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Emergency Preparedness Playbook

Quality of Leadership

Leadership activities within the organization and profession, volunteer leadership, mentorship

Example: RD or RDN is a manager, director or VP within an organization.

Quality of Organization

Systems, corporate structure, plans designed to empower RDNs or DTRs to make decisions at organization level

Example: All RDNs and DTRs within an organization are members of Academy of Nutrition and Dietetics.

Quality of Practice

Practice using systematic processes such as systemic measurement of outcomes, regular performance evaluations, and continuous improvement

Example: Use of Evidence Analysis Library as resource for evidence-based nutrition and dietetics practice.

Quality of Outcomes

Measurement of outcomes to document, evaluate and implement corrective quality processes

Example: Use of measurements such as GAP analysis and SWOT analysis to implement quality practice

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Executive Summary

The Standards of Excellence (SoE), developed by the Quality Management strengthen, differentiate, and communicate the important practice positions of the registered dietitian nutritionist (RDN) and the nutrition and dietetics technician, registered (NDTR) as collaborative, competent, confident and credible.

The SoE provide RDNs and NDTRs with a self-assessment tool to measure and evaluate their organization's programs, services, and initiatives; and promote the RDN brand as the professional expert in food and nutrition and dietetics practice, and the NDTR's technical role as integral to administrating quality nutrition care and services. (1)

The SoE include four strategies with indicators for excellence: Quality of Leadership; Quality of Organization; Quality of Practice; and Quality of Outcomes. (1) A strategy is a brief description of the competent level of nutrition and dietetics practice. An indicator is an action statement illustrating how each strategy can be applied in practice.
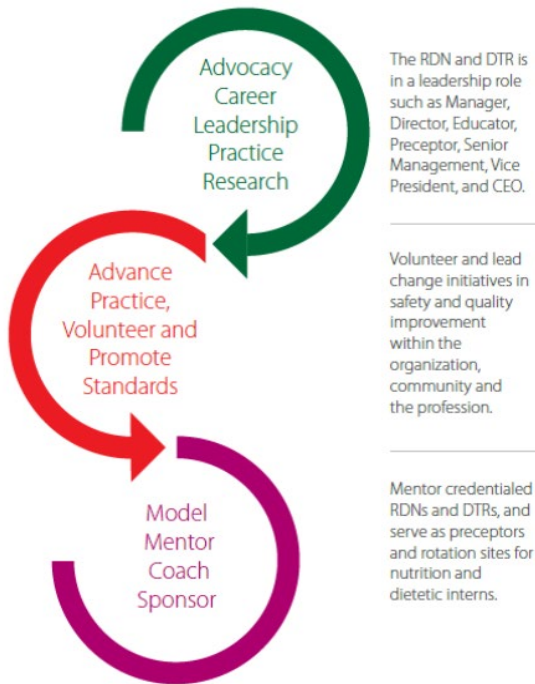
RDNs and NDTRs can use the SoE as a roadmap for their organization to achieve distinction as a Center of Excellence in Nutrition and Dietetics. For additional information on the Center of Excellence in Nutrition and Dietetics, please refer to the Commission on Dietetic Registration (CDR) webpage: https://www.cdrnet.org/excellence.

*The term **organization** is a universal term and could also mean program, department, facility, or business.*

In this resource, 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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Quality of Leadership

Transform your organization by implementing Standards of Excellence:

Advocacy
Career
Leadership
Practice
Research

The RDN and DTR is in a leadership role such as Manager, Director, Educator, Preceptor, Senior Management, Vice President, and CEO.

Advance Practice, Volunteer and Promote Standards

Volunteer and lead change initiatives in safety and quality improvement within the organization, community and the profession.

Model Mentor Coach Sponsor

Mentor credentialed RDNs and DTRs, and serve as preceptors and rotation sites for nutrition and dietetic interns.

