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1. Transmitted is a revision to Department of Veterans Affairs, Veterans Health Administration Manual M-2, "Clinical Programs," Part III, "Dietetic Service," Chapter 2, "Clinical Nutrition Management."

2. Principal changes are:

(a) Paragraph 2.03: Responsibility of clinical dietetic technicians and provision of the Medical Center Nutrition Committee.

(b) Paragraph 2.04: Definitions of the professional association and nutrition activities.

(c) Paragraph 2.05: Added a section on professional education and training for dietitians.

(d) Paragraph 2.06: Areas formerly considered for privileging are now part of the scope of practice. Added scope of practice for clinical dietetic technicians.

(e) Paragraph 2.08: Added information regarding assigning a nutrition status at admission.

(f) Paragraph 2.09: Added the requirement for a diet manual or diet handbook.

(g) Paragraph 2.10: Added a section concerning dietetic software.

(h) Paragraph 2.13: Added that nutrition education is an essential part of nutrition therapy.

(i) Paragraph 2.17: Listed programs supported by clinical dietitians.

3. Filing Instructions

Remove pages

Insert pages

iii through iv

iii through iv

2-1 through 2-2

2-i through 2-11

4. Rescissions: M-2, Part III, Chapter 2, dated October 21, 1981; Interim Issue 10-88-3; and Circular 10-91-087.

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3. FOOD PRODUCTION AND SERVICE
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RESCISSIONS

This manual rescinds the following material:

1. Manuals

M-2, Part III, dated December 1, 1966, and changes 1 through 14
M10-4, part II, dated September 1, 1947
M-2, Part III, Chapter 1, and change 1, dated March 8, 1992
M-2, Part III, Chapter 2, dated October 21, 1981

2. Interim Issues

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RESCISSIONS

The following material is rescinded:

a. Manual

M-2, Part III, Chapter 2, dated October 21, 1981

b. Interim Issues

10-88-3

c. Circulars

10-91-087 and Supplement No. 1

CHAPTER 2. CLINICAL NUTRITION MANAGEMENT

2.01 PURPOSE

The Department of Veterans Affairs (VA) clinical nutrition management chapter provides management components for the practical application of nutrition science in medical treatment. Attention to these components will enhance the contributions of nutrition intervention and education programs in improvement and maintenance of the client's health.

2.02 POLICY

The Chief, Clinical Dietetics Section, is delegated responsibility for administering the clinical nutrition program by the Chief, Dietetic Service. Where there is no Chief, Clinical Dietetics Section, the Chief, Dietetic Service, assumes this responsibility. The clinical dietitian is the primary provider of medical nutrition therapy for eligible clients.

2.03 RESPONSIBILITY

a. The clinical dietitian is responsible for the client's nutrition and assesses the client's nutrition status by using:

- (1) Pertinent data obtained from the client or caregiver, and
- (2) The medical record and directly from health care team members.

b. The clinical dietitian is responsible for:

(1) Preparing and implementing medical nutrition therapy care plan (care plan); and

(2) Evaluating the results of client'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 nutrition counseling on the prescribed diet for client or caregiver, and to effectively integrate nutrition therapy into the total treatment program.

c. Associate Degree clinical dietetic technicians (CDT) are utilized at medical centers where local management determines that such positions augment the role of the clinical dietitians.

d. Medical nutrition services are provided to all eligible clients in all treatment modalities: acute, extended care or long term care, ambulatory care and community care programs.

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e. Each medical center providing medical nutrition therapy to clients will have a formal interdisciplinary Medical Center Nutrition Committee (MCNC) as outlined in M-2, Part I, Chapter 36.

2.04 DEFINITION(S)

a. American Dietetic Association (ADA). The ADA is the national professional association which accredits educational and preprofessional training programs in dietetics.

b. Commission on Dietetic Registration (CDR). The CDR is the autonomous credentialing agency for ADA which evaluates credentials, administers proficiency examinations, and issues certificates of registration to qualifying dietitians and dietetic technicians.

c. Nutrition Screening. This process involves gathering pre-established data from the medical record, computer, or by brief client interview followed by evaluations of collected data to determine if the client is nutritionally compromised based upon the nutrition status criteria.

d. Nutrition Assessment. The nutrition assessment process includes evaluating the nutrition needs of individuals based on appropriate laboratory results, anthropometric, physical, and dietary data to determine the nutrient and calorie needs; formulating nutrition classification code; and confirming or reassigning a nutrition status. At completion of this activity the need for nutrition therapy interventions or further assessment is identified.

e. Nutrition Education. The nutrition education process utilizes instruction or counseling to bring about desirable changes in beliefs, attitudes, environmental influences and understanding of food. Such desirable changes lead to food and nutrition practices which are scientifically sound, practicable and consistent while meeting individual needs with available food resources.

f. Nutrition Intervention. The nutrition intervention is the preventative or rehabilitative actions undertaken to bring about positive effects or maintain nutrition status.

