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CLINICAL NUTRITION MANAGEMENT

- **1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Clinical Nutrition Management Handbook provides management procedures for the practical application of Medical Nutrition Therapy in medical treatment.
- **2. SUMMARY OF CONTENTS/MAJOR CHANGES.** Changes have been made to reflect current organizational structure and terminology.
- **3. RELATED DIRECTIVE.** VHA Directive 1109.
- **4. RESPONSIBLE OFFICE.** The Office of Patient Care Services, National Director, Nutrition and Food Services (10P4E) is responsible for the contents of this VHA Handbook. Questions may be addressed to (202) 391-9662.
- **5. RESCISSIONS.** VHA Handbook 1109.2 dated December 27, 2001, and VHA Manual M-2, Part 1, Chapter 36, are rescinded.
- **6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last day of February 2017.

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CLINICAL NUTRITION MANAGEMENT

1. PURPOSE

This Veterans Health Administration (VHA) Clinical Nutrition Management Handbook provides management procedures for the practical application of Medical Nutrition Therapy (MNT) in medical treatment. *NOTE:* These procedures enhance the provision of nutrition interventions and education programs to promote optimal nutritional health for Veterans.

2. BACKGROUND

The role of nutrition in both health and disease is well documented in the scientific literature and is constantly evolving. MNT provided by credentialed dietetic professionals is key to attaining and maintaining clinical practice goals for optimal medical management of acute and chronic disease. VHA's Nutrition and Food Service (NFS) is using the Nutrition Care Process (NCP) as the model for delivery of care to Veterans with defined medical risk and need for nutrition intervention. This model includes the following steps: assessment, nutrition diagnosis, intervention, monitoring, and evaluation. Medical nutrition services are provided to all eligible Veterans in all treatment modalities: acute, extended care, ambulatory care, and community-based programs.

3. **DEFINITIONS**

- a. <u>Academy of Nutrition and Dietetics (A.N.D.)</u>. A.N.D. is the Nation's largest organization of nutrition and food service professionals.
- b. <u>Clinical Nutrition Staff.</u> Clinical Nutrition Staff refers to staff in a section within a Department of Veterans Affairs (VA) facility that is responsible for the nutrition care of Veterans. Staff in this section may be clinical dietitians; Registered Dietitians (RD); RDs with specialties, such as renal or nutrition support; clinical dietetic technicians (registered or non-registered); and dietetic health technicians.
- c. <u>Accreditation Council for Education in Nutrition and Dietetics (ACEND).</u> ACEND is A.N.D.'s accrediting agency for education programs preparing students for careers as RDs or Registered Clinical Dietetic Technicians.
- d. <u>Commission on Dietetic Registration (CDR).</u> CDR is the autonomous credentialing agency for A.N.D., which evaluates credentials, administers proficiency examinations, and issues certificates of registration to qualifying dietitians and dietetic technicians.
- e. <u>Nutrition Screening.</u> Nutrition Screening is the process of identifying an individual who would benefit from nutrition care or who may be malnourished or at risk for malnutrition in order to determine if a detailed nutrition assessment is indicated. Nutrition screening is usually completed within a specific timeframe as required by applicable The Joint Commission (TJC) standards through the interdisciplinary admission process. The process and criteria used to identify patients and residents at risk is determined at the facility. Patients or residents identified through the screening process are recognized as being at potential nutrition risk and are referred

for further evaluation. *NOTE:* Locally established systems determine which health professional screens, evaluates, and documents the individual Veteran's nutritional risk status.

- f. <u>Nutrition Assessment</u>. Nutrition assessment is a comprehensive approach to defining nutrition status that uses medical, nutrition, and medication histories; physical examination; anthropometric measurements; and laboratory data. A formal nutrition assessment needs to provide all of the information necessary to develop an appropriate nutrition care plan. Nutrition assessment outcomes are identified by: the presence and degree of risk for malnutrition, the need for nutrients, and whether or not those needs are being met. An assessment leads to a nutrition care plan that includes nutrition intervention, nutrition education, and frequency of monitoring. The patient's or resident's nutrition status provides a timeframe for reassessment. After completion of the nutrition assessment, a nutrition status is determined.
- g. <u>Nutrition Education</u>. Nutrition education is a process that utilizes instruction or counseling to bring about desirable changes in behavior, attitudes, environmental influences, and understanding of the nutritional content of food. Such desirable changes lead to nutrition and food practices that are scientifically sound, practical, and consistent, while meeting individual needs with available food resources.
- h. <u>Nutrition Intervention</u>. Nutrition intervention is a planned action designed with the intent of changing a nutrition-related behavior, environmental condition, or aspect of health status for an individual, family, caregiver, target group, or the community at large. Nutrition intervention consists of two interrelated components, which consist of planning and implementation.
- (1) Planning involves prioritizing the nutrition diagnoses, conferring with the Veteran and others, reviewing practice guidelines and policies, setting goals, and defining the specific nutrition intervention strategy.
- (2) Implementation of the nutrition intervention is the action phase, which includes carrying out and communicating the plan of care, data collection, and revising the nutrition intervention strategy as warranted based on the Veteran's response.
- i. <u>Scope of Practice.</u> Scope of Practice describes the range of roles, functions, responsibilities, and activities that dietetics practitioners are educated and authorized to perform. Scope of Practice reflects current practice within the profession. Individuals are expected to practice only in designated areas in which they are competent, based on education, training, and experience.
- j. **Expanded Scope of Practice (ESP).** ESP refers to acquiring new practice knowledge and skills that overlap the traditional roles in dietetics, or are considered to be part of a specialty acquired through experience or additional training.
- k. <u>Advanced Practice Level.</u> Advanced practice level defines the highest level of ESP and refers to a RD who has obtained an expert knowledge base, complex decision-making skills, and clinical competencies for expanded practice, including subjective global assessment practices. The Advanced Practice RD is either certified (e.g., Certified Diabetic Educator, Certified

Nutrition Support Dietitian, Certified Renal) or approved to practice in expanded and specialized roles.