Quality of Leadership

This strategy recognizes the RDN or NDTR in a leadership role who motivates RDNs and NDTRs to be the organization's food and nutrition experts. The RDN or NDTR is a transformational leader, one who inspires innovation and collaboration to rise to the challenge during times of emergency. In addition, the RDN or NDTR leader advocates the role of credentialed nutrition and dietetics practitioners; encourages practitioners to enhance their practice through knowledge and skill development to meet evolving needs of the organization; and creatively maintains precepting relationships with students/interns when there is opportunity. The organization recognizes the food and nutrition department as essential to the success of its mission and vision.
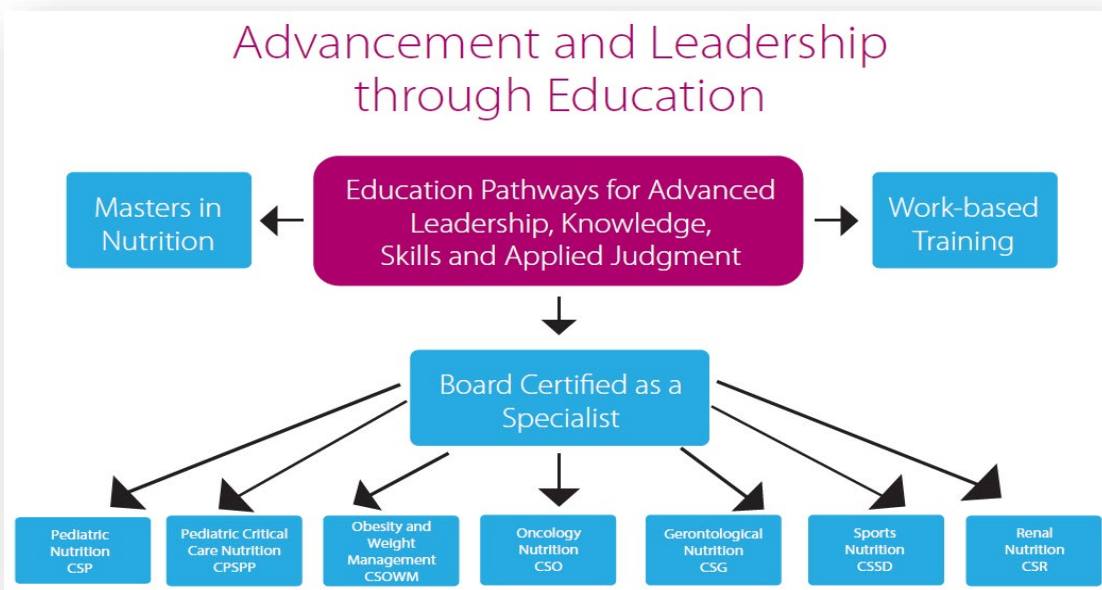
Quality of Organization

This strategy encompasses the organization's structure and the inclusion of RDNs and NDTRs in the emergency preparedness. RDNs and NDTRs are an integral part of the emergency preparedness plan and are assigned tasks appropriate to their individual scope of practice. Program's culture supports and encouragers continuous quality improvement with the emergency preparedness.

Quality of Organization

RDN Empowerment — Empowers RDN through leadership position or reorganization

Credentials and License — Promotes RDN credentials, competence, state license and membership with the Academy

Strategic Plan — Creates a strategic plan that is congruent with Academy's plan

Laws and Regulations — Complies with applicable federal, state and local laws and regulations

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Quality of Practice

This strategy describes the role of RDN and NDTR in participating in the organization's emergency preparedness plan by focusing on the RDN's and NDTR's use of appropriate resources consistent with Academy of Nutrition and Dietetics (Academy) and the Commission on Dietetic Registration (CDR) professional standards as well as utilizing quality improvement practices. The RDN and NDTR display professional competence by utilizing various practice resources: code of ethics, research and evidence-based practice, scope of practice in nutrition and dietetics, standards of practice in nutrition care, standards of professional performance, and the nutrition care process and standardized terminology. The organization identifies RDNs and NDTRs roll as essential workers and depend on them to fulfill responsibilities and be adaptable to the needs of the organization created by the emergency.

Advancement and Leadership through Education

Education Pathways for Advanced Leadership, Knowledge, Skills and Applied Judgment

- → Masters in Nutrition
- → Work-based Training

Board Certified as a Specialist

- Pediatric Nutrition CSP
- Pediatric Critical Care Nutrition CPSPP
- Obesity and Weight Management CSOWM
- Oncology Nutrition CSO
- Gerontological Nutrition CSG
- Sports Nutrition CSSD
- Renal Nutrition CSR

