

Center of Excellence in Nutrition and Dietetic Recognition Standards of Excellence (SoE) Metric Tool Action Plan

Action Plan Description

This action plan provides recommended steps for each question in the Center of Excellence in Nutrition and Dietetics Recognition, Standards of Excellence Metric Tool. Given the varied practice settings (Health Care, Education and Research, Business and Industry, and Community Nutrition and Public Health), adapting the actions to processes and culture of the work setting may be indicated. By accomplishing these actions, leaders should be well prepared to achieve excellence in each of the four domains, and more broadly to be recognized as a Center of Excellence in Nutrition and Dietetics.

Important Information:

- The Commission on Dietetic Registration (CDR) acknowledges the importance of addressing health equity to improve the health of a community. As such, CDR is committed to include health equity and addressing social determinants of health in the evaluation of a facility or institutions Excellence. We encourage facility/institutions to ensure they include addressing Social Determinants of Health (SDOH) and Health Equity parameters when developing their goals, protocols, and policies.
- Some practice settings employ NDTRs who work with RDNs and have varied roles and responsibilities that support the organization's programs and services. Questions and Proposed Actions Statements in each domain (Leadership, Organization, Practice, Outcomes, and Leadership) include the NDTR when appropriate.

Domain 1: Quality of Organization

The organization empowers credentialed nutrition and dietetics practitioners to make decisions at the organization level. Organization may include organization, department, or work unit.

Rationale: The organization empowers credentialed nutrition and dietetics practitioners through their inclusion in its strategic plans, performance improvement (PI) plan, internal and external programs, systems, and corporate culture.

Total possible score range:0-33 points; **Score required for excellence designation:** 28 points

Questions	Proposed Action(s)	Recommended Supporting Evidence	Key Resource(s)
<p>1.1 How does the organization support the RDN and NDTR credentials?</p>	<ul style="list-style-type: none"> ➤ Actively incorporate RDNs into daily unit rounds, including rounds focused on transitions of care ➤ Seeks and supports funding for staff to obtain additional certifications ➤ Identify outside organizations with accreditation and/or certifications relevant to field of nutrition ➤ Encourage and work with RDNs to pursue advanced practice certifications such as CDR specialist credential(s) or other certification applicable to area of practice or organization’s programs ➤ Provide Human Resources (HR) with information on RDN specialist certifications to support career laddering and salary commiserate with experience and certifications ➤ Convey to HR and leadership, RDNs’ contribution to the organization’s vision, mission, and quality outcomes to garner support for covering organization membership dues, and for assistance with costs of obtaining a specialist credential 	<ul style="list-style-type: none"> ➤ Evidence of organization support of the RDN/NDTR credential (e.g., financial incentives for degrees or certifications) ➤ External/internal recognition of the RDN/NDTR credential. 	<p>CDR- Who is an RD? https://www.cdrnet.org/RDN</p> <p>CDR – Who is a DTR? https://www.cdrnet.org/NDTR</p> <p>CDR Board Certified Specialist: https://www.cdrnet.org/board-certified-specialist</p> <p>CDR, Board Certification in Advanced Practice: https://www.cdrnet.org/board-certification-in-advanced-practice</p> <p>Identification of Generalist Registered Dietitian Nutritionist Knowledge Gaps in Diabetes Medical Nutrition Therapy Compared to Diabetes Credentialed Registered Dietitian Nutritionists: Results of a Survey to Inform Educational Opportunities. Bisanz K, et al. <i>J Acad Nutr Diet.</i> 2018;118(7):1312-1321.</p>
<p>1.2 How does the organization recognize achievements of credentialed nutrition and dietetics practitioner?</p>	<ul style="list-style-type: none"> ➤ Collaborate with organization marketing team to identify opportunities for promotion, including but not limited to internal website and newsletters ➤ Identify and submit applications for awards of recognition at local, state, and national levels for work in nutrition ➤ Partner with senior leadership team to identify opportunities for staff members to present ongoing or completed work at all levels of the organization, including the Board of Directors ➤ Work with the organization to establish recognition or award programs for RDNs participating in community, local, state, and national professional or consumer organizations ➤ Request organization leadership recognize credentialed nutrition and dietetics practitioner’ achievements in quality, research, publications etc., and for obtaining specialist certifications or other credentials relevant to role and responsibilities, e.g., “Employee of the Month” or other organization staff recognition 	<ul style="list-style-type: none"> ➤ Organization newsletters highlighting credentialed nutrition and dietetics practitioner’ accomplishments ➤ Evidence of award recognition at any level for credentialed nutrition and dietetics practitioners 	<p>Academy Foundation Awards Listing and Application. https://www.eatrightfoundation.org/foundation/apply-for-funding/awards</p> <p>CDR Scholarships and Awards: https://www.cdrnet.org/Scholarships-Awards</p>

Questions	Proposed Action(s)	Recommended Supporting Evidence	Key Resource(s)
	<ul style="list-style-type: none"> ➤ Look for and take advantage of opportunities to have credentialed nutrition and dietetics practitioner present outcomes of projects, or a webinar or lecture on a topic relevant to work/practice expertise to organization committee(s) and/or leadership group that would illustrate RDN role and contributions to populations served by organizations ➤ Assist nutrition staff or colleagues with application process to be considered for professional association awards and recognition opportunities 		
1.3 How satisfied are the employees?	<ul style="list-style-type: none"> ➤ Frequently remind staff of efforts to improve work quality of life ➤ Ensure staff understand the role of staff engagement surveys, the nature of the questions, and how to best communicate celebrations and concerns to leadership ➤ Regularly conduct staff satisfaction surveys ➤ Meet with staff as a group or individually to gauge satisfaction with procedures and ideas for change/improvement ➤ Review areas of low-scoring responses and develop quality improvement (QI) plan to address ➤ Include staff in decision-making processes ➤ Identify and address staff concerns 	<ul style="list-style-type: none"> ➤ Employee satisfaction survey results with interpretation (if needed) ➤ Relevant meeting minutes ➤ Process improvement and/or QI project reports 	<p>Elsahoryi, Nour A., et al. Association of salary and intention to stay with the job satisfaction of the dietitians in Jordan: A cross-sectional study. <i>Health Policy Open</i> 3 (2022): 100058.</p> <p>Dyrbye, Liselotte N., et al. Relationship between organization leadership and health care employee burnout and satisfaction. <i>Mayo Clinic Proceedings</i>. Vol. 95. No. 4. Elsevier, 2020.</p> <p>Blankenship, Jeanne; Blancato, Robert; Kelly, Robin. "Quality Improvement as the Foundation for Healthcare Advancement". <i>J Acad Nutr Diet</i>. 2019;119 (9): S15-S17.</p>
1.4 What is the turnover rate for credentialed nutrition and dietetics practitioners and other nutrition department staff in the organization?	<ul style="list-style-type: none"> ➤ Conduct regular listening sessions/meetings with staff to ensure concerns are heard and addressed ➤ Promote the value of employment within the organization beyond financial compensation, including health benefits, tuition reimbursement, paid time off, etc. ➤ Identify and share clear channels of promotion within both the department and organization to incentivize staff to grow within rather than outside of the organization. ➤ Conduct regular market reviews of compensation and adjust wages as needed to remain competitive in given market ➤ Work with HR to determine staff turnover rate for organization, and identify reason(s) for leaving organization ➤ Determine if there are factors that could be addressed to improve retention rate, if necessary; correlate information to results of employee satisfaction survey results 	<ul style="list-style-type: none"> ➤ Turnover rate for staff for at least the past year and no longer than 5 years. 	<p>Society of Human Resource Management. "How to Determine Turnover Rate." https://www.shrm.org/resourcesandtools/tools-and-samples/how-to-guides/pages/how-to-determine-turnover-rate.aspx</p> <p>Hewko, Sarah, et al. "High turnover in clinical dietetics: a qualitative analysis." <i>BMC Health Services Research</i> 21 (2021): 1-10.</p> <p>Clinical Nutrition Staffing Benchmarks for Acute Care Hospitals. Phillips MW. <i>J Acad Nut Diet</i>. 2015;115(7): 1054–1056. DOI; https://doi.org/10.1016/j.jand.2015.03.020</p>
1.5 What is the organization's/department's strategic plan?	<ul style="list-style-type: none"> ➤ Ensure all staff, department leaders, and decision makers are aware of how organization mission, vision, and values align with that of CDR 	<ul style="list-style-type: none"> ➤ Department/unit and/or organization strategic plan with highlights of aligning to CDR's mission and vision 	<p>About CDR. https://www.cdnet.org/about</p> <p>Community Tool Box – Chapter 8 Developing a Strategic Plan (also look in Learn a Skill > Toolkit Tab for #5 Developing Strategic and Action Plans)</p>

