Commission on Dietetic Registration
the credentialing agency for the Academy of Nutrition and Dietetics

PRACTICE TIPS: Implementing Hospital Ordering Privileges for the RDN

Note: This Practice Tips reflects current practice with RDN order writing privileging including the regulations in the Centers for Medicare & Medicare (CMS) Hospital and Critical Access Hospital Conditions of Participation.

Table of Contents

Step 1: Learn more about The Rule and the Regulations 1
Step 2: Review applicable legal and regulatory requirements in your state. 2
Step 3: Identify the best option for granting of ordering privileges in your hospital. 2
Step 4: Determine RDN(s) who should request ordering privileges. 4
Step 5: Ensure functions and responsibilities are outlined in the RDN(s) and NDTR(s) job descriptions and applicable standards of care. 4
Step 6: Determine if the hospital RDN with ordering privileges requires personal liability insurance. 5
Step 7: Assess the impact of future updates in the hospital's accreditation organization's standards and elements of performance. 5
Step 8: Collaborate on safe design of electronic health records (EHRs) to reflect updated privileging for RDNs. 6

Refer to the Appendix that contains information on where to locate topics in the 2014 Final Rule and a detailed process for obtaining ordering privileges in a hospital that does not currently offer this option.

Step 1: Learn more about The Rule and the Regulations

1. **Review the May 12, 2014, Federal Register Final Rule effective July 11, 2014**[1] to obtain the background on the Rule to effectively plan and discuss the rationale for allowing RDNs order writing privileges. https://www.govinfo.gov/content/pkg/FR-2014-05-12/pdf/2014-10687.pdf **See the Appendix for where to locate key information.**

2. Review the **CMS State Operations Manual (SOM) Conditions of Participation** Periodically check the CMS SOMs for updated regulations. https://www.cms.gov/files/document/som107appendicestoc.pdf

   a) **Hospitals -- Appendix A, Survey Protocol, Regulations and Interpretive Guidelines for Hospitals. Rev. 122, 09-26-14 and Rev.137, 04-01-15**.[2] See Appendix for link to CMS Transmittals that explain the changes to the hospital and critical access hospital regulations based on the Final Rule.

   b) **Critical Access Hospitals** -- **Appendix W, Survey Protocol, Regulations, and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing Beds in CAHs, Rev. 138, 04-01-15**[3] **(no change as of latest revision 200, 02 21 20)**.

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c) **Refer to other CMS SOMs for desired practice area(s):**
Click on the corresponding letter in the Appendix to open a Medicare SOM for the specific practice area (A-Hospital; W-Critical Access Hospital; H-End-Stage Renal Disease Facilities; PP-Long Term Care Facilities, etc.):
https://www.cms.gov/files/document/som107appendicestoc.pdf.

Step 2: Review applicable legal and regulatory requirements in your state.

The rule does not require hospitals to credential and privilege an RDN(s) as a Condition of Participation (CoP) but, allows for it as an option if consistent with state law.

1. Learn more: https://www.eatrightpro.org/advocacy/licensure/therapeutic-diet-orders
   a) Review existing licensure/State Practice Act and associated regulatory impediments, if any.
      I. What does your state nutrition and dietetics practice act (licensure/certification/title protection) indicate? Review your state's information at: https://www.cdrnet.org/LicensureMap .
      II. Is there a conflict with state law and RDNs independently ordering therapeutic diets (e.g., are therapeutic diets only allowed to be ordered by a physician or a practitioner responsible for the care of the patient)? Review state practice acts for other disciplines to determine if there are any issues that may need to be addressed.
      III. If language does not prohibit RDNs from independently ordering therapeutic diets, then the hospital RDN(s) may apply to the medical staff for granting of ordering privileges.
   b) In states without dietetics licensure or no legally defined scope of practice language that prohibits or limits order writing, then the hospital RDN(s) may apply to the medical staff for granting of ordering privileges if there are no applicable state laws or regulations governing licensing of hospitals that preclude RDNs from doing do.
   c) For questions, check with the organization's department responsible for regulatory or accreditation issues.

Step 3: Identify the best option for granting of ordering privileges in your hospital.

1. Medical staff oversight of an RDN(s), their ordering privileges and types of nutrition-related orders that will be permitted must be ensured through the hospital's medical staff rules, regulations, and bylaws or facility-specific processes.
   - Medical staff has the regulatory flexibility to appoint a RDN(s) to the medical staff and grant the RDN(s) specific nutrition ordering privileges, or
   - Can authorize the ordering privileges without appointment to the medical staff.

