Revised 2025 Scope and Standards of Practice for Registered Dietitian Nutritionists in Post-Acute and Long-Term Care Nutrition

A complementary document to the Revised 2024 Scope and Standards of Practice for the Registered Dietitian Nutritionist

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Commission on Dietetic Registration
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Dietetics in Health Care Communities
a dietetic practice group of the Academy of Nutrition and Dietetics

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APPROVAL

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This document uses the term RDN to refer to both registered dietitians (RD) and registered dietitian nutritionists (RDN) and the term NDTR to refer to both dietetic technicians, registered (DTR) and nutrition and dietetics technicians, registered (NDTR).

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INTRODUCTION

The Dietetics in Healthcare Communities Dietetic Practice Group (DHCC DPG) of the Academy of Nutrition and Dietetics (Academy), under the guidance of the Commission on Dietetic Registration (CDR) Practice Competence Committee, has revised the Scope and Standards of Practice for Registered Dietitian Nutritionists in Post-Acute and Long-Term Care Nutrition (Scope and Standards in PALTC), previously titled Revised 2018 Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Post-Acute and Long-Term Care Nutrition.[1] A focus area of nutrition and dietetics is a defined area of practice that requires focused knowledge, skills, and experience that applies to all levels of practice.[2] This document, along with the Code of Ethics[3] and the 2024 Scope and Standards of Practice for Registered Dietitian Nutritionists (RDNs)[4] can be used by RDNs to guide their practice and performance. These foundational documents describe how RDNs in PALTC:

- are uniquely qualified to provide nutrition and dietetics care and services;
- demonstrate the knowledge, skills, and competencies for the provision of safe, effective, and quality care and services at the competent, proficient, and expert levels of practice; and
- use a systematic approach when benchmarking levels of proficiency and determining paths for knowledge and skill development for personal and professional advancement.

SCOPE OF PRACTICE

The Scope and Standards in PALTC encompasses a range of roles, activities, practice guidelines, regulations, and the code(s) of ethics (eg, Academy/CDR, other national organizations, and/or employer[s] code of ethics) within which RDNs practice. Each RDN has a unique scope of practice with flexible boundaries to capture the breadth of the individual's professional practice, which is determined by initial and ongoing continuing education, training, credentialing, and experience.[2] Scope of practice may change throughout the RDN's career with professional advancement, expanded or revised roles within an organization, and additional training, certifications, and/or credentials. This includes, but is not limited to, the Board Certified Specialist in Gerontological Nutrition (CSG), and/or other relevant certifications, such as the Board Certified Specialist in Renal Nutrition (CSR), Certified Diabetes Care and Education Specialist (CDCES), and Certified Nutrition Support Clinician (CNSC). The Scope of Practice Decision Algorithm (www.cdrnet.org/scope) guides credentialed nutrition and dietetics practitioners through a series of questions to determine whether a particular activity is within their scope of practice.[5]

STANDARDS OF PRACTICE

The 2024 Scope and Standards of Practice for the RDN serves as a blueprint for the development of the focus area scope and standards of practice for RDNs. As of 2025, there are 17 published focus area standards that can

be accessed through CDR's website at www.cdrnet.org/focus. With publication of the Revised 2024 Scope and Standards of Practice for the RDN, the revised focus area scope and standards are updated to the new format as part of their next 7-year review.

The Revised 2024 Scope and Standards of Practice for the RDN serves as the foundation for the development of focus area scope and standards of practice for RDNs in competent, proficient, and expert levels of practice. While this document addresses the PALTC focus area, it is with the expectation that RDNs using the focus area scope and standards are meeting the minimum competent level of practice outlined in the Revised 2024 Scope and Standards of Practice for all RDNs.[4] Thus, the minimum competent level indicators are not repeated in this document unless they have been edited extensively to highlight their application within PALTC.

The 2 scope and standards documents are intended to be used together.

The focus area Scope and Standards in PALTC provides:

- a guide for self-evaluation, change management, and expanding practice;
- a means of identifying areas for professional development;
- a tool for demonstrating competence and value in delivering PALTC nutrition and dietetic services; and
- a resource to determine the education, training, and experience required to maintain currency in the focus area and for advancement to a higher level of practice.

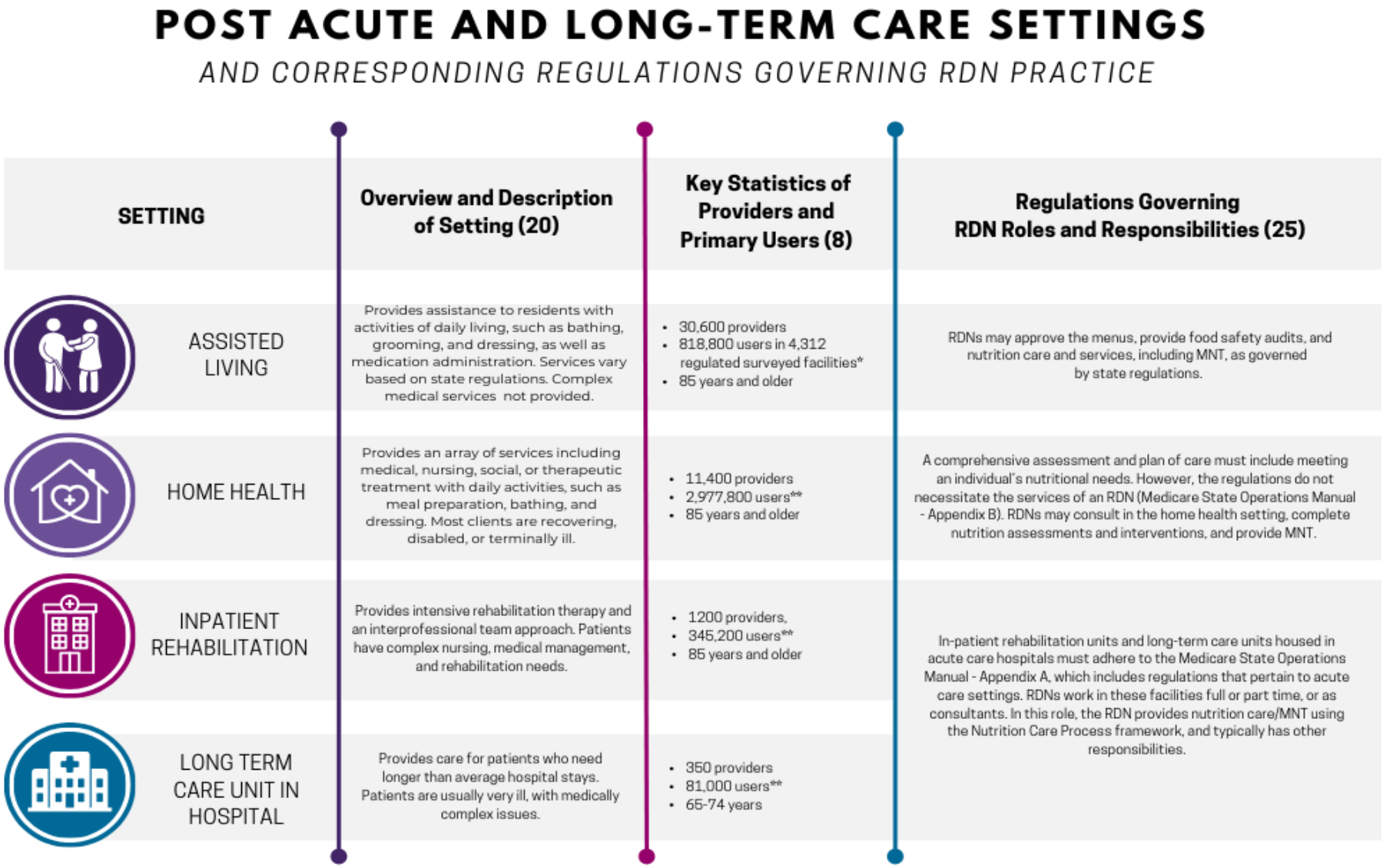
The indicators are measurable action statements that illustrate how each standard can be applied in practice (see Figure 1). The Scope and Standards in PALTC were revised with input from, and consensus of, content experts representing diverse practice and geographic perspectives, and were reviewed and approved by the Executive Committee of the DHCC Dietetic Practice Group and the CDR Practice Competence Committee.

The 2024 Scope and Standards of Practice for the RDN, along with focus area scope and standards, do not supersede state practice acts (eg, licensure, certification, or title protection laws). However, when state law does not define scope of practice for the RDN, the information within these documents may assist with identifying activities that may be permitted within an RDN's individual scope of practice based on qualifications (eg, education, training, certifications, organization policies, clinical privileges, referring physician-directed protocols or delegated orders, and demonstrated and documented competence).

SCOPE AND STANDARDS OF PRACTICE AND OVERVIEW OF PALTC

Post-Acute and Long-Term Care (PALTC) refers to the continuum of care provided for patients following hospital discharge (post-acute care), or for residents living in institutional (assisted living, skilled, or long-term care) or home/community based settings long term as described in Figure 2.[6]

Figure 2. Post-Acute and Long-Term Care Settings and Corresponding Regulations Governing RDN Practice



SETTING	Overview and Description of Setting	Key Statistics of Providers and Primary Users	Regulations Governing RDN Roles and Responsibilities
 HOSPICE	Provides comfort and support to patients and their families as they approach the final stages of life. Services can be provided in a variety of post-acute settings, including at home.	• 5,200 providers • 1,534,600 users** • 85 years and older	As per Medicare State Operations Manual - Appendix M §41 8.64 (a)(2), Hospices are required to ensure the dietary needs of the patient are met by a qualified individual. If the needs of the patient exceed the expertise of the nurse, then the hospice must have available an appropriately trained and qualified individual, such as an RDN, to meet the patient's dietary needs.
 LONG -TERM CARE FACILITY (LTC)	Provides 24/7 nursing care for residents with complex medical needs.	• 15,300 providers • 1,294,800 users* • 85 years and older	SNF and LTC facilities must adhere to the Medicare State Operations Manual - Appendix PP, which includes regulations that pertain to both clinical nutrition and food/dining needs of residents. RDNs may work in these facilities full or part-time or as consultants. In this role, the RDN provides nutrition care/MNT using the Nutrition Care Process framework, identifies malnutrition, writes diet orders when delegated by the medical provider, and has other responsibilities, which may include completion of the MDS section K within the appropriate timeframes, participation in interprofessional team meetings, responsibilities in food service management, and other quality improvement initiatives.
 SKILLED NURSING FACILITY (SNF)	Provides 24/7 skilled nursing care and/or rehabilitation for residents with complex medical needs.	• 1200 providers • 345,200 users** • 75-84 years	

*Current number of residents on any given day in 2020
**Total number users who received care in 2020

By 2035, the number of Americans aged 65 years and older is projected to increase by 31%, and a 7% increase is expected in those 85 years and older.[7] Consequently, use of PALTC services is expected to steadily increase in the next decade and beyond. The Centers for Disease Control and Prevention (CDC) estimated that there were over 7 million users of PALTC services in 2020.[8] Of those, approximately 40% used home health services, 23% used long-term-care (LTC) and skilled rehabilitation-related services, 20% used hospice services, 11% lived in assisted living settings, and 6% received services while in acute or long-term-care hospitals. Users of these services were predominately female and non-Hispanic white, and those 75 years and older were more likely to live in a facility rather than in the community. Common medical diagnoses of individuals across PALTC settings include Alzheimer's Disease or other dementia, depression, and chronic cardiometabolic diseases including diabetes, heart disease, and chronic kidney disease. Hypertension was the most prevalent disease across all settings.[8] A diagnosis of malnutrition is also increasing in prevalence in PALTC settings.[9–11]

The term "resident" is used in the Scope and Standards in PALTC as a universal term inclusive of residents, patients, clients, individuals, groups, and populations, to whom an RDN provides care or services. The term *caregivers* is used as a universal term inclusive of caregivers, family members, and advocates, who support "residents," including individuals who are legally appointed with power of attorney (POA) or healthcare proxy. The terms are used interchangeably in the article and the standards (Figure 1) depending on the context.

While older adults make up the majority of PALTC residents, the prevalence of younger adults (aged 18-64) in PALTC is growing and has reached 17%.[8] Compared to older adults who generally present with one or more of the chronic illnesses described above, these younger adults often have diagnoses related to intellectual and/or developmental disabilities, psychiatric disorders, and neurological conditions. Alternatively, they may present with severe functional limitations (eg, hemi/quadriplegia) in need of rehabilitation or LTC placement following a traumatic event. These residents pose unique challenges for interprofessional team members, including RDNs and food/dining team members accustomed to caring for older adults.[12]

Although these Scope and Standards in PALTC focus on providing care for all residents in PALTC settings, most of the examples provided pertain to older adults. However, they are still relevant for younger adults and should be used and applied, in combination with other evidence-based resources, when providing care and services for this population.

