Quality is about providing safe, effective, patient/resident/client-centered, timely, efficient, and equitable dietetics care. These six dimensions of quality are outlined in a report by the committee on the Quality of Health Care in America (1). Overall, the report makes an urgent call for fundamental change to close the quality gap, recommends a redesign of the American health care system, and provides overarching principles for specific direction for policymakers, health care leaders, clinicians, regulators, purchasers, and others. The report urges these health care constituencies to commit to a national statement of purpose for the health care system as a whole. In making this commitment, the parties would accept as their explicit purpose “to continually reduce the burden of illness, injury, and disability, and to improve the health and functioning of the people of the United States (1).

What steps must be taken to provide quality dietetics care?

RDs in all practice settings must review and understand federal and state regulations, accreditation standards (if applicable to their facility or service), their facility policies and procedures, and their individual scope of practice. RDs must read the regulations and interpretive guidelines of the Centers for Medicare & Medicaid Services (CMS) - Conditions of Participation for their respective practice setting.

RDs must know the federal and state licensure requirements for food and dietetics service personnel, the food and dietetics service standards, laws and regulations, and their state practice acts to locate what, if any, legal scope of practice is defined within the state where they are employed.

RDs must also note their accreditation standards (if applicable) that their facility or practice setting utilizes to ensure they are providing quality care. These accreditation standards are aligned with the CMS Services - Conditions of Participation and its regulations for food and dietetic services. Accreditation organizations are: The Joint Commission, Healthcare Facilities Accreditation Program of the American Osteopathic Association, DNV-National Integrated Accreditation for Healthcare Organizations, and Public Health Accreditation Board.

Next, RDs must know their facility policies and procedures in order to perform effectively within medical executive approved disease and condition specific protocols that outline standing nutrition orders. RDs must determine and approve, along with the Medical Executive Director or Board, their formulary of therapeutic diet orders for the patients/residents/clients under their nutrition care. RDs who demonstrate competency at the advanced practice level may then apply to obtain clinical privileging in their facilities to perform medical level tasks.

How do RDs know that they are able to apply for privileges within their facility?

According to CMS, clinical privileging “is a process by which the governance of the hospital- specifically the governing body and the medical staff- develop and implement a process to ensure safe and quality patient care” (2). Practitioners, including RDs, must demonstrate competence of medical level tasks (e.g., ordering therapeutic diets, ordering parenteral nutrition) to obtain and maintain clinical privileges. Obtaining clinical privileges for RDs depends on the RD’s legal scope of practice, medical staff bylaws in the facility, culture of the facility, and the RD’s competency level (2).

How is scope of practice defined?

Scope of practice is defined by The University of California at San Francisco’s Center for the Health Professions as: “legal scopes of practice for the health care professions establish which professionals may provide which health care services, in which settings, and under which guidelines or parameters. With a few exceptions, determining scopes of practice is a state-based activity. State legislatures consider and pass practice acts, which are referred to as statue, law, or code. State regulatory agencies, such as medical or other health professions’ boards, implement laws by writing and enforcing rules and regulations detailing the acts” (3).

Each RD must know his/her individual scope of practice and should be performing at his/her highest level to provide best quality care. How does an RD determine this level? By using the ADA Scope of Dietetics Practice Framework to determine his/her own individual scope of practice and verify if he/she is qualified to do what he/she has been hired to do. What competencies has the RD obtained? Does the RD accept responsibility and accountability for his/her own nutrition care actions?

Bottom-line --- **Quality begins with Competency.**

The ADA Scope of Dietetics Practice Framework is designed to assist the RD with determining whether a service is within his/her own scope of practice. RDs will not find a laundry list of services and skills a dietetics practitioner can do. Lists tend to limit practice. Scope of practice is a fluid concept. It changes as knowledge, the
What is Quality Dietetics? Do RDs Practice It? How Do Dietetics Practitioners Know the Activities They Are Authorized to Perform?

continued from page 13

healthcare environment, and technology expand. Dietetics practitioners must possess the knowledge, skills, and competencies to perform their duties; therefore, scope of practice comes down to the competency of the individual dietetics practitioner and his/her particular practice setting (4).

The Framework is divided into three blocks: foundation knowledge, evaluation resources, and decision aids.

Block Two – Evaluation Resources – comprises the Standards of Practice (SOP) in Nutrition Care and Standards of Professional Performance (SOPP) for RDs and DTRs which are a guide for self-evaluation (5). The SOP in Nutrition Care and SOPP for RDs and DTRs are minimum competent levels for RDs and DTRs in all practice settings. Practice specific SOP and SOPP identify generalist, specialty, and advanced levels of practice within a particular practice area (e.g., education, pediatrics, management, sports dietetics, etc). RDs and DTRs can use the SOP and SOPP to determine their individual competency level, determine areas where skills need to be developed, and devise a professional development plan to advance their level of practice.

RDs must provide evidence-based, quality dietetics practice. An RD’s practice must be measured, documented, and reported as part of their performance improvement program to verify quality services and demonstrate value through outcome, process, and structural measures. How involved are RDs in their quality team or quality and safety committee at their facility or practice setting? Quality is not going away – it is being taken to the next level as demonstrated in our future federal and state health care reform (6). Be prepared to measure your performance, be patient/resident/client-centered driven! RDs must decide on how to be included in measurement, as measurement will predict quality and quality will receive compensation for nutrition care services. Do It Right the First Time: Quality Dietetics Practice is the RD and DTR.


Correction

In the Spring, 2010 CONNeCTIONS, the article “Survey Report Card . . . Are you going to make the grade” was written by Ellen Butler, RD, SCG, LDN. We sincerely regret the error.