2. Each hospital and medical staff must determine (It is best practice to have a physician champion who could advise and contribute the process.):
   a) How their hospital and medical staff prefer to proceed and their process for granting ordering privileges.
   b) Whether they intend to allow an RDN(s) to order therapeutic diets independent of the physician (no physician co-signature, delegated order, or physician-initiated protocol required).
   c) For which patients/patient populations, if not all patients, or by focus area of practice.

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d) Which ordering privileges to grant the RDN(s) – which specified scope of care services will be granted. Refer to Appendix for examples.
e) Specify ordering privileges that may not be granted to an RDN or only to RDNs with specific qualifications/certifications (e.g., CNSC, CSP or CSPCC for orders in NICU, CSR and/or Certified Clinical Transplant Dietitian [CCDT] for patients admitted for transplant). This would include any patient types or with a specific diagnosis (es) where the physician must write orders to delegate activities to the RDN.
f) When, per medical staff directive, an RDN(s) must defer to and consult with the medical staff responsible for the care of the client/patient.
g) Identify other types of delegated order options for medical staff approval to include in electronic health record (EHR) for medical provider to select when requesting RDN assistance. Use terminology typically used by the medical staff such as, but not limited to:
    - "Dietitian consult"
    - "Dietitian to write diet orders including nutrition supplements"
    - "Dietitian to consult and write orders for enteral nutrition"
    - "Dietitian to consult and write orders for parenteral nutrition"
    - "Dietitian to modify diet"
    - "Dietitian to progress/advance diet".

3. Review your hospital formulary of therapeutic diet orders (those listed in the electronic health record for physicians and RDNs to select to initiate/modify a diet order). What is meant by a "therapeutic diet"; is it defined in the diet manual and/or policy and procedure?
    a) According to CMS Rule, all patient diets are considered therapeutic in nature, with respect to all modalities that support the nutritional needs of the patient.
    b) The therapeutic diet includes but is not limited to the following: enteral nutrition, parenteral nutrition, oral nutrition supplements (commercial or inhouse prepared), medical nutrition foods, dietary supplements, vitamins, minerals, and diet texture modifications.
    c) Confirm corresponding menus are consistent with the Academy's Nutrition Care Manuals - Adult, Pediatric, and/or Sports, or other medical staff-approved diet manual.

4. RDNs who will <u>not</u> be utilizing ordering privileges, must recognize that with the change in the CMS Hospital CoP for Food and Dietetic Services effective July 11, 2014 (no change in Rev. 220, 04-19-24), <u>RDNs without ordering privileges are not allowed to independently order</u> therapeutic diets or nutrition-related services.
    a) The RDN provides recommendations to the medical staff for any changes in therapeutic diet orders, initiating nutrition supplements or vitamin and mineral supplements; or
    b) Responds to a physician order or physician-initiated protocol that includes writing orders for specific service (s), e.g., RDN to write parenteral nutrition order with pharmacist.

5. Investigate the hospital credentialing and privileging process. Will the RDN(s):
    a) Need to apply through the hospital's medical staff credentialing process (which means the RDN(s) is granted privileges with or without membership in the medical staff)? ---**OR---**
    b) Utilize a medical staff-approved human resources department procedure or a credentialing process for allied health practitioners.
    The processes:

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I. Are time-intensive and rigorous to ensure competence (i.e., knowledge, skills, statutory scope of practice, required certification when applicable) for each RDN to independently perform allowed activities including ordering diets or services, e.g., oral nutritional supplements, conduct indirect calorimetry measurements; and
II. Reoccur every 1-2 years for re-verification/re-assessment of RDN(s) competence.

Step 4: Determine RDN(s) who should request ordering privileges.
Determine RDN(s) who will require ordering privileges for a larger scope of care services based on the limited number of RDN(s) on the hospital staff.

1. Decide on the scope of care ordering privileges to present to the medical staff for consideration.
2. Determine ordering privileges interest based on qualifications of the RDN staff.
3. Select the privileges that each RDN would be qualified to perform independently based on hospital RDN staffing numbers, training, certifications, and demonstrated competence (e.g., writing or modifying diet orders or other nutrition-related actions consistent with patient care responsibilities).
   a) Privileges may not be the same for all RDNs, particularly if responsibilities are for populations within a focus area of practice requiring specific knowledge and skills such as nutrition support, nephrology nutrition, pediatric nutrition, or diabetes care involving medication adjustments. For examples of RDN(s) indicators of competency(ies):
      I. Locate resources in the Explore Scope and Practice Tab, Scope and Standards of Practice page on CDR's website.[4-8]
      II. Review published articles related to 2024 RDN Scope and Standards of Practice and applicable focus area Standards of Practice in Nutrition Care and Standards of Professional Performance (e.g., Diabetes Care, Oncology Nutrition, Pediatric Nutrition, Nutrition Support, Renal Nutrition) on the CDR website at www.cdrnet.org/scope or www.cdrnet.org/focus.