4. SCOPE OF NUTRITION SERVICE

- a. Nutrition Services within the Office of Specialty Care Services are an integral part of the overall VHA Health Care Program and are provided as part of health care service delivery.
- b. Clinical Nutrition Staff provide comprehensive nutrition care to Veterans and their families through a broad range of programs and services. These include, but are not limited to:
 - (1) Health Promotion and Disease Prevention.
 - (a) Wellness programs.
 - (b) Services to newly-enrolled Veterans.
 - (2) Treatment programs, to include:
 - (a) Ambulatory care clinics, which include:
- <u>1</u>. Primary Care Clinics through integrations within the Patient Aligned Care Team (PACT) models.
- <u>a</u>. The dietitian is an essential part of primary care delivery (for both typical Primary Care PACT and Special Population PACT).
- <u>b</u>. The dietitian must be included in PACT meetings where patient care is discussed to the extent feasible (as the RD will be involved on multiple PACT teams).
 - c. The suggested staffing for PACT is one RD per 6,000 primary care patients.
- <u>d</u>. Within the context of PACT, the RD is responsible for the nutritional needs of those patients on the PACT panels that they are following. This entails education, as well as selecting those high-risk patients who might be most vulnerable to nutritional inadequacies and special needs.
- <u>2</u>. Specialty clinics (i.e., renal, hepatic, infectious disease, women's, Parkinson's, mental health, geriatric, gastrointestinal, ear, nose and throat, hematology, oncology, sleep apnea, chronic obstructive pulmonary disease, hypertension, metabolic, cardiac and congestive heart failure, and surgery).
 - (b) Interdisciplinary Programs, which include:
 - 1. Motivating Overweight Veterans Everywhere (MOVE!) a weight management program;
 - 2. Diabetes;

- 3. Hypertension; and
- 4. Bariatric Surgery.
- (c) Acute Inpatient Care.
- (d) Mental Health, which includes:
- <u>1</u>. Day Hospital and Psychosocial Rehabilitation and Recovery Centers (PRRCs) i.e., substance abuse and psychiatric;
 - 2. Outpatient addiction programs; and
- <u>3</u>. Specialized outpatient Post-traumatic Stress Disorder (PTSD) Programs (e.g., PTSD Clinical Teams).
 - (e) Home-based Primary Care (HBPC) and Medical Foster Home (MFH) care.
 - (f) Extended Care, which includes:
 - 1. Community Living Centers (CLCs);
 - <u>2</u>. Palliative Care and Hospice;
 - 3. Geriatric Evaluation Units (GEU) or Geriatric Evaluation and Management (GEM);
 - 4. Respite Programs; and
 - <u>5</u>. Dementia and Alzheimer's Special Treatment Programs.
 - (g) Interdisciplinary Teams functioning in:
 - 1. Wound care,
 - 2. Dysphagia, and
 - <u>3</u>. Nutrition support.
- (h) Mental Health Residential Rehabilitation Treatment Programs (RRTP) and Domiciliaries.
 - (i) Inspection Teams functioning in:
 - 1. Community Nursing Homes; and
 - 2. State Veterans Homes.

- (j) Day Care Programs, to include:
 - 1. Residential Day Care; and
 - 2. Adult Day Health Care.
- (k) Bone Marrow Transplant Units.
- (l) Activities of Daily Living (ADL) Program.
- (m) Rehabilitation Programs.
- (n) Spinal Cord Injury (SCI) Service.
- (o) Dialysis Units.
- (p) Hospice Programs.
- (q) Solid tissue transplant programs.
- (r) Hepatitis C Programs.

5. RESPONSIBILITIES OF THE FACILITY DIRECTOR

The Facility Director is responsible for:

- a. Designating a Nutrition Care Leader at each facility without centralized NFS. This position serves as the Nutrition Care Professional practice consultant and as the contact point for NFS, VA Central Office.
- b. Ensuring there is a formal interdisciplinary Medical Center Nutrition Committee (MCNC) (see par. 23).
- c. Ensuring the facility diet manual or nutrition handbook (see par. 16) is available electronically, or in print, in all Veteran treatment areas.

6. RESPONSIBILITIES OF THE CHIEF OR PROGRAM MANAGER, NUTRITION AND FOOD SERVICES AND VETERAN CANTEEN SERVICE INTEGRATED SITES

The Chief or Program Manager, NFS and Veterans Canteen Service (VCS) Integrated Sites delegates the responsibility for administering the clinical nutrition program and supervising the clinical dietitian and clinical dietetic technician, to the Chief, Clinical Nutrition Section or Clinical Nutrition Manager at facilities where this position exists. The clinical dietitian and the clinical dietetic technician are the primary providers of MNT for eligible Veterans. In medical

facilities or health care systems where the clinical dietitians are in care lines, the lines of communication are locally defined. Administering the clinical nutrition program includes:

- a. Ensuring professional practice is standardized throughout the facility by:
- (1) Fostering continued professional growth and development of clinical nutrition staff;
- (2) Reviewing credentials and participating in the selection process of clinical nutrition staff;
- (3) Implementing nutrition care process as the standardized process for providing care;
- (4) Initiating or providing consultation in the development of performance standards, functional statements, and position descriptions;
 - (5) Providing discipline-specific orientation to newly-hired clinical nutrition staff;
 - (6) Providing education to the dietetic interns and other students;
 - (7) Providing oversight to the peer review process;
- (8) Initiating or providing consultation in the development of clinical nutrition competencies; and
- (9) Evaluating annual competencies and practice of clinical nutrition staff for performance appraisals.
- b. Developing and monitoring staffing patterns and levels for registered clinical dietitians and clinical dietetic technicians, registered and dietetic technicians. These staffing patterns and levels must support the scope of care as defined by the facility's patient and resident plan of care policy and as required by regulatory standards.
 - c. Establishing and monitoring clinical nutrition productivity standards.
- d. Allocating or participating in decisions to allocate clinical nutrition staff resources based on patient need, productivity, and workload.
- e. Planning or participating in planning for optimal clinical dietitian coverage in all program areas, in conjunction with care line and program managers in decentralized facilities.
- f. Reviewing and resolving performance improvement issues regarding clinical nutrition care. *NOTE:* This function includes consultation with care line managers, if applicable.
- g. Validating and consulting on Decision Support System (DSS) labor mapping for clinical nutrition staff.
- h. Developing procedures for the coordination of clinical nutrition services and use of clinical nutrition staff during disaster and emergency situations.

- i. Establishing a Professional Standards Board for Hybrid 38 employees as outlined in VA Handbook 5005.
- j. Participating in the medical facility budget process by providing projected requirements for equipment based on clinical nutrition needs, nutrition formulary, and patient and resident education materials to include:
 - (1) A wide variety of audio and visual education materials for Veterans; and
- (2) Continuing education of staff to maintain clinical nutrition staff proficiency, accquire needed skills or knowledge, and adjust to new technology.

7. RESPONSIBILITIES OF THE CLINICAL DIETITIAN

The Clinical Dietitian is responsible for:

- a. Providing for the Veteran's overall nutritional care by using:
- (1) Pertinent data obtained from the Veteran or caregiver;
- (2) The medical record; and
- (3) Information obtained directly from the health care team members.
- b. Preparing and implementing each interdisciplinary medical nutrition therapy care plan.
- c. Evaluating the Veteran's nutrition therapy and status in terms of process and outcome. **NOTE:** Close coordination between the dietitian and other health care team members enables the dietitian to provide appropriate MNT for the Veteran, and education for the Veteran and caregiver, and to effectively integrate nutrition therapy into the total treatment program.
- d. Overseeing the nutrition care process planned and provided by the clinical dietetic technician and dietetic health technician. Clinical dietetic technicians are utilized at medical facilities or health care systems where local management determines that such positions are available to support and augment the role of the clinical dietitians.

8. CREDENTIALING

a. **RDs**

- (1) RD credentials must be consistent with the VA Dietitian Qualification Standard in VA Handbook 5005, Part II, Appendix G20 for professional education and training for dietitians.
- (2) RDs must maintain continuing education hours according to professional and facility requirements.

- (3) Every provider in the United States who bills Medicare or an insurance carrier, or any provider for whose services VA bills an insurance carrier, must have a National Provider Identifier unique number assigned by Department of Health and Human Services; this includes all VA RDs.
 - (4) RDs are required to complete the VetPro credentialing process.
- (5) It is strongly encouraged to provide preference to RDs with Master's degrees during the recruitment and selection process. Master's degrees need to be within the areas of Nutrition and Food Science or other related areas. Dietetic interns graduated from VA Dietetic Internships with Bachelor's degrees are excluded from this preference due to the education and experience provided by these programs.

b. Clinical Dietetic Technicians and Clinical Dietetic Technicians, Registered (DTR)

- (1) Clinical Dietetic Technicians must meet the qualifications contained in VA Handbook 5005, Part II, Appendix F22.
- (2) Clinical DTRs are individuals who have completed a course of study from an A.N.D.-approved dietetics program leading to an Associate Degree or a Baccalaureate Degree, <u>and</u> who have had supervised practice experience in health care or food service facilities or community programs. The Clinical DTRs have successfully completed the registration examination for dietetic technicians and maintain continuing education hours. *NOTE:* This level of training and registration is preferred, but not required, for individuals practicing as clinical dietetic technicians.
- c. <u>Dietetic Health Technicians</u>. Dietetic Health Technicians have work experience and course work in dietetic and nutrition-related fields.

9. FACILITY SCOPE OF PRACTICE REQUIREMENTS

Each VHA facility must implement a Scope of Practice, which defines the activities, and responsibilities of a RD, clinical DTR, clinical dietetic technician, and dietetic health technician. **NOTE:** The clinical dietitian, clinical DTR, clinical dietetic technician, and dietetic health technician are skilled in performing activities outlined in their respective Scope of Practice and are evaluated through local competency assessment tools and a professional oversight process.

10. SCOPE OF PRACTICE FOR A CLINICAL DIETITIAN

Clinical Dietitians provide medical nutrition therapy services adhering to the NCP and processes that have been reviewed and endorsed by the national program office. It is outlined in the following Scope of Practice.

