

## **PRACTICE TIPS: RDNs Evaluate Performance Systems and Processes Using Quality Improvement**

To assist credentialed nutrition and dietetics practitioners with Quality Improvement (QI) knowledge and to meet their organizational goals and performance standards for providing the highest quality and safety patient/client care, the Quality Management Committee and its Quality Strategies Task Force, established the Quality Leader Alliance (QLA) in 2016.

The QLA is a cohort of registered dietitian nutritionists (RDNs) who perform an exceptional level of quality management activities. The QLA allows individuals to network with each other as well as communicate and educate food, nutrition and dietetics practitioners on quality management concepts and resources.

As networking is a primary goal of the QLA, the members utilize Virtual Huddles for showcasing and discussing 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 QI project successes! Twelve (12) Quickinars are now available for your viewing. The below list gives a brief synopsis for each topic detailing the application to RDNs and NDTRs and their quality roles in various practice areas.

### **1. [A Multidisciplinary Quality Improvement Project Improves Nutritional Status in Adults with Cystic Fibrosis](#)**

**Leader: Julianna Bailey, MS, RD, LD – December 12, 2017**

The inaugural Quickinar presents an interprofessional clinical QI project for improving nutrition status in an outpatient population. Project focus includes use of PDSA model and QI tools to engage staff through building a culture of quality. Barriers encountered during the planning and implementation of the complex clinical project, and solutions for overcoming obstacles were covered. Optimizing nutritional status of people with cystic fibrosis (CF), a chronic condition that significantly impacts nutritional status and leads to malnutrition was presented. Many RDNs have worked with this population, however, skills learned from Julianna’s review may be applied to any chronic disease state that RDNs encounter when providing medical nutrition therapy as part of a team in the ambulatory setting.

### **2. [Improving Nutritional Screening in an Acute Care Hospital](#)**

**Leader: Amber Vasquez, MS, RD, CNSC, CLC – March 8, 2018**

This Quickinar describes a large-scale institutional project focuses on determining if RDNs accurately identified patients needing nutrition intervention in an acute care setting. Amber discusses the multiple barriers encountered and how the group overcame obstacles by using a team approach including all stakeholders. The QI tool, FOCUS (Find, Organize, Clarify, Understand, Select) PDCA (Plan, Do, Check, Act), was used in the QI project and is a good example of a tool that applies to a variety of settings.

### **3. [Establishing RD Baseline and Continued Competence](#)**

**Leader: Joey Quinlan, MSH, RD, CSG, LD/N, FAND – July 18, 2018**

Accreditation organizations such as The Joint Commission and DNV GL Healthcare have recently been focusing on how facilities establish and ensure ongoing competence in clinical staff. Many health systems have not been able to adequately prove that RDNs are competent in job

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performance. Analysis and results found there are inadequate policies and procedures that do not reflect RDN staff ability and training. As a large hospital system addresses the problem, it led to a recommendation for improving staff assessment. During the Quickinar, Joey reviews the QI project undertaken which includes the four-part process of defining competence, establishing baseline competence, developing criteria for annual, and staff competence evaluation. Various QI tools were incorporated. The steps described in the QI project of RDN competence recognition may be applied in many settings.

4. [\*\*Implementation of Malnutrition Documentation in an Academic Medical Center\*\*](#)

**Leader: Anne Coltman, MS, RD, LDN, CNSC – September 13, 2018**

Identification and documentation of malnutrition by RDNs is a standard of practice completed nationwide. Appropriate coding and billing based on such documentation within a medical institution can be challenging. In the Quickinar, Anne discusses one Clinical Nutrition Coordinator's due diligence with malnutrition documentation in an academic medical center. A systematic approach using QI tools is described with application in other practice settings.

5. [\*\*Implementation of an RD Job Ladder\*\*](#)

**Leader: Joey Quinlan, MSH, RD, CSG, LD/N, FAND – November 8, 2018**

Faced with the need to create occupational options to retain RDN staff members, a new multi-tier career job ladder was developed based on position responsibilities, competencies and continuing education. The QI approach to the development of the career job ladder is a follow-up to the July 18, 2018 Quickinar: **Establishing RD Baseline and Continued Competence**. Joey addresses the challenges of staffing and employee engagement faced by RDNs in clinical nutrition management and discusses strategies creating opportunity for RDN advancement in clinical practice.