2.05 CREDENTIALING

a. Clinical dietitian credentials shall be consistent with current Office of Personnel Management (OPM) standards of professional education and training for dietitians.

b. Dietitians have completed a course of study from a 4-year ADA approved program leading to a Baccalaureate Degree from the fields of human nutrition, nutrition science, food and nutrition, or dietetics. As of February 15, 1990, all applicants for dietitian and nutritionist series must be registered with the Commission on Dietetic Registration of the American Dietetic Association. The registered dietitian has successfully completed the registration examination administered by this Commission.

c. Registered dietitians must maintain continuing education hours as specified by the Commission on Dietetic Registration.

2.06 SCOPE OF PRACTICE

a. Each Dietetic Service must implement a Scope of Practice which defines the activities and responsibilities of a registered clinical dietitian.

b. The individual dietitian skilled in performing activities outlined in the Scope of Practice is evaluated through locally established performance standards and quality improvement and assessment indicators.

c. Clinical dietitians provide medical nutrition services outlined in the following Scope of Practice:

(1) Nutrition Screening and Assessment. The nutrition screening and assessment process identifies clients requiring intervention for nutritional abnormalities using, but not limited to, the following criteria:

(a) Nutrition history. This includes:

1. Evaluation of nutrient intake;
2. Activity level;
3. Appetite;
4. Intake of vitamins/minerals/nutrition supplements;
5. Recent weight change;
6. Weight history;
7. Taste change(s);
8. Eating and feeding problems;
9. Nausea;
10. Vomiting;
11. Diarrhea;
12. Constipation;
13. Food intolerances;
14. Food-drug interactions;
15. Unhealthy dietary behaviors; and
16. Socioeconomic and ethnic background.

(b) Documented medical history.

(c) Current diagnosis and medical treatment modalities.

(d) Current drug therapy.

(e) Anthropometric Measurements. These include height, weight, skinfold measurements, mid-arm circumference, mid-arm muscle circumference, elbow breadth, and wrist circumference.

(f) Clinical Signs and Symptoms of Nutritional Deficiencies. This includes subjective global assessment.

(g) Nutritional Classification Category. This includes use of local policy and ICD-10-CM classification system for assigning a suitable nutritional classification category, as appropriate, based on evaluation of nutrition and medical histories, anthropometric data, laboratory values, and clinical judgment.

(2) Medical Nutrition Therapy Plan. Document in the medical record the nutrition therapy plan and the summary of nutrition therapy and services provided to the client giving consideration, but not limited to:

(a) Calorie and nutrient requirements (using indirect calorimetry, basal energy expenditure (BEE) and resting energy expenditure (REE) formulas);

(b) Current diet prescription or nutrition support recommending appropriate changes; and

(c) Goals of nutritional therapy and educational therapy. These are to:

1. Adjust calorie level within diet prescription based on client's calorie and nutrient requirements;

2. Alter consistency of diet based on client's tolerance and clinical status;

3. Modify feeding schedules and adjust quantity of food according to client's tolerance;

4. Initiate or make alterations in diet prescriptions per order of primary physician (in accordance with locally established medical staff bylaws); and

5. Determine appropriate feeding modalities for oral diets, i.e., recognize the need and recommend specialized nutrition intervention (enteral or parenteral nutrition).

(3) Medical Nutrition Therapy Intervention. In cooperation with clients or significant others and with other medical center disciplines, the dietitian develops and implements the care plan, communicates, monitors, and documents (in the medical record) progress toward accomplishment of the therapy. The intervention includes:

(a) Identifying nutrition inadequacies due to prescribed dietary restrictions and individualized client needs;

(b) Planning and implementing appropriate modifications and interventions; and

(c) Initiating follow-up at defined intervals to ensure established nutrition intervention goals are met.