- a. <u>Nutrition Assessment.</u> The nutrition assessment process identifies Veterans requiring intervention for nutrition abnormalities using, but not limited to, the following criteria:
 - (1) **Nutrition History.** The nutrition history includes:

(a) Evaluation of nutrient intake and hydration status;

(b) Activity level;
(c) Appetite;
(d) Intake of vitamins, minerals, or nutrition supplements;
(e) Recent weight change;
(f) Weight history;
(g) Taste change(s);
(h) Eating and feeding problems;
(i) Nausea;
(j) Vomiting;
(k) Diarrhea;
(l) Constipation;
(m) Food intolerances, adverse reactions or allergies;,
(n) Food-drug interactions;
(o) Unhealthy dietary behaviors;
(p) Eating disorders;
(q) Socioeconomic, religious, ethnic, and cultural background;
(r) Herbal or complementary nutrition therapies;, and
(s) Lifestyle practices to include complementary and alternative therapies.
(2) Documented Medical History.
(3) Current Diagnosis and Medical Treatment Modalities.
(4) Current Drug Therapy and Over the Counter (OTC) Medication.

(5) Clinical Signs and Symptoms of Nutritional Deficiencies.

- (6) **Anthropometric Measurements.** Anthropometric measurements may include height, weight, skinfold measurements, mid-arm circumference, mid-arm muscle circumference, elbow breadth, wrist circumference, and body impedance, as appropriate.
- b. <u>MNT Plan and Intervention</u>. In cooperation with Veterans or significant others and with other facility disciplines, the clinical dietitian develops and implements the MNT care plan. The clinical dietitian communicates, monitors, and documents (in the medical record) response to nutrition therapy in accordance with regulatory standards. The plan and intervention include:
- (1) Calorie and nutrient requirements (using indirect calorimetry, basal energy expenditure (BEE) and resting energy expenditure (REE) formulas) and any other approved tools.
 - (2) Current diet prescription or nutrition support recommending appropriate changes.
- (3) Initiation or alterations in diet prescriptions or nutritional therapies according to locally-established guidelines. These may include, but are not limited to:
- (a) Ordering adjustments in the calorie level of the diet, based on the Veteran's calorie and nutrient requirements;
- (b) Ordering consistency modifications for the diet, based on the Veteran's tolerance and clinical status;
- (c) Ordering changes in feeding schedules and adjusting the quantity of food according to the Veteran's tolerance;
 - (d) Prescribing nutrition supplements, as appropriate, within diet order or MNT plan; and
- (e) Determining appropriate feeding modalities for oral diets, i.e., recognizing the need and recommending specialized nutrition intervention (enteral or parenteral nutrition).
- (4) Identifying nutrition inadequacies due to prescribed dietary restrictions and individualized Veteran needs.
 - (5) Establishing nutritional therapy and educational goals.
 - (6) Planning and implementing appropriate modifications and interventions.
- (7) Initiating follow-up at defined intervals to ensure established nutrition intervention and educational goals and outcomes are met.
- c. <u>Monitoring Response to Nutrition Therapy.</u> The clinical dietitian ascertains the effects of intervention methods, and the Veteran's response to the intervention used, which includes:
- (1) Continually identifying the need to alter the care plan by evaluating modalities, intervention methods, and the Veteran's response to the intervention used;

- (2) Ordering appropriate laboratory tests to monitor nutritional status in accordance with locally-established policy;
 - (3) Ordering measured weights and heights, as appropriate;
- (4) Initiating referral of Veterans to appropriate services if warranted, i.e., Care Management and Social Work Services, Rehabilitation, GEC, Speech Pathology, and other allied services; and
- (5) Identifying the cost(s) and the benefit(s) of outcomes produced from the nutrition intervention.
- d. <u>Nutrition Counseling.</u> The clinical dietitian initiates nutrition counseling consistent with the Veteran's current diet or nutrition therapy needs, and documenting this in the patient's electronic health record. This includes the Veteran's degree of comprehension and the clinician's assessment of the Veteran's readiness to learn, the Veteran's expected compliance, and the identification of respective barriers to the Veteran's compliance. Counseling includes:
- (1) Providing nutrition education to Veterans when food-drug interaction significantly alters the Veteran's food selection;
 - (2) Evaluating and documenting progress toward desired outcomes and goals;
 - (3) Initiating health maintenance nutrition education;
- (4) Evaluating and implementing alternate method(s) or system(s) for nutrition education, as appropriate;
 - (5) Monitoring, evaluating, and documenting individualized nutrition therapy plans;
- (6) Referring or scheduling Veterans for follow-up in the Ambulatory Care Nutrition Clinic or inpatient and outpatient group education activities;
 - (7) Evaluating educational materials for content, reading level, and other pertinent factors;
 - (8) Employing computer application in nutrition intervention, when appropriate; and
- (9) Documenting findings utilizing established practice guidelines and quality improvement and assessment indicators.
- e. <u>Nutrition Therapy Process.</u> The clinical dietitian participates with other interdisciplinary team staff and the Veteran in planning and implementing suitable therapy intervention(s) through the exchange of information and education. This includes:
- (1) Actively participating in interdisciplinary team meetings, ward rounds, discharge planning conferences, peer reviews, performance improvement activities, and other venues to monitor and share findings and recommendations with team members;

- (2) Educating the interdisciplinary team members on the role of nutrition in health and disease and the role of the clinical dietitian in giving nutrition guidance;
- (3) Serving as a consultant to the medical and interdisciplinary staff regarding diet prescriptions and modifications, nutrition assessment, current nutrition concepts, and research related to nutrition:
- (4) Providing consultation and training to other appropriate health care programs and services within VA systems or other community resources and programs;
 - (5) Initiating or participating in nutrition research; and
- (6) Overseeing the work of the clinical dietetic technician and dietetic health technician while remaining responsible for decisions and judgments concerning the Veteran's overall nutrition therapy process.