6. [\*\*Enculturing Bedside Shift Report Using PDSA Methodology\*\*](#)

**Leader: Sherri Jones, MS, MBA, RDN, LDN, SSGB, FAND – January 31, 2019**

Bedside shift report is an evidence-based best practice for nurses. In 2017, The Joint Commission issued a sentinel alert about inadequate handoff communication with interprofessional team members. The facility's Professional Practice Council adopted nursing bedside shift report as a practice for improvement efforts, and Sherri as the health system's RDN Improvement Specialist facilitated the QI project. The Quickinar demonstrates how other healthcare disciplines embark on QI, the benefit to using PDSA methodology, and how engaging frontline staff is vital to a successful change process. The methodology and lessons learned can also be applied to a nutrition and dietetics-related QI project.

7. [\*\*Malnutrition Diagnosis and Documentation by MDs\*\*](#)

**Leader: Rajesh Kumari, DSC, RDN – July 25, 2019**

A participant of Malnutrition Quality Improvement Initiative Learning Collaborative, Overlook Medical Center (OMC) conducted a gap analysis of Malnutrition clinical workflow. Preliminary data reflected malnutrition diagnosis rate was below the national average. In comparison to RDN's high risk and moderate risk assessment physician's recognition of malnutrition diagnosis was only 17%. Additionally, care gaps identified included a lack of interdisciplinary participation, inadequate knowledge about nutrition tools, and undertrained staff on Nutrition Focused Physical Exam. OMC prioritized malnutrition diagnosis and documentation as a major quality improvement initiative and

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incorporated the recommendations of the Consensus Statement from the Academy of Nutrition and Dietetics.

8. [\*\*IDDSI Journey from Plan to Implementation\*\*](#)

**Leader: Sandra Miller, MS, RDN, CDE – September 25, 2019**

Application of Lean Six Sigma is used to solve nutrition department system challenges. Sandra demonstrated how implementation of International Dysphagia Diet Standardization Initiative (IDDSI) is conducted across a large-scale multi-hospital system. The problem charter from initial plan to final implementation is reviewed along with the 7 standards of the IDDSI framework. Specifically, the DMAIC (Define, Measure, Analyze, Improve, Control) process is outlined which features tools such as process mapping and mini PDSA (Plan, Do, Study, Act) cycles. Large system project management is also demonstrated using Kanban and timelines.

9. [\*\*Increasing Percentage of Pediatric Patients with Diabetes Who See an Outpatient Dietitian Annually\*\*](#)

**Leader: Alison Ruffin, RD, LD, CNSC – December 12, 2019**

Completion of an annual outpatient dietitian visit for pediatric patients with diabetes is a best practice and a metric for U.S. News and World Report rankings. Quality improvement tools and methodologies were utilized to identify and obtain the correct measurement and goal, to implement small tests of change, and to ultimately change the process to produce desired results. Tools utilized include a key driver diagram, failure modes effects analysis, process map, PDSA (Plan, Do, Study, Act) cycles and a control chart.

10. [\*\*Optimizing use of a Patient Safety Event Reporting System to Include Data from Root Cause Analyses\*\*](#)

**Leader: Christina Mior Jackowetz, RD, CDN, MBA – February 13, 2020**

An electronic patient event reporting system, SafeConnect, is used to capture all patient safety events across the health system. Root cause analyses (RCAs) are completed on serious New York Safety-reportable events, although the documentation is not easily analyzed as it appears in several documents. This improvement project followed the DMAIC (Define, Measure, Analyze, Improve, Control) model for process improvement and aimed to optimize the RCA module in SafeConnect to increase efficiency in process and analysis.

11. [\*\*Improving Patient Access Using Lean Six Sigma Methodology\*\*](#)

**Leader: Christina M. Rollins, MBA, MS, RDN, LDN, FAND – April 28, 2020**

As healthcare options expand and reimbursement shrinks, meeting customer expectations to optimize operations and grow/maintain market share is key. In an effort to capture as many direct admissions as possible, this health system took a multidisciplinary, multi-facility approach using lean six sigma methodology to reduce time required to process a direct admission request originating at rural and critical access hospital emergency departments. By doing so, customer experiences improved—from patients and families to physicians, nurses, and even hospital administrators.

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**12. [Efficacy of Continuous Performance Improvement on a Food Safety Education Program for Hematopoietic Cell Transplant Recipients](#)**

**Leader: Paula Charuhas Macris, MS, RD, CSO, FAND, CD – May 14, 2020**

A weekly food safety class for patients and caregivers taught by RDNs is a novel and efficacious approach to offering nutrition education to high risk hematopoietic cell transplant patients. As a result, RDNs are burdened with numerous with non-value-added activities such as venue set up and gathering supplies. This project describes how Continuous Performance Improvement principles were applied to enhance quality, efficiency, and valued time to streamline a nutrition education program.

*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).*

Revised December 2022

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