The Role of the RDN in PALTC

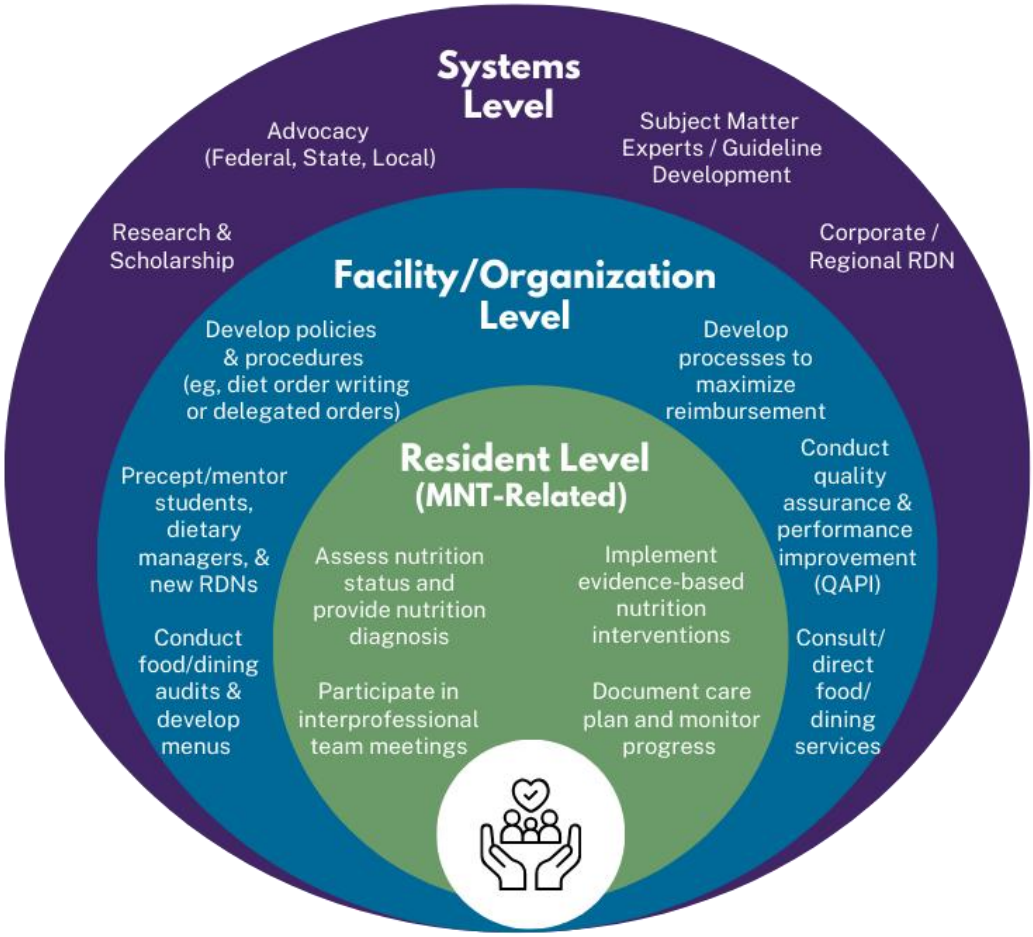
With the growth of the aging population, the role and value of PALTC services are expanding. RDNs bring nutrition expertise to PALTC settings by providing medical nutrition therapy (MNT)[2] and promoting resident-centered, comprehensive, and coordinated care. As integral members of the interprofessional team, RDNs lead or participate in activities that support the nutrition status of residents in order to enhance their quality of life.

An RDN may practice full- or part-time as an employee or consultant in any or all PALTC settings. While roles and responsibilities may vary at different levels of care and within each setting (Figure 3), RDNs practicing in all areas of PALTC use a person-centered approach within the framework of the Nutrition Care Process (NCP).[2,13] When providing clinical nutrition care, RDNs comprehensively assess residents, diagnose nutrition problems, provide evidence-based nutrition interventions, and monitor progress towards, and outcomes of, identified goals. Other clinical responsibilities may include, but are not limited to:

CDR's Practice Tips and Case Studies are helpful resources that credentialed nutrition and dietetics practitioners can use to guide their professional practice. Topics covered in this document with corresponding Practice Tips or Case Studies are marked with an asterisk (*). These resources can be found at https://www.cdrnet.org/tips.

- documenting section K on the Minimum Data Set (MDS), the standardized assessment tool used in Medicare and Medicaid certified nursing homes[14];
- diagnosing and documenting malnutrition presence or risk[14–16];
- writing therapeutic diets or other nutrition-related orders*[17,18];
- providing evidence-based MNT for medically complex residents with one or more chronic conditions and/or those requiring post-surgical care[19–21];
- leading discussions about ethical considerations at the end of life[22]; and
- collaborating as an essential member of and/or coordinating/leading the interprofessional team by providing expertise and guidance on all nutrition components of the resident care plan, communicating nutrition-related concerns, and coordinating interventions and shared decision-making between the resident, caregiver, and team members. Examples may include, but are not limited to, interprofessional care plan meetings, as well as at-risk and wound care rounds and meetings.

Figure 3. RDNs Impact Resident Care at Multiple Levels



The RDN in PALTC settings may also provide a range of nutrition and dietetics services in the area of food/dining service management, including but not limited to:

- revising and/or approving menu revisions, including liberalized diets, and the provision of culturally inclusive foods based on available resources (eg, staff, food, and equipment)[23,24];
- monitoring for federal and state compliance through sanitation audits and other quality assurance projects[25]; and
- providing education and in-services for the development of facility food/dining service staff and other interprofessional team members.

Additionally, RDNs in management positions may have facility-based or regional roles training and overseeing food/dining services personnel and/or other RDNs or may work for a state or local agency as a facility surveyor.

Figure 4. Role Examples of RDNs in PALTC Using the Scope and Standards of Practice and other Resources

In each scenario, the RDN:

- uses the Scope and Standards in PALTC and other applicable focus area standards (eg, Renal Nutrition, Diabetes Care, Nutrition Support) to self-evaluate level of practice and to determine areas to strengthen;
- applies evidence-based research and resources including nutrition-related guidelines from professional organizations (eg, American Heart Association [AHA], American Diabetes Association [ADA], National Kidney Foundation [NKF], American Society for Parenteral and Enteral Nutrition [ASPEN]) and Academy of Nutrition and Dietetics (Academy) Evidence Analysis Library (EAL) Projects (eg, Malnutrition in Older Adults [MiOA]) to implement appropriate interventions;
- updates their professional development plan to include applicable essential practice competencies for PALTC nutrition care and service; and
- considers working toward (competent level) or applying for/maintaining the Board Certified Specialist in Gerontological Nutrition (CSG) credential (proficient or expert levels).

Competent Level of Practice	Proficient and/or Expert Level of Practice
PALTC Clinical Practitioner	
A competent-level RDN working in a long-term care (LTC) and/or skilled nursing facility (SNF) reviews appropriate resources (see above) to improve knowledge and skills in identifying effective interventions. In doing so, the RDN recognizes areas for continuing education and consults a more experienced RDN as appropriate.	An expert-level RDN with the CSG credential who oversees 20 RDNs across multiple SNF/LTCs notices a trend in increasing prevalence of new residents with malnutrition and related comorbidities. The expert RDN has knowledge of available resources (see above) and has co-authored multiple evidence-based publications and guidelines, including the Malnutrition in Older Adults (MiOA) EAL project. The RDN: • develops intervention-related policies and procedures to promote evidence-based, resident-centered care; • oversees RDN training, including nutrition focused physical examination (NFPE), for malnutrition diagnosis; • keeps track of data to evaluate outcomes so that interventions can be adjusted accordingly; and • develops and monitors coding process to maximize reimbursement
PALTC Clinical Consultant RDN	
A competent-level RDN starts a consulting position with an assisted living facility (ALF) and will be working closely with the food and nutrition services director who is a nutrition and dietetics technician, registered (NDTR). The RDN reviews the resources listed above and the state regulations for ALFs. During the RDN's regular monthly visit, they review monthly weights and	A proficient-level RDN working towards attaining the CSG credential, owns and directs a consulting service with 5 RDN staff who work across multiple nursing homes. One of the new, less experienced RDNs requires mentorship in malnutrition assessment and diagnosis. Using appropriate resources (see above) and their experience conducting NFPE, the proficient-level

complete comprehensive assessments on residents screened to be at nutritional risk by the nursing staff or the NDTR. Resident care interventions are put into place based on the appropriate evidence-based resources. In this process, the RDN recognizes areas for continuing education and consults a more experienced RDN as appropriate.	RDN uses HIPAA-compliant technology to virtually guide the new RDN to conduct a head-to-toe NFPE to assess for malnutrition, document malnutrition, and implement appropriate resident-centered interventions to improve outcomes.
Home Health or Hospice RDN	
A competent-level RDN working for a hospice agency oversees several clients receiving home palliative or hospice care. After reviewing the Academy/CDR Code of Ethics and relevant references listed above, the RDN provides education and support to clients, families, and the interprofessional team as they strive to respect the client's unique personal values and decisions that affirm their right to self-determination. The RDN consults with an experienced RDN colleague and the agency's social worker for advice and continuing education options to meet professional development goals in palliative and end-of-life care.	A proficient-level RDN with the certified nutrition support clinician (CNSC) credential works for a home health care agency where they oversee several clients receiving enteral or parenteral nutrition support. The RDN is familiar with and uses relevant resources (see above) to: • manage nutrition support, consulting with interprofessional team (eg, physician, pharmacist) as appropriate; • secure a leadership role on the interprofessional team; • perform comprehensive assessments, including NFPE, when conducting visits; and • communicate and coordinate with the team to adjust the plan of care when indicated.
RDN in Food and Nutrition Services	
A competent-level consultant RDN takes a contract with a nursing home that employs a certified dietary manager (CDM) to direct their food and nutrition services. The RDN refers to the Management in Food and Nutrition Systems (MFNS) scope and standards, federal/state regulations and food codes, as well as relevant resources above. During the RDN's regular visit, they review resident food-related satisfaction data and conduct a sanitation audit in the kitchen. Upon identifying areas of food safety concern, they recommend interventions for performance improvement and collaborates with the CDM to provide in-services for staff. Additionally, the RDN recommends menu modifications to address resident preferences. The RDN recognizes areas for continuing education and consults a more experienced RDN as appropriate.	A proficient-level RDN with the CSG credential works as a food and nutrition service director for a large corporation that provides nutrition and food/dining services for residents across the continuum of care. The RDN is ServeSafe certified and has knowledge of the resources above, as well as the PALTC and Management in Food and Nutrition Systems scope and standards, and federal/state regulations and food codes. As an active member of the interprofessional administrative team, they use their knowledge to develop policies and procedures to manage food and nutrition services (eg, employees, budget, and resource management) and adjust processes as needed to improve services for residents across the continuum of care.

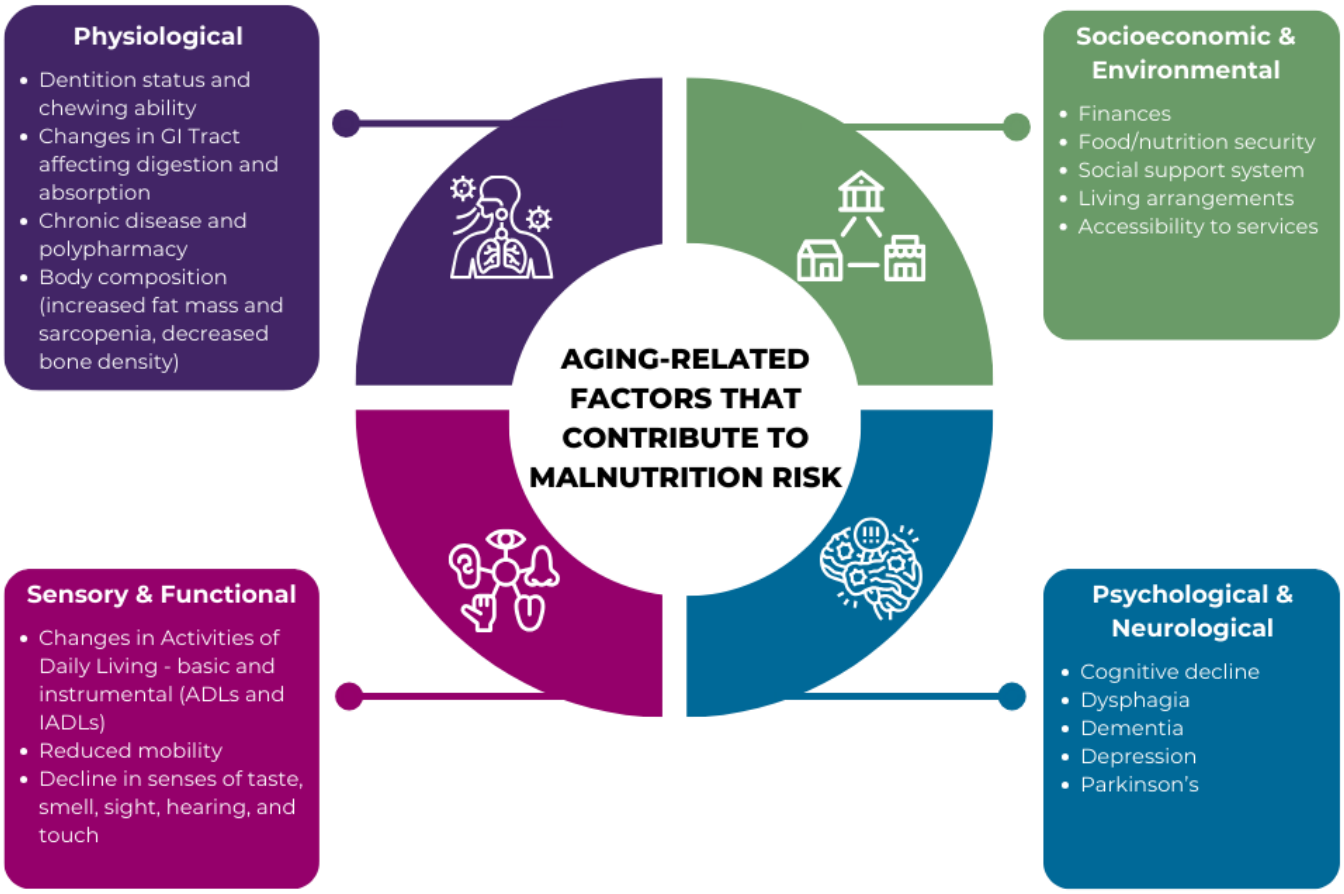
Noteworthy Changes in PALTC

Notable changes have occurred in this practice area during the last decade, many of which highlight the value-added services provided by RDNs. For example, RDNs are identifying and documenting malnutrition, utilizing the Patient-Driven Payment Model (PDPM) to assist with optimizing facility reimbursement, implementing the Centers for Medicare and Medicaid Services (CMS) Long-Term Care Final Rule and regulation for diet order delegation, and changing practice in response to the increasing use of telehealth following the global COVID-19 pandemic.*

Malnutrition Identification and Documentation

Approximately 30-50% of older adults in PALTC settings are at risk for malnutrition,[9–11] due in part to environmental factors, as well as normal age-related changes and the increased prevalence of both acute and chronic disease (Figure 5).[26,27]

Figure 5. Aging-Related Factors that Contribute to Malnutrition Risk



The Malnutrition Quality Improvement Initiative (MQii)[28] is an interprofessional collaborative partnership to improve patient outcomes by optimizing malnutrition care. In 2023, the Global Malnutrition Composite Score (GMCS)[29] became the first CMS nutrition-focused electronic clinical quality measure (eCQM) to quantify the percentage of hospitalized adults who receive timely and optimal malnutrition-related care. While this measure is currently limited to use in acute care hospitals, it may be adapted for other care settings in the future and remains relevant for RDNs across settings, given the frequency of hospital readmissions from PALTC settings.[30] Thus, the RDN's role is paramount to improving resident outcomes by assessing the presence of and risk for malnutrition in PALTC settings, facilitating the medical diagnosis of malnutrition, and implementing appropriate nutrition interventions as part of the plan of care.[16,21,31,32] While a detailed discussion of malnutrition screening, diagnosis, and intervention is beyond the scope of this article, the Academy's evidence analysis project "Malnutrition in Older Adults"[16] and the accompanying Evidence-Based Nutrition Practice Guideline "Prevention and Treatment of Malnutrition in Older Adults Living in Long-Term Care or the Community"[21] provides evidence-based recommendations for malnutrition assessment and interventions in PALTC settings.

