUFDENKAMPE, MS, RD, CD



# About the Speakers

## **Wendy Phillips MS, RD, CNSC, CLE, FAND**

As a Division Director of Clinical Nutrition for Morrison Healthcare, Wendy directs the development, implementation, and maintenance of clinical nutrition programs and services according to regulatory requirements, current trends, and market place demand in healthcare facilities from California to Ohio.

She is currently the Vice Chair for the Consumer Protection and Licensure Subcommittee for the Academy, in which she provides guidance and support for legislative issues in each state. She is also the State Policy Representative for the Utah Academy of Nutrition and Dietetics



# About the Speakers

## **Robin Aufdenkampe MS, RD, CD**

As System Director of Food and Nutrition Services for Intermountain Healthcare, Robin provides strategic and operational leadership to design, integrate and coordinate Nutrition Services and Clinical Nutrition to drive quality outcomes through efficiency and adoption of best practices.

She is currently the President of the Utah Academy of Nutrition and Dietetics and a Features Editor for the Academy's Clinical Nutrition Management DPG. Robin has greatly enjoyed being an active participant with the UAND Advocacy Pillar over the past year.



# Disclosures

---

The authors have no financial or other interests to disclose.

The information provided here is for guidance only. Specific policy and procedure development should be reviewed by facility legal counsel and must be approved by facility medical and administrative committees.

# Objectives

---

List all applicable laws and regulations.

Describe the difference between the acute care hospital and long term care facility regulations

Describe the difference between credentialing and privileging.

Design a competency assessment plan



LAWS AND REGULATIONS AFFECTING UTAH  
HOSPITALS

## Relevant Laws & Regulations

- Federal
- State
- Local/Hospital

Federal

- CMS Conditions of Participation



Relevant  
Federal  
Laws &  
Regulations

- Acute Care  
Hospitals

# CMS Conditions of Participation – Acute Care Hospitals

---

## CMS 42 CFR §482.28(b)(1)

All patient diets, including therapeutic diets, must be ordered by a practitioner responsible for the care of the patient, or by a qualified dietitian or qualified nutrition professional as authorized by the medical staff and in accordance with State law governing dietitians and nutrition professionals.

Relevant  
Federal  
Laws &  
Regulations

- Long Term Care  
Facilities

# CMS Conditions of Participation – LTC Facilities

---

## Food and Nutrition Services (§483.60)

### §483.60(e) “Therapeutic diets”

- (1) Therapeutic diets must be prescribed by the attending physician.
- (2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident’s diet, including a therapeutic diet, to the extent allowed by State law.

Relevant  
Laws &  
Regulations

- State

# Professional Licensure: No Changes Needed

---

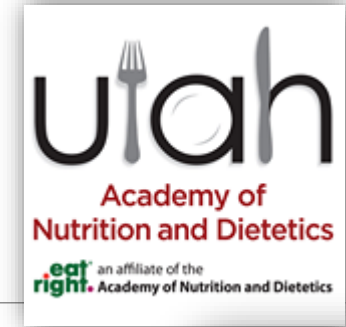
No dietetics licensure in Utah

RD certification – nothing in the certification act excludes ability to write orders

No other state professional licensure practice acts exclude RDs from writing orders

# UT State Facility Licensing: Rule Changes Required

---



UAND worked with the Utah Medical Association



Proposed wording changes for Utah Rules to the Health Facility Licensing subcommittee of the Utah Department of Health in 2016

Finalized May 2017

Relevant  
State Laws  
&  
Regulations

- Acute Care  
Hospitals



<p style="text-align: center;"><b>Rule R432-100 General Hospital Standards</b></p> <p style="text-align: center;"><b><u>Previous Wording</u></b></p>	<p style="text-align: center;"><b>Final new wording effective May 17, 2017</b></p>
<p>R432-100-32 Dietary Service. 3(a) The food and nutritional needs of patients shall be met in accordance with the physician's orders.</p>	<p>R432-100-32 Dietary Service. 3(a) The food and nutrition needs of patients, <u>including therapeutic diets</u>, shall be met in accordance with the <u>orders of the physician responsible for the care of the patient, or if delegated by the physician, the orders of a qualified registered dietitian in consultation with the physician</u>, as authorized by the medical staff and in accordance with facility policy.</p>
<p>R432-100-32 Dietary Service. “(7) Diets shall be ordered by a member of the medical staff and transmitted in writing to the dietary department.</p>	<p>R432-100-32 Dietary Service. (7) <u>Dietary orders</u> shall be transmitted in writing to the dietary department.</p>