Questions	Proposed Action(s)	Recommended Supporting Evidence	Key Resource(s)
	<ul style="list-style-type: none"> ➤ Ensure all staff, department leaders, and decision makers are aware of the mission, vision, and values of the organization and how their role or department helps to fulfill them. ➤ Identify opportunities to pursue that demonstrate to the organization/ department the value of the credentialed nutrition and dietetics practitioner and the nutrition program, e.g., improved recognition, care, documentation, and coding for malnutrition that contributes to quality of care such as GMCS participation, cost saving, and reduced 30-day readmissions; impact of staff on social determinants of health, or percent of dietetics program graduates successfully completing credentialing examinations and securing employment within 6-months after credentialing ➤ Set a schedule for periodic review of the department's/unit's strategic plan and action steps to make any necessary adjustments to keep plan a living document; review and incorporate input from staff when applicable 		<p>https://ctb.ku.edu/en/table-of-contents/structure/strategic-planning</p>
<p>1.6 How does the organization support research and education?</p>	<ul style="list-style-type: none"> ➤ Compile list of organization resources for education and research, including but not limited to peer reviewed journals, the Evidence Analysis Library, on-site simulation centers, etc. ➤ Identify and support staff collaborating on the creation and revision of policies and procedures both within the department and the broad organization to ensure documents are consistent with most recent literature and guidelines ➤ Coordinate monthly or quarterly 'lunch and learn' research or emerging practice article reviews on a particular topic ➤ Set expectation that credentialed nutrition and dietetics practitioner read and prepare talking points for discussion of research, practice guidelines, code of ethics-related topics/articles, or other relevant publications at staff meetings, or interprofessional team rounds/meetings that address a patient's/client's intervention or that applies to care of the patient/client population ➤ Schedule annual review of policies and procedures, educational material, etc. to ensure most current evidence-based information is integrated ➤ Offer colleagues in other disciplines to meet with precepted students/interns as an interprofessional learning opportunity ➤ Discuss with staff interest in serving as a supervised practice site when there is a 	<ul style="list-style-type: none"> ➤ Department and/or organization policies with incorporated evidence and/or practice-based guidelines ➤ Evidence of alliances with other organizations promoting research ➤ Examples of publications, posters, or presentations for professional meetings ➤ Examples of interprofessional learning activities with staff and students/interns 	<p>Academy Research DPG. https://www.researchdpg.org/home</p> <p>Academy Foundation Research Homepage. https://www.eatrightfoundation.org/foundation/about/our-impact/research</p> <p>Van Horn L, Seto J. <i>Research: Successful Approaches in Nutrition and Dietetics, 4th Ed.</i> Chicago, IL. Academy of Nutrition and Dietetics; 2019. www.eatrightstore.org</p> <p>Benefits, Barriers, and Motivators to Training Dietetic Interns in Clinical Settings: A Comparison between Preceptors and Nonpreceptors. AbuSabha R, et al. <i>J Acad Nutr Diet.</i> 2018; 118(3):471-480.-</p> <p>A Collaborative Clinical Nutrition Mentorship Opportunity for Didactic Programs in Dietetics Students Employed in Hospital Foodservice. Melvin CG, et al. <i>J Acad Nutr Diet.</i> 2020;120(1):15-17.</p> <p>Career Readiness in the Dietetic Curriculum. Koemel NA, Shafieizadeh K, Farr BR. <i>J Acad Nutr Diet.</i> 2021;121(1):15-23.</p>

Questions	Proposed Action(s)	Recommended Supporting Evidence	Key Resource(s)
	<p>nutrition and dietetics education program a reasonable distance from the organization or has a distance education coordinated program that is looking for preceptors</p> <ul style="list-style-type: none"> ➤ Create educational opportunities for interprofessional education 		
<p>1.7 How does the organization best empower credentialed nutrition and dietetics practitioner' collaborations?</p>	<ul style="list-style-type: none"> ➤ Identify organization committees and workgroups that would benefit from credentialed nutrition and dietetics practitioner inclusion ➤ Collaborate with organization senior leadership to identify steps necessary for addition of RDNs/NDTRs to committees and workgroups outside of department ➤ Identify and partner with community organizations, including but not limited to Diabetes Prevention Programs, food banks, community health outreach programs, YMCA, etc. to promote the RDN in the community ➤ Determine if there is an organization charge or policy for interprofessional teams and/or charge for specific teams, and explain to staff how they can contribute/impact goals and outcomes ➤ Identify examples of effective interprofessional team collaborations within or outside the department/unit; share with staff to determine if any adjustments are needed to current processes ➤ Bring in content experts to educate credentialed nutrition and dietetics practitioner on collaboration techniques, value, and how to demonstrate leadership ➤ Maintain or support mentoring of staff new to organization ➤ Investigate community programs provided by the organization and identify opportunities for credentialed nutrition and dietetics practitioner to participate ➤ Determine if offering nutrition education programs for community members would be of interest to staff and obtain organization support 	<ul style="list-style-type: none"> ➤ Committee meeting minutes with evidence of RDN participation ➤ Nutrition initiatives within the institution (executive support statement, abstracts/manuscripts, changes in outcomes, etc.) ➤ Support of credentialed nutrition and dietetics practitioner involvement in community partnerships 	<p>CDC National Diabetes Prevention Program. https://www.cdc.gov/diabetes/prevention/index.html</p> <p>Developing High Performance Teams: Long-Standing Principles That Work Lunenburg FC, Lunenburg MR. <i>International Journal of Behavior in Education</i>. 2015;3(1):1-17. http://www.nationalforum.com/Electronic%20Journal%20Volumes/Lunenburg.%20Fred%20C.%20Developing%20High%20Performance%20Teams%20-%20IJOBE%20V3%20N1%202015.pdf</p> <p>5 Benefits of Interprofessional Collaboration. https://tigerconnect.com/blog/5-benefits-of-interprofessional-collaboration-in-healthcare/. Accessed April 28, 2021</p> <p>Interprofessional Education and Collaborative Practice in Nutrition and Dietetics 2020: An Update. Eliot KA, et al. <i>J Acad Nutr Diet</i>. 2021;121(4):637-646.</p> <p>The Value in Interprofessional, Collaborative-Ready Nutrition and Dietetics Practitioners. Eliot K, Kolasa KM. <i>J Acad Nutr Diet</i>. 2015;115(10):1578-1588</p> <p>Core Competencies for Interprofessional Collaborative Practice: 2016 Update; https://hsc.unm.edu/ipe/resources/ipecc-2016-core-competencies.pdf</p>
<p>1.8 How does the organization support Quality Improvement (QI) and Process Improvement (PI)?</p>	<ul style="list-style-type: none"> ➤ Partner with organization quality team(s) to determine available resources and launched QI initiatives ➤ Discuss planned quality initiatives with executive leader to obtain necessary resources and guidance, and aid in the removal of roadblocks ➤ Collaborate with IT team to determine reporting capabilities of EHR and/or any other software to minimize data collection burden ➤ Include QI/PI as a 'key principle or core value' that's part of the organization's/department's strategic plan 	<ul style="list-style-type: none"> ➤ Evidence of nutrition QI and/or PI initiatives taking place, or that have occurred in the past 12 months, within the institution (executive support statement, abstracts/manuscripts, changes in outcomes, etc.) 	<p>CDR. Quality Management. https://www.cdrnet.org/Quality</p> <p>Getting Stared with Quality Improvement. https://www.cdrnet.org/vault/2459/web/45%20Practice%20Tips-Getting%20Started%20with%20Quality%20Improvement_Revised%20Dec%202022%20.pdf</p> <p>National Institute for Children's Health Quality (NICH) – Quality Improvement 101 (online interactive course that teaches the fundamentals of quality improvement) https://www.nichq.org/resources/quality-improvement-101</p>