Patient-Driven Payment Model (PDPM)

In 2019, the PDPM[15] was implemented by CMS for reimbursement of resident care in SNFs for residents receiving Medicare Part A benefits. Within this payment model, the RDN is instrumental in assisting facilities in receiving adequate and appropriate payment for care by documenting nutrition co-morbidities such as swallowing disorders, body mass indexes indicative of morbid obesity (≥ 40 kg/m^2), malnutrition, and interventions, including the use of parenteral/IV or tube feeding, and/or a mechanically altered diet. When the nutrition problem of malnutrition is present, the RDN facilitates obtaining the medical diagnosis of malnutrition from the attending physician to meet PDPM requirements.

Diet Order Delegation Under the CMS Long-Term Care Final Rule

The 2016 CMS Long-Term Care Final Rule and corresponding regulations allow attending physicians to delegate therapeutic diet order writing to a qualified dietitian or other clinically qualified nutrition professional, consistent with state licensure laws and regulations (§483.30 and §483.60(e))[17,18] However these privileges are tied to licensure laws and regulations, which are still in the process of being updated in many states to explicitly describe the scope. Consequently, RDNs collaborate regularly with medical directors and administrators to write policies and procedures that allow RDNs to write orders in PALTC settings, promoting timely and effective nutrition care.*[17,18]

COVID-19 Pandemic

Beginning in 2020, the global pandemic brought numerous changes to RDN practice in PALTC settings. In addition to workforce shortages, which are expected to continue, the need for physical distancing necessitated and promoted the use of telehealth services by RDNs.[33–36] While findings are preliminary, research supports the reliability and validity of using virtual assessments to identify physical characteristics of malnutrition in diverse clinical and home rehabilitation settings.[34,37,38] The provision of nutrition care in PALTC settings via telehealth has the potential to increase access to timely nutrition assessment and interventions when the RDN is off-site.[*39,40] With the use of electronic health records, internet conferencing, and encrypted communication methods to protect resident information, a hybrid service delivery model for consultation services has emerged where the RDN may use both on and off-site consulting to provide more efficient and cost-effective care.[39–42]

Advocacy and Promoting the Value of the RDN in PALTC

Federal and state laws and regulations govern the scope of practice of RDNs across PALTC settings and affect reimbursement for MNT services provided. RDNs may advocate for implementing and/or updating licensure laws within their state. Laws that contain clear authority for diet order writing delegation allow RDNs to provide timely and effective nutrition care within PALTC settings. Additionally, Academy legislative priorities support increasing the access and coverage of MNT for beneficiaries in PALTC settings, including those in assisted living facilities or those receiving home health services.[43] The Academy's Public Policy Initiatives website can serve as a guide for RDN's advocacy efforts in PALTC settings.

Additional References and Resources

The mission of the Academy's DHCC DPG is to empower and support "members by providing resources and advocacy as the food and nutrition leaders across the continuum of care."[44] Extensive resources to support practice in these settings are available on the DHCC website at https://www.dhccdpg.org/. For additional information, see Resource Figure 6.

QUALITY PRACTICE

Quality services are a foundation of the Academy's/CDR's Code of Ethics and the 2024 Scope and Standards of Practice for RDNs. RDNs in all areas of practice are expected to provide quality evidence-based nutrition care and services that are routinely measured and evaluated to assure quality outcomes. These expectations are also held by consumers, third party payers, and regulatory agencies, as they utilize this data to assess the quality of facilities and to compare facilities' services to one another. Quality nutrition and dietetics services that demonstrate measurable outcomes and are incorporated into health care standards of care and provider practice settings also elevate the unique contribution of RDNs.

Code of Ethics

The Code of Ethics reflects the values and ethical principles guiding the nutrition and dietetics profession, and serve as commitments and obligations of the practitioner to the public, clients, the profession, colleagues, and other professionals.[3,45] As the profession of nutrition and dietetics evolves, and more specifically, practice in the PALTC focus area, new ethical situations may arise that require focus area knowledge, practice experience, and perhaps, consultation with a knowledgeable professional colleague or legal counsel/risk management. When questioning the ethical implications of a situation, personal self-reflection is required to determine which information and/or resources are needed to act safely, appropriately, and to the benefit of the individual(s) or programs involved.[46] Examples of such situations may include nutrition and hydration decisions at the end-of-life[22]; compliance with documentation, especially as it relates to reimbursement[15]; being confronted with the need to defend the RDN's care in court[46,47]; delivering services through telehealth*[39–41]; adherence to the Health Insurance Portability and Accountability Act (HIPAA) regulations[42]; and/or developing materials that require proper citation of intellectual property,[3,42] health equity,*[48,49] and conflicts of interest.[50] Refer to ethics resources at www.cdrnet.org/codeofethics.

Principle 1 in the Code of Ethics states the following: "Recognize and exercise professional judgement within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate."[3] The Scope and Standards in PALTC are written in broad terms to allow for an individual practitioner's handling of non-routine situations. The standards are geared toward typical situations for practitioners with the RDN credential. Strictly adhering to standards does not always constitute the best care and service. It is the responsibility of individual practitioners to recognize and interpret situations and to know which standards apply and in what ways they apply.

Competence

In keeping with the Code of Ethics,[3] RDNs can only practice in areas in which they are qualified and have demonstrated and documented competence to achieve ethical, safe, equitable, and quality outcomes.[51] Competence is an overarching "principle of professional practice, identifying the ability of the provider to administer safe and reliable services on a consistent basis."[52] Lifelong learning and professional development enables practitioners to acquire and develop skills enhancing their competencies and levels of practice**.** Competent practitioners at all levels of practice in PALTC:

- understand and practice within their individual scope of practice[2,4];
- use up-to-date knowledge, practice skills, critical thinking, judgement, and best practices;
- make sound decisions based on appropriate data;
- communicate effectively with residents and others;

- critically evaluate and strengthen their own practice;
- identify the limits of their competence; and
- improve performance based on self-evaluation, applied practice, and feedback from others.

Professional competence involves the ability to engage in clinical or practice-specific reasoning that facilitates problem-solving and fosters person-/client-/customer-/population-/resident-centered behaviors and shared decision making.

Evidence-Based Practice

A competent RDN searches literature and applicable practice guidelines[6] such as the Academy Evidence Analysis Library projects,[19] including but not limited to, topics specifically focused on older adults like Malnutrition in Older Adults (MiOA),[16] as well as disease-specific topics (eg, Congestive Heart Failure/Heart Failure, Chronic Kidney Disease, Diabetes/Prediabetes, Disorders of Lipid Metabolism/Hyperlipidemia, High Blood Pressure/Hypertension). Guidelines from other professional organizations may include American Diabetes Association (ADA),[53] American Heart Organization (AHA),[54] National Kidney Foundation (NKF),[55] American Society for Parenteral and Enteral Nutrition (ASPEN),[32] Post-Acute Long-Term Care Medical Association (PALTmed),[6] National Pressure Injury Advisory Panel (NPIAP),[56] and the International Dysphagia Diet Standardization Initiative (IDDSI)[57]**.** See Figure 6 for additional resources.

Furthermore, a competent RDN assesses the level of evidence to select the best available research/evidence to inform recommendations. With high-quality, evidence-based practice and safety[2,58] as guiding factors when working with residents, and/or populations, the RDN identifies the level of evidence, clearly states research limitations, provides safety information from reputable sources, and describes the risk of the intervention(s), when applicable. RDNs must evaluate and understand the best available evidence to be able to converse with the interprofessional team and other decision makers/stakeholders authoritatively and with transparency and accuracy; and must involve the resident and caregivers in shared decision making.

LAWS AND REGULATIONS SHAPING RDN PRACTICE IN PALTC

Laws and regulations specific to an RDN's area(s) of nutrition and dietetics practice may impact roles and/or responsibilities. RDNs are responsible for adhering to and implementing all applicable laws, regulations, and standards related to their specific practice area(s) and responsibilities, department, organization, and other programs within their area of responsibility. If a task is delegated, the RDN is responsible for ensuring the task is completed by a legally appropriate, trained, and competent individual. The laws, regulations, and accreditation standards applicable to PALTC include, but are not limited to:

- state licensure laws and regulations[59,60];

- organization accreditation standards (eg, The Joint Commission [TJC], Accreditation Commission for Health Care [ACHC]);
- federal health care facility laws (eg, IMPACT Act)*[61] and regulations (eg, Centers for Medicare and Medicaid Services State Operations Manual - specifically, regulations applicable to PALTC settings, including but not limited to Appendix PP Long-Term Care Facilities,* Appendix A Hospitals,* Appendix B Home Health Agencies, and Appendix M Hospice)[25];
- state health care facility regulations;
- federal or state/territory, local, and/or tribal laws and regulations related to RDN order writing privileges/credentialing*[25];
- management-related regulations (eg, employee safety[62]), human resources regulations and laws, as applicable,[63,64] federal, state, city, county, and retail food codes and food safety regulations[65,66]; and
- Health Insurance Portability and Accountability Act (HIPAA).*[42,67]

Figure 6. Resources for RDNs Working in PALTC Settings

Category	Organization	Website
Academy of Nutrition and Dietetics **Dietetics Practice Group (DPGs)**	**Dietetics in Health Care Communities (DHCC)** Membership in the DHCC DPG provides access to valuable resources including newsletters, webinars, symposiums, and other resources relevant to those practicing in PALTC settings. • DHCC In-Service Manual	https://dhcc.eatrightpro.org/home (membership required- resources available for purchase)
	Healthy Aging (HA) Dietetic Practice Group Resources • CSG Tool Kit with Flash Cards & Skills Review Videos	https://www.hadpg.org/home (membership required - resources available for purchase)
Board Certification Specialist in Gerontological Nutrition (CSG)	Commission on Dietetic Registration (CDR)	https://www.cdrnet.org/board-certification-as-a-specialist-in-gerontological-nutrition
Nutrition-Practice Guidelines, Recommendations, and Standards	**Academy of Nutrition and Dietetics - Nutrition Care Process** Nutrition Care Process Terminology (eNCPT)	• https://www.ncpro.org/freely-available-ncp-terms • https://www.cdrnet.org/nutrition-care-process-and-terminology
	Academy of Nutrition and Dietetics Evidence Analysis Library (EAL) EAL projects and guidelines specific to older adults include, but are not limited to, Malnutrition in Older Adults (MiOA), as well as disease-specific topics like Congestive Heart Failure/Heart Failure, Chronic Kidney Disease, Diabetes/Prediabetes, Disorders of Lipid Metabolism/Hyperlipidemia, High Blood Pressure/Hypertension.	https://www.andeal.org/ (membership required)
	Disease Specific Practice Guidelines See professional organization websites, including but not limited to the: • American Diabetes Association (ADA) • National Kidney Foundation (NKF) • American Heart Association (AHA)	• https://professional.diabetes.org/standards-of-care • https://www.kidney.org/professionals/guidelines • https://professional.heart.org/en/guidelines-and-statements