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Quality of Outcomes

This strategy considers whether the organization promotes the RDN's and NDTR's contribution to quality care by defining, measuring, and collecting nutrition-sensitive patient outcomes. The department/program has a system in place to measure, evaluate, improve, and disseminate information related to its emergency preparedness.
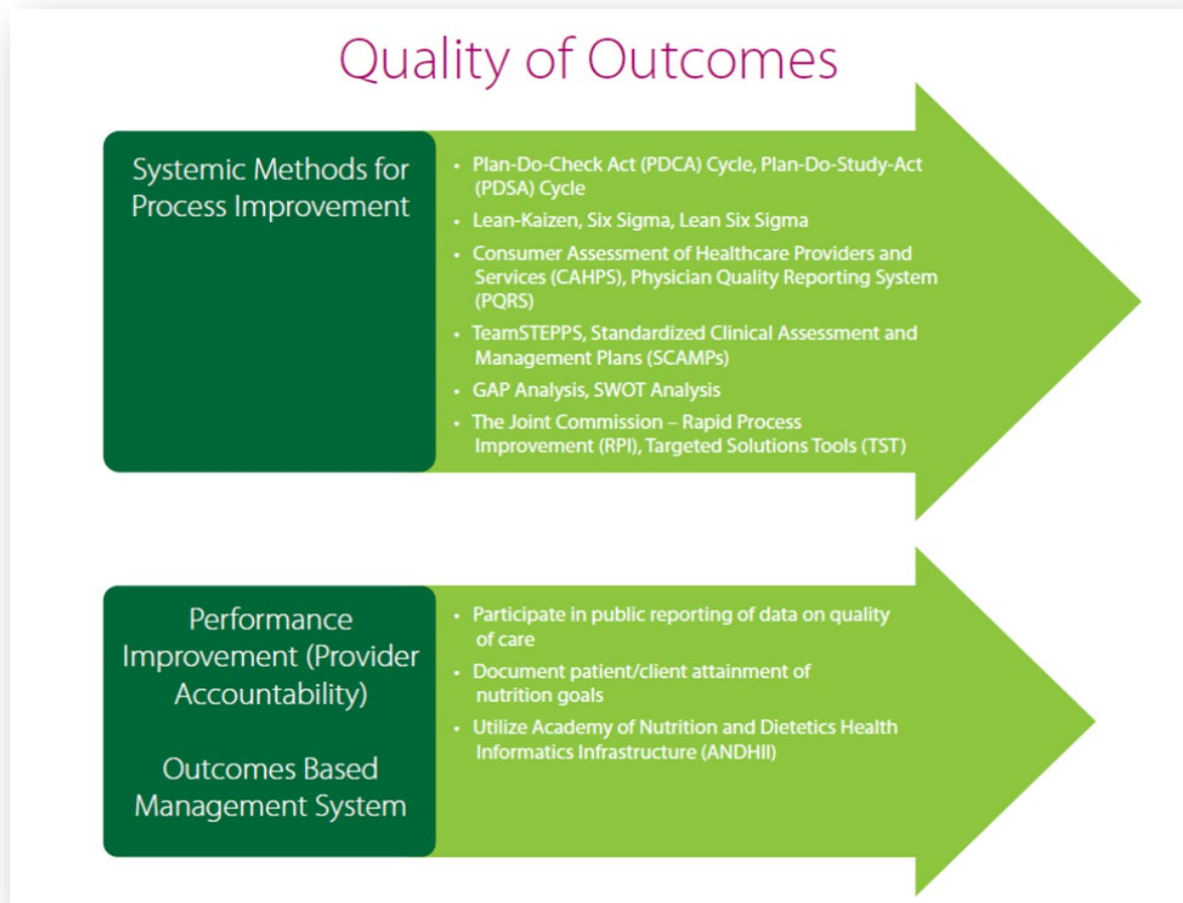
Playbook

For emergencies and unforeseen business healthcare issues, preparedness produces results. *According to Accenture, a playbook includes "process workflows, standard operating procedures, and cultural values that shape a consistent response—the play.* A playbook reflects a plan; an approach or strategy defining predetermined responses worked out ahead of time." (2) The Emergency Preparedness Playbook uses a framework which has been adapted from the National Quality Forum's Healthcare System Preparedness Measurement Framework Report (3). Emergency preparedness focuses on four phases of emergency management: mitigation, preparedness, response, and recovery and should build upon the department's, program's, and organization's current emergency management plan. Preparedness depends on successfully addressing the essential components in all these emergency management phases.