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	<ul style="list-style-type: none"> ➤ Encourage staff to plan, initiate, and/or participate in QI activities ➤ Take advantage of any QI training provided by the organization, particularly if organization has preferred process(es), e.g., PDCA, DMAIC ➤ Support staff’s professional development in process improvement or QI ➤ Encourage interested staff in pursuing/obtaining QI certifications and/or credentials such as LEAN Six Sigma ➤ Report QI successes to organization leadership for recognition and motivation. Illustrate value of taking staff time to do studies by describing before and after scenarios such as improved population outcomes, improved work processes to improve efficiency, quality of services, and/or reduce cost 		<p>Public Health Foundation – Quality Improvement Training. http://www.phf.org/focusareas/qualityimprovement/Pages/Quality_Improvement_Training.aspx</p> <p>Blankenship, Jeanne; Blancato, Robert; Kelly, Robin. “Quality Improvement as the Foundation for Healthcare Advancement”. <i>J Acad Nutr Diet.</i> 2019;119 (9 Supp 2): S15-S17.</p>
<p>1.9 How autonomous is the practice (ability to make high-level informed decisions and take course of action)?</p>	<ul style="list-style-type: none"> ➤ Create procedures and workflows that highlight each practitioner’s scope of practice and ability to be autonomous ➤ In hospital settings: <ul style="list-style-type: none"> ○ Train or re-train and document competency for RDN staff to obtain buy-in on order-writing privileges or other processes related to order writing, e.g., physician-ordered protocols or delegated orders ○ Partner with the medical staff and/or privileging committees to obtain order-writing privileges for functions within RDN scope of practice, including but not limited to ordering diets, supplements, vitamins/minerals, enteral nutrition, parenteral nutrition, labs, and/or electrolyte replacement ○ Query members of the medical staff on experience with RDN order writing to determine if any refinements are indicated ○ Document impact of RDNs having order writing privileges or other options for order writing on patient outcomes and timely delivery of care and services ➤ In hospital-associated outpatient settings: conduct MNT and, with privileging or physician- delegated orders, determine or modify the diet order and independently order patient lab work (in states with licensure of RDNs per CMS regulations) ➤ In non-hospital healthcare settings: Work with administrator and/or medical director to determine types of nutrition care services that may be performed independently (outlined in medical director-approved policy and procedure) or what requires a physician delegated order or protocol, e.g., free standing 	<ul style="list-style-type: none"> ➤ Order-writing privileges policy for RDNs ➤ Meeting minutes from medical staff committees related to discussion on order writing privileges for RDNs, if available, or statement from Chief of Medical Staff. 	<p>CDR. Practice Tips-Hospital Regulation-Ordering Privileges for the RDN. https://www.cdrnet.org/vault/2459/web/36%20Practice%20Tips-Hospital%20Regulation%20Ordering%20Privileges_December%202022.pdf</p> <p>NDTRs and Autonomy. https://www.cdrnet.org/vault/2459/web/32%20Practice%20Tips-NDTRs%20and%20Autonomy_December%202022.pdf</p> <p>Arney, Bianca D., et al. Effect of registered dietitian nutritionist order-writing privileges on enteral nutrition administration in selected intensive care units. <i>Nutr Clin Pract.</i> 2019;34.6: 899-905.</p> <p>Using Initiative to Achieve Autonomy: A Model for Advanced Practice in Medical Nutrition Therapy. Skipper A, Lewis N. <i>J Am Diet Assoc.</i> 2006;106(8):1219-1225. https://jandonline.org/article/S0002-8223(06)00884-4/pdf</p> <p>Granting Order Writing Privileges to Registered Dietitian Nutritionists Can Decrease Costs in Acute Care Hospitals. Phillips W, Doly J. <i>J Acad Nutr Diet.</i> 2017;117(6):840-847.</p>

Questions	Proposed Action(s)	Recommended Supporting Evidence	Key Resource(s)
	<p>dialysis unit, medical practice, community clinic, skilled and long-term care facility</p> <ul style="list-style-type: none"> ➤ Other non-healthcare settings: Take advantage of opportunities for leadership and expanding role and responsibilities that would advance expertise and career ○ RDN is recognized for knowledge and command of responsibilities for type of position held, e.g., business owner, department director, faculty member, public health program leader, representative or regional representative for a product distributor 		
<p>1.10 Does the organization/department provision credentialed nutrition and dietetics practitioners to develop a flexible staffing model appropriate for the work environment? How flexible is the staffing model?</p>	<ul style="list-style-type: none"> ➤ Determine departmental need for flexible staffing model ➤ Identify other departments within the organization and partner with their leadership to obtain policies, templates, and/or learnings from transition ➤ Construct ideal unit-based staffing utilizing unit characteristics, such as population, average census, and acuity. ➤ If in place, review and revise clinical/career ladder where needed to support recognition of RDN qualifications that support the organization’s mission and the population it serves ➤ Consider benefit of developing a clinical/career ladder or staffing model if not currently in place if consistent with organization’s systems ➤ Collect input from staff on flexibility of current career ladder/staffing model in meeting population needs (e.g., hours of operation, attendance at team meetings, pros/cons of flexible shifts, need for availability nights and weekends), and their options for growth ➤ Evaluate work assignments for each RDN considering: <ul style="list-style-type: none"> ○ Experience, certification(s), privileges when applicable, required to provide specific services; and ○ Qualifications of relief staff to determine if cross training is an option or there is a need to develop a plan to provide coverage when specific staff are not working ➤ Determine organization’s/department’s support for remote work to consider if this is an option for RDN coverage on a case-by-case basis to meet work responsibilities; incorporate decision-making criteria into policy and procedure 	<ul style="list-style-type: none"> ➤ Anonymized schedule to demonstrate use of flexible scheduling ➤ Departmental policy relating to schedules and/or work hours 	<p>Society for Human Resource Management sample Flexible Work policy: https://www.shrm.org/resourcesandtools/tools-and-samples/policies/pages/flexible-work-schedule.aspx Must have a sign-on/password to access this resource.</p> <p>Black, Jenna, Karla Williams, and Emily Vaterlaus Patten. The Work-Life Interface of Registered Dietitian Nutritionists in the United States: A Qualitative Study. <i>Topics in Clinical Nutrition</i> 2023;38.2: 90-103.</p> <p><i>The Clinical Nutrition Manager’s Handbook: Solutions for the Busy Professional</i>. Chicago, IL. Academy of Nutrition and Dietetics; 2014. Julie Grim and Susan Roberts, Editors – Review Chapter 6: Productivity and Time Management.</p> <p><i>Effective Leadership & Management in Nutrition & Dietetics</i>. Chicago, IL. Academy of Nutrition and Dietetics, 2023. Julie Grim and Susan R. Roberts, Editors (e-book available) https://www.eatrightstore.org</p>
<p>1.11 How well do the organization’s systems offer</p>	<ul style="list-style-type: none"> ➤ Utilize influence of nursing leadership to implement malnutrition screen into EHR 	<ul style="list-style-type: none"> ➤ Evidence of credentialed nutrition and dietetics 	<p>CDR Interoperability and Health Information Standards. https://www.cdernet.org/interoperability-health-information-standards</p>

Questions	Proposed Action(s)	Recommended Supporting Evidence	Key Resource(s)
<p>initiatives that support credentialed nutrition and dietetics practitioners' practice (e.g., technology resources for data collection for outcomes management and research)?</p>	<ul style="list-style-type: none"> ➤ Partner with IT and/or EHR vendor to establish RDN-specific flowsheet rows, note templates, and reports ➤ Incorporate the Nutrition Care Process framework for reporting into the organization's design of the HER ➤ Ask staff to review and identify applications (Apps) that would support their practice; obtain any necessary approvals to use with patients/clients, students/customers, if organization policy requires ➤ Work with IT staff to identify or develop a tool for collecting data to document nutrition screening, assessment, and interventions for patients identified with or at-risk of malnutrition or other identified area for study (including other areas of practice, e.g., dietetics education, foodservice operations, community program, business setting) 	<p>practitioner-specific new technology, outcomes management system(s), and/or research supporting by the organization's systems</p>	<p>MQii Toolkit https://malnutritionquality.org/mqii-toolkit/</p>

Domain 2: Quality of Practice

The organization provides quality nutrition and dietetic services utilizing credentialed nutrition and dietetics practitioner professional expertise and understanding of the role of RDN and DTR within the organization. Credentialed nutrition and dietetics practitioners are identified as leaders, accountable, and dedicated resources for nutrition and dietetics practice.

