Commission on Dietetic Registration
the credentialing agency for the Academy of Nutrition and Dietetics

PRACTICE TIPS: Implementation Steps – Ordering Privileges for the RDN

Note: This Practices Tips has been updated to reflect current practice with RDN privileging including any changes to the Centers for Medicare & Medicare (CMS) hospital and critical access hospital regulations. Refer to Practice Tips: Hospital Regulation – Ordering Privileges for RDN for detailed information on the Final Rule allowing hospitals the option of privileging RDNs to write orders.

Table of Contents

Step 1: Review the May 12, 2014, Federal Register Final Rule effective July 11, 2014[1] to obtain the background on the Rule in order to effectively plan and discuss the rationale for allowing RDN order writing privileges.

1. Learn more: https://www.govinfo.gov/content/pkg/FR-2014-05-12/pdf/2014-10687.pdf
    a) Final Rule for Regulatory Reforms Impacting Hospital Conditions of Participation (CoPs) Agency: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS) (pages 27105-27157; search by "dietitian").
2. Review the companion **Practice Tips: Hospital Regulation – Ordering Privileges for the RDN** that provides the history and key elements of the Final Rule for Regulatory Reforms by the Centers for Medicare & Medicaid Services (CMS) which sets the standards for any hospital accepting Medicare reimbursement.
3. Review the Final Rule's definitions[1]
    a) Know how "medical staff", "qualified dietitian" and "non-physician practitioners" are defined in the Rule (Final Rule page 27115; SOM App A, §482.12(c)(1)).
    b) The intent of the Rule spells out greater flexibility for hospitals and medical staffs to enlist the services of non-physician practitioners to carry out the patient care duties for which they are trained and licensed.

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4. Review the **CMS State Operations Manual (SOM), Appendix A, Survey Protocol, Regulations and Interpretive Guidelines for Hospitals, Rev. 137, 04-01-15**.[2] Note: CMS periodically revises the SOM Conditions of Participation (updates in red type); the latest revision 200, 02-21-2020 reflects the revisions for both Hospitals and Critical Access Hospitals described below:
    a) The SOM Manual revision of 04-01-15 incorporates the revisions to §482.28(b) and §482.28(b)(2) Food and Dietetic Services and §482.54(c) Orders for Outpatient Services and provides the Interpretative Guidelines for Surveyors.
    b) The SOM Manual revision of 09-26-14 incorporates the changes to §482.12 (a)(1), §482.22(a) related to privileging, privileging process, and medical staff accountability for non-physician practitioners granted privileges.

    For Critical Access Hospitals**, review Appendix W, Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing Beds in CAHs, Rev. 138, 04-01-15**[3] **(no change as of latest revision 200, 02 21 20)**.
    a) Revision 138, 04-07-15 incorporates revisions based on the CMS Rule of July 11, 2014 into §485.635(a)(3) including the wording for RDN privileging to write orders. Information has since been edited to follow Appendix A wording in the 02-21-20 update.
    b) Revisions were also made to §485.635(c)(1)(iii) which address requirement for food and other services to meet inpatient's nutritional needs if services are not provided directly by the CAH.

    See CMS State Operations Manuals (SOM) for the various practice areas:
    Use the Guidance Link to open each Medicare State Operations Manual Appendix for the specific practice area (A-Hospital; W-Critical Access Hospital; H-End-Stage Renal Disease Facilities; PP-Long Term Care, etc.): https://www.cms.gov/files/document/appendices-table-content.pdf --- Click on the corresponding letter in the "Appendix Letter" column to see any available file in PDF.

Step 2: Review the Definitions of Terms[4].

a) The definitions are also available for reference as the final rule does not define all relevant terms applicable to the practice of a Registered Dietitian Nutritionist (RDN).
b) The following terms should be reviewed:
    - Credentialing (Organizational Setting)
    - Credentialing (Professional)
    - Clinical Privileges
    - Competence
    - Competency(ies)
    - Therapeutic Diet

    Link to Definitions: https://www.cdrnet.org/definitions

Step 3: Review applicable legal and regulatory requirements in your state.

