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

FACT SHEET: RDNs Making an IMPACT

The IMPACT Act of 2014 requires submission and reporting of standardized specific clinical assessment and outcomes data by Post-Acute Care (PAC) providers – the RDN and NDTR.

The IMPACT Act:

- Incorporates standardized assessment, including components of the CARE tool, into existing assessment tools across PAC providers;
- Utilizes Measure Domains that are standardized;
- Requires development and public reporting of quality measures across settings;
- Applies measures that are approved by National Quality Forum (NQF) or through notice and comment rulemaking;
- Requires Hospitals and PAC providers to provide quality measures to consumers when transitioning to a PAC provider;
- Requires Health and Human Services (HHS) and Medicare Payment Advisory Commission (MedPAC) to conduct studies and reports to link payment to quality; and
- Adds funding for CMS to use payroll data to measure staffing in SNF setting.

Long-Term and Post-Acute Care Sectors

Understanding the *Improving Medicare Post-Acute Transformation Act of 2014 (IMPACT)* is essential for the RDN and NDTR who practice in the following settings:

	Skilled Nursing Facilities (SNF)	Long-Term Acute Care Hospitals (LTAC)	Inpatient Rehabilitation Facilities (IRF)	Home Health Agencies (HHA)
Definition	Facilities where there is skilled nursing available 24/7. [1]	LTACs provide care for patients who need longer than average hospital stays. [1]	Provides intensive rehabilitation therapy for patients who require and benefit from an inpatient stay and an interdisciplinary team approach to their rehabilitation care. [1]	Home care services can include medical, nursing, social, or therapeutic treatment with daily activities such as meal preparation, bathing, dressing, etc. Hospice care***** involves a team of skilled professionals and volunteers that provide complete medical, psychological, and spiritual care for the terminally ill. [1]
Length of Stay	The average stay is an SNF is anywhere from 28-43 days, but there are also long-term care residents under SNFs. [1]	Typically 25 days or more.[1]	Varies depending on patient. [1]	Individuals stay in their own homes, or reside in independent living or assisted living facilities.

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	Skilled Nursing Facilities (SNF)	Long Term Acute Care Hospitals (LTAC)	Inpatient Rehabilitation Facilities (IRF)	Home Health Agencies (HHA)
Type of Patient/ Resident	Residents have complex medical needs.	Patients are usually very ill, with medically complex issues, and access to these hospitals is crucial to this population of patients. [1]	Patients have complex nursing, medical management, and rehabilitation needs. [1]	Recovering, disabled, and chronically or terminally ill indiviuals.[1]

***Hospice Care will also be subject to a standards survey by a State or local survey agency, or an approved accreditation agency.

RDNs and NDTRs should note nutrition-related measure domains as described below:

Domains:			
Functional Status Determines assistance needed for activities of daily living and mobility+	**Skin Integrity** Pressure injuries/ulcers result from prolonged periods of uninterrupted pressure on the skin, soft tissue, muscle, and bone	**Falls or Major Injury** Experience one or more falls with major injury in post-acute setting	**Hospital Readmissions** An admission to an acute care hospital within 30 days of discharge from an acute care hospital
Measured by:			
Setting care tools: MDS, OASIS and IRF-PAI for improved care and outcomes as persons are discharged and admitted from centers of care.	Percent of individuals with Stage 2-4 pressure injuries/ulcers that are new or worsened since admission.	Percent of patients who have experienced one or more falls with major injury reported in the target period.	30 day readmission to the acute care setting.

Takeaway

The long-term goal is for the "individual' to be the only health care segment as more accountable care organization and medical home models are implemented. As person-centered healthcare is adopted, the need to add the long-term post-acute care segment defines the full spectrum of care. The emerging care models also encourage the care of an individual in the best care setting, at the right time, at the right acuity, and cost.

In this Fact Sheet, 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).

Reference:
1. Makam A, Grabowski D. Policy in Clinical Practice: Choosing Post-Acute Care in the New Decade. *Journal of Hospital Medicine.* 2021;16(3): 171-172. https://cdn.mdedge.com/files/s3fs-public/issues/articles/jhm01603171.pdf Accessed July 27, 2022.

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