11. SCOPE OF PRACTICE FOR A CLINICAL DIETETIC TECHNICIAN

Clinical Dietetic Technicians play a key role in providing quality, efficient, and appropriate Veteran nutritional care in various practice settings under the supervision of the registered clinical dietitian. They provide medical nutrition therapy services outlined in the following Scope of Practice. *NOTE:* This is the minimum and can be expanded based on the technician's competency. The Clinical Dietetic Technician:

- a. Completes nutrition screening, using facility established guidelines. This may include gathering data on dietary intake for factors that affect health conditions, including nutrition status for uncomplicated instances of common conditions as the adequacy and appropriateness of food and beverage intake.
- b. Gathers data for the clinical dietitian to evaluate health and disease conditions for nutrition-related consequences of uncomplicated instances of common conditions. These may include medical and family history and co-morbidities, anthropometric measurements, medication management, complications and risk, diagnostic tests, and psychosocial, socioeconomic, functional, and behavioral activities.
- c. Assists the clinical dietitian in developing, implementing, and reviewing nutrition care plans for mildly compromised and low-risk Veterans.
- d. Collaborates and communicates with the clinical dietitian and other health care professionals including attending team meetings as directed by the clinical dietitian.
- e. Assists the clinical dietitian with nutrition assessment of individual patients with complex medical conditions and communicates any findings to the clinical dietitian.
- f. Informs and communicates pertinent data collected, Veterans' perceptions related to presenting problems, and changes in the Veteran's level of understanding.

- g. Designs specialized meal patterns for selected nutritional therapies.
- h. Counsels Veterans and families on nutritional therapies, as directed by the clinical dietitian.
 - i. Teaches basic nutrition classes.
 - j. Monitors food quality and meal acceptance.
 - k. Verifies diet orders and diet changes.
 - 1. Observes and records the Veteran's food intake.
 - m. Adjusts meal patterns and nourishments.
 - n. Participates in the Peer Review Process.
 - o. Collects data for studies and performance improvement or assessment reviews.

12. SCOPE OF PRACTICE FOR A DIETETIC HEALTH TECHNICIAN

The Dietetic Health Technician assists and supports clinical dietitians and clinical dietetic technicians in data gathering and in the coordination of nutrition care services to Veterans by providing MNT services outlined in the following Scope of Practice: The Dietetic Health Technician:

- a. Completes nutrition screening, using facility-established guidelines;
- b. Interviews Veterans and reviews the medical record, using pre-established criteria;
- c. Obtains food preferences;
- d. Checks on and assists with the evaluation of the Veteran's food intake;
- e. Modifies selected meal patterns and nourishments based on facility guidelines;
- f. Schedules Veterans and families for appropriate nutrition interventions;
- g. Provides handout information on nutrition resources available to Veterans and families;
- h. Monitors food quality and meal acceptance;
- i. Verifies diet orders and diet changes; and
- j. Collects data for studies and quality improvement or assessment reviews.

13. EXPANDED SCOPE OF PRACTICE (ESP) AND ADVANCED PRACTICE LEVEL

- a. Clinical dietitians and other applicants for ESP must be approved for a General Scope of Practice. The request for ESP and Advanced Practice Level is based on the facility's clinical needs and regulated by locally-established guidelines. Those circumstances in which specialized skills are required, or when the activity falls outside of the established scope need to be considered. These needs are determined by the Chief, Clinical Nutrition Section, or Clinical Nutrition Manager, with recommendations from the Chief or Program Manager, NFS and VCS Integrated Sites, and approved by the medical facility's Chief of Staff and Director. The applicants must have documented recent training or certification in the area of specialized practice for which ESP is sought, and must have demonstrated competence to perform the functions of the requested specialized Veteran care service.
 - b. Examples of ESP for registered clinical dietitians may include, but are not limited to:
 - (1) The clinical dietitian specializing in writing the diet orders for renal inpatients;
 - (2) The clinical dietitian assigned to the dysphagia team upgrading food textures; and
- (3) The clinical dietitian specializing in nutrition support advancing enteral feeding order to meet the nutritional requirement of patient.
- c. Examples of ESP for clinical dietetic technicians may include, but are not limited to prescribing commercial nutritional supplements for selected Veteran populations.
- d. Examples of advanced practice level for clinical dietitians may include, but are not limited to:
- (1) Home glucose monitoring and insulin pump use (Certified Diabetic Educator and Board Certified, Advanced Diabetic Management);
- (2) Enteral tube placement and advancing total parenteral nutrition orders (Certified Nutrition Support Dietitian <u>or</u> Certified Nutrition Support Clinician);
- (3) Ordering test strips, supplies, and diabetic laboratory values (Certified Diabetic Educator and Board Certified, Advanced Diabetic Management); and
 - (4) Ordering phosphate binders (Certified Specialist in Renal Nutrition).
- e. Procedures for requesting, granting, and renewing ESP and Advanced Level Practice must be consistent with the facility's Health Care System Bylaws. The Chief or Program Manager, NFS and VCS Integrated Sites provides defined procedures for reviewing all initial and renewal requests for ESP. In medical facilities or health care systems where the clinical nutrition staff are in care lines, the lines of communication are defined for reviewing all initial and renewal requests for ESP.