Relevant  
State Laws  
&  
Regulations

- Long Term Care Facilities

<b>R432-150 Nursing Care Facilities</b>  <u>Previous Wording</u>	<b>Final new wording effective May 17, 2017</b>
R432-150-24 Food Services. (5) The attending physician must prescribe in writing all therapeutic diets.	R432-150-24 Food Services. (5) All therapeutic diets <u>must be ordered in writing by the attending physician or by a qualified registered dietitian in consultation with the physician, if allowed by facility policy.</u>

# How do I know which rules apply to my facility?

---

Questions to ask hospital administration:

1. How is this facility licensed in Utah?
2. Which CMS CoP are we surveyed for?

# Hospital Definition of “Therapeutic Diet”

---

“all patient diets (are) therapeutic in nature, regardless of the modality used to support the nutritional needs of the patient”

- Oral diets
- Tube feeding
- Parenteral nutrition

Utah does not  
have a different  
definition

Laboratory Data

# LTC Definition of “Therapeutic Diet”

---

Defined by the Academy Definition of Terms by  
Quality Management Committee

Utah does not have  
a different  
definition

Defined by CMS per Minimum Data Set 3.0 Resident  
Assessment Manual, Chapter 3, Section K:  
Swallowing/Nutrition Status

# LTC Definition of “Therapeutic Diet”

---

## Academy Definition of Terms

A therapeutic diet is a diet intervention prescribed by a physician or other authorized non-physician practitioner that provides food or nutrients via **oral, enteral and parenteral routes** as part of treatment of disease or clinical conditions to modify, eliminate, decrease, or increase identified micro- and macro-nutrients in the diet.

# LTC Definition of “Therapeutic Diet”

---

## MDS RAI Manual

A therapeutic diet is a diet intervention ordered by a health care practitioner as part of treatment for a disease or clinical condition manifesting an altered nutritional status, to eliminate, decrease or increase certain substances in the diet (e.g. sodium, potassium).



# LTC Definition of “Therapeutic Diet”

---

A therapeutic diet may be specific or liberalized depending on the resident clinical needs and preferences.

A nutritional supplement may or may not be part of a therapeutic diet and is considered part of this rule

Texture modifications are **not** considered a therapeutic diet order

## Relevant Laws & Regulations

- Federal
- State
- Local/Hospital

# CREDENTIALING

---

Organization reviews and verifies an individual's credentials to ensure they meet established standards

Credentialing  
happens before  
privileging

# PRIVILEGING

---

Authorizing an individual to perform a particular service within a defined scope of practice

# Scope of Practice

---

Established through state professional licensure regulations

Utah doesn't have a state scope of practice

Defaults to Academy SOP/SOPPs

➤ Available at [www.eatright.org/sop](http://www.eatright.org/sop)

# Poll Question

---



According to CMS, is it required to be a member of the medical staff in order to have order writing privileges?

# Medical Staff Oversight

---

Medical staff admission not required – **BUT** –  
the hospital's governing body/medical staff must  
**exercise oversight**

- ✓ credentialing
- ✓ privileging
- ✓ competency review

# Privileging Types

---



Independent

Dependent



Delegated

# Dependent & Delegated Orders

---

RDNs privileged to write specific nutrition orders when authority is delegated by a LIP

Policy & Procedures designate which orders can be written

Privileged RD implements the protocol and writes the order as a “delegated” or “protocol” order

Physician co-signs the order within the time frame specified by the facility





# Recommended Policy & Procedure Components

---

- Referral to RD is required! LIP co-signature required?
- Which orders can be placed?  
(Oral, Nutrition Support, Labs, Medications?)
- Communication to/from physician
- Follow-up on patient's response to care
- Adverse events
- Competency assessment

# Competency Assessment Requirements

---

Credentialing & Privileging requirement

Oversight of activities performed at the hospital

- CMS requirement §482.12(a)(6)
- Medical staff and governing body responsibility

Additional regulations from accrediting bodies and state laws



**Intermountain  
Healthcare**

*Healing for life®*

Intermountain Healthcare Examples

# RDN Order Writing Privilege Procedure

---

## Scope:

This procedure applies to all Registered Dietitian Nutritionists (RDN) who provide nutrition care as specified in the Intermountain *RDN Scope of Practice* and the Intermountain *Executive Summary: Dietitian Order Writing Privileges*.