Rationale: Quality nutrition and dietetics practice is built on a solid foundation of education, credentialing, evidence-informed practice, demonstrated competence, and adherence to established professional standards. Credentialed nutrition and dietetics practitioners provide quality nutrition and dietetics practice, which is safe, effective, timely, efficient, equitable, and customer centered.

Total possible score range:0-24 points; **Score required for excellence designation:** 21 points

Questions	Proposed Action(s)	Recommended Supporting Evidence	Key Resource(s)
2.1 Does the organization integrate RDN and NDTR Scope and Standards of Practice?	<ul style="list-style-type: none"> ➤ Ensure all department staff, leaders, and decision makers are aware of and familiar with the RDN and NDTR scopes and standards of practice ➤ Share the RDN and the NDTR scope and standards of practice with executive and medical staff leaders, including those that help determine privileging ➤ Include the Scope and Standards of Practice for the RDN and for the NDTR in core resources for staff to be used to guide practice and self-assessment ➤ Integrate Scope and Standards of Practice outcomes into position description(s) role and responsibilities as part of the professional career laddering of RDNs and NDTRs ➤ Integrate Scope and Standards of Practice for RDNs and for NDTRs and applicable focus areas into criteria used to qualify for levels in the organization’s career ladder for RDNs and NDTR when applicable to setting ➤ Indicate in policy and procedures, standards of care, and/or education curriculum how the Scope and Standards of Practice for RDNs and for NDTRs and the Nutrition Care Process is incorporated into organization processes that illustrate use with population(s) served by setting 	<ul style="list-style-type: none"> ➤ Evidence of integration of Scope and Standards of Practice into one or more components of care delivery and/or administration 	<p>Scope and Standards of Practice and other resources https://www.cdrnet.org/scope</p>
2.2 Do organization credentialed nutrition and dietetics practitioners participate in continuing education or professional development programs to maintain competency?	<ul style="list-style-type: none"> ➤ Collaborate with department leadership to determine funding sources for continuing education and professional development programs ➤ If unable to provide funding, provide staff with formal or informal clinical ladder program that incentivizes specialized training, certifications, and/or credentials ➤ Justify a budget line item(s) for staff continuing education support, e.g., registration for webinars, registration for in-person meetings that would support department/unit goals 	<ul style="list-style-type: none"> ➤ Evidence of credentialed nutrition and dietetics practitioner participation in continuing education/PDP programs ➤ Staff identified with additional credentials ➤ Evidence of organization/department’s budget directed towards RDN and 	<p>Vogt, Kara, et al. An innovative, strengths-based, peer mentoring approach to professional development for registered dietitians. <i>Can J Diet Pract Res</i> 2015;76(4):185-189.</p> <p>What is the Code of Ethics https://www.cdrnet.org/codeofethics <ul style="list-style-type: none"> ○ Contains the Code of Ethics, and a downloadable handout that can be printed and shared with others. </p> <p>Ethics Education Resources https://www.eatrightpro.org/practice/code-of-ethics/ethics-education-resources</p>

Questions	Proposed Action(s)	Recommended Supporting Evidence	Key Resource(s)
	<ul style="list-style-type: none"> ➤ Ask staff to investigate continuing education opportunities available from the Academy and the practice groups, and other professional organizations to share with colleagues ➤ Require staff to participate in Code of Ethics CPEU opportunities and encourage staff and students/interns to review Ethics resources such as Ethics in Action and Ethics in Practice articles ➤ Obtain leadership approval to support staff who justify need for a certificate of training or taking a course directly relevant to work responsibilities or to qualify for consideration for advancement within the organization ➤ Facilitate staff participation in educational webinars, seminars, or workshops relevant to responsibilities and patient, client, and/or student/intern population, or to support qualifications for a specialist certification ➤ Consider partially sponsoring obtaining specialty certification from CDR or other professional organization(s) 	<p>NDTR professional development</p>	<p>Ethics in Practice: The Ethics of Competence, a Self-Assessment is Key, Peregrin T. <i>J Acad Nutr Diet</i>;2022;122(4):1049-1052.</p> <p>Ethics in Practice: Managing HIPAA Compliance Includes Legal and Ethical Considerations. Peregrin T. <i>J Acad Nutr Diet</i>. 2021;121(2):327-329.</p> <p>Ethics in Practice: Encouraging Ethical Behavior of Students. Peregrin T. <i>J Acad Nutr Diet</i>. 2021;121(10):2087-2089.</p> <p>Ethics in Practice: Promoting Student Integrity: Ethical Issues in the Digital Age. Peregrin T. <i>J Acad Nutr Diet</i>. 2018;118(8):1498-1500.</p>
<p>2.3 Are organization credentialed nutrition and dietetics practitioners involved in policy and advocacy, particularly in work related to health equity?</p>	<ul style="list-style-type: none"> ➤ Investigate organization’s guidelines relative to staff participation in public policy/advocacy activities with community organizations and/or the Academy’s state affiliate and/or district/ regional associations, e.g., use personal email, non-disclosure of employer in emails or letters unless with permission ➤ Partner with organization advocacy work in a large sense to promote awareness, provide training, and ease staff anxiety in this area ➤ Identify professional organizations at the local, state, and/or national level for advocacy collaboration ➤ Facilitate (explain benefit and types of activities) RDNs and NDTRs to participate in state and national policy and advocacy campaigns and initiatives ➤ Work with staff RDN’s to write stories that illustrate the needs of patients/clients, students/interns, or community members and value of specific federal or state legislation. With permission, capture the words of the individuals affected to share “stories” in communications with legislators and other stakeholders 	<ul style="list-style-type: none"> ➤ Communications between department leader and/or staff and legislator related to nutrition initiative ➤ Examples of participation in public policy activities within state and/or community on nutrition-related topics addressing needs of the organization’s client population 	<p>Academy resources on Advocacy: (log in required) https://www.eatrightpro.org/advocacy</p> <p>CDR State Licensure: https://www.cdrnet.org/licensure</p> <p><i>Stories that Stick: How Storytelling Can Captivate Customers</i> by Kendra Hall https://www.storiesthatstick.com/#order-book</p> <p>Community Tool Box https://ctb.ku.edu/en/table-of-contents Chapter 30. Principles of Advocacy Toolkit 10. Advocating for Change American Hospital Association’s Institute for Diversity and Health Equity: The Health Equity Roadmap https://equity.aha.org/</p> <p>Centers for Disease Control and Prevention: Health Equity https://www.cdc.gov/healthequity/index.html</p> <p>World Health Organization: Health Equity https://www.who.int/health-topics/health-equity#tab=tab_1</p> <p>American Public Health Association: Health Equity https://www.apha.org/topics-and-issues/health-equity</p>
<p>2.4 Are organization credentialed nutrition and dietetics practitioners involved</p>	<ul style="list-style-type: none"> ➤ Establish relationships with research mentors within the institution, especially if the clinical leader has limited research experience 	<ul style="list-style-type: none"> ➤ Abstracts/posters/manuscripts/ presentation outlines and/or 	<p>Braun A, et al, Research at the Academy of Nutrition and Dietetics: What, How, and Why?. <i>J Acad Nutr Diet</i>. 2022;122(11):2150-2162.</p>

