

## PRACTICE TIPS: Getting Started with Quality Improvement

Credentialed nutrition and dietetics practitioners are expected to provide quality services that are evaluated to assure quality outcomes. Quality practice requires systematic measurement of outcomes, regular performance evaluations, and continuous improvement. Consumers, third party payers, accreditation organizations and regulatory agencies expect quality, evidence-based nutrition care, and to access data that report quality measures and benchmark services. **Practice Tips: Getting Started with Quality Improvement** provide registered dietitian nutritionists (RDNs) and nutrition and dietetics technicians, registered (NDTRs) with steps to begin or advance understanding and to approach quality improvement (QI) implementation in every practice setting.

### Expert Tip

### NEW TO QI?

Start with a small-scale project and gain experience with the QI process and QI tools.

### Step 1: Understand QI basics

- **What is QI?**  
According to the Definitions of Terms List, quality improvement consists of systematic and continuous actions that lead to measurable improvement in services and/or the status of targeted individuals or groups.
- **Why do QI?**  
There are numerous reasons for why QI is conducted; main reasons include:
  - Reduces costs and waste; improves delivery of services and outcomes
  - Allows for better organizational strategic planning
  - Aligns departmental goals and objectives with an organization's mission and vision
  - Creates accountability for actions
  - Fosters positive interprofessional team relationships
  - Recognizes excellence
- **When is QI performed?**  
QI may be conducted at any time. Securing and evaluating appropriate data measures promotes QI action.
- **Who should do QI?**  
Leaders as *change agents* (individuals who promote/enable change) develop or actively participate, implement, report and discuss QI within their unit or the organization. RDNs and NDTRs from all backgrounds and settings initiate QI on a large or small scale. There is no degree or certification required to perform QI.

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- **How is QI completed?**  
Identify the preferred QI tool to be used in an organization as determined by its goals and project targets. There are many QI tools available.

## Step 2: Analyze and adopt QI tools and approaches

| Quality Improvement Tool   | Description   |
|--|---|
| <b>PDSA<br/>(Plan, Do, Study, Act)</b>                           | A shorthand for testing a change. Process develops a plan to test the change (Plan), carries out the test (Do), observes and learns from the consequences (Study), and determines what modifications should be made to the test (Act).  |
| <b>DMAIC<br/>(Define, Measure, Analyze, Improve, Control)</b>    | A data-driven quality strategy used to improve processes. It is an integral part of a Six Sigma initiative and may be implemented as a standalone quality improvement procedure or as part of process improvement initiatives.  |
| <b>SCAMPs<br/>(Standardized Clinical Assessment Mgmt. Plans)</b> | A plan that reduces costs and improves patient outcomes without the constraints often associated with standardized medical guidelines. It provides the clinicians the flexibility to deviate from recommendations as long as rationale is documented.   |
| <b>Fishbone (Ishikawa) Diagram</b>                               | A fishbone diagram, also called a cause and effect diagram or Ishikawa diagram, is a visualization tool for categorizing the potential causes of a problem in order to identify a root cause or causes.   |
| <b>Value Stream Mapping</b>                                      | A Lean Management tool that helps visualize the steps needed from product creation to the end-customer delivery. It aids in introspection (understanding the business better), as well as continuous analysis and incremental process improvement over time.  |
| <b>Lean Six Sigma</b>  | A method that relies on a collaborative team effort to improve performance by systematically removing waste and reducing variation. It combines Lean Manufacturing/Lean Enterprise and Six Sigma to eliminate the eight wastes of Lean which are defects, overproduction, waiting, non-utilized talent, transportation, inventory, motion and extra-processing. |

## Step 3: Use the Quality Resource Collection when planning QI projects and activities

Quality food and nutrition services that demonstrate measurable outcomes and are incorporated into healthcare standards of care and provider practice settings also elevate the unique contribution of food and nutrition professionals. The CDR Quality Management Committee formed the Quality Leader Alliance (QLA) with the charge of developing a quality reference collection. QLA members contributed by identifying and indexing over 100 quality-related resources used most frequently. There is a value-added appendix for educators and preceptors to assist students/interns with educational knowledge competencies.