	Additional Focus Area Guidelines • **Post-Acute and Long-Term Care Medical Association (PALTmed) (formerly AMDA The Society for Post-Acute and Long-Term Care Medicine)** • **National Pressure Injury Advisory Panel (NPIAP)** • **American Society for Parenteral and Enteral Nutrition (ASPEN)**	• **https://paltmed.org/products/results?product_type=27** • **https://npiap.com/page/Guidelines** • **https://www.nutritioncare.org/guidelines_and_clinical_resources/**
Other Related Professional Organizations (Clinical and Foodservice)	Association of Nutrition and Foodservice Professionals	https://www.anfponline.org/
	ServSafe	https://www.servsafe.com/
	International Dysphagia Diet Standardization Initiative (IDDSI)	https://iddsi.org/
	National Association of Swallowing Disorders	https://www.ahcancal.org/
	Pioneer Network – dining standards and other resources	https://www.pioneernetwork.net/resource-categories/dining/
Books, Manuals, Subscriptions, and Continuing Educ. (Clinical and Foodservice)	Nutrition Care of the Older Adult: A Handbook for Nutrition Throughout the Continuum of Care, 4th Ed.	https://www.eatrightstore.org/product-type/books/nutrition-care-of-the-older-adult-fourth-edition
	Nutrition Focused Physical Exam Pocket Guide, 3rd Ed.	https://www.eatrightstore.org/product-type/pocket-guides/nutrition-focused-physical-exam-pocket-guide-third-edition
	Nutrition Care Manual	https://www.nutritioncaremanual.org/
	CDR Assess and Learn - Gerontological Nutrition	https://www.pathlms.com/cdr/courses/28996
Malnutrition	Academy of Nutrition and Dietetics (Academy)	https://www.eatrightpro.org/practice/dietetics-resources/clinical-malnutrition
	Commission on Dietetic Registration (CDR)	https://www.cdrnet.org/malnutrition
	American Society for Parenteral and Enteral Nutrition (ASPEN)	https://www.nutritioncare.org/guidelines_and_clinical_resources/Malnutrition_Solution_Center/
	Malnutrition in Older Adults (MIOA) EAL Project	https://www.andeal.org/topic.cfm?menu=6064
Diet Order Writing Privileges and Delegation and Regulations	Academy of Nutrition and Dietetics (Academy)	https://www.eatrightpro.org/advocacy/licensure/therapeutic-diet-orders
	Commission on Dietetic Registration (CDR)	https://www.cdrnet.org/tips
	Centers for Medicare and Medicaid Services - State Operations Manuals	https://www.cms.gov/files/document/appendices-table-content.pdf

RELATIONSHIP OF THE RDN WITH THE NDTR AND SUPPORT STAFF IN DELIVERING HIGH QUALITY NUTRITION CARE AND SERVICE

The RDN is responsible for supervising and/or providing oversight of all resident/population nutrition care services that are delegated/assigned to professional, technical, and support staff (including the NDTR or the certified dietary manager [CDM] as appropriate) and is accountable to the residents, caregivers, and others for these services.* This description of "supervision" as it relates to the RDN/NDTR team*[68] is not the same as managerial supervision or clinical supervision used in medicine and mental health fields (eg, peer to peer), supervision of provisional licensees, and/or supervision of dietetics interns and students.* Instead, duties assigned by RDNs should be consistent with the NDTR's or other support staff's position description, scope of practice (if applicable), training, and demonstrated competence; and considering their interests, when possible, as this would support skill development and achievement of desired outcomes.

FRAMEWORK TO ADVANCE PRACTICE FROM COMPETENT TO EXPERT

The Dreyfus model[69] identifies levels of proficiency (novice, advanced beginner, competent, proficient, and expert) during the acquisition and development of knowledge and skills. In nutrition and dietetics, the first 2 levels are components of the required didactic education (novice) and supervised practice experience (advanced beginner) that precede credentialing for nutrition and dietetics practitioners. Upon successfully attaining the RDN credential, a practitioner enters professional practice at the competent level and manages their professional development to achieve individual professional goals. This model can be used by RDNs to better understand the levels of practice described in focus area standards (competent, proficient, and expert).

Competent-Level Practitioner

In nutrition and dietetics, a competent-level practitioner is an RDN who is either just starting practice in a professional setting or an experienced RDN recently transitioning their practice to a new focus area of nutrition and dietetics. A competent practitioner consistently provides safe and reliable services by employing appropriate knowledge, skills, behaviors, and values in accordance with accepted standards of the profession; acquires additional on-the-job skills; and engages in tailored continuing education to further enhance knowledge, skills, and judgement obtained in formal education.[2,4]

All RDNs, even those with significant experience in other practice areas, must begin at the competent level when transitioning to a new setting or new focus area of practice. At the competent level, an RDN in PALTC is learning the principles that underpin this focus area and is gaining experience and developing knowledge, skills, and judgement in order to practice safely and effectively in PALTC settings. This RDN, who may be new to the profession or an experienced RDN, has a breadth of knowledge in nutrition and dietetics and may have proficient or expert knowledge/practice in another focus area. For example, an experienced RDN could have

general clinical practice experience in acute care, more specialized practice working with pediatrics or individuals with eating disorders, and experience in public health nutrition, education, or research. However, the RDN new to the focus area of PALTC must critically evaluate their current level of knowledge, skills, and experience against those required to practice in this focus area, and when needed, seek assistance from more experienced practitioners. The type of assistance required will depend on the practitioner's task-specific competence and may include activities such as mentorship, discussion, resource review, or hands-on training and competency assurance. It is incumbent upon the practitioner to ensure competence for tasks performed. Useful resources for self-evaluation include position descriptions, the Scope and Standards in PALTC and other related focus area scope and standards, applicable practice guidelines, and other focus area resources (Figure 6).

Proficient-Level Practitioner

A proficient-level practitioner is an RDN who has obtained operational job performance knowledge, skills, and practice experience in a focus area; and consistently provides safe and reliable services. This RDN is more skilled at adapting and applying evidence-based guidelines and best practices and can modify practice according to unique situations (eg, dealing with ethical issues in nutrition and hydration at the end of life, providing care to residents with multiple comorbid conditions commonly seen in older adults, identifying and treating malnutrition in older adults and/or individuals requiring PALTC services, or supervising food and nutrition services in a PALTC facility). Thus, a proficient RDN may be working towards obtaining the Certified Specialist in Gerontological Nutrition (CSG) credential, which, once obtained, demonstrates proficiency in this specialized practice area, and their value to employers, stakeholders, and other members of the interprofessional team. However, practice at a proficient level does not necessitate the attainment of the CSG credential. Proficient-level indicators within the Standards in this document are not equivalent to, but may be consistent with the CDR certification, Board Certified Specialist in Gerontological Nutrition (CSG). Indicators described in Figure 1 that are related to content covered in the CSG exam are identified but are not intended to be used as a study guide. Rather, these indicators can assist practitioners in identifying competencies they may need to improve through professional development when considering the CSG credential.

Expert-Level Practitioner

Expert-level achievement is acquired through critical evaluation of practice, and feedback from others with additional knowledge, experience, and training.[2] Expert-level RDNs in PALTC are recognized within the profession as they are able to combine dimensions of highly developed focus area knowledge and skills, critical thinking, performance, and professional values as an integrated whole to formulate effective and appropriate judgements that reflect their advanced practice.[70]

An expert can quickly identify "what" is happening and "how" to approach the situation, and easily uses practice skills to demonstrate quality practice and leadership.[2] They not only develop and implement PALTC nutrition and dietetics services, they also lead, manage, drive, and direct clinical care; mentor colleagues and/or precept students/interns; engage in advocacy; conduct and collaborate in research and scholarly work[1,16,20,21,30,71]; accept organization leadership roles; guide interprofessional teams; and lead the advancement of PALTC nutrition and dietetics practice. An expert practitioner may have an expanded and/or specialist role and may possess an advanced credential(s), such as the CDR Advanced Practitioner Certification in Clinical Nutrition (RDN-AP) or focus area credential, like the Certified Specialist in Gerontological Nutrition (CSG). Generally, the practice is more complex and has a high degree of professional autonomy and responsibility. Expert-level PALTC RDNs may practice as clinicians in any PALTC setting (Figure 2) or may practice in a supervisory role, training, mentoring, and supervising other RDNs. At a systems-level, they may develop and implement systems to promote best practices in PALTC nutrition and food/dining services across settings.

HOW ARE THE STANDARDS STRUCTURED?

Each of the 7 standards is presented with a brief description of the competent level of practice[2] and a rationale statement explaining the intent, purpose, and importance of the standard. Indicators provide measurable action statements that illustrate applications of the standard. The standards are equal in relevance and importance and are not limited to the clinical setting (see Figure 1). The term *appropriate* is used in the standards to mean: selecting from a range of best practice or evidence-based possibilities, one or more of which would give an acceptable result in the circumstances.

HOW CAN I USE THE STANDARDS IN PALTC TO ELEVATE AND ADVANCE MY PRACTICE AND PERFORMANCE?

While the focus area standards in PALTC are based on and complement the Standards in the 2024 Scope and Standards for RDNs,[4] they provide additional guidance by providing focus area indicators for 3 levels of practice (competent, proficient, and expert) that are specific to RDNs practicing in PALTC. The 7 standards and subsection titles presented in Figure 1 are from the 2024 Scope and Standards for the RDN, while the indicators for competent, proficient, and expert levels are specific to practice in PALTC.

The indicators are measurable action statements that illustrate how each standard can be applied in practice. An "X" appears in the Level of Practice columns to indicate the level of practice for each indicator. The depth with which an RDN performs each activity will increase as the individual moves beyond the competent level. Several levels of practice are considered in this document; thus, taking a holistic view of the PALTC Standards is warranted. It is the totality of individual practice that defines a practitioner's level of practice and not any one indicator or standard.

As practitioners progress through levels of competence from competent to proficient and proficient to expert, their ability to perform the activities described in the indicators becomes more nuanced. For example, an indicator marked "proficient" would be applicable to both proficient- and expert-level practitioners. The expert, because of more extensive knowledge and experience, is able to more readily adjust their approach based on the specific context of the situation, such as resident/caregiver goals, previous experience with similar situation(s), and knowledge of available resources. This approach is a hallmark of true expertise, showcasing the adaptability and depth of understanding that experts possess (see Scope and Standards of Practice Learning Module for Case Study examples). The indicators are refined with each review of these Standards as expert-level RDNs systematically record and document their experiences, often through use of exemplars.

RDNs can use the Revised 2025 Scope and Standards in PALTC (see Figure 1) as a self-evaluation tool to support and demonstrate quality practice and competence.[51] More specifically, RDNs can use this document to:

- identify the competencies needed to provide safe, effective, equitable, and quality PALTC care and/or services;
- self-evaluate whether they have the appropriate knowledge, skills, and judgement to provide PALTC care and/or services for their current or desired level of practice;
- develop a continuing education plan where additional knowledge, skills, and experience are needed;
- demonstrate competence and document learning;
- apply applicable indicators and achieve the outcomes in line with work/volunteer roles, responsibilities, and desired outcomes;
- demonstrate value and competence by identifying additional indicators and examples of outcomes that reflect individual areas of practice/setting;
- enhance professional identity and provide a foundation for public and professional accountability as an RDN practicing in the PALTC focus area;
- support efforts for strategic planning and change management, performance improvement or quality improvement projects, outcomes reporting, and assist management in the planning and communicating the nature of PALTC nutrition and dietetics services and resources;
- guide the development of PALTC nutrition and dietetics-related education and continuing education programs, career ladders,* job descriptions, standards of care and services, best practices, protocols, clinical models, competency evaluation tools, career pathways; and advocacy; and
- assist educators and preceptors in teaching students and interns the knowledge, skills, and competencies needed to work in PALTC nutrition and dietetics, lead effectively in interprofessional teams/efforts, and grasp the full scope of this focus area of practice.

RDNs should review the Scope and Standards in PALTC at determined intervals, as regular self-evaluation is important for identifying opportunities to improve and enhance practice and professional performance. RDNs are expected to practice only at the level at which they have demonstrated and documented competence, which will vary depending on education, training, and experience.[51] RDNs are encouraged to pursue opportunities to collaborate and/or additional training and experience in order to maintain currency and expand individual scope of practice[2] within the limitations of the statutory scope of practice.[2] See Figure 4 for role examples of how RDNs in different roles and at different levels of practice may use the Scope and Standards in PALTC.

The Scope and Standards in PALTC can also be used as part of CDR's *Professional Development Portfolio* (PDP) recertification process*[72,73] to develop goals and focus continuing education efforts. CDR's PDP encourages RDNs to use the essential practice competencies to determine professional development needs, develop a learning plan for their 5-year recertification cycle, report completed continuing education, and report application of outcome(s) of self-reflection and learning.[74,75] For information about PDP policy updates and announcements, visit https://www.cdrnet.org/commission-on-dietetic-registration-policy-updates-announcements.

EMERGING ISSUES

The Scope and Standards in PALTC is an innovative and dynamic document. Each new iteration reflects changes and advances in practice. Noteworthy changes addressed in the article overview include the identification and documentation of malnutrition, utilization of the PDPM to support optimizing facility reimbursement, implementation of the Centers for Medicare and Medicaid Services (CMS) Long-Term Care Final Rule and regulations for diet order delegation*, and the increased use of telehealth* following the global COVID-19 pandemic. Other emerging issues include changes to dietetics education standards[76] (eg, RDN competence inserting nasogastric tubes and conducting dysphagia screening*), regulatory changes,[25] increased risk of litigation,[77] and advances in technology (eg, the use of Artificial Intelligence to enhance nutrition care delivery).[78–83] Continued clarity and differentiation of competencies specific to each of the 3 practice levels in support of providing safe, effective, equitable, and quality practice in PALTC remains an expectation of each revision to serve tomorrow's practitioners and their residents. A continued focus on health equity, cultural humility, improving access to nutrition services for underrepresented groups, and addressing health disparities is critical to PALTC practice.

SUMMARY

RDNs face complex situations every day. Addressing the unique needs of each situation and applying the scope and standards of practice appropriately is essential to providing safe, timely, effective, efficient, equitable, person-/population-centered, quality care and service. All RDNs are advised to conduct their practice based on

the most recent edition of the Code of Ethics for the Nutrition and Dietetics Profession, the 2024 Scope and Standards of Practice for RDNs, and applicable federal, tribal, state, and local regulations and facility accreditation standards. The Scope and Standards in PALTC is a complementary document and a key resource for RDNs at all knowledge and performance levels. These standards can and should be used by RDNs who provide PALTC care and/or services to individuals to consistently improve and appropriately demonstrate competence and value, and as a professional resource for self-evaluation and professional development. Just as a professional's self-evaluation and continuing education process is an ongoing cycle, these standards are also a work in progress and will be reviewed and updated every 7 years.