14. NUTRITION SCREENING AND MONITORING FOR NUTRITION RISK

- a. The Chief or Program Manager, NFS and VCS Integrated Sites, or designee, is responsible for ensuring that mechanisms are in place for valid nutrition screening and monitoring. This includes:
 - (1) Veterans who may be at nutrition risk are identified promptly.
 - (2) Veterans at nutrition risk receive a nutrition assessment.
 - (3) Evidence of nutrition intervention during hospital stay is visible in the documentation.
 - (4) Follow-up care after discharge is provided, when appropriate.
- b. New inpatient admissions are screened to determine whether they are nutritionally compromised, or at nutrition risk.
 - c. Outpatients are screened according to local facility policy.
- d. A nutrition status or nutrition-risk level is assigned for each Veteran after evaluation and the assessment is completed using procedures found in VHA Handbook 1109.01.
- e. Clinical nutrition staff use assigned nutrition status or risk levels to prioritize nutritional care.
- f. Four evidence-based triggers developed to assist clinical nutrition staff in the identification of Veterans who may be at nutritional risk are:
 - (1) Veterans with a recorded height and weight whose Body Mass Index (BMI) less than (<)18.5.
 - (2) Veterans with a serum albumin <2.8 grams per deciliter (g/dl).
- (3) Veterans with a diet order of "nothing by mouth" (NPO) or clear liquid for more than or equal to 3 days.
 - (4) Veterans receiving an alternate route of nutrition (enteral and parenteral).
- g. A tickler file in the NFS Veterans Health Information Systems and Technology Architecture (VistA) package generates reminders to clinicians based on the preceding criteria regarding initial and follow-up nutrition care and monitoring. This system must be used in identifying and monitoring Veterans with identified nutritional issues or problems requiring attention by clinical nutrition staff. In medical facilities or health care systems where the clinical nutrition staff is in care lines, the lines of communication are defined and the position they report to is responsible for delegating trigger alert notification.

15. WORKLOAD CAPTURE

- a. Graphical User Interface (GUI) application. The data is sent electronically to Patient Care Encounter (PCE) and forwarded to the National Patient Care Database (NPCD), and to the Medical Care Collection Fund (MCCF) for first and third-party billing when appropriate. The data is electronically extracted for use in DSS for processing of the workload and cost information thereby facilitating workload analysis, cost analysis, and use in Allocation Resource Center (ARC) for Veterans Equitable Resource Allocation (VERA). The use of the Event Capture System (ECS) is mandatory.
- b. Clinical Nutrition Staff, as defined by a Person Class with any of the subcategories of Dietary and Nutrition Service must use ECS to record patient specific clinical nutrition work time as defined in subparagraph 25g. The ECS DSS Units are set up to report automatically all appropriate workload as part of the PCE Encounter to which the progress note documentation is attached.
- c. Account Level Budgeter Cost Center (ALBCC) is set up as outlined in Mapping Instructions that are on the NFS Web site at: http://vaww.nutrition.va.gov/clinicalNutrition/ptEd.asp, to capture workload for clinical nutrition in the appropriate ECS DSS Unit. *NOTE: This is an internal Web site and is not available to the public.* Clinical nutrition staff are mapped to the appropriate ALBCC with changes reported in the mapping quarterly, at a minimum, to DSS as defined in the Mapping Instructions.
 - d. Clinical Managers are responsible for ensuring:
- (1) Workload reports are shared with the clinical nutrition staff to ensure workload is accurately captured.
- (2) Guidelines for the Clinical Nutrition Care Process and Workload Capture (see subpar. 25g) are reviewed when updates are sent to the field and incorporated into practice.
- (3) The VHA's NCP is followed in the delivery of nutrition care to Veterans. Results are documented in the Veteran's medical record.
- (4) Workload is entered accurately into ECS using the appropriate procedures outlined in subparagraph 25g.
- (5) The Veteran's nutrition status is classified as stated in subparagraph 25j and that nutrition status data is captured in ECS using the procedure codes outlined in subparagraph 25g.

16. FACILITY DIET MANUAL OR NUTRITION HANDBOOK

a. A facility diet manual or nutrition handbook must be developed or adopted by the dietitian(s) in cooperation with appropriate staff and approved by the MCNC for use by clinical providers. The diet manual or nutrition manual must be updated and revised per regulatory

guidelines. Revisions are approved and dated to identify the review date by the appropriate medical staff and MCNC.

b. The facility diet manual or nutrition handbook serves as a reference to clinical providers for ordering diets, standards for nutrition therapy, and serves as a reference in menu and recipe preparation. The standards for nutrition therapy and analysis specified in the facility diet manual or nutrition handbook are in accordance with the most recent Dietary Reference Intake (DRI) of the Food and Nutrition Board, National Research Council, National Academy of Sciences. The nutritional deficiencies of any diet that is not in compliance with the recommended dietary allowances are specified.

17. NUTRITION INFORMATION MANAGEMENT

The Chief or Program Manager, NFS and VCS Integrated Sites designate a VistA and Computerized Patients Record System (CPRS) Coordinator(s) for NFS software. This Automated Data Processing Application Coordinator(s) (ADPAC) assumes a significant role in NFS staff training on these computer software packages.