The rule does not require hospitals to credential and privilege an RDN(s) as a Condition of Participation (CoP) but, allows for it as an option if consistent with state law.

1. Learn more: https://www.eatrightpro.org/advocacy/licensure/therapeutic-diet-orders
    a) Identify existing licensure/State Practice Act and associated regulatory impediments, if any.

1) What does your state nutrition and dietetics practice act (licensure/certification/title protection) indicate?
2) Is there a conflict with state law and RDNs independently ordering therapeutic diets (e.g., are therapeutic diets only allowed to be ordered by a physician or a practitioner responsible for the care of the patient)?
3) If language does not prohibit RDNs from independently ordering therapeutic diets, then the hospital RDN(s) may apply to the medical staff for granting of ordering privileges if there are no applicable state laws or regulations governing licensing of hospitals that preclude RDNs from doing so.

b) In states without dietetics licensure or no legally defined scope of practice language that prohibits or limits order writing, then the hospital RDN(s) may apply to the medical staff for granting of ordering privileges if there are no applicable state laws or regulations governing licensing of hospitals that preclude RDNs from doing do.
c) Identify State Department of Health and state health facility regulations impediments.
   1) Some states will need to revise their hospital regulations to align with the federal CoPs.
   2) Check the applicable state regulations or code for hospitals (acute and critical access).
d) If there is any question about how to interpret state law or state health facility regulations relative to RDNs ordering privileges, consult with the organization's legal counsel or department responsible for regulatory or accreditation issues.

Step 4: Identify best option for granting of ordering privileges in your hospital.

1. Medical staff oversight of an RDN(s), their ordering privileges and which items will be permitted must be ensured through the hospital's medical staff rules, regulations, and bylaws or facility-specific processes.
   a) Occurs in one of two ways, a hospital:
      1) Has the regulatory flexibility to appoint a RDN(s) to the medical staff and grant the RDN(s) specific nutrition ordering privileges, or
      2) Can authorize the ordering privileges without appointment to the medical staff.

2. Each hospital and medical staff must determine (Do you have a physician champion who could advise and contribute the process?):
   a) How their hospital and medical staff prefer to proceed.
   b) Whether they intend to allow a RDN(s) to order therapeutic diets independent of the physician (no physician co-signature, delegated order, or physician-initiated protocol required).
   c) Their process for granting ordering privileges.
   d) For which patients/patient populations, if not all patients, or by focus area of practice.
   e) Which ordering privileges to grant the RDN(s) – which specified scope of care services will be granted.
      1) Scope of care services for ordering privileges and performing nutrition-related services include these examples, but are not limited to:
         - initiating or modifying diet orders
         - modifying diet texture
         - initiating or changing a calorie level

- initiating or changing enteral feeding (i.e., product, volume or rate, supplemental water)
- initiating or changing parenteral nutrition
- inserting nasogastric or nasoenteric feeding tubes
- initiating physician-driven protocols and order sets
- initiating therapeutic diets, i.e., sodium, fluid, potassium, gluten free, etc.
- initiating or changing oral nutrition supplements
- initiating or changing medical foods, i.e., formulas for inborn errors
- initiating or changing dietary supplements
- initiating or changing vitamins, minerals
- initiating nutrition-related medications, medication management, medication adjustment
- initiating laboratory tests - nutrition-related or other
- conducting indirect calorimetry measurements
- conducting bedside swallow screenings
- conducting nutrition education
- conducting nutrition counseling
- initiating referral to outpatient services
- initiating referral to other practitioners.

f) Ordering privileges that may not be granted to an RDN or only to RDNs with specific qualifications/certifications (e.g., CNSC, CSP or CSPCC for orders in NICU, CSR and/or Certified Clinical Transplant Dietitian [CCDT] for patients admitted for transplant) must be specified. This would include any patient types or with a specific diagnosis (es) where the physician must write orders to delegate activities to the RDN.