(4) Nutrition Therapy Evaluation. The dietitian ascertains the effects of intervention(s) as to the desired outcome or goals for the client. Evaluation includes:

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(a) Continually identifying need to alter the care plan by evaluating modalities, intervention methods, and the client's response to the intervention used;

(b) Initiating referral to nutrition specialists, i.e., nutrition support, diabetes, renal, geriatric, etc., for clients in need of specialized nutrition therapy; and

(c) Identifying cost(s) and benefit(s) of outcomes produced from nutrition intervention.

(5) Nutrition Counseling. The dietitian initiates nutrition counseling consistent with the client's current diet or nutrition therapy needs, and records intervention and counseling in the medical record including the client's degree of understanding and the clinician's assessment of expected compliance. Counseling includes:

(a) Providing nutrition counseling to clients when food-drug interactions significantly alter client's food selection;

(b) Evaluating and documenting client's progress toward desired outcomes and/or goals;

(c) Initiating health maintenance nutrition education;

(d) Evaluating and implementing alternate method(s) or system(s) for nutrition education, as appropriate;

(e) Monitoring, evaluating, and documenting individualized nutrition therapy plans;

(f) Initiating referral of clients to appropriate services if warranted, i.e., Social Work Service, Speech Pathology, Hospital Based Home Care (HBHC), etc;

(g) Referring or scheduling clients for follow-up in the Ambulatory Care Nutrition Clinic or inpatient and/or outpatient group education activities;

(h) Evaluating educational materials for content, reading level, and other pertinent factors;

(i) Employing computer applications in nutrition intervention, when appropriate; and

(j) Documenting findings utilizing established practice guidelines and quality improvement and assessment indicators.

(6) Nutrition Therapy Process. The dietitian participates with other health care team members and the client in planning and implementing suitable therapy intervention(s) through the exchange of information and education. This includes:

(a) Actively participating in interdisciplinary team meetings, ward rounds, discharge planning conferences, etc., to monitor and share findings and recommendations with team members.

(b) Educating the interdisciplinary team members on the role of nutrition in health and disease and on the role of the clinical dietitian in giving nutrition guidance.

(c) Serving as a consultant to the medical and supporting staff regarding diet prescriptions and modifications, nutrition assessment, current nutrition concepts, and research related to nutrition.

(d) Providing consultation and training to other appropriate health care programs and services within the VA system or other community resources and/or programs.

(e) Initiating or participating in nutrition research.

(f) Delegating to the qualified clinical dietetic technician predetermined areas in nutrition assessment, evaluation, and education components of the nutrition therapy plan. The clinical dietitian oversees the work of the clinical dietetic technician and remains responsible for decisions and judgments concerning the client's overall nutrition therapy process.

d. Additional scope of practice areas subject to local policy are:

(1) In-depth Nutrition Screening and Assessment. Subject to local policy and with physician's countersignature, the dietitian orders laboratory test(s) as indicated to assess nutritional status. Test orders should be consistent with Test Appropriateness Guidelines (TAG), published in M-2, Part VI, Chapter 3, "Pathology and Laboratory Medicine Service."

(2) Medical Nutrition Therapy Plan. The dietitian prescribes appropriate therapeutic diet, with physician's counter-signature, in accordance with locally established policy. This includes:

(a) Prescribing transition diets based on locally established protocol;

(b) Ordering appropriate laboratory tests to monitor nutritional status in accordance with locally established policy;

(c) Ordering measured weights and heights at appropriate intervals for selected clients; and

(d) Prescribing nutrition supplements, as appropriate, for clients in the hospital and ambulatory care within diet order.

e. Scope of Practice for Clinical Dietetic Technicians(CDT). To enhance the clinical dietitian's functioning at the highest level possible, tasks which can be carried out by CDTs are:

(1) Nutrition screening;

(2) Implementation of care plan;

(3) Counseling and educating selected clients;

(4) Verifying diet orders and diet changes in medical records;

(5) Observing and recording of client's food intake;

(6) Adjusting meal patterns and nourishments;

(7) Performing anthropometric measurements; and

(8) Collecting data for studies and quality improvement or assessment reviews.