Current and future initiatives of CDR and the Academy, as well as advances in PALTC care and services, and findings from PALTC practice audits,[76] will guide future updates by clarifying and documenting the specific roles and responsibilities of RDNs at each level of practice. As a quality initiative of CDR and the Academy DHCC Dietetic Practice Group, these standards are an application of continuous quality improvement and represent an important collaborative endeavor.

These scope and standards are intended to be used by individuals in self-evaluation, practice advancement, development of practice guidelines and specialist credentials, and as indicators of quality. These do not constitute medical or other professional advice and should not be taken as such. The information presented in the scope and standards is not a substitute for the exercise of professional judgement by the credentialed nutrition and dietetics practitioner. These scope and standards are not intended for disciplinary actions, or determinations of negligence or misconduct. The use of the standards for any other purpose than that for which they were formulated must be undertaken within the sole authority and discretion of the user.

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Figure 1. Standards of Practice

The 2025 Scope and Standards of Practice in Post-Acute and Long-Term Care Nutrition (PALTC) provides focus area-specific indicators intended to guide and expand practice for RDNs working in PALTC settings. However, because many standards are not unique to a particular setting or focus area, RDNs using this document are also expected to review the primary indicators in the 2024 Scope and Standards of Practice for RDNs.

Unlike the 2024 Scope and Standards of Practice, which includes only competent-level indicators, this document provides indicators for multiple levels of practice (competent, proficient, and expert) indicated by the columns titled C, P, and E. Consider role(s) and responsibilities in job or volunteer activities to identify applicable indicators. Refer to the information below when determining which indicators are relevant to your specific level of practice:

- X in the "C" column: applies to competent, proficient and expert levels
- X in the "P" column: applies to proficient and expert levels
- X in the "E" column: applies to the expert level

Note: The term "resident" is used in the Scope and Standards in PALTC as a universal term inclusive of the terms resident, patient, client, individual, group, and population, and the term "caregivers" is used as a universal term inclusive of the terms caregivers, family members, and advocates, to which an RDN provides care or services. The terms are used interchangeably in the article and the standards (Figure 1), depending on the context.

Indicators identified with **bold** numbering align with topics included in the exam content outline for the CDR Specialist Credential in Gerontological Nutrition. Identified indicators are **not** intended as a study guide, but rather, may assist practitioners in identifying competencies they may need to improve through professional development when considering the CSG credential.

STANDARD 1. DEMONSTRATING ETHICS AND COMPETENCE IN PRACTICE

Standard
The registered dietitian nutritionist (RDN) demonstrates competence, accountability, and responsibility for ensuring safe, ethical, and quality person-centered care and services through regular self-evaluation, and timely continuing professional education to maintain and enhance knowledge, skills, and experiences.

Standard Rationale
Professionalism in nutrition and dietetics practice is demonstrated through:

- evidence-based practice;
- continuous acquisition of knowledge, skills, experience, judgement, demonstrated competence; and
- adherence to established ethics and professional standards.

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope and Standards of Practice.

Each RDN in Post-Acute and Long-Term Care Nutrition (PALTC):		C	P	E
1.1 Adheres to code of ethics				
1.1.1	Demonstrates ethical and responsible practices that adhere to the code(s) of ethics (eg, organization/facility, Academy of Nutrition and Dietetics [Academy] and Commission on Dietetic Registration [CDR], Post-Acute and Long-Term Care Medical Association [PALTmed]) and are within scope of practice, such as: • providing care and services to residents • working with the interprofessional team and facilitating referrals to other providers • supervising staff • maintaining privacy, confidentiality, and safety in practice	X		
1.1.2	Develops training resources addressing ethical considerations specific to PALTC settings (eg, nutrition and hydration during end-of-life care, living wills, honoring residents' autonomy and rights to make decisions and refuse interventions) and for accommodating individuals with disabilities		X	
1.1.3	Publishes articles in peer-reviewed journals or the Dietetics in Healthcare Communities (DHCC)/other Dietetic Practice Group (DPG) newsletters that illustrate how to apply code(s) of ethics in PALTC settings			X
1.2 Ensures competence in practice				
1.2.1	Integrates practice standards (eg, Scope and Standards of Practice for the RDN and for RDNs in PALTC) in order to provide consistent evidence-based care and services	X		
1.2.2	Identifies and uses evidence-based practice resources appropriate for clinical care and foodservice management in PALTC settings (see Figure 6) to determine the most appropriate plans of care and foodservice/dining services	X		
1.2.3	Provides or facilitates staff orientation and training on organization's policies and procedures, and expectations for quality services for residents and caregivers		X	
1.2.4	Implements, develops, maintains or revises clinical nutrition and foodservice/dining policies, practice-based resources, and professional guidelines to inform corporate/organization policies and expectations for practice of RDNs and others (eg, members of the interprofessional clinical and food service teams)		X	
1.2.5	Models advanced-level practice, leadership, and professional responsibilities (eg, serving on state and/or national advisory board(s), holding corporate/system level positions)			X
1.3 Adheres to laws and regulations				
1.3.1	Provides care and services in compliance with: • individual and statutory scope of practice (eg, Scope and Standards of Practice in PALTC, state licensure laws) • applicable federal or state/territory, local, and/or tribal laws and regulations, and accreditation standards (eg, Centers for Medicare and Medicaid Services [CMS], The Joint Commission, Americans with Disabilities Act, federal and state Food Code and food safety regulations, Health Insurance Portability and Accountability Act [HIPAA]) • organization/program policies	X		
1.3.2	Develops guidelines, tools, and audits to monitor compliance with regulations for clinical nutrition and food/dining services and implements appropriate plan of improvement following a survey finding		X	
1.3.3	Guides/leads colleagues/organizations to appropriately interpret and adhere to laws, regulations, and best evidence			X
1.4 Completes self-evaluation to identify needs for continuing education				
1.4.1	Applies findings from self-assessment to expand and advance knowledge/skills needed for professional growth	X		
1.5 Pursues continuing education				

Each RDN in Post-Acute and Long-Term Care Nutrition (PALTC):		C	P	E
1.5.1	Develops and/or presents a continuing education program as part of a professional development plan		X	
1.5.2	Leads scholarly review of professional articles (eg, journal club)		X	
1.5.3	Works towards obtaining specialty certifications and credentials (eg, CSG[a], CDCES[b], CSR[c]) to expand competencies to support practice at an advanced level in PALTC		X	
1.5.4	Obtains and maintains specialty certifications and credentials (eg, CSG, CDCES, CSR) to expand competencies and opportunities for leadership in PALTC settings			X
1.5.5	Seeks out opportunities and serves as subject matter expert in the CSG (or other equivalent) credentialing exam evaluation and revision			X

STANDARD 2. STRIVING FOR HEALTH EQUITY

Standard

The registered dietitian nutritionist (RDN) approach to practice reflects the value the profession places on health equity in all forms of interaction when delivering care and/or services to colleagues, customers, students/interns, and when interacting with stakeholders.

Standard Rationale

Health equity is at the core of nutrition and dietetics practice where:

- all individuals have the same opportunity and access to healthy food and nutrition;
- RDNs advocate for a world where all people thrive through the transformative power of food and nutrition; and
- RDNs work to accelerate improvements in health and well-being through food and nutrition.

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope and Standards of Practice.

Each RDN in PALTC:		C	P	E
2.1 Addresses social determinants of health, nutrition security, food insecurity, and malnutrition.				
2.1.1	Considers food and nutrition insecurity and other barriers to adequate food and nutrient intake (eg, ability to independently perform instrumental activities of daily living [IADLs] including shopping, cooking, and preparing food) when determining appropriate interventions and resources upon discharge to the community	X		
2.1.2	Seeks out and locates resources (eg, translators, agencies) to help provide culturally appropriate services to residents	X		
2.1.3	Assists foodservice/interprofessional team to adapt and/or adopt practices that minimize health disparities and biases associated with social determinants of health (eg, age, disability, gender identity, race/ethnicity, culture, religion, health literacy, socioeconomic status)		X	
2.1.4	Assists residents and/or caregivers to make health care decisions and set goals based on their social determinants of health, including decisions addressing end-of-life care when applicable		X	
2.1.5	Develops and/or adapts resources and processes for providing appropriate culturally specific food and nutrition care services		X	
2.1.6	Leads in the development of workplace and community culture change to minimize or eliminate health disparities and biases associated with social determinants of health			X
2.2 Promotes sustainability practices (eg, food systems, food/ingredient/supply choices)				
2.2.1	Collaborates with interprofessional team and community partners to improve resident's access to healthy food upon discharge into the community (eg, food banks, congregate meal programming, home delivered meals)	X		
2.2.2	Collaborates with community food distribution programs (eg, food banks, congregate meals, home delivered meals) to develop and/or adapt products/programs that meet the needs of residents living in or discharged from PALTC settings (eg, menu and product substitutions for therapeutic diets, items with altered consistencies, oral nutrition supplements, and offering recommendations for appropriate substitutes given product shortages)		X	
2.3 Maintains awareness of public health and community nutrition/population health				
2.3.1	Develops and/or modifies culturally appropriate education, programs, resources, and services for residents transitioning in and out of PALTC settings to improve health-related outcomes		X	
2.4 Recognizes the effects of global food and nutrition				
2.4.1	Collaborates with health care professionals to communicate available programs/services aimed at improving health of residents who are not native to America, based on their culture, ethnic food preferences, and practices		X	

STANDARD 3. ILLUSTRATING QUALITY IN PRACTICE

Standard

The registered dietitian nutritionist (RDN) provides quality services effectively and efficiently using systematic processes with identified ethics, leadership, accountability, and dedicated resources.

Standard Rationale

Delivery of quality nutrition and dietetics care and/or services reflects:

- application of knowledge, skills, experience, and judgement;
- demonstration of evidence-based practice, adherence to established professional standards, and competence in practice; and
- systematic measurement of outcomes, regular performance evaluations, and continuous improvement to illustrate quality practice.

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope and Standards of Practice.

Each RDN in PALTC:		C	P	E
3.1 Incorporates quality assurance and performance improvement (QAPI) processes				
3.1.1	Participates in QAPI processes and communicates findings. Examples include, but are not limited to: • conducting foodservice and sanitation and/or clinical audits, identifying areas for improvement, and putting a plan of correction into place • collecting, documenting, and analyzing relevant data to assure continued effective resource utilization (eg, cost and utilization of food, materials, and labor) • analyzing processes (eg, food temperatures, meal distribution) and outcomes, creating reports and making recommendations as requested • evaluating resident satisfaction with dining experience (eg, dining environment, timing, menu/snack offerings, food quality) • participating in QAPI meetings and sharing findings and recommendations with interprofessional and administrative teams	X		
3.1.2	Develops implementation strategies for quality management activities (eg, identifying/adopting evidence-based practice guidelines/protocols, reinforcing skills training)		X	
3.1.3	Educates interprofessional team on appropriate quality and safety initiatives (eg, food safety, International Dysphagia Diet Standardization Initiative [IDDSI])		X	
3.1.4	Collaborates with and/or serves on planning committees (program planning, publication planning) or professional committees focused on improving quality		X	
3.1.5	Develops, revises, monitors, and evaluates systems and benchmarks related to providing quality clinical nutrition care and/or food/dining services			X
3.1.6	Leads interprofessional clinical nutrition and/or food/dining services performance improvement initiatives within and across the organization or system			X
3.1.7	Leads local/state/national and/or international quality initiative efforts to support nutrition goals and best practices			X
3.2 Identifies and uses tools for determining/conducting quality improvement (QI)				
3.2.1	Identifies and uses appropriate tools for determining/conducting QI (eg, the CMS State Operations Manual guidance to surveyors, CMS Critical Element Pathways, validated patient satisfaction surveys, state survey results, and other appropriate audit tools); communicates findings and recommendations for change to applicable staff	X		
3.2.2	Develops appropriate tools for determining/conducting QI when validated tools are not available		X	

Each RDN in PALTC:		C	P	E
3.3 Identifies measures and outcomes				
3.3.1	Identifies, evaluates, and reports quality outcome measures for clinical nutrition care and services (eg, malnutrition prevalence and risk, pressure injury development, unintended weight changes)	X		
3.3.2	Identifies and analyzes key performance measures for food, non-food, and labor costs, and uses findings to develop and implement actionable improvement plans		X	
3.3.3	Selects measures and outcomes for data collection, and advocates for and participates in the development of data collection tools (eg, clinical, operational, and financial)		X	
3.3.4	Evaluates outcomes using identified criteria (eg, weight loss, number of pressure injuries/ulcers, customer satisfaction surveys, budget vs actual expenses) and collaborates with interprofessional team, when appropriate, to revise/reinforce current practices or implement changes to practices or services		X	
3.3.5	Identifies problem areas and recommends new/updated quality/safety practices to improve processes of clinical nutrition care and food/dining services		X	
3.3.6	Benchmarks organization performance outcomes with national standards (eg, food and labor costs per resident per day, customer satisfaction, CMS Five-Star Quality Rating System)			X
3.3.7	Contributes expertise to national bioinformatics/medical informatics projects as applicable/requested			X
3.3.8	Investigates and synthesizes data to develop/improve system processes and programs that support best practices in clinical nutrition care and food/dining services			X
3.4 Monitors and addresses customer safety				
3.4.1	Conducts and documents clinical nutrition care and/or food/dining service audits per organization policy to identify potential and actual safety concerns (eg, infection control, food safety concerns, handling of chemicals, and clinical concerns) and communicates to supervisors and interprofessional team as appropriate	X		
3.4.2	Identifies concerns and areas of deficiency (eg, food safety, sanitation, clinical) and develops and implements a plan of correction in collaboration with interprofessional team and/or organization leaders	X		
3.4.3	Uses industry trends (eg, food and supplement recalls and shortages, regulatory/survey deficiency areas) to guide organization/clinical/foodservice practices that reduce/prevent errors		X	
3.4.4	Collaborates with interprofessional team to develop systems that address problems and prevent errors (eg, medication and food/dietary supplement interactions, infection control, management of hyper/hypoglycemia)		X	
3.4.5	Leads interprofessional team to conduct root-cause analysis of errors, hazards, and persistent problems that prevent desired outcomes from being achieved			X

STANDARD 4. DEMONSTRATING LEADERSHIP, INTERPROFESSIONAL COLLABORATION, AND MANAGEMENT OF PROGRAMS, SERVICES AND RESOURCES

Standard

The registered dietitian nutritionist (RDN) provides safe, quality service based on customer expectations and needs; the mission, vision, principles, and values of the organization/business; and integration of interprofessional collaboration.