Step 5: Ensure functions and responsibilities are outlined in the RDN(s) and NDTR(s) job descriptions and applicable standards of care.

1. With added or revised ordering privileges may come additional responsibilities for the RDN. The RDN(s) job description may need to be updated along with any applicable standards of care and/or policies and procedures. The 2024 Scope and Standards of Practice for the RDN[6] and the following example of an indicator from the Standards that reflects the competent level of practice, may be adapted for use in job descriptions for hospitals with ordering privileges for RDNs. Refer to applicable focus area scope and standards (e.g., Nutrition Support, Diabetes Care, Nephrology Nutrition, Pediatric Nutrition) for guidance on level of practice (competent, proficient, or expert) when determining qualifications for specific privileges.

   Standard 7 – 7.4.6
   Orders, recommends, implements, and/or modifies orders for diet and nutrition-related services consistent with applicable specialized training, competence, approved clinical privileges, physician/non-physician practitioner-driven orders, protocols, or other facility-specific processes such as, but not limited to:
   - Therapeutic diets, food texture modifications, medical foods/nutrition supplements
   - Nutrition-related pharmacotherapy management, dietary supplements
   - Enteral or parenteral nutrition, supplemental water, intravenous fluid infusions

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- Performing bedside swallow screenings, inserting or monitoring positioning of nasoenteric feeding tubes, indirect calorimetry measurements, or other permitted services

2. The nutrition and dietetics technician, registered (NDTR) or other support staff may implement the diet order and provide other components of the nutrition intervention delegated by the RDN or assigned through standard operating procedures, policies, and procedures (e.g., nutrition education, admission nutrition screen, nutrition clinic intake interview) consistent with training and demonstrated competence.[7]
3. Initiating or modifying orders for diet or other nutrition-related actions, through privileging or delegated authority from the physician, is the sole responsibility of the RDN/qualified dietitian or qualified nutrition professional in all settings. The RDN is responsible for the nutrition assessment and for all activities delegated to the NDTR or other support personnel. Refer to the Scope and Standards of Practice for the Registered Dietitian[6] and the Scope and Standards of Practice for the Dietetic Technician, Registered. [7]
4. Other department resources need to be reviewed and possibly revised (e.g., policies and procedures, standards of care, competency assessment tools, staffing plans) due to the new ordering privileges program.
   a) Staffing plans including how coverage assignments (including weekends and holidays) are determined may need adjustment to consider that a relief/covering RDN may not have the same ordering privileges as the regular staff RDN.

Step 6: Determine if the hospital RDN with ordering privileges requires personal liability insurance.

1. The RDN(s) who has been granted ordering privileges should:
   a) Collaborate with hospital human resource representative to determine what professional liability insurance the hospital may provide and how the hospital insurance policy protects the RDN(s) who is privileged to independently write orders or perform specific procedures, e.g., insertion of nasogastric and nasoenteric feeding tubes.
   b) Determine the nature of the RDN(s) practice that is performed and whether it is likely to give rise to a claim.
   c) Realize that claims can be made against a practitioner even if no negligence, mistake, or wrongful act has been committed.
   d) Know that state legal scope of practice may be referenced when litigation against practitioners and the hospital occurs.
   e) Weigh the benefits versus the risks when making this decision for securing individual professional liability insurance.

Step 7: Assess the impact of future updates in the hospital's accreditation organization's standards and elements of performance.

1. Expect that accreditation organizations reviewed the CMS Rule and updated SOM Conditions of Participation for Hospitals and Critical Access Hospitals to determine if revisions were needed to the accreditation standards applicable to the medical staff, food and dietetic services, provision and record of services, and human resources. The Joint Commission standards include the CMS Appendix A-Hospitals wording allowing dietitian order writing.