Questions	Proposed Action(s)	Recommended Supporting Evidence	Key Resource(s)
in research activities and scientific publications?	<ul style="list-style-type: none"> ➤ Encourage staff to submit their QI/PI work to local, state, and/or national conferences as abstracts or session proposals to improve dissemination of information ➤ Generate discussion with staff on importance of engaging in research activities to contribute to the body of evidence relevant to nutrition and dietetics ➤ Seek out mentors to guide staff through the research process and funding and assist staff in partnering with interprofessional team member(s) to participate in research activities ➤ Encourage and assist staff with developing and submitting articles for publication in practice group newsletters and/or peer-reviewed journals that reflect research or QI project processes and outcomes 	evidence of acceptance at meetings	<p>Pointers and Pitfalls in Interpreting Nutrition and Dietetics Research: <i>The Importance of Statistical and Clinical Significance</i>. Harris JE, Zoellner J. <i>J Acad Nutr Diet</i>. 2022;122(4):709-721 , https://doi.org/10.1016/j.jand.2021.10.022.</p> <p>President’s Page: Through Research, We Demonstrate Evidence of Our Effectiveness. Shanley ER. <i>J Acad Nutr Diet</i>. 2022;122(1):1989-1991.</p> <p><i>Effective Leadership & Management in Nutrition & Dietetics</i>. Chicago, IL. Academy of Nutrition and Dietetics, 2023. Julie Grim and Susan R. Roberts, Editors (e-book available)</p> <p>https://www.eatrightstore.org</p>
2.5 How many of the CDR resources do organization credentialed nutrition and dietetics practitioners use?	<ul style="list-style-type: none"> ➤ Provide department, human resources, and appropriate executive leaders with Scope and Standards of Practice, highlighting key updates and/or relevant points ➤ Utilize Scope and Standards of practice, and essential practice competencies for creating/updating job descriptions, department policies, career ladders, and succession plans ➤ Maintain/update organization’s staff and student/intern resources, and applicable policies and guidelines to reflect the latest professional resources and publications and those of other professional organizations with resources relevant to the organization’s services ➤ Offer time to support staff learning about CDR resources ➤ Meet with staff to discuss CDR resources, their relevance to staff’s practice and develop a plan to use these resources 	➤ Department and/or organization policies, job descriptions, career ladders, and/or succession plans with highlighted language based on Scope and Standards of Practice	<p>CDR Code of Ethics. https://www.cdrnet.org/codeofethics</p> <p>CDR Scope and Standards of Practice. https://www.cdrnet.org/scope</p> <p>Achieving Evidence-Based Practice in Dietetics by Using Evidence-Based Practice Guidelines. Raynor HA, et al. <i>J Acad Nutr Diet</i>; 2020;120(5):751-756.</p> <p>Implementation Science in Evidence-based Nutrition Practice: Considerations for the Registered Dietitian Nutritionist. Murofushi K, et al. <i>J Acad Nutr Diet</i>. 2021;121(7):1392-1400.</p>
2.6 Are organization credentialed nutrition and dietetics practitioners considered skilled in QI and PI?	<ul style="list-style-type: none"> ➤ Advocate for selection of the Global Malnutrition Composite Score eCQM to demonstrate how nutrition staff contribute to high quality interprofessional patient care ➤ Educate staff on QI processes within department to establish skills and develop confidence ➤ Partner with leaders throughout the institution to identify opportunities for staff participation in existing committees ➤ Assure that a department representative is a member of any applicable committee(s) related to QI studies, if applicable ➤ Provide or arrange for an organization PI leader to provide staff and students/interns training on best practices for conducting 	➤ Evidence of staff inclusion in an interprofessional team evaluating /collecting/impacting quality measures and benchmarks	<p>CDR QI 101 Course. https://www.pathlms.com/cdr/courses/52173</p> <p>CDR Quality Resources Collection. https://www.cdrnet.org/vault/2459/web/CDR%20QRC%20Booklet%202023%20v2.pdf</p> <p>Malnutrition Quality Improvement Initiative Yields Value for Interprofessional Patient Care and Clinical Nutrition Practice – McCauley SM, Barrocas A, Malone A., Editors. <i>J Acad Nutr Diet</i>. 2018;118(9 Suppl 2): S1-S72 https://jandonline.org/issue/S2212-2672(19)X0003-9</p>

Questions	Proposed Action(s)	Recommended Supporting Evidence	Key Resource(s)
	<p>studies, the organization’s preferred models such as PDSA Cycle and any organization procedures that need to be followed</p> <ul style="list-style-type: none"> ➤ Participate in the Malnutrition Quality Improvement Initiative (MQii) when applicable to setting ➤ Orient students/interns on the MQii, the available resources on the CDR website, the MQii Learning Collaborative, and activities with the MQii and the Learning Collaborative when applicable. 		
2.7 How does the organization use CDR resources?	<ul style="list-style-type: none"> ➤ Provide department, human resources, and appropriate executive leaders with Scope and Standards of practice, highlighting key updates and/or relevant points ➤ Utilize Scope, Standards of practice, and essential practice competencies for creating/updating job descriptions, department policies, career ladders, and succession plans 	<ul style="list-style-type: none"> ➤ Department and/or organization policies, job descriptions, career ladders, and/or succession plans with highlighted language based on Scope and Standards of Practice 	<p>CDR Code of Ethics. https://www.cdrnet.org/codeofethics</p> <p>CDR Scope and Standards of Practice. https://www.cdrnet.org/scope</p>
2.8 Do organization credentialed nutrition and dietetics practitioners engage in internal or external partnerships, particularly those with a health equity focus?	<ul style="list-style-type: none"> ➤ Identify outside organizations that may benefit from staff partnership and facilitate introductions, as able ➤ Allow staff time to establish and foster partnerships with outside organizations. ➤ Monitor for opportunities where staff can participate in organization initiatives <ul style="list-style-type: none"> ○ Internal – QI studies, developing/revamping department/unit program/service relevant to staff interest or subject-matter expertise ○ External – organization’s community health needs assessments; and opportunities to serve as an organization representative and content expert in a community group/ coalition/policy council to contribute to the organization’s community benefit mission, particularly if a nonprofit hospital as this is required of nonprofit organizations ➤ Identify the organization’s internal and external events where staff can participate as nutrition and wellness advocates ➤ Oriente staff on ethical considerations and any organization policies when interacting with companies, external organization representatives, and when acting as a representative of the organization 	<ul style="list-style-type: none"> ➤ Evidence of credentialed nutrition and dietetics practitioner partnership(s) with outside organizations (meeting minutes, publications, statement from organization leader) 	<p>Saffel-Shrier, Susan, Mary Ann Johnson, and Sarah L. Francis. "Position of the Academy of Nutrition and Dietetics and the Society for Nutrition Education and Behavior: Food and nutrition programs for community-residing older adults." <i>J Acad Nutr Diet</i>. 2019;119(7):1188-1204.</p> <p>USDA Food and Nutrition Service. https://www.fns.usda.gov/</p> <p>Community Health Assessments & Health Improvement Plans https://www.cdc.gov/publichealthgateway/cha/plan.html</p> <p>In “Community Health Assessments”, review “Models, Frameworks & Tools” and “Stories and Examples”</p> <p>American Hospital Association’s Institute for Diversity and Health Equity: The Health Equity Roadmap https://equity.aha.org/</p> <p>American Public Health Association: Health Equity https://www.apha.org/topics-and-issues/health-equity</p>

Domain 3: Quality of Outcomes

The organization measures nutrition-sensitive outcomes to document performance, value, and satisfaction, and uses the outcomes to refine its continuous PI plans.

Rationale: Quality practice requires systematic measurement of outcomes, regular performance evaluations, and continuous improvement. The organization values excellence and continuously strives to measure and improve performance of credentialed nutrition and dietetics practitioners in delivering safe and timely nutrition and dietetics services that are effective in producing positive outcomes for the patient/client/population/student/education program/business.