2.07 CLINICAL PRIVILEGES

a. Clinical privileges define the limits and responsibility of certain health care professionals and invest individual dietitians with the authority

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and responsibility for providing medical nutrition therapy to those entitled to care. Privileges extend beyond the scope of practice.

b. The Chief, Dietetic Service, develops written criteria and procedures (consistent with the Veterans Health Administration (VHA) guidelines for Credentialing and Privileging of Physicians and Dentists) for granting clinical privileges to dietitians. The procedures must be approved by the facility Director. These include:

- (1) Quality improvement and assessment mechanisms;

(2) The appropriate level of performance required to receive, maintain, or renew privileges at each of the defined levels of privileges; and

(3) Levels of continuing education.

c. The levels of clinical privileges for dietitians are:

(1) General Clinical Privileges. This is granted to the experienced, registered dietitian. The majority of the dietitian's patient care activities involves work of a highly complex nature that is performed independently utilizing the Chief, Clinical Dietetics Section, as a consultant. To qualify for these privileges, the applicant has demonstrated competency in a health care setting for at least 1 year during the previous 3 years and provides documentation of continuing education in the applicant's current area of practice and of registration by the CDR.

(2) Specialized Clinical Privileges. Applicants for specialized clinical privileges must also be approved for General Clinical Privileges. The request for specialized clinical privileges is considered only in those instances where specialized skills are required as determined by the Chief, Dietetic Service, with recommendations from the Chief, Clinical Dietetics Section, approved by the facility's Chief of Staff and Director. The applicant must have documented recent training or certification in the area of specialized practice for which privileges are sought and must have demonstrated competence to perform the functions of the requested specialized patient care service.

d. Procedures for requesting, granting, and renewal of clinical privileges are consistent with the existing VHA policy, Credentialing and Privileging of Physicians and Dentists. The Chief, Dietetic Service, provides defined procedures for reviewing all initial and renewal requests for clinical privileges.

2.08 NUTRITION SCREENING PROGRAM

a. New admissions are screened to determine whether they are nutritionally compromised. A nutrition status is assigned for each client after screening or assessment is completed. The four nutrition statuses are:

(1) Normal Nutrition Status - I;

(2) Mildly Compromised Nutrition Status - II;

(3) Moderately Compromised Nutrition Status - III; and

(4) Severely Compromised Nutrition Status - IV.

b. A minimum of four of the following seven indicators are used in assigning the patient's nutrition status. If four are not available, additional data sources are required to determine the status. The seven indicators are:

- (1) Nutrition history;
- (2) Unintentional weight loss (percent of usual body weight);
- (3) Percent ideal body weight;
- (4) Diet;
- (5) Diagnosis;

- (6) Albumin; and
- (7) Total lymphocyte count.

NOTE: An overall status (I, II, III, or IV) is assigned to the client factoring in the ratings of the individual indicators and clinical judgment. Locally established nutrition care and documentation standards will be applied for clients.

- c. Dietetic Service will use the nutrition status to prioritize work.

2.09 DIET MANUAL OR DIET HANDBOOK

The diet manual or diet handbook serves as a reference for ordering diets, standards for nutrition therapy, and serves as a reference in menu and/or recipe preparation. The standards for nutrition therapy and analysis specified in the diet manual or diet handbook are in accordance with the most recent Recommended Dietary Allowances (RDA) 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.

- a. A diet manual or diet handbook will be developed or adopted by registered dietitian(s) in cooperation with appropriate staff. The diet manual or diet handbook will be reviewed annually and revised as necessary, dated to identify the review date and any revisions made, and approved by the medical staff.

- b. A copy of the diet manual or diet handbook is to be located on each client treatment unit.

2.10 CLINICAL AUTOMATIC DATA PROCESSING (ADP) PROGRAM

- a. The Chief, Dietetic Service, designates an ADP Coordinator for Dietetic Service and an alternate.

- (1) The ADP Coordinator is responsible for reviewing new releases of software in a training account, testing it, and organizing the implementation of the Decentralized Hospital Computer Program (DHCP) software as it becomes available.

- (2) Appropriate authority is delegated to the ADP Coordinator to:

- (a) Build files,

- (b) Establish training programs (including one for the alternate ADP Coordinator),

(c) Develop policies and procedures, and

(d) Maintain the integrity of the system.

b. The Clinical Dietetic software contains programs for general operations, data collection, and summary reports to aid in the evaluation of clients, the provision of nutrition therapy, the management of the Clinical Dietetics Section, and data for the Annual Dietetic Report. Site parameters allow each facility to tailor the programs to meet its unique needs. The Clinical Dietetic DHCP Programs reflect the most current, valid, and accurate data available and perform the most up to date calculations used in the field of clinical nutrition. (See current DHCP Dietetic Implementation Training Guide).