Emergency Practice Example

On March 11, 2020, the World Health Organization declared SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2, novel coronavirus-2019, COVID-19) a pandemic. As a result of the pandemic, organizations have had to adapt and respond to their community's needs. RDNs and NDTRs, as essential employees, have responded by taking on expanded duties and services in the screening, care, and treatment of COVID-19 patients/clients as well as within their community. RDNs and NDTRs have met this emergency by learning new skills; anticipating and accommodating the organization's needs;

> The Playbook includes the most applicable indicators to emergency preparedness from the four strategies. Organizations may apply indicators not included in this Playbook, can choose not to use every indicator, and are not limited to the indicators and examples provided. Strictly adhering to this Playbook does not in and of itself constitute preparedness at a point in time or for a particular setting or the best response to an **emergency**. It is the obligation of the organization and the RDN and NDTR leader to recognize and interpret situations, and know what strategies and indicators apply and in what ways they apply.

and proving themselves as essential employees and valued interdisciplinary team members.

In this Playbook, the Plan/Do/Check/Act process is presented to build upon the indicator (Plan) and describe how the plan may be interpreted in the scenario of an emergency (Do), implemented (Check), and followed through (Act). A practice example is provided to illustrate how the RDN and NDTR leader would carry out the indicator through the plan/Do/Check/Act process within the context of a pandemic.

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Resources

> This playbook ends with an exhaustive list of resources to assist RDNs and NDTRs prepare for emergencies, including the COVID-19 pandemic.

References

1. Price JA, Kent S, Cox S, McCauley, SM, Parekh, J, Klein, CJ. Using Academy Standards of Excellence in Nutrition and Dietetics for Organization Self-Assessment and Quality Improvement. *J Acad Nutr and Diet.* 2014. 8; 1277-1292. https://jandonline.org/article/S2212-2672(14)00451-1/fulltext.
2. Sterling Woods Blog. The Importance of Having a Playbook. May 29, 2018. https://sterlingwoods.com/blog/business-playbook/
3. The National Quality Forum: Healthcare System Preparedness Measurement Framework Final Report June 2019. http://www.qualityforum.org/Publications/2019/06/Healthcare_System_Readiness_Final_Report.aspx

Acknowledgements

Ambulatory

Quality of Leadership

Plan	Do	Check	Act
1.1 Aligns expectations for outstanding quality of food and nutrition practice with the organization/program Emergency Preparedness Task Force	The RDN or NDTR leader creates/ participates in the development of the organization's* Emergency Preparedness Task Force.	The RDN or NDTR leader consults appropriate RDN and NDTR team members regarding the department/program assigned role in the Emergency Preparedness Task Force plan to ensure expertise is utilized and the plan is feasible in all applicable areas and for all responsible staff.	The RDN or NDTR leader updates the emergency preparedness plan with changes based on staff feedback, and, if necessary, communicates changes to the Emergency Preparedness Task Force. The RDN or NDTR leader updates appropriate department policies and procedures to reflect emergency preparedness changes. The RDN or NDTR leader develops and implements training on the emergency preparedness policy and procedure changes.
Practice Example	Outpatient clinical programs must convert to telehealth. The RDN leader ensures appropriate staff are trained and credentialed in providing telehealth and integrated into interdisciplinary telehealth clinic models.		

* *The term **organization** is a universal term and could also mean program, department, facility, or business.*

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Plan	Do	Check	Act
1.2A Uses focus area Standards of Practice (SOP) and/or Standards of Professional Performance (SOPP) to expand knowledge and skills in specific practice areas**	The RDN leader uses the Focus Area Standards of Practice (SOP) and Standards of Professional Performance (SOPP) (i.e., Post-Acute and Long-Term Care SOP SOPP, Management in Food and Nutrition Systems SOPP, Diabetes Care SOP SOPP) for competent, proficient, expert levels of practice to support practice at the highest level of individual RDN scope of practice.	The RDN leader uses Focus Area SOP SOPP to provide guidance to RDN staff on enhancing competencies and support services such as: point of care testing, clinical privileging, telehealth, and coordinated community response.	The RDN leader identifies what emergency-related tasks are assigned to the RDNs; ensures the tasks are within the RDN's individual scope of practice; and arranges and documents training and competency assurance for newly assigned tasks in employee file.
Practice Example	The program/department is required to furlough clinic/outpatient program staff until local COVID-19 cases are below 5% positivity and patient volumes increase. The RDN leader notifies RDNs and encourages them to cross train with inpatient staff to offer clinical coverage for staffing outages. The RDN leader incentivizes staff by arranging for training and demonstration of competence related to inpatient medical nutrition therapy (MNT) and treatment of COVID-19, and updates employee files to include new competencies.		