Total possible score range:0-15 points; **Score required for excellence designation:** 13 points

Questions	Proposed Action(s)	Recommended Supporting Evidence	Key Resource(s)
<p>3.1 What is the approach used to report patient/client/population outcomes?</p>	<ul style="list-style-type: none"> ➤ Partner with IT to determine EHR/other software capabilities for data collection and synthesis ➤ Identify clinical units with significant improvement opportunities (easy wins) and partner with unit leadership to implement necessary changes ➤ Extrapolate results from successful unit-based implementations to other units and throughout the organization ➤ Investigate patient/client and/or student/intern outcomes used within the organization and search external resources to identify applicable care and service outcomes that are applicable to practice to use to measure effectiveness ➤ Collaborate with colleagues in and outside of organization/department to obtain ideas on what measures to consider ➤ Involve other staff when applicable in discussions of outcome measures that are in alignment with the organization’s mission, values and goals and department’s or unit’s objectives ➤ Consider implementing a quality improvement (QI) project using Plan-Do-Check-Act (PDCA) Cycle or other model to evaluate which patient/client or student/intern outcomes would be useful to report that would illustrate staff effectiveness ➤ Incorporate outcomes that address organization’s expectations for successful outcomes (e.g., citation free) during state or federal, and accreditation organization surveys/site visits when applicable ➤ Identify a tool or develop a data collection system to track data by individual staff and aggregated by work unit; onsite vs virtual classes; time from screening notification to completion of nutrition assessment; number of patients/clients/students/interns who achieved desired outcome vs those who did not over time with reason(s) 	<ul style="list-style-type: none"> ➤ Summary of data collected/submitted demonstrating positive impact on client/patient outcomes 	<p>Quickinar “Improving Nutritional Screening in an Acute Care Hospital.” https://vimeo.com/740019627/701e080442?share=copy</p> <p>CDR Quality Management. https://www.cdrnet.org/Quality</p>

Questions	Proposed Action(s)	Recommended Supporting Evidence	Key Resource(s)
	<ul style="list-style-type: none"> ➤ Collaborate with organization or department IT specialist to determine if needed data can be extracted from electronic reports, e.g., electronic health record, payroll system, outpatient appointment system ➤ Investigate and contribute to applicable national databases used by organization ➤ Setup quarterly staff check-ins to review data collected, progress, and next steps if adjustments are indicated 		
<p>3.2 How are process measures/outcomes established to enhance the credentialed nutrition and dietetics practitioner area of practice through use of QI tools?</p>	<ul style="list-style-type: none"> ➤ Collaborate with department leadership to identify improvement areas of opportunity for staff ➤ Train and empower staff to understand the importance of outcome data in QI projects ➤ Create focused action plans based on desired outcomes with tangible steps and timelines for staff ➤ Investigate process outcomes used within the organization and in relevant peer-reviewed resources including websites and journals to identify ones applicable to practice ➤ Collaborate with staff to identify process outcomes that would support evaluating, identifying opportunities to improve, and contributing to achieving patient/client outcomes and illustrate contributions of staff to organization’s mission and goals, e.g., investigate modifying EHR format to collect discrete nutrition-related data to minimize use of text boxes to allow abstracting of data for PI reporting ➤ Share with staff how data documented in the NCP format can be extracted to report patient/client outcomes ➤ In nonclinical settings, apply the NCP and Model framework to documenting outcomes of activities with population(s) served ➤ Utilize organization preferred tool to conduct QI projects; provide training on use of selected tool(s) if necessary 	<ul style="list-style-type: none"> ➤ Evidence of QI initiatives and their status related to (but not limited to) <ul style="list-style-type: none"> ○ Customer satisfaction survey includes RDN services ○ Employee engagement ○ Financial improvement ○ Customer outcomes 	<p>CDR QI 101 Course. https://www.pathlms.com/cdr/courses/52173</p> <p>Quickinar “Improving Patient Access Using Lean Six Sigma Methodology.” https://vimeo.com/739642338/022265b9f9?share=copy</p> <p>Etiology Intervention Link Predicts Resolution of Nutrition Diagnosis: A Nutrition Care Process Outcomes Study from a Veterans’ Health Care Facility. Lewis SL, et al. <i>J Acad Nutr Diet.</i> 2021;121(9):1821-1839.</p> <p>Nutrition Care Process Quality Evaluation and Standardization Tool: The Next Frontier in Quality Evaluation of Documentation. Lewis SL, et al. <i>J Acad Nutr Diet.</i> 2021 (Online August 2, 2021).</p> <p>Data Analysis Outside of Clinical Practice: An Innovative Application of the Nutrition Care Process and Model. Kemp JD, et al. <i>J Acad Nut Diet.</i> 2022;122(3):500-507. https://doi.org/10.1016/j.jand.2021.03.012</p> <p>“Using the Nutrition Care Process and Model (NCPM) as a template, a practitioner can Assess the situation, Diagnose the problem, Create Interventions, and Monitor and Evaluate the results regardless of their setting.”</p>
<p>3.3 How are key performance indicator (KPI) metrics used to compare and evaluate success?</p>	<ul style="list-style-type: none"> ➤ Determine appropriate metrics to assess efficiency and effectiveness in all areas of department (ex. Food cost per patient day, Net cost per patient day, Per RDN cost per billable unit or visit, consultation time, process time, revenue per productive labor hour, wait-time for service, staffing ratios) ➤ Establish key performance indicators for various goals at the organization, department, unit, and individual levels; determine KPIs that apply to each section/unit, e.g., food cost per patient day; RDN cost per billable unit 	<ul style="list-style-type: none"> ➤ KPI reports with history of collection and/or scope of impact 	<p>Quickinar “Establishing RD Baseline and Continued Competence.” https://vimeo.com/740019647/50e20740af?share=copy</p> <p>ClearPoint Strategy 18 KPIs to Measure Performance (& How to Choose & Track Them) https://www.clearpointstrategy.com/18-key-performance-indicators/</p> <p>Essential Key Performance Indicators (KPIs) for School Nutrition Success https://theicn.org/icn-resources/z/essential-kpis</p>

Questions	Proposed Action(s)	Recommended Supporting Evidence	Key Resource(s)
	<p>and/or census; wait time for service; preceptor hours; actual vs budgeted expenses for staff, supplies, equipment</p> <ul style="list-style-type: none"> ➤ Determine the organization language used to describe KPI such as process, structural and outcome measures 		
<p>3.4 What is the level of impact of improvements in products and/or outcomes of QI efforts?</p>	<ul style="list-style-type: none"> ➤ Determine appropriate metrics to assess efficiency and effectiveness in all areas of department (ex. patient/client/staff satisfaction, achieved patient/client and services outcomes, improved productivity) ➤ Report results of QI studies that addressed impact on organization/department or unit and staff processes, staff and patient/client satisfaction, and patient/ client/ population outcomes to department, committees, organization leaders, and/or other stakeholders ➤ Report results of QI projects that can be disseminated through publications, products and tools that would highlight ways to optimize the outcomes of the targeted audience ➤ Share outcomes of QI efforts through organization/department Quality Assurance Performance Improvement Committee, poster presentation or presentation at professional meetings and/or in article(s) submitted for publication ➤ If applicable, participate in QI collaborative(s) to gain and share insights from other networks and organizations 	<ul style="list-style-type: none"> ➤ Demonstration of level of impact of improvement efforts on product/service quality 	<p>Clinical Nutrition Staffing Benchmarks for Acute Care Hospitals. Phillips W. <i>J Acad Nutr Diet.</i> https://www.jandonline.org/article/S2212-2672(15)00370-6/fulltext</p> <p>Inpatient Staffing Needs for Registered Dietitian Nutritionists in 21st Century Acute Care Facilities. Hand R, et al. <i>J Acad Nutr Diet.</i> 2015;115(6):985-1000. https://www.jandonline.org/article/S2212-2672(15)00119-7/fulltext</p> <p>Talking Quality: Reporting to Consumers on Health Care Quality > Your Project Checklist Provides a process and ideas on how to report the results of QI projects; process ideas could be adapted to practice areas outside of health care.</p> <p>Agency for Healthcare Research and Quality https://www.ahrq.gov/talkingquality/index.html</p>
<p>3.5 What measures are in place to sustain QI processes, maintain improvements, continue efforts to demonstrate the roles and contributions of credentialed nutrition and dietetics practitioner?</p>	<ul style="list-style-type: none"> ➤ Incentivize staff to collect and report data both within the department and organization, along with professional organizations ➤ Ensure staff are adequately trained in qualitative and quantitative data collection and analysis ➤ Investigate organization’s PI training resources ➤ Partner with professional organizations, universities, or other educational sources to provide training to fill any knowledge gaps related to QI among staff ➤ Annually or as often as needed, review outcome, process, and structure measures, and KPI’s to make any needed adjustments with consideration of the following: <ul style="list-style-type: none"> ○ Standard operating procedures ○ Ongoing education and training needs ○ Process and tools to monitor performance 	<ul style="list-style-type: none"> ➤ Tool(s) used for data collection ➤ Reports of outcomes after implementation of QI efforts 	<p>CDR Quality Resource Collection. https://www.cdrnet.org/vault/2459/web/CDR%20QR%20Booklet%202023%20v2.pdf</p> <p>Agency for Healthcare Research and Quality Talking Quality: Reporting to Consumers on Health Care Quality > Your Project Checklist Provides a process and ideas on how to report the results of QI projects; process ideas could be adapted to practice areas outside of health care. https://www.ahrq.gov/talkingquality/index.html</p>