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2.11 DIET PRESCRIPTION

a. The physician and dentist, or other "privileged" clinician writes the diet prescription (order) in the medical record or via automation using terminology and diets approved in the medical center diet manual.

b. Supplemental feedings are prescribed by the physician or dentist, dietitian, or the physician in consultation with the dietitian, according to policy established at the health care facility.

c. There is an established mechanism in place to verify that the recorded diet order is served to the client. There is also a system to identify the client prior to receiving the food.

d. The dietitian plans and provides nutrition therapy for the client based on the diet prescribed.

2.12 MENUS

a. A mechanism is in place to verify that all master regular menus and modified diets are approved by a registered dietitian. Menus are analyzed for nutrient content and adequacy and posted for review in client treatment areas.

b. Cyclic menus are planned by the Chief, Dietetic Service, or designee, to meet the nutrition needs of the population mix incorporating regional preferences consistent with diets approved in the medical center diet manual or diet handbook.

2.13 NUTRITION EDUCATION

Nutrition education, an essential component of medical nutrition therapy and services, helps individuals establish and maintain good food habits and attitudes. Education encompasses the following groups:

a. Clients

(1) Individual and group instructions on the prescribed diet are planned and scheduled as soon as medically feasible.

(2) Local policy is developed to prioritize nutrition education for client and family based on whether the diet is new to the client, client has been previously instructed on diet, and the client and family's ability to comprehend and use the information.

(3) Client education material and handouts are consistent with the diet manual or diet handbook.

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(4) Health maintenance and preventive nutrition therapy emphases are an integral part of the Nutrition Education Program.

(5) All client education will be documented in the medical record.

b. Family members or significant others.

c. Staff.

d. Community caregivers.

e. Students-in-Training Programs.

2.14 NUTRITION SUPPORT

a. Nutrition Support involves identification and treatment of clients who are critically ill, malnourished, or nutritionally compromised. Necessary staffing and resources are provided to establish and operate an interdisciplinary nutrition support team.

b. A Nutrition Support Team (NST) is usually a consulting and support group to the primary care physician. Each medical center that provides total parental nutrition (TPN) has a formal, active, interdisciplinary NST as described in M-2, Part I, Chapter 33. A NST is recommended for those VA medical centers that provide only enteral nutrition support.

c. Quality of care indicators are established locally by the Medical Center Nutrition Committee for monitoring and evaluating the care provided by the NST.

2.15 NUTRITION RESEARCH

Dietetic Service cooperates with Research and Development Service and Special Diagnostic Treatment Units (SDTU) in the planning and execution of nutrition research and related studies. Dietitians are encouraged to participate in research.

2.16 DISCHARGE PLANNING

a. The clinical dietitian is an active member of the discharge planning team.

b. Follow-up nutrition therapy is integrated into discharge plans for clients.

c. The dietitian prepares a medical nutrition therapy plan for the discharge orders to facilitate continuity of care in the ambulatory care unit, satellite or independent clinic, and the community.

d. The dietitian refers clients to nutrition resources available in the community if follow-up therapy and care are indicated.

2.17 SUPPORT OF PATIENT CARE PROGRAMS

Programs and services with a nutrition component are supported by clinical dietitian(s). These include, but are not limited to:

- (a) Ambulatory Care Clinics.
- (b) Hospital Based Home Care (HBHC).

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- (c) Nursing Home Care Unit (NHCU).
- (d) Domiciliary.
- (e) Community Nursing Home (CNH) Inspection Teams.
- (f) Residential Day Care (RDCP) Program.
- (g) Adult Day Health Care (ADHC).
- (h) Respite Programs.

- (i) State Veterans Home Inspection Teams.
- (j) Geriatric Evaluation Unit (GEU).
- (k) Day Hospital (DH).
- (l) Geriatric Substance Abuse Teams.
- (m) Bone Marrow Transplant Units.
- (n) Activities of Daily Living (ADL) Program.
- (o) Rehabilitation Programs.
- (p) Geriatric Evaluation and Management (GEM) Program.
- (q) Spinal Cord Injury (SCI) Service.
- (r) Dialysis Unit.
- (s) Hospice Programs.
- (t) Dementia and Alzheimer's Special Treatment Programs.