g) Per medical staff directive, when an RDN(s) must defer to and consult with the medical staff responsible for the care of the client/patient.

h) Other types of delegated order options for medical staff approval to include in electronic health record (EHR) for medical provider to select when requesting RDN assistance. Use terminology typically used by the medical staff such as, but not limited to:

- "dietitian consult"
- "dietitian to write diet orders including nutrition supplements"
- "dietitian to consult and write orders for enteral nutrition"
- "dietitian to consult and write orders for parenteral nutrition"
- "dietitian to modify diet"
- "dietitian to progress/advance diet".

3. Identify and review your hospital formulary of therapeutic diet orders (those listed in the electronic health record for physicians and RDNs to select to initiate/modify a diet order). What is meant by a "therapeutic diet"; is it defined in the diet manual and/or policy and procedure?
   a) According to CMS Rule, all patient diets are considered therapeutic in nature, with respect to all modalities that support the nutritional needs of the patient.
   b) The therapeutic diet includes, but is not limited to: enteral nutrition, parenteral nutrition, oral nutrition supplements (commercial or inhouse prepared), medical nutrition foods, dietary supplements, vitamins, minerals, and diet texture modifications.

c) Confirm corresponding menus are consistent with the Academy's Nutrition Care Manuals - Adult, Pediatric, and/or Sports, or other medical staff-approved diet manual.

4. Hospital practices will differ based on state laws or regulations, size and complexity of patient population, services, and medical staff and organization culture.

5. RDNs who will not be utilizing ordering privileges, must recognize that with the change in the CMS Hospital CoP for Food and Dietetic Services effective July 11, 2014 (no change in Rev. 200, 02-21-20), RDNs without ordering privileges are not allowed to independently order therapeutic diets or nutrition-related services.
   a) The RDN provides recommendations to the medical staff for any changes in therapeutic diet orders, initiating nutrition supplements or vitamin and mineral supplements; or
   b) Responds to a physician order or physician-initiated protocol that includes writing orders for specific service (s), e.g., RDN to write parenteral nutrition order with pharmacist.

6. Investigate the hospital credentialing and privileging process. Will the RDN(s):
   a) Need to apply through the hospital's medical staff credentialing process (which means the RDN(s) is granted privileges with or without membership in the medical staff)? ---**OR---**
   b) Utilize a medical staff-approved human resources department procedure or a credentialing process for allied health practitioners to determine current knowledge, skill, competence, and statutory scope of practice, if applicable of the requesting individual RDN(s)?
   The processes:
      1) Are time-intensive and rigorous to ensure competence to independently perform allowed activities including ordering diets or services, e.g., oral nutritional supplements, conduct indirect calorimetry measurements; and
      2) Reoccur every 1-2 years for re-verification/re-assessment of RDN(s) competence.

Step 5: Determine RDN(s) who should request ordering privileges.
Determine RDN(s) who will require ordering privileges for a larger scope of care services based on the limited number of RDN(s) on the hospital staff.

1. Decide on the scope of care ordering privileges to present to the medical staff for consideration.
2. Determine ordering privileges interest based on qualifications of the RDN staff.
3. Select the privileges that each RDN would be qualified to perform independently based on hospital RDN staffing numbers, training, certifications, and demonstrated competence (e.g., writing or modifying diet orders or other nutrition-related actions consistent with patient care responsibilities).
   a) Privileges may not be the same for all RDNs, particularly if responsibilities are for populations within a focus area of practice requiring specific knowledge and skills such as nutrition support, nephrology nutrition, pediatric nutrition, or diabetes care involving medication adjustments (Review Case Study: RDNs in Diabetes Education and Care Plan Management that includes Medical Adjustments). For examples of RDN(s) indicators of competency(ies):
      1) Locate resources in the Practice Tab, Scope of Practice page on CDR'swebsite.[5] See below list.