Standard Rationale

Quality programs and services are designed, executed, and promoted reflecting:

- RDN's knowledge, skills, experience, and judgement;
- knowledge of organization/practice setting operations, culture, and the needs and wants of its customers; and
- competence in addressing the current and future needs and expectations of the organization/business and its customers.

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope and Standards of Practice.

Each RDN in PALTC:		C	P	E
4.1 Engages in collaborative ready practice				
4.1.1	Facilitates discussions and care planning between residents, caregivers, and members of the interprofessional team (eg, clinical, food service, administrative), regarding issues related to: • nutrition and clinical care (eg, non-healing wounds, persistent weight loss) • food/dining services (eg, food preferences, dining environment, dining ability) • accommodating residents with hearing, vision, or dexterity challenges • other areas of concern (eg, mental health or substance use disorders impacting care and recovery)		X	
4.1.2	Educates organizations, administrators, and members of the interprofessional teams regarding the specialized knowledge and skills of the RDN practicing in PALTC and other related areas of specialization (eg, diabetes, renal)		X	
4.1.3	Participates in interprofessional collaborations at the organization or systems level (eg, nonprofit organizations/agencies, community, state, national, or international advisory boards)		X	
4.1.4	Leads the interprofessional team to develop innovative approaches that address complex clinical and management issues (eg, ethical decision making) by facilitating active communication and collaboration			X
4.2 Facilitates referrals				
4.2.1	Creates or modifies, and monitors processes/tools/systems to receive referrals from and/or make referrals to other providers within and outside the facility, including: • RDNs working in other settings/practice areas (eg, referral to a CDCES, or an RDN in private practice in the community post discharge) • other health-related services (eg, primary care, home health nurses, dental, social services, physical/occupational/speech therapy, mental/behavioral health professionals) • community services or resources (eg, housing, food resources, community action agencies)		X	
4.2.2	Evaluates referrals for services on a facility or systems/industry level to identify if/where changes are needed to improve nutrition-related outcomes			X
4.3 Manages programs and services				
4.3.1	Follows recognized business practices specific to staff and consultant RDNs in PALTC settings, such as: • maintaining records of hours worked and services provided • documenting according to organization policies, procedures, standards, and systems including billing for services provided • using electronic and/or paper health records or reports • adhering to contract when applicable	X		

Each RDN in PALTC:		C	P	E
	• completing clinical reports tracking the number of nutrition referrals, amounts and types of assessments completed, monitoring of nutrition risk factors (eg, weight reports, meal intake records, pressure injury/ulcer reports), interventions and recommendations			
4.3.2	Uses Patient Driven Payment Model (PDPM) in skilled care and/or other types of reimbursement models; collects appropriate data and ensures documentation supports maximized reimbursement for services	X		
4.3.3	Uses resident feedback/preferences/choices along with standards of care and protocols to promote services that address positive nutrition outcomes and customer satisfaction	X		
4.3.4	Adheres to regulations and organization-approved provider protocols/delegated orders for ordering or revising diets, enteral or parenteral nutrition, nutrition or vitamin mineral supplements, or other nutrition-related orders	X		
4.3.5	Collaborates with medical director and administrator to develop, revise, or maintain policies and procedures that outline how attending physicians delegate nutrition-related order writing to the RDN and the process for orientating attending physicians for this task; advocates for these privileges when they are not already in place		X	
4.3.6	Monitors, documents, and evaluates usage of programs and services against budget or other criteria (eg, staff hours, staff to resident ratio, referral requests, program participation rates, and supplies, training, technology, professional development, and food costs)		X	
4.3.7	Conducts ongoing needs assessment to provide data and identify opportunities to enhance program/service goals or deliver additional services, for example: • advocates for staffing and resources which support resident population and census • recommends or implements new or revised processes to enhance compliance with federal and state regulations • designs and seeks executive/administrative and medical director commitment to new services and goals for nutrition and/or food/dining services		X	
4.3.8	Participates with health care providers to develop organization- and provider-approved pharmacotherapy protocols (eg, monitoring and adjusting treatment for hypoglycemia or hyperglycemia, when to contact provider, monitoring for food/dietary supplement and drug interactions)		X	
4.3.9	Assures that the plan of care for clients using home health care/home infusion programs are consistent with home health/infusion program policy and physician orders		X	
4.3.10	Identifies or designs a manual or electronic health record (EHR) system to document care and to capture and track data needed to monitor outcomes		X	
4.3.11	Analyzes and uses data to communicate value of services (eg, nutrition, food/dining services, expanded role activities, maximizing reimbursement through documentation and coding) in relation to resident and organization outcomes/goals		X	
4.3.12	Creates and/or updates policies, procedures, and nutrition-care protocols based on available evidence, best practices, practice-specific expertise, and resident /caregiver values		X	
4.3.13	Implements or develops nutrition screening procedures using validated tools and educates members of the interprofessional team on the procedures/processes for nutrition screening and referral		X	
4.3.14	Develops and disseminates evidence-based guidelines and protocols that reflect emerging evidence and best practices			X
4.3.15	Leads and facilitates interprofessional collaborations to revise processes for nutrition and/or food/dining, and other services			X
4.3.16	Negotiates and/or establishes nutrition-related delegated orders at the organization/systems level for expanded scope of practice			X
4.3.17	Evaluates outcomes of order-writing delegation at the organization/systems level for effectiveness and efficiency			X

Each RDN in PALTC:		C	P	E
4.3.18	Collaborates with medical director and administration to incorporate advanced practice activities granted to RDNs with appropriate training and credentials (eg, AP-RD[d], CSG, CDCES, CSR) into protocol or policies consistent with regulations (eg, protocols for ordering insulin, phosphate binders)			X
4.3.19	Develops and/or directs a nutrition and dietetics business that employs other RDNs to provide consultation services (eg, RDN clinical services, menu development, food/dining service consultation)			X
4.3.20	Designs and/or re-evaluates/revises food and nutrition services and products at the organization and systems level (eg, regional RDN creating programs and policies across multiple facilities, billing and coding systems to maximize revenue)			X
4.3.21	Leads in the development of new products and services to support services (eg, wound care products, nutritional supplements)			X
4.4 Contributes to, manages, and/or designs food/nutrition delivery systems				
4.4.1	Manages or consults to the organization's food/dining services using evidence-based guidelines and regulations; this includes: • organization requirements, accreditation standards, and regulatory compliance (eg, CMS State Operations Manual Appendix applicable to facility/program type and/or state regulations) • food safety standards, food code, safe practices for use of facility, local farm or organization-grown produce • industry trends (eg, trends in survey process and outcomes)	X		
4.4.2	Directs the organization's food/dining services using evidence-based guidelines and regulations applicable to program or setting		X	
4.4.3	Develops nutrition and PALTC-related menu guidelines reflecting national standards (eg, Academy EAL, Dietary Guidelines for Americans) and applicable federal or state regulations (eg, meal timing, nutrient distribution) and cultural preferences of the population to guide foodservice programs		X	
4.4.4	Provides expertise for developing, selecting, and maintaining enteral product formularies (eg, enteral nutrition/tube feeding products, nutritional supplements, fortified/enhanced foods)		X	
4.4.5	Consults on the design, implementation, evaluation, and/or revision of food/dining services delivery systems, consistent with role and responsibilities, and considering industry standards, relevant regulations, and population preferences, including: • budgeting, staffing, purchasing food and equipment, controlling inventory • recipe and menu development, nutritive value of menus • dining options and experiences, diet order tracking		X	
4.4.6	Plans for emergency situations/disaster events that would affect the availability of adequate safe food and water for residents and staff (eg, emergency menu, nonperishable foods, and water supply)		X	
4.4.7	Evaluates and monitors current practices across multiple settings (eg, food/dining services, clinical nutrition care) and uses business best practices to provide recommendations that meet budgeting goals			X
4.4.8	Leads in development or revision of foodservice and dining software (menu design, nutrient analysis, menu selection, individual food preferences/ allergies) to comply with nutrient standards/regulations to meet the cultural and customer service needs of residents			X
4.4.9	Collaborates to develop medical food/nutritional supplement products and contracts with industry partners			X
4.5 Precepts, supervises, and engages in career laddering				
4.5.1	Manages the training, mentorship, and guidance of nutrition and dietetics students/interns/practitioners, food/dining services professionals, and other health care professionals and support staff, including:		X	

Each RDN in PALTC:		C	P	E
	• promotion of evidence based person-centered nutrition care and services including NFPE • regulatory compliance in nutrition and food/dining services • performance evaluation when applicable			
4.5.2	Implements or develops/revises organization policy and practice guidelines based on evidence and/or best practice to monitor and ensure competence of staff (eg, RDNs, food service employees)		X	
4.5.3	Develops and/or provides instruction for programs, tools, and resources that assist RDNs to obtain specialty certification in PALTC-related areas (eg, CSG, CDCES, CSR)			X
4.5.4	Provides expertise and counsel to education programs, health care or food service organizations related to food and nutrition care and services, industry standards, practice guidelines, and practice roles for nutrition and dietetics practitioners in PALTC			X
4.6 Contributes to a healthy work environment (eg, safety, incident reporting, anti-bullying, personal protective equipment)				
4.6.1	Addresses interactions among employees and/or consultants (when applicable) to assure positive and ethical behaviors that support a healthy, safe, and effective work environment and interactions with and perceptions of residents and their caregivers		X	

STANDARD 5. APPLYING RESEARCH AND GUIDELINES

Standard

The registered dietitian nutritionist (RDN) applies, participates in, and/or generates research to enhance practice. Evidence-based practice incorporates the best available research/evidence and information in the delivery of nutrition and dietetics services.

Standard Rationale

Application, participation, and generation of research promotes:

- maintenance and enhanced familiarity with the peer-reviewed literature applicable to nutrition and dietetics and for specific populations and area(s) of practice to support evidence-based practice; and
- improved safety and quality of nutrition and dietetics practice and services.

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope and Standards of Practice.

Each RDN in PALTC:		C	P	E
5.1 Engages in scholarly inquiry (eg, identifies and uses evidence-based publications and practice guidelines applicable to practice area; and contributes to process of research)				
5.1.1	Applies evidence-based resources including research findings, industry trends, and practice guidelines to improve nutrition care and services	X		
5.1.2	Educates and mentors others (students, nutrition and dietetics technicians, registered [NDTRs], other RDNs, and health care providers) to identify and apply best available research/evidence and integrate best practices to improve outcomes		X	
5.1.3	Collaborates with a primary or senior investigator on research that examines relationships between nutrition, food/dining services, and population outcomes		X	
5.1.4	Contributes to the peer-review process for research projects and publications, and/or participates in Evidence Analysis Library (EAL) workgroups in topic areas related to PALTC		X	
5.1.5	Leads research and scholarship relative to PALTC including: • serving as a primary or senior investigator, or expert advisor on collaborative research teams that examine relationships between nutrition, food/dining services and population outcomes (eg, incidence of non-disease-related unintended weight loss) • serving as a primary or senior author of research, and academic and/or organization position and practice papers or other scholarly work			X
5.1.6	Serves as a journal editor or editorial board member responsible for the publication of research and practice-related manuscripts in PALTC topic areas			X
5.1.7	Builds and maintains relationships between researchers and decision makers to facilitate effective knowledge transfer			X
5.2 Applies critical thinking and judgement for evidence-based practice				
5.2.1	Identifies, analyzes, and applies evidence-based resources (eg, research findings, industry best practices/trends, practice guidelines) and resident/caregiver values and wishes to make informed decisions/recommendations	X		
5.2.2	Identifies gaps in available evidence-based resources, and uses a systematic approach to apply the most relevant scientific literature in situations where evidence-based practice guidelines are not established		X	
5.2.3	Collaborates with interprofessional and/or interorganizational teams to conduct research and apply, disseminate, and publish findings		X	
5.2.4	Publishes findings that use a systematic approach to answer PALTC-related questions and guide nutrition care and services			X
5.2.5	Leads interprofessional and/or interorganizational research activities and integration of research data into research-based resources, publications, and presentations			X

STANDARD 6. PROVIDING EFFECTIVE COMMUNICATIONS AND ADVOCACY

Standard
The registered dietitian nutritionist (RDN) effectively applies knowledge and expertise in communications with customers and the public, and in public policy advocacy efforts.

Standard Rationale
The RDN works with others to achieve common goals by effectively sharing and applying unique knowledge, skills, and expertise in food, nutrition, dietetics, and management services; and in contributing to public policy efforts by advocating for nutrition and dietetics programs and services that benefit residents, clients, individuals, customers, and the public.

The RDN works with others to:

- achieve common goals by effectively sharing and applying unique knowledge, skills, and expertise in food, nutrition, dietetics, and management services; and
- contribute to public policy efforts by advocating for nutrition and dietetics programs and services that benefit residents, clients, and individuals, customers, and the public.

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope and Standards of Practice.