Questions	Proposed Action(s)	Recommended Supporting Evidence	Key Resource(s)
	<ul style="list-style-type: none"> ○ Contribution of staff to data collection, monitoring, and review ○ System methods that alert when problems exist ○ Requirements for reporting ○ Consider overarching structural measures that contribute to organization/department success: Financial resources, Staff recruitment and retention, Faculty to student ratio or RDN FTE to patient census, Equipment needs and maintenance, Available technology, software, availability of training, IT expert support ➤ Review unit QI data quarterly with staff individually or collectively to determine if desired outcomes are achieved and for any improvements that are indicated; decide if any procedures/processes could be modified or if a new QI study is needed to address problem area(s) ➤ Report QI program outcomes to department or organization committee and/or leaders; take the initiative to assist others in the department or organization as an opportunity for growth ➤ Develop and maintain an organization/department QI System policy and procedure that outlines data collected and process, QI tools used, data review process, and reporting of outcomes ➤ Include a responsibility in RDN staff position description for participating in or leading PI projects 		

Domain 4: Quality of Leadership

The organization values the education, skills, knowledge, applied judgment, and attitudes the Registered Dietitian Nutritionist (RDN) and Nutrition and Dietetics Technician, Registered (NDTR) bring to the leadership of the organization.

Rationale: Quality of Leadership includes leadership within the organization and the profession, volunteer leadership, individual honors and awards, transformational leadership, and mentorship.

Total possible score range:0-24 points; **Score required for excellence designation:** 21 points

Questions	Proposed Action(s)	Recommended Supporting Evidence	Key Resource(s)
4.1 Does the organization employ a credentialed nutrition and dietetics practitioner in leadership positions?	<ul style="list-style-type: none"> ➤ Work with organization leadership (department/unit director, C-suite leaders) to identify potential senior-level positions for a qualified credentialed nutrition and dietetics practitioner ➤ Identify key staff traits that translate to senior-level skill set (e.g., uses critical thinking and empowers others on the team, is sought after for guidance and mentoring, and accepts responsibility for outcomes of decisions); engages in leadership training, applicable continuing education, and/or coursework to share with RDN staff ➤ Create or enhance RDN career ladder; design or enhance position descriptions to build in expectations for leadership-related activities 	<ul style="list-style-type: none"> ➤ Organizational chart indicating position(s) held by credentialed nutrition and dietetics practitioner(s) ➤ Current job description of credentialed nutrition and dietetics practitioner leader(s) ➤ Attestation from organization senior leader 	<p>O'Leary, E. A Clinical Career Ladder can Improve Registered Dietitian Recruitment and Retention in a Pediatric Hospital. <i>J Am Diet Assoc.</i> 1999;99(9): A127.</p> <p>Learning to Lead: Developing Dietetics Leaders. Boyce B. <i>J Acad Nutr Diet.</i> 2014;114(5):688-692. https://jandonline.org/article/S2212-2672(14)00307-4/pdf</p> <p>Academy's Leadership Institute Leadership Institute (eatrightpro.org)</p> <p>Standards of Professional Performance for RDNs in Clinical Nutrition Management, Management of Food and Nutrition Systems, and/or Education of Nutrition and Dietetics Practitioners. Open access on the <i>Journal</i> website at https://www.jandonline.org/content/focus Or https://www.cdrnet.org/scope</p>
4.2 Is the credentialed practitioner leader transformational?	<ul style="list-style-type: none"> ➤ Empower credentialed nutrition and dietetics practitioners to participate as members of unit, department, or organization-wide committees ➤ Provide or enhance leadership skills training to enable credentialed nutrition and dietetics practitioner to utilize their influence and leadership opportunities within the work team, organization, and community ➤ Advocate with decision maker(s) for inclusion of credentialed nutrition and dietetics practitioner with subject matter expertise on appropriate workgroups, committees, or task forces ➤ Educate and encourage credentialed nutrition and dietetics practitioner to act on opportunities to collaborate and educate colleagues on current nutrition issues and those specific to population(s) served by setting ➤ Hire and support the development of credentialed nutrition and dietetics practitioner that reflect the community at large to engender community trust 	<ul style="list-style-type: none"> ➤ Brief descriptions of completed initiatives ➤ Abstracts, presentations, or journal articles related to project 	<p>A Leadership Taxonomy for Clinical Dietetics Practice. Patten EV, Sauer K. <i>J Acad Nutr Diet.</i> 2019;119(3), 369-373 https://doi.org/10.1016/j.jand.2018.01.011.</p> <p>CDR Practice Tips. https://www.cdrnet.org/tips</p> <p><i>Effective Leadership & Management in Nutrition & Dietetics.</i> Chicago, IL. Academy of Nutrition and Dietetics; 2023. Julie Grim and Susan R. Roberts, Editors (e-book available)</p> <p>https://www.eatrightstore.org Creative Staff Development: Next Generation Solutions to Address Adaptive Challenges in Dietetics Practice: The I+PSE Conceptual Framework for Action. Tagtow A, et al. <i>J Acad Nutr Diet.</i> 2022;122(1):15-21.</p> <p>National Association of Healthcare Quality (NAHQ) https://nahq.org Key Workforce Competencies for Quality Driven Healthcare -- https://nahq.org/quality-competencies/quality-competencies</p>
4.3 Does the credentialed practitioner leader	<ul style="list-style-type: none"> ➤ Regularly share information about organization (strategic plan, financial status, upcoming restructuring or renovations, 	<ul style="list-style-type: none"> ➤ Organization mission, vision, and values 	<p>President's Page: Pay It Forward: Mentoring Takes Personal Growth to Next Level. Farr LT. <i>J Acad Nutr Diet.</i> 2021;121(1):13-14</p>

Questions	Proposed Action(s)	Recommended Supporting Evidence	Key Resource(s)
mentor and empower staff?	<p>new/enhanced services, community efforts) and illustrate connection between department's and organization's mission, vision, and values</p> <ul style="list-style-type: none"> ➤ Delineate department and/or unit roles and responsibilities among staff ➤ Review, clarify, and reinforce roles and responsibilities among staff to achieve outcomes ➤ Delegate decision-making authority for assigned tasks ➤ Develop a blueprint for succession planning of subordinate employees and senior-level positions within department/unit ➤ Guide and mentor staff to support their success ➤ Look for strategic opportunities to promote staff accomplishments within department and organization, and with organization leaders ➤ Implement recognition and/or ladder program to incentivize staff to gain additional certifications, skills, and experiences. 	<ul style="list-style-type: none"> ➤ Evidence of highlighting of organization mission, vision, and values within department ➤ Succession planning documentation ➤ Documentation of RDN-specific recognition or ladder program. 	<p>https://jandonline.org/article/S2212-2672(20)31424-6/fulltext</p> <p>The Many Modes of Mentoring: New Spins on the Classic Relationship. <i>J Acad Nutr Diet.</i> Mangan L. 2012;112(9):1324-1328. https://jandonline.org/article/S2212-2672(12)01209-9/pdf</p> <p>Learning to Lead: Developing Dietetics Leaders. Boyce B. <i>J Acad Nutr Diet.</i> 2014;114(5 Suppl 1): S35-S39.</p> <p>Appreciative Leadership. Bushe GR. <i>J Acad Nutr Diet.</i> 2014;114(5 Suppl 1): S26-S27.</p> <p>O'Leary, E. A Clinical Career Ladder can Improve Registered Dietitian Recruitment and Retention in a Pediatric Hospital. <i>J Am Diet Assoc.</i>1999;99(9), A127.</p>
4.4 Does the credentialed practitioner leader value advancing practice and professional growth?	<ul style="list-style-type: none"> ➤ Establish an expectation that RDNs and NDTRs create, and review/update annually, professional development plan to support career growth ➤ Reward RDNs and NDTRs who successfully accomplish their noted goals within the career plan (monetary/bonus/funding for CEs/webinars on work time/paid time off for leadership/development training) ➤ Provide mentoring/coaching to staff or from experts within organization, and on-the-job training or cross training to support RDN and NDTR skill development and career goals ➤ With RDN staff, develop and present an onsite or virtual continuing education program/workshop for RDNs and NDTRs or an interprofessional audience on timely topics that demonstrate the expertise of the RDN staff and the nutrition-related needs of the population the organization serves, e.g., oncology-related topics for an oncology center or skill development topics for working effectively with students as a preceptor. 	<ul style="list-style-type: none"> ➤ Evidence of promotion of Code of Ethics and Scope and Standards of Practice within department/organization ➤ Documentation of cross-training, mentorship, and provision of other resources ➤ Demonstration of workshop facilitation outside of organization 	<p>Clinical Leadership and Innovation Help Achieve Malnutrition Quality Improvement Initiative Success. Arensberg, MB, et al. <i>J Acad Nutr Diet.</i> 2019(9 Suppl 2): S49-S55 https://doi.org/10.1016/j.jand.2019.05.021</p> <p>Getting Ahead: Tips for Career Success Food & Nutrition Magazine, March 2020 https://foodandnutrition.org/from-the-magazine/getting-ahead-tips-for-career-success/</p> <p>Career Development in Nutrition and Dietetics: Carving Out Your Own Route. Stein K. <i>J Acad Nutr Diet.</i> 2012;112(10):1528-1538.</p> <p>Registered Dietitian Nutritionists Bring Value to Emerging Health Care Delivery Models. Jortberg BT, Fleming MO. <i>J Acad Nutr Diet.</i> 2014;114(12):2017-2022. CDR's Scope of Practice Decision Algorithm https://www.cdrnet.org/scope</p>
4.5 Is credentialed nutrition and dietetics practitioner leadership in nutrition-focused associations	<ul style="list-style-type: none"> ➤ Incentivize RDNs and NDTRs who participate in local, state, or national Academy (including dietetic practice groups or member interest groups) and related organizations by providing stipends or paid time off for their involvement and 	<ul style="list-style-type: none"> ➤ Documentation of elected/appointed positions held at any level by staff RDNs and/or NDTRs within the nutrition-focused associations 	<p>President's Page: A Profession That Leads Together Makes a Difference Together. Sauer K. <i>J Acad Nutr Diet.</i> 2022;122(1):11-12.</p> <p>The Framework and Future Opportunities for Leadership in Clinical Dietetics. Patton EV, Sauer K.</p>