18. DIET PRESCRIPTION

- a. The physician, dentist, nurse practitioner, physician assistant, or registered clinical dietitian, according to the scope of practice, writes the diet prescription (order) in the medical record or electronically, using terminology and diets approved in the medical center diet or nutrition manual.
- b. Supplements and enteral feedings can be prescribed by the clinical dietitian or other privileged provider, in consultation with the dietitian, according to policy established at the facility or health care system. In the outpatient setting dietitians monitor oral medical nutrition supplements and enteral nutrition orders within locally-defined policy.
- c. The clinical dietitian orders changes to prescribed diet orders as defined in the clinical dietitian's local Scope of Practice.
- d. There must be an established procedure in place to verify that the recorded diet order is served to the Veteran. The diet prescription provides for the Veteran's nutritional requirements within medical limitations, based on the Veteran's assessed nutritional needs.

19. MENUS

- a. All master regular menus and modified diets are to be approved by a RD. Menus are analyzed for nutrient content and adequacy and posted for review in Veteran treatment areas where applicable.
- b. The Chief or Program Manager, NFS and VCS Integrated Sites, or designated clinical or administrative dietitian, provides oversight on planning of the cyclic menus. These menus meet the nutrition needs of the population mix incorporating regional preferences consistent with diets approved in the medical center diet manual or nutrition handbook.

20. NUTRITION EDUCATION AND COUNSELING

Nutrition education and counseling are part of the interventions provided by medical nutrition professionals. Nutrition education can include education, defined as instruction to teach a skill or impart knowledge, or counseling, a supportive process aimed at helping Veterans change behaviors to promote health or prevent disease. Clinical nutrition staff provides education and counseling to the following groups:

a. Veterans, Family Members, and Caregivers

- (1) Individual and group nutrition education and counseling sessions are planned and scheduled as soon as medically feasible, in a timely manner, and in accordance with VA scheduling guidelines.
- (2) Veteran education material and handouts must be consistent with the facility diet manual or nutrition handbook and evidence-based practice guidelines. *NOTE:* It is recommended that localyl- developed Veteran education materials be reviewed by the facility's patient education contact or committee. Nationally developed and approved Veteran education materials on a variety of topics are located in the clinical nutrition section of the VA's NFS Intranet Web site at: http://vaww.nutrition.va.gov/clinicalNutrition/ptEd.asp. *NOTE:* This is an internal Web site and is not available to the public.
- (3) Health maintenance and preventive nutrition therapy are an integral part of the nutrition education process.
 - (4) All Veteran education is documented in the medical record.
- b. <u>Staff.</u> Clinical nutrition staff may provide orientations, product or procedural updates, or other training programs to nursing or medical staff, new hospital employees, medical residents, and others.
- c. <u>Community Involvement.</u> Clinical nutrition staff may become involved in a variety of community nutrition education activities including: health fairs; National Nutrition Month activities; walks and runs; and other activities within the facility, outside the facility, and using national health promotion programs such as: HealthierUS Veterans (http://www.move.va.gov/HUSV.asp), My HealtheVet (http://www.myhealth.va.gov) and Healthier Feds (http://www.myhealth.va.gov)
- d. <u>Dietetic Interns and Students in Training Programs.</u> Accredited dietetic internship programs are offered at specified VA facilities around the country. Clinical nutrition staff act as preceptors for dietetic interns and students, providing education and guidance through didactic classes and experiential clinical, community, or foodservice rotations.

21. NUTRITION SUPPORT TEAM (NST)

- a. Nutrition Support Team (NST) staff are involved in the identification and treatment of Veterans who are critically ill, malnourished, or nutritionally compromised. Each VA facility treating inpatients and residents must have an active NST providing specialized nutrition support as described in VHA Handbook 1109.05.
- b. The NST is a consulting and support group to the primary physician. It plays an active role in the management of Veterans and residents receiving parenteral nutrition and enteral nutrition support, in providing nutrition education and training, and in monitoring performance improvement.
- c. Membership on the NST includes a RD and at least one more health care professional designated to nutrition support. *NOTE:* It is recommended that team be led by a RD with full collaboration by an assigned physician. Other suggested members of the NST include a registered pharmacist and registered nurse.
 - d. The NST is responsible for:
- (1) Incorporating the most current research, technology, and scientific findings into an effort to provide optimal nutrition care and evidence-based nutrition support;
- (2) Assisting the primary physician in the identification and treatment of Veterans at nutritional risk, while at the same time incurring the least amount of Veteran risk and cost;
 - (3) Directing, coordinating, and managing the provision of parenteral and enteral nutrition;
 - (4) Assisting in strengthening the facility's efforts in nutritional screening and assessment;
 - (5) Providing education for other VA medical center staff, trainees, and students;
 - (6) Actively monitoring every inpatient receiving parenteral nutrition;
- (7) Monitoring patients and residents receiving enteral nutrition according to facility protocol; and
- (8) Establishing and periodically reviewing performance improvement monitors for monitoring and evaluating Veterans and residents receiving nutrition support.

22. NUTRITION RESEARCH

NFS collaborates with the Office of Research and Development and local research services in the planning and execution of nutrition research, protocols, and related studies. Clinical dietitians are encouraged to develop, conduct, and actively participate in clinical research studies on nutrition and related topics. *NOTE:* Clinical dietitians are encouraged to use evidence-based guidelines to provide nutrition care and to collect nutrition related outcomes.