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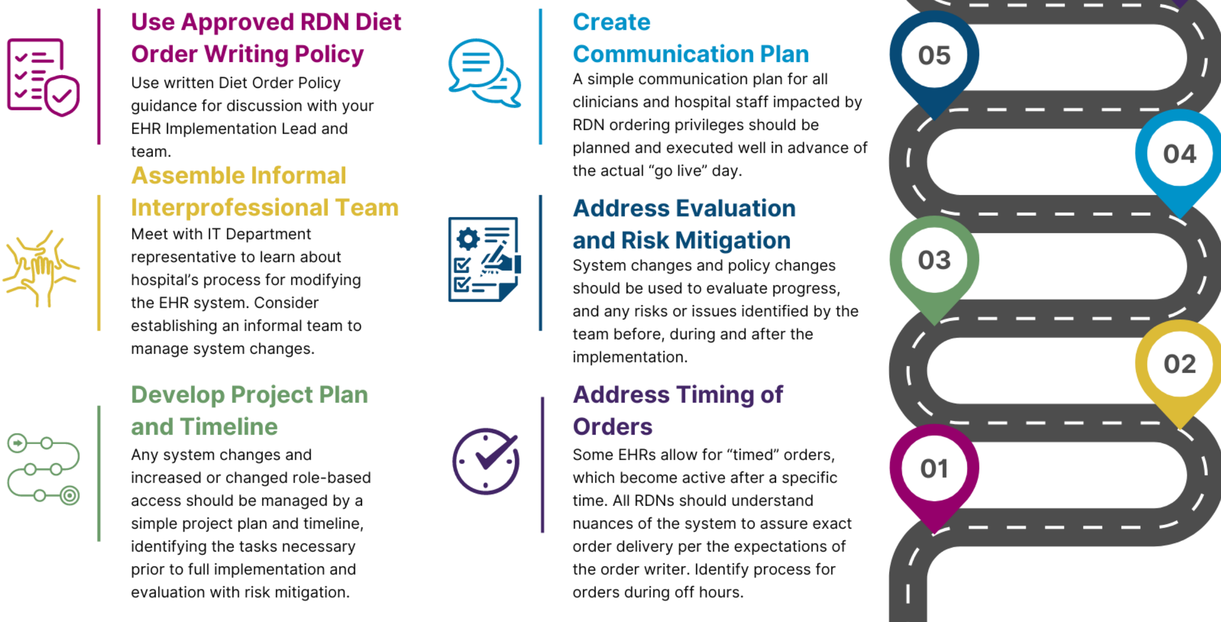
2. Be sure to monitor for future revisions in the standards for The Joint Commission, Accreditation Commission for Health Care (formerly Healthcare Facilities Accreditation Program of the American Osteopathic Association), Det Norske Veritas Healthcare, Commission on Cancer, and the Association of Community Cancer Centers.

Step 8: Collaborate on safe design of electronic health records (EHRs) to reflect updated privileging for RDNs.

1. Changes to ordering privileges provide an important opportunity to advocate for monitoring the efficacy of an EHR ordering system and assuring that therapeutic diet orders are processed, recorded, and created in such a way that the therapeutic diet order can "follow the patient" across all settings of care.
2. In 2013, six in ten non-federal hospitals electronically exchanged health information (such as care summaries) with outside providers/hospitals.[9] While in 2023, 70% of non-federal acute care hospitals exchanged information (send, find, receive, and/or integrate) routinely or sometimes.[10]
3. Any aspect of a therapeutic diet order in an EHR should be considered as a critical component of treatment which will be exchanged between providers and across care settings.
4. Benchmark: Check with clinical nutrition managers in other hospitals with the same EHR system to get information on their processes including how to cosign if RDN staff precept students/interns.
5. Identify or involve current physician champion to participate in design process and the communication plan with the medical staff and other hospital staff, e.g., Nursing, Pharmacy, Billing and Medical Coders, and Nutrition Department.
6. For those new to having ordering privileges, consider the following as you design your process:



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In this Practice Tips, the CDR has chosen to use the term RDN to refer to both registered dietitians (RD) and registered dietitian nutritionists (RDN) and to use the term NDTR to refer to both dietetic technician, registered (DTR) and nutrition and dietetics technician, registered (NDTR).

References:

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3. State Operations Manual, Appendix W-Survey protocol, regulations, and interpretive guidelines for critical access hospitals (CAHs) and swing-beds in CAHS (Rev. 200, 02-21-20); §485.635(a)(3)(vii) Dietary Services; §458.635(d)(3) Verbal Orders; §458.653 (d)(9) Swing-Beds. US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accessed June 19, 2024. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_w_cah.pdf
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