2) Review published articles related to RDN Scope of Practice and Standards of Practice in Nutrition Care and Standards of Professional Performance in the *Journal* collection entitled: Scope and Standards for RDNs and NDTRs.[6]

Resource: Definition of Terms: Available at www.cdrnet.org/definition

Resource: Scope and Standards articles: Available at https://www.cdrnet.org/scope

- Revised 2017 Scope of Practice for the RDN
- Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for RDNs
- Revised 2017 Scope of Practice for the NDTR
- Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for NDTRs
- Scope of Practice Decision Algorithm
    - The Scope of Practice Decision Algorithm is a resource available to credentialed practitioners to assist in evaluating whether a desired activity is within their individual scope of practice.[7]

Resource: Focus Area Standards of Practice/Professional Performance *Journal* Collection Articles

Available on the *Journal* website -- Focus Area Standards for CDR Specialist Credential Collection: https://jandonline.org/content/credentialed ; and Focus Area Standards for RDNs Collection: https://jandonline.org/content/focus

Standards of Practice (SOP) and/or Standards of Professional Performance (SOPP) for RDNs:

- Adult weight management,
- Clinical nutrition management,
- Diabetes care,
- Eating disorders,
- Education of nutrition and dietetics practitioners,
- Intellectual and developmental disabilities,
- Management of food and nutrition systems,
- Mental health and addictions,
- Nephrology nutrition,
- Nutrition in integrative and functional medicine,
- Nutrition support,
- Oncology nutrition,
- Post-acute and long-term care nutrition,
- Pediatric nutrition,
- Public health and community nutrition,
- Sports and human performance nutrition, and
- Sustainable, resilient and healthy food and water systems

Step 6: Ensure functions and responsibilities are outlined in the RDN(s) and NDTR(s) job descriptions and applicable standards of care.

1. With added or revised ordering privileges may come additional responsibilities for the RDN. The RDN(s) job description may need to be updated along with any applicable standards of care and/or policies and procedures. The Scope of Practice for the RDN[8] and the following examples of indicators from the Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for the RDN[9], that reflect the competent level of practice, may be adapted for use in job descriptions for hospitals with ordering privileges for RDNs. Refer to applicable focus area SOP and SOPP standards (e.g., Nutrition Support, Diabetes Care, Nephrology Nutrition, Pediatric Nutrition) for guidance on level of practice (competent, proficient, or expert) when determining qualifications for specific privileges.
    a) Initiates the nutrition intervention/plan of care (SOP 3.12)
        1. Uses approved clinical privileges, physician/non-physician practitioner-driven (i.e., delegated orders), protocols, or other facility-specific processes for order writing or for provision of nutrition-related services consistent with applicable specialized training, competence, medical staff, and/or organizational policy
            a) Implements, initiates, or modifies orders for therapeutic diet, nutrition-related pharmacotherapy management, or nutrition-related services (e.g., medical foods/nutrition/dietary supplements, food texture modifications, enteral and parenteral nutrition, intravenous fluid infusions, laboratory tests, medications, and education and counseling
            b) Manages nutrition support therapies (e.g., formula selection, rate adjustments, addition of designated medications and vitamin/mineral supplements to parenteral nutrition solutions or supplemental water for enteral nutrition)
            c) Initiates and performs nutrition-related services (e.g., bedside swallow screenings, inserting and monitoring nasoenteric feeding tubes, and indirect calorimetry measurements, or other permitted services)

2. The nutrition and dietetics technician, registered (NDTR) or other support staff may implement the diet order and provide other components of the nutrition intervention delegated by the RDN or assigned through standard operating procedures, policies and procedures (e.g., nutrition education, admission nutrition screen, nutrition clinic intake interview) consistent with training and demonstrated competence.[10,11]

3. Initiating or modifying orders for diet or other nutrition-related actions, through delegated authority from the physician, is the sole responsibility of the RDN/qualified dietitian or qualified nutrition professional in all settings. The RDN is responsible for the nutrition assessment and for all activities delegated to the NDTR or other support personnel. Refer to the Scope of Practice for the Registered Dietitian[7] and the Scope of Practice for the Dietetic Technician, Registered. [9]

4. Other department resources need to be reviewed and possibly revised (e.g., policies and procedures, standards of care, competency assessment tools, staffing plans) due to the new ordering privileges program.

a) Staffing plans including how coverage assignments (including weekends and holidays) are determined may need adjustment to consider that a relief/covering RDN may not have the same ordering privileges as the regular staff RDN.