Questions	Proposed Action(s)	Recommended Supporting Evidence	Key Resource(s)
supported and valued by the institution?	<p>recognition of activities in personal file and/or annual review</p> <ul style="list-style-type: none"> ➤ Request RDNs, NDTRs, students/interns to report contribution(s) in appropriate team or staff meetings as a form of encouragement ➤ Encourage and recognize RDNs, NDTRs, students/interns who desire to serve on affiliate district/region or state executive boards in an elected or appointed position ➤ Discuss value of membership in dietetic practice group(s) that are related to area of practice or personal interest for knowledge, potential career development, and leadership opportunities 		<p><i>J Acad Nutr Diet.</i> 2018;118(11):2017-2023.</p> <p>A Leadership Taxonomy for Clinical Dietetics Practice Patten EV, Sauer K. <i>J Acad Nutr Diet.</i> 2019;119(3), 369–373 https://doi.org/10.1016/j.jand.2018.01.011</p> <p>CDR Volunteer Opportunities Page https://www.cdrnet.org/volunteer</p> <p>Academy Foundation Volunteer Opportunities https://www.eatrightfoundation.org/get-involved/volunteer/</p>
4.6 Is credentialed nutrition and dietetics practitioner leadership in non-nutrition organizations valued?	<ul style="list-style-type: none"> ➤ Nominate or support credentialed nutrition and dietetics practitioner(s) applying for opportunities with professional organizations, community-based organizations or government appointed advisory boards that align with staff personal interests or practice expertise ➤ Reward credentialed nutrition and dietetics practitioner(s) who participate in non-Academy professional organizations and/or community service organizations (community coalition, city/county advisory board or non-profit agency board, e.g., food bank) by providing recognition with organization leaders and include in personnel file and/or annual review ➤ Request credentialed nutrition and dietetics practitioner report their contributions at staff meetings as a form of encouragement and recognition ➤ Highlight credentialed practitioners who have risen through the ranks to become leaders in other professional organizations (officers, board members, task force members) ➤ Highlight non-Academy professional presentations and journal articles written by credentialed nutrition and dietetics practitioner(s) that illustrate professional accomplishments in their areas of practice 	<ul style="list-style-type: none"> ➤ Documentation of elected or appointed positions held at any level by staff RDNs and/or NDTRs in non-nutrition organizations 	<p>Community Tool Box “The Community Tool Box is a free, online resource for those working to build healthier communities and bring about social change. It offers thousands of pages of tips and tools for taking action in communities.” The resources offer background and tools/processes used in community and non-profit settings that could assist with recruiting volunteers. https://ctb.ku.edu/en/table-of-contents. Accessed September 8, 2021</p> <p>Volunteering and its Surprising Benefits https://www.helpguide.org/articles/healthy-living/volunteering-and-its-surprising-benefits.htm. Accessed September 8, 2021</p>
4.7 Are credentialed nutrition and dietetics practitioner honored for their volunteer activities?	<ul style="list-style-type: none"> ➤ Recognize credentialed nutrition and dietetics practitioner who volunteer with the affiliate, affiliate district/region, or an Academy (including DPG or MIG) or non-Academy organization by mentioning their efforts via ‘shout-outs’ at staff meetings or routine emails ➤ Share with staff and organization leaders when a credentialed nutrition and dietetics practitioner receives an award or recognition 	<ul style="list-style-type: none"> ➤ Documentation of receipt of recognition and/or award(s) by staff members. 	<p>McCaffree J. Attracting and Keeping Volunteers in Your Organizations.. <i>J Am Diet Assoc.</i> 2007;107(12):2045-2047.</p> <p>Perceptions of Benefits and Disadvantages of Professional Involvement Held by Volunteer Leaders in the American Dietetic Association and Their Managers. Cameron AA, et al. <i>J Am Diet Assoc.</i> 2008; 108(9), A69 https://doi.org/10.1016/j.jada.2008.06.135</p>

Questions	Proposed Action(s)	Recommended Supporting Evidence	Key Resource(s)
	<p>from the affiliate, affiliate district/ region, or the Academy or a non-Academy organization and recognized with mention in the organization’s newsletter or other method, and personnel file and/or annual review</p> <ul style="list-style-type: none"> ➤ Share and explain value of participation in volunteer activities as an opportunity for leadership development 		
<p>4.8 Is mentorship by credentialed nutrition and dietetics practitioner valued?</p>	<ul style="list-style-type: none"> ➤ Allow time for credentialed nutrition and dietetics practitioner to provide one-on-one mentoring/group mentoring as an educator/preceptor/mentor to students/interns, colleagues, other team members ➤ Provide training and incentives to serve as a mentor and/or preceptor (e.g., recognition in performance evaluation, included as a criterion in the career ladder, allowing students to assist with project work when it will offer a learning opportunity) ➤ Advocate for part-time work and/or shadowing or volunteer opportunities for dietetics students investigating real world practice opportunities ➤ Determine feasibility of offering part-time or volunteer experiences for nutrition and dietetics faculty seeking practitioner experiences during summer break ➤ Promote credentialed nutrition and dietetics practitioner(s) to participate in or create and support local, national, and global mentoring programs 	<ul style="list-style-type: none"> ➤ Documentation of completed mentoring contracts and/or schedules with appropriate organizations and/or mentees 	<p>Mentoring 101: Building a Mentoring Relationship Lipscomb R, et al. <i>J Acad Nutr Diet.</i> 2013;113(5): S29-S31. https://doi.org/10.1016/j.jand.2013.02.010</p> <p>The Power of Mentorship Stefanie Dove, Stone Soup Blog, July 27, 2018 Food & Nutrition Magazine https://foodandnutrition.org/blogs/stone-soup/the-power-of-mentorship/</p> <p>ACEND – Dietetics Preceptor Training Program “The Dietetics Preceptor Training Program helps preceptors of dietetics students prepare for and excel in their important role as teachers, coaches and mentors. This free training was formally provided on the Commission on Dietetic Registration website” (8 CPEUs). https://www.eatrightpro.org/acend/training-and-volunteer-opportunities/dietetics-preceptor-training-program</p>