The delegation of order writing privileges by the physician allows the RDN to manage the provision of medical nutrition therapy (MNT) and the nutrition care of the patient.

## Policy:

The RDN may write orders related to the nutrition care of their patient when the physician delegates the order writing privileges in iCentra. Nutrition and nutrition related orders written by the RDN will be consistent with the physician's medical plan and overall care plan of the patient. The following must be met for all RDN's to have order writing privileges-

## Procedures:

The Clinical Nutrition Manager will determine the competency level of each RDN, assign all related competency modules and retain a letter of competence in the RDN's education folder. The advanced RDN practitioner must write a minimum of \_\_\_\_\_ TPN's per year and place a minimum of \_\_\_\_\_ feeding tubes and bridles annually. The number per RDN practitioner will be tracked in the productivity tool.

# Intermountain Competency Levels



Competency Levels*	Basic	Intermediate	Advanced
<b>Registered Dietitians</b> <b>Clinical Dietitian</b> <b>Dietitian Specialist I</b> <b>Dietitian Specialist II</b>	Therapeutic Diet Orders	Intermediate Infant and Pediatric Diet Orders	Complex Infant and Pediatric Diet Orders
	Basic Infant and Pediatric Diet Orders		
	Oral Nutrition Supplements	Enteral Nutrition	
	Basic MVIs	PPN: pre-mixed	TPN: micro and macro-nutrients, fluids and long-term monitoring
	TPN: macronutrients and indications	TPN: micronutrients, complications and Clinimix	
	Anthropometrics		Bridles and Feeding Tube insertion
	Calorie Count	Nutrition related laboratory assessments	Complex nutrition related laboratory assessment
		Nutrition related test (swallow-evaluation, dexa-scan, RMR, )	
	Outpatient Nutrition Counseling	Intermediate dietary nutrition supplements	
	Referral to Social Work/OT/ SLP		
<p><u>Letter of Competency*</u>: This letter will be kept in the dietitian's employee records and will indicate the level of order writing competency as of a particular date.</p>			

# Purpose of the Audit Tool

---



1. Promote excellence in the nutrition assessment process by individualizing the nutrition care plan and fostering timely and appropriate interventions.
2. Provide an educational tool for new hire dietitians and encourage communication between staff about our nutrition care practices.
3. Ensure RDN meets the necessary order writing competency standards.
4. Provide an objective measure of competency in assessing nutritional status this is necessary for performance evaluation.
5. Improve documentation of malnutrition in the medical records and capture malnutrition diagnosis codes for effective reimbursement care.
6. Facilitate a seamless process for discharging high risk patients and/or those receiving nutrition support.