23. MEDICAL CENTER NUTRITION COMMITTEE (MCNC)

- a. Each VHA medical center providing nutritional care to Veterans must have a formal interdisciplinary MCNC. The MCNC acts as an advisory group on patient nutrition care-related issues to ensure nutritional care activities are coordinated and integrated into the total medical care program.
- b. Although the MCNC membership and Chairperson are appointed by the facility Director, it is recommended that the Chief, Clinical Nutrition Section (Clinical Nutrition Manager) serves as the Chairperson or Co-Chairperson.
 - c. MCNC membership includes, but not limited to:
 - (1) Medical staff provider;
 - (2) Surgical staff provider;
 - (3) Clinical Dietitian;
 - (4) Pharmacist;
 - (5) Nursing specialist such as wound care or NST nurse;
 - (6) Speech pathologist;
 - (7) Dental service staff physician, or designee;
 - (8) Mental health provider; and
- (9) Representatives from other ancillary services, such as Care Management and Social Services, Ambulatory Care, Quality Management, and others who are invited to attend when the agenda includes issues pertinent to their service.
- e. The Committee meets no less than four times a year (quarterly), or at the call of the Chairperson.
 - f. MCNC responsibilities include:
- (1) Standardizing of nutrition care practices and integration with other aspects of patient care;
- (2) Reviewing and assisting with the development or revision of medical facility policies and procedures that impact nutrition care;
- (3) Reviewing quality assurance and performance improvement monitors regarding nutrition care, as appropriate;

- (4) Ensuring compliance with regulatory agencies and accrediting bodies;
- (5) Approving, annually, revisions and additions to the facility's diet manual and handbook;
- (6) Assisting in the evaluation of commercial food supplements and formulas;
- (7) Advising on the development of the inpatient and outpatient formulary;
- (8) Promoting and assisting in the coordination of nutrition-related education and training;
- (9) Participating in, and reporting on, nutrition-related research and proposed research as applicable;
 - (10) Evaluating new technologies and therapeutic modalities related to nutrition care;
- (11) Supporting and reviewing activities and recommendations of the NST and the dysphagia team; and
- (12) Documenting committee minutes, which must be approved by the Chairperson and committee members. Approved minutes are recorded and submitted to the facility's appropriate reporting board, according to local policy.

24. INTERDISCIPLINARY TEAM PLANNING

- a. Interdisciplinary team planning promotes collaboration and coordination of nutrition care among treatment team members.
- b. Clinical dietitians are active members of the interdisciplinary care planning and treatment team, which includes discharge planning to facilitate continuity of care.
 - c. Clinical dietitians are responsible for:
 - (1) Ensuring that medical nutrition therapy is integrated into the Veterans' plan of care; and
- (2) Developing measurable nutrition goals and expected outcomes of medical nutrition therapy in acute, extended, long-term, outpatient, and community-based care.
- d. Dietetic technicians work as a team with the clinical dietitian and are conduits of nutrition care information at these team meetings.
- e. The clinical nutrition staff may refer Veterans to community nutrition resources (i.e., community-based meal programs) when indicated.

25. REFERENCES

- a. American Dietetic Association Revised Standards for Dietetic Practice and Professional Performance: 2008 Standards of Practice for Registered Dietitians in Nutrition Care; 2008 Standards of Professional Performance for Registered Dietitians; 2008 Standards of Practice for Dietetic Technicians, Registered in Nutrition Care; 2008 Standards of Professional Performance for Dietetic Technicians, Registered. Approved by A.N.A. House of Delegates (HOD) April 18, 2008, Journal of the American Dietetic Association, Volume 108(9), 2008.
- b. Frequently Asked Questions (FAQs), 2008 Standards of Practice in Nutrition Care for RDs and DTRs, 2008 Standards of Professional Performance for RDs and DTRs. Quality Management Training Sessions, 2008 SOP/SOPP, Spring HOD, American Dietetic Association, May 2, 2008.
 - c. A.N.D, Nutrition Care Process and Evidence Analysis Library http://www.eatright.org.
- d. American Dietetic Association: Scope of Practice Framework, <u>Journal of the American Dietetic Association</u>, Volume 105 (4), 2005.
- e. American Dietetic Association: Standards of Practice in Nutrition Care and Updated Standards of Professional Performance, <u>Journal of the American Dietetic Association</u>, Volume 105 (4), 2005.
- f. American Dietetic Association: Standards of Practice and Standards of Professional Performance for Registered Dietitians (Generalist, Specialty, and Advanced) in Diabetes Care, <u>Journal of the American Dietetic Association</u>, Volume 105 (5), 2005.
- g. Guidelines for the Clinical Nutrition Care Process and Workload Capture http://vaww.nutrition.va.gov/clinicalNutrition/procedure.asp. *NOTE:* This is an internal Web site and is not available to the public.
- h. Joint Commission on Accreditation of Healthcare Organizations, <u>2008 Comprehensive Accreditation Manual for Hospitals</u>. Oakbrook Terrace, IL: Joint Commission on Accreditation of Healthcare Organizations; 2008.
- i. Kulkarni, K., et al. American Dietetic Association: Standards of Practice and Standards of Professional Performance for Registered Dietitians (Generalist, Specialty, and Advanced) in Diabetes Care. <u>Journal of the American Dietetic Association</u>, Vol. 105 No. 5: pp 819-824e, May 2005.
- j. Program Guidelines for Determining the Nutrition Status Level http://vaww.nutrition.va.gov/Nutrition_and_Food_Services_Related_Directives_and_Handbooks_asp, August 2006. *NOTE: This is an internal Web site and is not available to the public.*
 - k. VHA Handbook 1109.05.
- 1. World Health Organization <u>International Classification of Diseases-9th Edition –Clinical Modification (ICD-9-CM).</u>