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**LIKE TO LEARN MORE ABOUT QI?**  
The [Quality Resource Collection](#) highlights numerous books, articles, and QI tools.

**Step 4: Study the U.S. National Quality Strategy and the evolving role of RDNs and NDTRs in QI**

Review the two learning modules that educate credentialed nutrition and dietetics practitioners on quality strategy trends.

**Module I: Overview of Quality Strategies in Healthcare**

**Module II: Impact of Quality Strategies on RDNs and NDTRs**

**Step 5: Review QI project examples**

Examples of [Quality and Process Improvement Projects](#) support the efforts of encouraging RDNs and NDTRs to conduct quality improvement projects at their organizations. The projects illustrate the opportunities for growth and enhancement of knowledge and skills. Being a part of quality teams and quality initiatives expands the individual scope of practice for RDNs and NDTRs.

**Step 6: Examine real-life case studies**

Quality Leader Alliance (QLA) members utilize Virtual Huddles for networking on quality initiatives. A “Quickinar” was designed to present QLA members’ QI projects in a 30-minute timeframe. Quickinars are an easy, fast, and fun way to learn about quality improvement and change management project successes. See PRACTICE TIPS: *RDNs Evaluate Performance Systems and Processes Using Quality Improvement* and *RDNs Pivot During the Pandemic for Change Management Success*.

**Step 7: Review the Definition of Terms List**

The Definition of Terms List is a cumulative anthology of definitions. The definitions are broad based, have implications for use across nutrition and dietetics practice, and are consistent with the regulatory and legal needs of the profession. The terms are a resource for RDNs, NDTRs, and other practitioners. As a reference document, the definitions serve as standardized language for application in various practice settings. For references and Key Considerations regarding the following terms and definitions, see CDR’s webpage: <https://www.cdrnet.org/definitions>.

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**Expert Tip**

**LOOKING FOR DEFINITIONS ON QUALITY MEASURES?**

Review the Academy's/CDR's [Definition of Terms List](#).

| Term                                     | Definition/Description   |
|--|--|
| <b>Outcomes Management</b>               | Outcomes Management is a system for assessing and identifying preferred interventions or non-interventions that leads to a desired outcome.  |
| <b>Outcomes Management System</b>        | An Outcomes Management System is a system that evaluates the effectiveness and efficiency of an entire process such as the Nutrition Care Process, including cost and other relevant factors.  |
| <b>Performance Improvement</b>           | Performance Improvement is the systematic process of detecting and analyzing performance problems, designing, and developing interventions to address the problems, implementing the improvement interventions, evaluating the results, and sustaining the improvement(s).   |
| <b>Performance Measurement</b>           | Performance Measurement is the regular collection of data to assess whether the correct processes are being performed and desired results are being achieved.  |
| <b>Process Improvement</b>               | Process Improvement is the proactive task of identifying, analyzing and improving upon existing system processes within an organization for optimization and to meet new quotas or standards of quality.   |
| <b>Quality Assurance (QA)</b>            | Quality Assurance (QA) is the specification of standards for quality of service and outcomes, and a process throughout the organization for assuring that care and/or service is maintained at acceptable levels in relation to those standards. QA is on-going, both anticipatory and retrospective in its efforts to identify how the organization is performing, including where and why facility performance is at risk or has failed to meet standards. |
| <b>Quality Improvement (QI)</b>          | Quality Improvement (QI) consists of systematic and continuous actions that lead to measurable improvement in services and/or the status of targeted individuals or groups.  |
| <b>Quality Improvement Project (QIP)</b> | A Quality Improvement Project (QIP) is a set of related activities designed to achieve measurable improvement in a process of outcomes of care and/or service. A QIP should be a continuous process of learning, development and assessment, and part of a wider quality improvement program.  |
| <b>Quality Management</b>                | Quality Management is a continuous and ongoing systematic process which has four main components: quality planning (which may involve a quality improvement project); quality assurance; quality control (verifies deliverables are as specified); and continual improvement.  |

*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).*

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