# RDN Competency Audit



RDN Competency and Adult Nutrition Note Audit:			
(1) Circle one: YES, NO, N/A. (2) Add the points of YES (1 point each)			
Name of Auditor:		Date of Audit:	
Name of RDN reviewed:		Date of Chart Note:	<input type="checkbox"/> Initial Assessment <input type="checkbox"/> F/U Assessment
Patient Name:		Patient #/MRN:	
Final score deemed appropriate by CNM?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hosp. ID#:	
General			
If applicable - Nutrition Education completed and documented?		YES	NO   N/A
Overall, is the note well organized, thorough and concise?		YES	NO   N/A
If applicable, the RDN placed appropriate order(s), consistent with order writing procedure/privilege. (Ex: supplements, labs, nutrition support, diet orders, etc...)		YES	NO   N/A
Assessment			
Nutrition reference Ht and Wt documented? (Not admit wt, but wt used to assess nutrition status and needs)		YES	NO   N/A
Nutrition related lab values reviewed and appropriately addressed in relation to nutrition dx and intervention? (renal, liver, diabetes, etc.)		YES	NO   N/A
Appropriate Nutrition-related history documented? (INITIAL ASSESSMENT ONLY)		YES	NO   N/A
Relevant tests and procedures referenced? (MBS, MRI, bedside swallow eval., Dexa Scan, KUB, Indirect Calorimetry, etc.)		YES	NO   N/A
Nutrition focused physical assessment findings documented appropriately?		YES	NO   N/A
Weight changes addressed and interpreted? (wt history PTA, changes during admission)		YES	NO   N/A
Wounds or skin issues documented? (Burns, lacerations, surgical, pressure ulcers, skin tears, etc.)		YES	NO   N/A
Y's and O's documented when appropriate? (Critical Care, Burns, Nutrition Support, CHF, Renal, Cellulitis, Edema, Liver Failure, Transplant, etc.)		YES	NO   N/A
Total energy and macronutrient needs documented and follow Intermountain guidelines.		YES	NO   N/A
Nutrition related medications interpreted and appropriately addressed in relation to nutrition dx? (high glucose R/T prednisone, high K+ on kayexelate, etc.)		YES	NO   N/A
NS: If patient receiving TF, is the location of the tube documented (PEG, PEJ, NGT...)?		YES	NO   N/A
NS: If patient is receiving PN, is the line/tube type and insertion/tip location(s) documented?		YES	NO   N/A
Comments, strengths, weakness, or suggestions: (1) Document the reason for the question that you marked NO. (2) If you notice something exceptional, document it			
Nutrition Diagnosis (PES)			
Most relevant nutrition dx selected or no nutrition dx indicated and documented in view		YES	NO   N/A
Etiology is directly related to the nutrition dx selected		YES	NO   N/A
Signs/Symptoms are specific, measurable, and conducive to Monitoring & Evaluation (M&E)		YES	NO   N/A
Goals			
Goal corresponds to M&E indicators and uses reference standard or is tailored to individual need		YES	NO   N/A
Nutrition Intervention			
Does nutrition intervention appropriately address the Nutrition Diagnosis?		YES	NO   N/A
Is the nutrition intervention directed at changing the etiology or improving Signs & Symptoms (S&S)?		YES	NO   N/A
Is the prescribed nutrition intervention reflective of patient's current status and diagnosis? (ie. If patient advanced from TPN to Oral, is intervention relevant to the diet advancement?)		YES	NO   N/A
NS: If patient receiving nutrition support, is PN or EN calculated correctly?		YES	NO   N/A
NS: If patient receiving EN, is the 24-hour goal volume (mL) documented?		YES	NO   N/A
NS: If patient receiving EN, is the 24-hour total volume provided (mL) documented?		YES	NO   N/A
NS: If patient was receiving nutrition support, were patient involvement, provider information and nutrition support education documented?		YES	NO   N/A
Comments, strengths, weakness, or suggestions: (1) Document the reason for the question that you marked NO. (2) If you notice something exceptional, document it			
Monitoring and Evaluation			
Appropriate M/E indicators are identified and reflect critical thinking inline with evidence-based practice		YES	NO   N/A
M/E indicators are current and reflect progress or lack of (FOLLOW UP ONLY)		YES	NO   N/A
Documents discharge nutrition plan in nutrition note		YES	NO   N/A
Comments, strengths, weakness, or suggestions: (1) Document the reason for the question that you marked NO. (2) If you notice something exceptional, document it			
Total Points			

**If applicable, the RDN placed appropriate order(s), consistent with order writing procedure/privilege. (Ex: supplements, labs, nutrition support, diet orders, etc...)**

\*TOTAL possible points: 29 minus total # of N/A = \_\_\_\_\_ points

# Intermountain RDN Preparation

Update the RDN Scope of Practice to include order writing privileges for your organization.

Distribute RDN order writing information packet 3 weeks before go-live

RDNs to attend required staff training and group meetings

RDN to complete assigned learning modules in the month prior to go-live

2 day RDN peer training and auditing upon implementation of order writing

Education and training pending audit results with annual order writing competency review and training