** This indicator has been edited due to changes in practice and resources.

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Plan	Do	Check	Act
1.3 Evaluates core nutrition business to ensure market demands are met	The RDN or NDTR leader evaluates and guides RDN and NDTR availability, expertise and development to ensure core nutrition business needs are fulfilled while safeguarding staff and patients/clients.	The RDN or NDTR leader identifies business practices that increase risk of infection to staff or patient/client and develops a risk mitigation plan following organization guidelines and protocols. This plan is presented and approved by the organization's Emergency Preparedness Task Force or designated individual.	The RDN or NDTR leader reviews touchpoints when staff come in contact with patients/clients and determines best practice for minimizing exposure following organization and health department guidelines.
Practice Example	The RDN leader documents that all staff are provided with appropriate Personal Protective Equipment (PPE) and trained on how and when to wear/use PPE. A protocol is created for staff to safely connect with patient/clients/customers via in-person, telephone, or video conference following applicable Health Insurance Portability Accountability Act (HIPAA) guidelines; including if patients, clients, and customers are unreachable.		

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Plan	Do	Check	Act
1.6 Promotes mentorship of RDNs, NDTRs, interns, and students	The RDN evaluates commitments to precepting relationships throughout emergency consistent with organization and academic program guidelines.	The RDN develops creative preceptor opportunities for RDNs to fulfill preceptorship obligations to nutrition and dietetics students/interns; stays in contact with students/interns to resume precepting relationship at appropriate time.	Communicates plans and expectations to coordinated program/internship directors and students/interns. Follows up with and provides feedback to students/interns per agreed upon schedule.
Practice Example	Preceptor investigates with IT Department and Legal Team how a student/intern working from home may be part of virtual telehealth MNT appointments with the RDN. Preceptor may conduct virtual case studies or virtual check of nutrition focused physical exam.		

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Quality of Organization

Plan	Do	Check	Act
2.4 Encourages the RDN and NDTR to pursue trans-disciplinary roles	The organization/ program includes an RDN or NDTR in the nutrition and dietetics program within Emergency Preparedness Task Force. Supports effective workforce communication and workflow between the nutrition and dietetics program and interdependent departments and programs (e.g., nursing, other disciplines [social service, speech language pathologist, discharge planners], information technology, and academic/medical).	The RDN and NDTR identify areas they can assist with the emergency preparedness plan and develops a plan to obtain or enhance knowledge and skills to assure competence.	RDN and NDTR cross train within boundaries of professional scope of practice, demonstrated documented competence with necessary skills with other interdependent departments (e.g., nursing, pharmacy, rehabilitation) to assist during organization emergency response.
Practice Example	An RDN in private practice asks the NDTR to take a voluntary furlough. The RDN arranges training for the NDTR on COVID-19 contact tracing to assist with community response. The RDN compensates NDTR during training and holds the NDTR's position until role of contact tracer has ended.		

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Plan	Do	Check	Act
2.7 Engages food and nutrition services department/program in a culture of continuous performance improvement	The RDN or NDTR leader develops a systematic method to track and document effectiveness of organization and employee emergency preparedness tactics.	The RDN or NDTR leader creates, implements, and collects data on continuous quality improvement (CQI) measures specific to the organization's emergency response.	RDN or NDTR leader collects appropriate outcome data on CQI related to the emergency preparedness plan and alters the plan based on the significant results.
Practice Example	The RDN collects data on patient outcomes from nutrition interventions initiated during telehealth encounters (i.e., admission or readmission to acute care hospital, percentage of telehealth visits completed with the RDN, patient experience of/satisfaction with telehealth care), compares the data weekly to document advancement toward program goals, and alters services based on results to ensure quality care. The RDN works with the organization's Quality Improvement and Human Resources Departments to create the necessary skills with interdependent departments (e.g., nursing, pharmacy).		

Ambulatory

Quality of Practice

Plan	Do	Check	Act
3.4 The organization provides and promotes use of best available research, evidence, and new technologies for application to practice	The RDN or NDTR leader shares best available evidence and data, as available, within organization and published practice guidelines.	The RDN or NDTR leader views and promotes CDR and Academy practice resources, webinars, and Dietetic Practice Groups/Member Interest Groups to provide quality food and nutrition care and services. The RDN or NDTR leader uses CDR and the Academy as a resource to stay abreast of current best practices during the emergency.	The RDN or NDTR leader disseminates updates, information, and resources to staff and colleagues. The RDN or NDTR leader streamlines information to 'need to know' and summarizes key points of lengthy updates.
Practice Example	The RDN consulting at a large community food bank providing nutrition and cooking programs to the community changes to providing live classes and recorded classes on the food bank's Facebook page. The RDN prioritizes current COVID-19 information to the community as it relates to public health, food safety and nutrition security recommendations.		