Step 7: Determine if the hospital RDN with ordering privileges requires personal liability insurance.

1. The RDN(s) who has been granted ordering privileges should:
   a) Collaborate with hospital human resource representative to determine what professional liability insurance the hospital may provide and how the hospital insurance policy protects the RDN(s) who is privileged to independently write orders or perform specific procedures, e.g., insertion of nasogastric and nasoenteric feeding tubes.
   b) Determine the nature of the RDN(s) practice that is performed and whether it is likely to give rise to a claim.
   c) Realize that claims can be made against a practitioner even if no negligence, mistake, or wrongful act has been committed.
   d) Know that state legal scope of practice may be referenced when litigation against practitioners and the hospital occur.
   e) Weigh the benefits versus the risks when making this decision for securing individual professional liability insurance.

Step 8: Assess impact of future updates in the hospital's accreditation organization's standards and elements of performance.

1. Anticipate that accreditation organizations will review the CMS Rule and updated SOM Conditions of Participation for Hospitals and Critical Access Hospitals and determine if revisions are needed to the accreditation standards applicable to the medical staff, food and dietetic services, provision and record of services, and human resources.
2. Be sure to check the future revisions in the standards for The Joint Commission, Accreditation Commission for Health Care (formerly Healthcare Facilities Accreditation Program of the American Osteopathic Association), Det Norske Veritas Healthcare, Commission on Cancer, and the Association of Community Cancer Center.

Step 9: Advocate for a safe design of Electronic Health Records (EHRs).

1. Changes to ordering privileges provides an important opportunity to advocate for monitoring the efficacy of an EHR ordering system and assuring that therapeutic diet orders are processed, recorded, and created in such a way that the therapeutic diet order can "follow the patient" across all areas of care.
2. In 2013, six in ten non-federal hospitals electronically exchanged health information (such as care summaries) with outside providers/hospitals.[12]
3. Any aspect of a therapeutic diet order in an EHR should be considered as a critical component of treatment which will be exchanged between providers and across care settings.
4. Recommendations to consider once ordering privileges for the RDN(s) are granted and written in the medical staff rules, regulations and bylaws are as follows:
   a) Develop a Department written policy for RDN Order Writing Privileges

- Use written Diet Order Policy guidance for discussion with your EHR Implementation Lead and team. This will allow for the system changes to be made based upon understanding of the actual privileges. The policy for RDN ordering diets, meals, snacks, medical foods, nutritional supplements, enteral formulas, parenteral nutrition, NPO, texture modifications, etc. should be identified and approved prior to assembling a team.

b) Assemble a Team
   1) Consider establishing an informal team to manage the process of EHR system changes. This could include:
      - **Clinical Nutrition Manager** (to communicate policy, manage EHR change requests and monitor progress, issues)
      - **RDN experienced with EHR system design and use** (to advocate for best practices from both a clinical level and to capture optimal system design and reporting)
      - **Food and Nutrition Service Director** (to contribute to any decisions which impact quality food service delivery based upon orders; to participate in risk mitigation and evaluation post order privileges implementation)
      - **Pharmacy Parenteral Orders Lead** (if parenteral orders are included in local privileges policy – to contribute to all aspects of parenteral orders training, implementation, evaluation and risk mitigation)
      - **EHR Vendor Lead** (to provide oversight to optimal systems changes, training and recommendations, based upon experiences of other facilities)
      - **Local Facility IT Systems Administrator/Lead** (to manage role-based security for RDNs, participate in training, evaluation and risk mitigation)
      - **Physician Champion** (to liaison with medical staff, participate in process that assures a safe, smooth implementation of the RDN privileges for quality, timely diet order processing; participates in creation and implementation of a Communication Plan)

c) Develop Project Plan and Timeline
   1) Any system changes and increased or changed role-based access should be managed by a simple project plan and timeline, identifying the tasks necessary prior to full implementation and evaluation with risk mitigation. The timeline should extend for a period after the system change/implementation to include issues management, evaluation of any additional changes or training needed and sign off from the team, including the Physician Champion or medical staff.