# Get Started

---

Document physician support

Speak with facility legal counsel

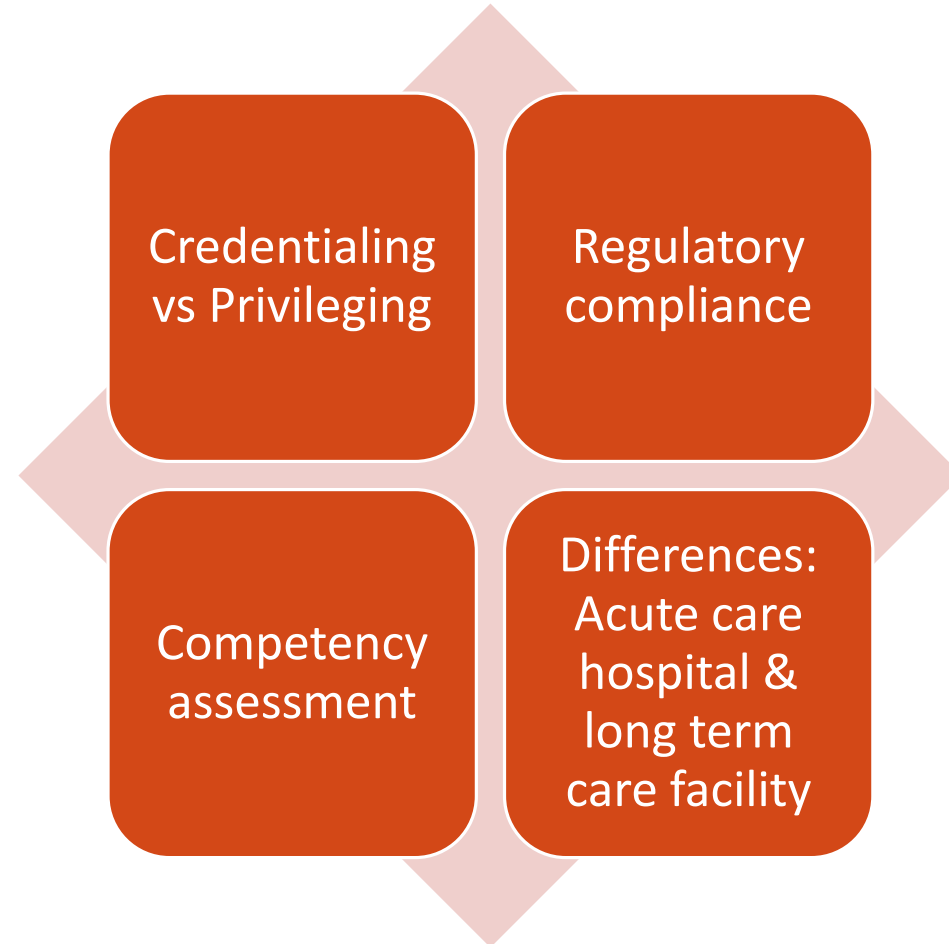
Liability insurance

Speak with decision makers

- LTC Facility: Medical Director and Director of Nursing
- Hospital: Credentialing Committee, P & T Committee

# Review of Learning

---



# What does the future hold?

---

Expand to more care settings and more services

- Outpatient dialysis centers
- Home health
- Ambulatory centers

Call to action: Outcome studies needed!

# Selected References

---

Medicare and Medicaid Programs; Regulatory Provisions To Promote Program Efficiency, Transparency, and Burden Reduction; Part II. *Fed Regist.* 2014;79: 27105-27157. Available at <https://www.federalregister.gov/articles/2014/05/12/2014-10687/medicare-and-medicaid-programs-regulatory-provisions-to-promote-program-efficiency-transparency-and#h-22>. Updated May 12, 2014. Accessed January 22, 2016.

Therapeutic Diet Orders: State Status and Regulations. Academy of Nutrition and Dietetics website. [www.eatright.org/dietorders](http://www.eatright.org/dietorders). Accessed January 22, 2016.

Learn about the CMS Rule on Therapeutic Diet Orders. Academy of Nutrition and Dietetics website. <http://www.eatrightpro.org/resource/advocacy/quality-health-care/consumer-protection-and-licensure/learn-about-the-cms-rule-on-therapeutic-diet-orders>. Accessed January 22, 2016.

Standards of Practice. Academy of Nutrition and Dietetics website. <http://www.eatrightpro.org/resources/practice/quality-management/standards-of-practice>. January 22, 2016.

# Selected References

---

Phillips W, Doley J. Granting order writing privileges to registered dietitian nutritionists can decrease costs in acute care hospitals. *JAND*. 2016; DOI: <http://dx.doi.org/10.1016/j.jand.2016.06.009>.

Phillips W. Timeline of events leading to allowance of RDN order writing privileges by CMS. *Future Dimensions*. 2016;35:10-12.

Phillips W, Wagner E, Reiner J, LeBlanc G. Implementation of order writing privileges in acute care hospitals. *Future Dimensions*. 2015;34:3-9.