Each RDN in PALTC:		C	P	E
6.1 Engages in information dissemination through conversations, presentations, publications, media, social media with various audiences				
6.1.1	Identifies food, nutrition, management, and other practice-related resources for application to practice and sharing with others	X		
6.1.2	Creates appropriate evidence-based resources to support identified needs of target audience (considering factors such as health literacy, culture, preferred language, educational level and hearing or vision disabilities) using the most effective communication method (eg, one-on-one, group, social media) or format (eg, verbal, print, electronic)	X		
6.1.3	Translates findings from research and incorporates clinical practice judgement to determine recommendations and communicate to target audience (eg, resident, caregiver, interprofessional team, facility/program staff, administration)		X	
6.1.4	Evaluates and interprets resources and shares key findings/outcomes with stakeholders (eg, public health trends, epidemiological reports, regulatory, accreditation, reimbursement programs and standards specific to PALTC population care, services, and education)		X	
6.1.5	Assesses the audience's ability to understand information and instructions presented and adapts accordingly		X	
6.1.6	Consults as an expert on PALTC service issues with other health care professionals, organizations, and community stakeholders			X
6.1.7	Compiles performance improvement and other data on the effectiveness of programs, services, and recommended practices; shares within the PALTC community through presentations and publications			X
6.1.8	Develops and presents programs and resources to communicate evidence-based practice to increase stakeholder knowledge and support			X
6.1.9	Develops or manages systematic processes to: • identify, track, and monitor resources used by the population • assess impact on outcomes • communicate recommendations related to findings			X
6.2 Participates in advocacy and public policy engagement and outreach				
6.2.1	Interacts with policy makers, lobbyists, community leaders, and insurers when applicable (eg, submits comments to lawmakers, attends town halls or committee hearings) to influence legislation/policy impacting users of PALTC services	X		

Each RDN in PALTC:		C	P	E
6.2.2	Participates in legislative activities including testifying or advocating with lawmakers to support proposed legislation or regulation related to PALTC settings		X	
6.2.3	Engages with and provides expertise to lobbyists, lawmakers, and regulatory agencies to influence support for issues impacting food and nutrition for users of PALTC services		X	
6.2.4	Participates in/serves on state licensure and/or regulatory boards that influence regulations affecting PALTC nutrition practice			X
6.2.5	Contributes as an expert resource within the PALTC community by: • serving as a media spokesperson • serving in leadership roles on local, state, regional, national, or international committees/task forces in professional, governmental, or community-based organizations • collaborating with and advising other health care providers and community agencies on the nutritional needs of the PALTC population • identifying new opportunities for collaboration and leadership across discipline boundaries to promote the role and contributions of RDNs • leading efforts to influence support for issues impacting users of PALTC services			X
6.2.6	Provides expertise when collaborating with Academy and other stakeholder organizations in the development of laws, regulations, and public policy positions impacting nutrition, food assistance programs, and food safety			X

STANDARD 7. PROVIDING PERSON-/POPULATION-CENTERED NUTRITION CARE

Standard

The registered dietitian nutritionist (RDN) provides medical nutrition therapy (MNT) using the nutrition care process and workflow elements to identify and address nutrition-related problems which a RDN is responsible for treating, by incorporating the following elements:

- Reviews or obtains nutrition screening data to identify malnutrition or risk of malnutrition
- Obtains and evaluates medical, nutrition, and food-related information for relevance and accuracy
- Identifies and labels nutrition problem(s)/diagnosis(es)
- Develops, plans, and implements culturally appropriate person-/population-centered nutrition interventions
- Monitors and evaluates person-/intervention-specific indicators and outcomes data to determine whether planned interventions should be continued or revised
- Documents and communicates results with interprofessional team and residents/caregivers

Standards Rationale

Quality nutrition and dietetics care reflects the Nutrition Care Process and workflow elements:

- Nutrition screening - the preliminary step to identify individuals who require a nutrition assessment performed by an RDN
- Nutrition assessment - a systematic process of obtaining and interpreting data in order to make decisions about the nature and cause of nutrition-related problems and provide the foundation for identifying a nutrition diagnosis; an ongoing, dynamic process that involves conferring with resident/caregiver, initial data collection, and analysis of needs
- Nutrition diagnosis - the basis for determining goals and interventions
- Nutrition intervention/plan of care - consists of two interrelated components: planning with residents/caregivers, interprofessional team, and others; and implementation.
- Nutrition monitoring and evaluation - provides an outcomes management system to assure quality care and to determine whether reassessment and revision of interventions/plan of care is required
- Discharge planning and transitions of care - process with residents/caregivers and interprofessional team for facilitating transfer of nutrition care plan and nutrition-related data between care settings

Locate additional competent-level indicators for all RDNs in the Revised 2024 Scope and Standards of Practice.

Each RDN in PALTC:		C	P	E
7.1 Reviews or completes nutrition screening				
7.1.1	Reviews nutrition screening data (eg, malnutrition risk, pressure injuries, allergies) and/or data from referring facility/provider, following organization nutrition screening procedures as part of the nutrition assessment process	X		
7.2 Conducts nutrition assessment				
7.2.1	Collaborates with interprofessional team to identify and collect pertinent nutrition assessment data (eg, medical and social history, changes in food and fluid intakes and behaviors, anthropometrics, biochemical values, nutrition focused physical exam [NFPE] findings, advance directives) through interviews, observations, review of medical records, and interprofessional team communications as part of MNT	X		
7.2.2	Documents nutrition assessment data within the EHR per organization policy and federal and state regulations within defined time limits, including Section K in the Minimum Data Set (MDS), and other sections as assigned	X		
7.2.3	Delegates tasks and supervises support staff when collecting and documenting nutrition assessment data	X		
7.2.4	Requests or obtains data when not readily available from previous health care encounters (eg, acute care, dialysis center, other outpatient providers including RDNs) and/or from caregivers		X	

Each RDN in PALTC:		C	P	E
7.2.5	Uses clinical experience and judgment to identify and collect key nutrition assessment data to increase efficiency and improve outcomes		X	
7.2.6	Demonstrates experiential knowledge, clinical judgement, and application of research findings when assessing residents presenting with complicated, unpredictable, and overlapping co-morbid conditions (eg, resident with malnutrition who has obesity, type 2 diabetes [T2DM] and a non-healing pressure injury)			X
Client history				
7.2.7	Evaluates the following factors to accurately assess nutrition status and care: • health status and medical/surgical history (eg, cognitive decline/dementia, cardiovascular disease/stroke/heart failure, diabetes, kidney disease, cancer, gastrointestinal diseases, pulmonary disease) • psychosocial factors (eg, family, caregiver, and social support; cognitive impairment support; presence of depression/anxiety and other psychosocial and mental health conditions; effects of cultural, ethnic, religious, and lifestyle factors; quality of life)	X		
Anthropometric measurements				
7.2.8	Assesses (and measures if appropriate) anthropometric measurements, including: • height, weight, body mass index (BMI), based on reference standards (eg, age, race/ethnicity, and other specific conditions like amputations and paralysis) which may differ from that of the healthy adult population • weight history, and planned vs. unplanned insidious/gradual and significant weight changes (defined as ≥5% in 30 days, ≥7.5% in 90 days, and ≥10% in 180 days) • changes in body composition using validated tools, as available (eg, sarcopenia, muscle and fat wasting, bone mineral density)	X		
Biochemical data, medical tests and procedures				
7.2.9	Analyzes relevant results from laboratory and diagnostic tests/procedures using evidence-based criteria (eg, hemoglobin/hematocrit, glucose, hemoglobin A1C, blood lipids, electrolytes, vitamins D, B12, and folate, swallow evaluation, barium swallow study)	X		
7.2.10	Critically evaluates the need for and recommends additional biochemical testing (or orders if within state regulations and organization policy addressing delegated orders)		X	
7.2.11	Guides organization practices, along with medical director/interprofessional team, that use evidence-based protocols for ordering biochemical tests and procedures to evaluate nutrition and hydration status			X
Physical exam findings				
7.2.12	Conducts NFPEs (eg, muscle and fat stores, edema, oral and perioral structures, hair/nails/skin and related structures, sensory impairments) and reviews medical records to evaluate nutrition status and indicators of nutrient deficiencies	X		
7.2.13	Assesses functional status and looks for presence of sarcopenia and frailty (eg, hand grip strength, muscle mass and function), ability to perform activities of daily living (ADLs) (eg, self-feeding), and IADLs (eg, shopping, food preparation)	X		
7.2.14	Collaborates with interprofessional team in conducting physical exam, as appropriate		X	
7.2.15	Supervises support staff/interprofessional team (eg, NDTR, new RDN, nurses) when conducting NFPEs and/or when assisting with virtual NFPEs, when necessary		X	
7.2.16	Evaluates more complex issues such as impaired swallow function/ability and pressure injury/wound healing as part of the NFPE		X	
7.2.17	Monitors and provides training on using organization/corporate/system-specific NFPE protocols and tools intended for in-person and virtual exams with specific populations			X
Food/nutrition-related intake and history				
7.2.18	Estimates food and fluid intake and changes in normal intake by observing and reviewing intake records, and/or communicating with resident, caregivers, and interprofessional team	X		

Each RDN in PALTC:		C	P	E
7.2.19	Considers the effects of food preferences and restrictions (eg, cultural, religious, economic, food security, medical/diet order, behavioral, beliefs, allergies/intolerances) as potential barriers to adequate intake	X		
7.2.20	Determines the level of support needed to achieve optimal intake, such as food and fluid selection, procurement, preparation, and intake (eg, support of caregivers, adaptive equipment, access to food and fluid)		X	
Food and nutrient administration				
7.2.21	Reviews current and past use of medical food/nutrition supplements and therapeutic diets (including enteral and parenteral nutrition), and consults with other care providers (eg, home infusion program) to acquire intake information when necessary	X		
7.2.22	Evaluates appropriateness of nutrition prescription considering reference standards and dietary guidelines and resident health status, needs, and preferences	X		
Medication and dietary supplement use				
7.2.23	Considers the effects of potential drug-nutrient/food interactions (eg, potassium depleting vs. potassium sparing diuretics) and nutrition-related side effects of medications on food intake, chewing and swallowing function, gastrointestinal function, renal function, fluid balance (edema, hydration status), and weight changes	X		
7.2.24	Assesses safety and efficacy of over-the-counter medications and dietary supplements (eg, vitamins, minerals, herbs and botanicals, amino acids)	X		
7.2.25	Collaborates with pharmacist and/or interprofessional team to ensure appropriate use of protocols and assessment tools for nutrition-related medication management, including interactions between foods, dietary/nutrition supplements, and drugs/medications		X	
7.2.26	Collaborates with medical director and interprofessional team to ensure that physician-approved protocols for ordering/changing medications and vitamin/mineral supplements reflect evidence-based standards (eg, vitamin D, B12)			X
Knowledge, beliefs, and attitudes				
7.2.27	Engages with residents and caregivers to identify personal preferences and goals for nutrition intervention in support of person-centered care	X		
7.2.28	Evaluates resident's and caregiver's (when appropriate): • knowledge and behaviors, including ability/barriers to understand concepts and adhere to recommendations (eg, diet order, risks and benefits of food and beverage choices considering health condition[s]) and make their needs and preferences known • readiness to learn and incentive/willingness to implement behavior change	X		
Physical activity and developmentally appropriate nutrition-related tasks				
7.2.29	Assesses resident's abilities relative to physical activity and functional status, including: • cognitive, functional, and physical ability to engage in nutrition-related ADLs/IADLs (eg, dexterity, self-feeding skills, ability to use adaptive eating devices, need for assistance with eating and drinking) in order to identify the level of support needed • engagement in physical activity (eg, history, type, intensity, involuntary physical movement), limitations (eg, vision, mobility, dexterity, medication contraindications, paralysis), and effects on energy balance • ability and interest in participating in physical activity to facilitate rehabilitation, promote wellness, and improve quality of life	X		
Other factors affecting intake and nutrition and health status				
7.2.30	Discusses and/or considers quality of life/end-of-life choices, including advanced directives and/or preferences relevant to the nutrition plan of care		X	
Reference standards				
7.2.31	Uses reference standards that are appropriate for the resident, population and setting (See Figure 6)	X		
7.2.32	Identifies reference standards to be included in organization/corporate/system assessment tools appropriate for direct care		X	