d) Create a Communication Plan for the new EHR ordering privileges
   1) A simple communication plan for all clinicians impacted by RDN ordering privileges (e.g., medical staff, nursing staff, pharmacy staff, billing and medical coders, and nutrition department staff) should be planned and executed well in advance of the actual “go live” day so that smooth processing of orders occurs.
   2) A specific process for communication with medical and nursing staff should be established and implemented at go-live to assure that any problems or issues are quickly resolved.

e) Address Evaluation and Risk Mitigation

1) System changes (role-based security for RDN Order Writing) and policy changes (written policies for processing a patient order) should be used to evaluate progress and any risks or issues identified by the team before, during and after the implementation.

f) Address Timing of Orders

1) Some EHRs allow for "timed" orders, which become active after a specific time. All RDNs should understand nuances of the system to assure exact order delivery per the expectations of the order writer. In addition, RDNs may receive calls during off hours for the purpose of ordering diets for newly admitted patients. The process of order writing on off hours and weekends needs to be part of the discussion with the medical staff and in the design of the policy and procedures.

Step 10: Monitor future revision publications of the CMS Hospital Conditions of Participation (CoP).

- Per the final rule, see below chart for Food and Dietetic Services, CoP §482.28(b)(1) and §482.28(b)(2) revisions.
- Locate CoP wording in the CMS State Operations Manual, Appendix A - Hospitals at: https://www.cms.gov/files/document/appendices-table-content.pdf
- Monitor for updates to the CMS State Operations which would contain the Interpretive Guidelines for surveyors for the revised CoP's for the Medical Staff and Food and Dietetic Services.

Regulation effective July 11, 2014; Updated Interpretative Guidelines as of 04-01-15
Food and Dietetic Services §482.28(b)(1) Individual patient nutritional needs must be met in accordance with recognized dietary practices. Interpretative Guidelines §482.28(b)(1) - (see SOM for full wording) • Patients . . .must have their nutritional needs met in a manner that is consistent with recognized dietary practice. • . . .includes all inpatients . . .patients in outpatient status, including the provision of observation services, who stay is sufficiently long that they must be fed. • Identifies DRIs as example of determining the way nutritional needs are met. • Patients must be assessed for their risk of nutritional deficiencies or need for therapeutic diets and/or other nutritional supplementation. • Provides examples of patient who may have specialized dietary needs and may require a more detailed nutrition assessment.
§482.28(b)(2) 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. Interpretive Guidelines §482.28(b)(2) - (see SOM for full wording) • Responsibility of hospital to ensure that individuals are qualified under State law before granting them privileges to order diets. • If chooses to not grant ordering privileges to dietitians, the patient's diet must be prescribed by a practitioner responsible for the patient's care. A dietitian may assess patient's nutritional needs and provide recommendations or consultations.

In this Practice Tips, the CDR has chosen to use the term RDN to refer to both registered dietitians (RD) and registered dietitian nutritionists (RDN) and to use the term NDTR to refer to both dietetic technician, registered (DTR) and nutrition and dietetics technician, registered (NDTR).

References:

1. 42 CFR Parts 413, 416, 440 et al. Medicare and Medicaid Programs; Regulatory provisions to promote program efficiency, transparency, and burden reduction; Part II; Final rule (FR DOC #2014-10687; pp 27106-27157). US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accessed August 29, 2022. http://www.gpo.gov:80/fdsys/pkg/FR-2014-05-12/pdf/2014-10687.pdf
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