About the Speaker

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As a Division Director of Clinical Nutrition for Morrison Healthcare, Wendy directs the development, implementation, and maintenance of clinical nutrition programs and services according to regulatory requirements, current trends, and market place demand in healthcare facilities from California to Michigan.

She is currently the Vice Chair for the Consumer Protection and Licensure Subcommittee for the Academy, in which she provides guidance and support for legislative issues in each state. She has authored several publications providing guidance to RDNs to implement order writing privileges in acute care hospitals and long term care facilities.
Objectives

1. List all applicable laws and regulations.
2. Describe the difference between credentialing and privileging.
3. Design a competency assessment plan
4. Describe the difference between the acute care hospital and long term care facility regulations
LAWS AND REGULATIONS AFFECTING WISCONSIN HOSPITALS
Relevant Laws & Regulations

- Federal
- State
- Local/Hospital
Relevant Laws & Regulations

• Acute Care Hospitals
All patient diets, including therapeutic diets, must be ordered by a practitioner responsible for the care of the patient, or by a qualified dietitian or qualified nutrition professional as authorized by the medical staff and in accordance with State law governing dietitians and nutrition professionals.
Wisconsin State Regulations

Facility Licensing – Acute Care

2013 Wisconsin Act 236 – Regulation of Hospitals

- Effective July 1, 2016
- Repealed the hospital licensing regulations from the Department of Health Services

Default to CMS Conditions of Participation

Professional Licensing

RD certification – nothing in the certification act excludes ability to write orders
Relevant Laws & Regulations

• Long Term Care Facilities
CMS Conditions of Participation – LTC Facilities

Food and Nutrition Services (§483.60)

§483.60(e) “Therapeutic diets”

(1) Therapeutic diets must be prescribed by the attending physician.

(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident’s diet, including a therapeutic diet, to the extent allowed by State law.
Wisconsin State Regulations

Facility Licensing – LTC

DHS 132.63 Dietary service

(4) Menus. (b) Therapeutic diets. Therapeutic diets shall be served only on order of the physician, and shall be consistent with such orders.
How do I know which rules apply to my facility?

Questions to ask hospital administration:
1. How is this facility licensed in Wisconsin?
2. Which CMS CoP are we surveyed for?
Hospital Definition of “Therapeutic Diet”

“all patient diets (are) therapeutic in nature, regardless of the modality used to support the nutritional needs of the patient”

- Oral diets
- Tube feeding
- Parenteral nutrition

Laboratory Data

Wisconsin does not have a different definition

Fed Regist. 2014;79: 27105-27157
LTC Definition of “Therapeutic Diet”

Defined by the Academy Definition of Terms by Quality Management Committee

Defined by CMS per Minimum Data Set 3.0 Resident Assessment Manual, Chapter 3, Section K: Swallowing/Nutrition Status

Wisconsin does not have a different definition
A therapeutic diet is a diet intervention prescribed by a physician or other authorized non-physician practitioner that provides food or nutrients via oral, enteral an parenteral routes as part or treatment or disease or clinical conditions to modify, eliminate, decrease, or increase identified micro- and macro-nutrients in the diet.
A therapeutic diet is a diet intervention ordered by a health care practitioner as part of treatment for a disease or clinical condition manifesting an altered nutritional status, to eliminate, decrease or increase certain substances in the diet (e.g. sodium, potassium).
LTC Definition of “Therapeutic Diet”

A therapeutic diet may be specific or liberalized depending on the resident clinical needs and preferences.

A nutritional supplement may or may not be part of a therapeutic diet and is considered part of this rule.

Texture modifications are not considered a therapeutic diet order.
Relevant Laws & Regulations

- Federal
- State
- Local/Hospital
CREDENTIALING

Organization reviews and verifies an individual’s credentials to ensure they meet established standards

PRIVILEGING

Authorizing an individual to perform a particular service within a defined scope of practice

Credentialing happens before privileging
Scope of Practice

Established through state professional licensure regulations

Wisconsin doesn’t have a state scope of practice

Defaults to Academy SOP/SOPPs

➢ Available at www.eatright.org/sop
Poll Question

According to CMS, is admission to the medical staff required in order to have order writing privileges?
Medical Staff Oversight

Medical staff admission not required – **BUT** –

the hospital’s governing body/medical staff must

exercise oversight

- credentialed
- privileging
- competency review
Privileging Types

- Independent
- Dependent
- Delegated
Dependent & Delegated Orders

- RDNs privileged to write specific nutrition orders when authority is delegated by a LIP
- P & P designates which orders can be written
- Privileged RD implements the protocol and writes the order as a "delegated" or "protocol" order
- Physician co-signs the order within the time frame specified by the facility
Recommended P & P Components

- Referral to RD required? LIP co-signature required?
- Which orders can be placed? (Oral, Nutrition Support, Labs, Medications?)
- Communication to/from physician
- Follow-up on patient’s response to care
- Adverse events
- Competency assessment
Competency Assessment Requirements

Credentialing & Privileging requirement

Oversight of activities performed at the hospital
- CMS requirement §482.12(a)(6)
- Medical staff and governing body responsibility

Additional regulations from accrediting bodies and state laws (see separate handout)
Competency Assessment

Based on the Academy’s SOP and SOPPs
Include RDN self-assessment
Competent, proficient, and expert levels
Based on the job description
Competency Assessment

- Self evaluation
- CNM evaluation
- Medical Staff evaluation
## Competency Assessment

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<th>Level of Privilege</th>
<th>Possible ordering responsibilities</th>
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| Level 1 Generalist | • Initiate or modify therapeutic diet restrictions  
• Initiate, discontinue or modify oral nutrition supplements  
• Order anthropometric measurements to be completed (such as height and weight)  
Initiate or discontinue calorie counts |
| Level 2 Specialty | Level 1 privileges plus:  
• Initiation, discontinuation, or modification of enteral nutrition support.  
• Order nutrition related labs.  
• Initiate, discontinue or modify vitamin, mineral or probiotic supplements |
| Level 3 Advanced  | Level 1 and 2 privileges plus:  
• Initiation, discontinuation, or modification of parenteral nutrition support and medications/additives commonly included in the PN solution. |
Competency Assessment

Knowledge Based

Practice Based

QAPI

Outcome studies
Get Started

Document physician support
Speak with facility legal counsel
Liability insurance

Speak with decision makers
• LTC Facility: Medical Director and Director of Nursing
• Hospital: Credentialing Committee, P & T Committee
Review of Learning

- Credentialing vs Privileging
- Regulatory compliance
- Competency assessment
- Differences: Acute care hospital & long term care facility
Test your understanding
What does the future hold?

Expand to more care settings and more services

- Outpatient dialysis centers
- Home health
- Ambulatory centers

Call to action: Outcome studies needed!
Selected References


Selected References

Phillips W, Doley J. Granting order writing privileges to registered dietitian nutritionists can decrease costs in acute care hospitals. *JAND*. 2016; DOI: [http://dx.doi.org/10.1016/j.jand.2016.06.009](http://dx.doi.org/10.1016/j.jand.2016.06.009).