Each RDN in PALTC:		C	P	E
7.2.33	Identifies and leads interprofessional team to incorporate guidelines from other practice areas (eg, nutrition support, renal, diabetes, weight management, Post-Acute and Long-Term Care Medical Association [PALTmed]) into PALTC-specific assessment guidelines and practices			X
7.3 Identifies nutrition diagnosis				
7.3.1	Evaluates nutrition assessment data (eg, client history, food and nutrition-related history, anthropometric measurements, biochemical data, medical tests and procedures, physical exam findings) to identify signs and symptoms to support a nutrition diagnosis as part of MNT; examples may include: • signs of significant weight loss, inadequate intake, muscle and fat wasting that support a diagnosis of malnutrition • signs of dry mucous membranes, dry skin, tenting, weight loss, elevated sodium and serum osmolality to support a diagnosis of inadequate fluid intake	X		
7.3.2	Evaluates the nutrition problem(s) critically to find the etiology and determine the most effective interventions, such as: • inadequate intake in a resident with malnutrition • weight loss/gain in a resident with significant weight change • self-feeding difficulty • abnormal lab values	X		
7.3.3	Prioritizes nutrition problem(s)/diagnosis(es) based on factors such as clinical status, prognosis, resident/caregiver preferences and perceptions, safety, ethical considerations (eg, end-of-life feeding decisions), and considering transitions of care/discharge plan (eg, hospice, transition to dialysis, multiple co-morbidities)	X		
7.3.4	Documents nutrition diagnosis(es) using standardized terminology, clear/concise written statement (s), and a Problem (P), Etiology (E) and Signs and Symptoms (S) statement (https://www.cdrnet.org/nutrition-care-process-and-terminology) as part of a comprehensive nutrition assessment and the resident's individualized care plan	X		
7.3.5	Follows organization/program communication protocols and decision-making pathways to document and report issues of concern to physician and/or interprofessional team, resident, and caregiver (eg, medical/nutrition-related malnutrition diagnosis, significant weight change, refusal to follow ordered diet)	X		
7.3.6	Re-evaluates and revises nutrition diagnosis(es) upon reassessment, when appropriate (eg, significant change in status, quarterly and annual assessments, re-admission), updates the care plan accordingly, and communicates changes to interprofessional team	X		
7.3.7	Considers the impact of food and nutrition-related issues and prioritizes nutrition diagnosis(es) based on assessment of the impact of multiple complex factors such as: • food and nutrition-related issues (eg, specific diets/food preferences, refusal of modified food texture or liquid consistency, need for enteral and/or parenteral nutrition, nutrient-drug/supplement interactions, over-the-counter dietary supplement usage) • medical co-morbidities and their complications (eg, malnutrition, obesity, non-healing pressure injury, end-stage renal disease, hyperglycemia or hypoglycemia, heart failure and cardiovascular events, late-stage dementia, urinary track, respiratory and other infections) • quality of life, resident and caregiver preferences, and/or end-of-life decisions (eg, risks and benefits, indications for tube feeding, hospice care) when prioritizing nutrition diagnoses and care		X	
7.3.8	Prioritizes nutrition diagnoses in residents with complicated, unpredictable, and/or unusual situations (eg, resident with stage 3 chronic kidney disease [CKD] complicated by uncontrolled hypertension and type 2 diabetes, with malnutrition from inadequate intake on a restrictive diet) using experiential knowledge, clinical judgement, and research			X

Each RDN in PALTC:		C	P	E
7.4 Develops nutrition intervention/plan of care				
Determines and prioritizes appropriate interventions				
7.4.1	Determines, prioritizes, and documents appropriate person-centered MNT-interventions for the plan of care, targeting the etiology where possible, and using clinical judgement based on best available evidence, best practices, and considering the following: • severity of nutrition problem or risk • presence of co-morbid diseases or conditions that impact the nutrition care plan (eg, malnutrition, obesity, non-healing pressure injury, end stage renal disease, hyperglycemia or hypoglycemia, heart failure and cardiovascular events, late-stage dementia, anemia, urinary track, respiratory, and other infections) • resident's and/or caregiver's needs and preferences • readiness of resident to receive and/or participate in selected nutrition interventions • influencing factors or barriers affecting ability and/or willingness to implement and adhere to nutrition care plan (eg, living environment, psychosocial factors, emotional intelligence, cognitive impairment, change in mental or physical ability, financial status) • transitions of care needs/plans	X		
7.4.2	Considers regulations, policies, practice guidelines, and best available evidence when planning nutrition interventions and assessing risks and benefits of initiating, modifying, or liberalizing therapeutic diet/meal plan or initiating/discontinuing oral/enteral/parenteral nutrition support	X		
7.4.3	Explains to resident and/or caregivers the risks and benefits of the nutrition care interventions	X		
7.4.4	Serves as a resource to other practitioners and the interprofessional team when applying nutrition protocols and guidelines to an individual resident		X	
7.4.5	Provides algorithm/protocol to support staff and/or interprofessional team for notifying the consultant RDN (if applicable) and initiation of interventions (eg, collecting food intake records, offering nutrient dense beverages, fortified foods, trialing oral nutrition supplements, downgrading diet consistency) based on nutrition assessment data		X	
7.4.6	Expands upon established nutrition guidelines and protocols to individualize nutrition interventions, when appropriate and safe, by collaborating on the incorporation of non-traditional interventions, such as integrative and functional therapies and behavior modification (eg, aromatherapy, music therapy, relaxation techniques)		X	
7.4.7	Demonstrates ability to tailor interventions in complicated, unpredictable, and unusual situations (eg, resident with inadequate nutrient intake and malabsorption, unable to sufficiently meet nutritional needs orally, and presenting with diarrhea on a standard supplemental enteral feeding) using experiential knowledge, refined clinical judgement, and evidence-based resources.			X
7.4.8	Develops guidelines/algorithms for nutrition interventions, care planning, and goal setting that reflect regulations, practice guidelines, and organization/program standards to guide new and/or entry-level staff (eg, RDN, NDTR, certified dietary manager, dining service supervisor, other staff)			X
Goal setting and care planning				
7.4.9	Uses clinical judgement to help resident/caregivers create goals and plan care while considering resident's clinical status, preferences, and ability to participate in care process	X		
7.4.10	Evaluates resident's preferences and ability to participate in the care planning process, consulting with the caregiver(s) and interprofessional team as needed to: • individualize and adjust the plan of care to maximize outcomes • consider resident's quality of life, such as satisfaction with nutrition care and food/dining experience • consider risks/burdens and benefits of nutrition and hydration or withholding/withdrawing enteral/parenteral nutrition when applicable	X		

Each RDN in PALTC:		C	P	E
7.4.11	Identifies time and frequency of care based on resident needs, established goals and outcomes, and expected response to interventions(s), that reflect organization/program policies, accreditation standards, and/or regulations	X		
7.4.12	Ensures resident and appropriate caregiver(s) understand the plan of care and can articulate goals	X		
7.4.13	Collaborates with interprofessional team to identify interventions, goals, and care plans that address complex management issues (eg, enteral feeding, nutrient deficiency related to medications, excess fluid intake and associated labs [serum sodium changes], speech therapy due to altered swallow, mental health-related food issues)		X	
7.4.14	Initiates and facilitates meetings (per facility policy) with resident/caregiver/interprofessional team for complex care planning, as appropriate		X	
7.4.15	Guides interprofessional team discussions to address nutrition needs, goals, and plans of care for residents with multiple complex care and/or transition of care issues (eg, facilitates integrated interventions to maximize quality of life goals in support of resident autonomy at the end-of-life)			X
Nutrition prescription planning and food and nutrient delivery				
7.4.16	Develops or modifies, and recommends, orders, and/or implements the nutrition prescription using provider diet order delegation protocol, reference standards, and/or other facility-specific process consistent with RDN's training and competence that takes into consideration: • resident/caregiver preferences • resident's nutritional needs (eg, energy, protein, fluid, vitamins, minerals, as indicated) and oral, enteral, or parenteral nutrition support (in collaboration with pharmacist, if indicated) • resident's health condition(s) and the effect on food/nutrition requirements (eg, dysphagia, food intolerances, allergies, diabetes meal planning approach [eg, carbohydrate counting, carbohydrate controlled], diet liberalization, pressure injuries/ulcers, significant weight changes, and malnutrition)	X		
7.4.17	Recommends, modifies, and/or implements plan for food and nutrient delivery that considers: • prioritizing use of least restrictive meal plan, including food-first approach, snacks, food fortification, and/or oral nutrition supplement • meal, snack, and supplement schedule to optimize intake • pharmacotherapy and impact on meal plan and/or enteral/parenteral nutrition support (eg, timing of meals and snacks with diabetes medication [oral, insulin and type], dietary adjustments for anticoagulant medication) • resident's dining ability, including need for assistance from staff and/or adaptive equipment • optimal dining environment (eg, dining location, placement at table, socialization, and any distractions/noise)	X		
Nutrition education and counseling				
7.4.18	Provides and documents evidence-based nutrition education and/or counseling at appropriate times (eg, admission, as needed during stay, before discharge) using a suitable format (verbal, written, and/or electronic) and considering resident's and/or caregiver(s): • educational needs • cultural competency and health literacy • vision and other sensory function/dysfunction • level of prior knowledge and readiness to learn • proficiency with technology	X		
7.4.19	Identifies and/or develops and provides nutrition education materials and/or products to address resident needs for safe transition to home (eg, preparing mechanically altered foods/fluids safely and correctly, enteral feeding information; ready-to-use products for use as supplementation)		X	

Each RDN in PALTC:		C	P	E
Identifies resources and referrals for coordination of care				
7.4.20	Collaborates, communicates, and coordinates with other RDNs and/or interprofessional team members, making referrals as appropriate to optimize resident care	X		
7.5 Implements nutrition monitoring and evaluation				
7.5.1	Monitors resident's nutrition and overall status, as part of MNT, and evaluates the plan of care by frequently reassessing the impact of the nutrition interventions on nutrition care indicators, progress towards meeting goals, and resolving the nutrition diagnosis, including: • adequacy of food/nutrient intake from all sources • changes in body weight/composition and other anthropometric measurements • laboratory and other test results • positive/negative effects of pertinent medications and dietary supplements • changes in cognitive and functional status • changes in skin integrity and other physical findings • other factors that may influence resident nutritional status (eg, clinical, social, environmental)	X		
7.5.2	Uses critical thinking to determine why progress towards goals is not being met by assessing whether: • nutrition intervention/plan of care is being implemented as prescribed, and if not considers why • resident is accepting intervention/plan of care, and if not, considers barriers and resident's rights (eg, to choose or decline care and interventions) • there are underlying interfering factors (eg, access to resources, lack of insurance, cost of medications and/or nutrition supplements, treatment adherence) • nutrition interventions are appropriate and adequate • nutrition diagnosis and etiology remain appropriate	X		
7.5.3	Determines if plan of care should continue as is or adjusts plan of care accordingly, consulting with the interprofessional team, resident, and/or caregivers as appropriate	X		
7.5.4	Trains, delegates, and supervises support staff in nutrition monitoring using established procedures	X		
7.5.5	Documents and communicates nutrition reassessment and changes to plan of care in a timely manner and reflecting federal/state regulations and facility protocols and procedures (eg, documentation in the EHR and on the MDS, and communication with the physician, interprofessional team, resident, and/or caregiver)	X		
7.5.6	Recognizes when problems are beyond the RDN's individual scope of practice and/or are interfering with achieving desired outcomes, and makes referrals or consults with interprofessional team to address issues	X		
7.5.7	Recognizes complex factors that affect plan of care (positive and/or negative) related to interventions, medical/nutrition issues, resident's/caregiver's stated preferences, and collaborates with interprofessional team to address (eg, behavioral concerns that affect nutrition interventions and overall status)		X	
7.5.8	Analyzes indicators and relevant trends to determine complexity of problems and correlates one problem to another using advanced clinical judgement and skills (eg, resident on dialysis with therapeutic diet and fluid restriction who persistently frequents the vending machine to purchase snacks and sodas)			X
7.5.9	Guides interprofessional team discussions to address adjustments to goals and plans of care for residents with multiple complex care and/or transition of care issues (eg, end-of-life care to facilitate integrated care interventions that maximize care outcomes and quality of life goals in support of client/resident autonomy)			X

Each RDN in PALTC:		C	P	E
7.6 Participates in coordination and transitions of care				
7.6.1	Develops, communicates, and documents discharge nutrition care and education plan, and provides appropriate education materials, counseling, and resources (eg, arranging home delivered meals) to improve care: • as residents transition from PALTC setting to home or another PALTC setting (eg, home care agency) • to communicate the plan of care with RDN in hospital outpatient clinic or private practice for nutrition-related chronic condition(s) or other health care services	X		
7.6.2	Collaborates with interprofessional team and other agencies and providers to coordinate nutrition care (eg, receiving organization nutrition staff, home health, social services, home infusion program, dialysis center, group home, home delivered meals, Supplemental Nutrition Assistance Program [SNAP] benefits, other community resources)		X	
7.6.3	Collaborates with community providers (eg, dialysis center, wound center, home delivered meals) to gather information on standards of care and procedures to incorporate into organization's protocols that guide discharge treatment plans and nutrition care plans, if applicable; and for safe home discharge (eg, home care providers, area agencies on aging)			X

Definitions

Resident: The term *resident* is used in the Scope and Standards in PALTC as a universal term inclusive of residents, patients, clients, individuals, groups, and populations, to whom an RDN provides care or services.

Caregiver: The term *caregivers* is used as a universal term inclusive of caregivers, family members, and advocates, who support "residents," including individuals who are legally appointed with power of attorney (POA) or healthcare proxy.

Advocate: An *advocate* is a person who provides support and/or represents the rights and interests at the request of the resident. The person may be a family member, or an individual not related to the resident who is asked to support the resident with activities of daily living or is legally designated to act on behalf of the resident, particularly when the resident has lost decision-making capacity. (Adapted from definitions with The Joint Commission Glossary of Terms and the Centers for Medicare and Medicaid Services Hospital Conditions of Participation.)

Interprofessional: The term *interprofessional* is used in this evaluation resource as a universal term. It includes a diverse group of team members that work collaboratively, depending on the setting and needs of the resident/caregivers. Examples include physicians, nurses, registered dietitians, nutritionists, nursing assistants, therapists (eg, physical, occupational, speech-language pathologists), social workers, therapeutic recreation staff, and food/dining services staff.

Medical Nutrition Therapy (MNT): *MNT* is an evidence-based application of the Nutrition care Process. The provision of MNT (to a resident) may include one or more of the following: nutrition assessment/reassessment, nutrition diagnosis, nutrition intervention and nutrition monitoring and evaluation that typically results in the prevention, delay or management of diseases and/or conditions.[2] MNT is provided to residents in PALTC settings due to high incidence of chronic heart, lung, kidney disease, diabetes, and conditions including malnutrition, pressure injuries, and unintended weight loss.

Certification Acronyms

[a]CSG: Board Certified Specialist in Gerontological Nutrition
[b]CDCES: Certified Diabetes Care and Education Specialist
[c]CSR: Board Certified Specialist in Renal Nutrition
[d]RD-AP or RDN-AP: Advanced Practitioner Certification in Clinical Nutrition

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