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Plan	Do	Check	Act
3.5 Encourages food and nutrition team to collect data on best practices developed related to the emergency preparedness plan and disseminates findings	The RDN or NDTR leader supports the development of new knowledge and evidence-based research in nutrition and dietetics practice as it relates to the organization's emergency preparedness. The RDN or NDTR leader promotes sharing of best practices and data through alliances and collaboration between nutrition and dietetics practitioners and other professionals and organizations.	RDNs and NDTRs are encouraged to collect data related to the organization's emergency preparedness plan (e.g., types of nutrition care services provided; prevalence of malnutrition; patient/client and family concerns; and staff observations related to nutrition and food services).	The RDN or NDTR leader aggregates and shares nutrition and dietetics-related emergency preparedness data within the organization and peer groups.
Practice Example	The RDN leader reaches out to colleagues and collaborates on a data collection plan to create best practices for servicing patients via telehealth. The RDN leader works with other RDN leaders to compile data and best practices for an abstract to submit as a poster session for state affiliate's conference.		

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Plan	Do	Check	Act
3.9 Documents competence in practice and delivery of customer-centered service when learning new tasks	The RDN or NDTR leader advocates for provision of quality nutrition and dietetics services (i.e., nutrition care and access to healthy food) as part of community and public preparedness and response to the emergency. The RDN or NDTR incorporates the patient, client, community, and stakeholder stated needs into the emergency response.	RDNs and NDTRs are cross trained with appropriate peers to ensure coverage. RDNs and NDTRs are encouraged to gain new competencies such as assisting with patient intake process (i.e., temperature, weight, blood pressure) to assist organization with the emergency response.	The RDN and NDTR coordinate and cross train to gain education and competencies needed to execute the emergency preparedness plan.
Practice Example	The NDTR is trained by an RDN in providing group general nutrition education to the community via ZOOM platform. The RDN ensures the NDTR has demonstrated competence before moving forward, and documents in the NDTR personnel file. This value-added service to the established program is being offered in the community to increase program awareness within the targeted patient population.		

Ambulatory

Quality of Outcomes

Plan	Do	Check	Act
4.1 Uses an outcomes-based management system to evaluate safety, effectiveness, and efficiency of the RDN and NDTR practice	The RDN or NDTR collects patient/client outcomes compared to food and nutrition goals to demonstrate effectiveness of procedures and processes (existing or modified) in achieving desired outcomes to demonstrate fulfillment of emergency preparedness plan.	The RDN or NDTR leader measures and tracks data regarding patient/client, employee, and other stakeholder delivery of food and nutrition products and services, assessing whether the program's priorities are aligned with stated emergency preparedness plan.	The RDN or NDTR leader reports to the Emergency Preparedness Task Force or other appropriate organization group on clinical data, staffing reports, and other organizational and structural outcomes that support the safety, effectiveness, and efficiency of the program's execution of the emergency preparedness plan.
Practice Example	The RDN leader collects data on no-show rate, feedback on patient experience, and added staff time to assist patients/clients with technology for telehealth encounters; and compares to no-show rate, feedback on patient experience, and consult time for outpatient in-person services. The RDN leader reports data to Pandemic Preparedness Task Force and appropriate committees and makes recommendations on staffing and process changes based on data, including continuation of telehealth services post-pandemic.		

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Plan	Do	Check	Act
4.2 Uses a systematic performance improvement model that is based on practice, knowledge, evidence, and research	The RDN or NDTR leader improves performance or enhances services based on measured outcomes stated in the organization's emergency preparedness plan.	The RDN or NDTR leader compares actual performance to emergency preparedness goals.	The RDN or NDTR leader reports on actual performance to the Emergency Preparedness Task Force or other organization group and proposes strategies to meet goals while remaining flexible to alter the emergency response plan as needed in real time.
Practice Example	The RDN leader collects data on patients/clients receiving telehealth services and non-COVID-19 hospital admission; compares data to pre-COVID-19 parameters and adjusts telehealth services based on results.		

Clinical

Quality of Leadership

Plan	Do	Check	Act
1.1 Aligns expectations for outstanding quality of nutrition and dietetics practice with the organization/program Emergency Preparedness Task Force	The RDN or NDTR leader creates or participates in the development of the organization's* Emergency Preparedness Task Force.	The RDN or NDTR leader consults appropriate RDN and NDTR team members regarding the department or program assigned role in the Emergency Preparedness Task Force plan to ensure expertise is utilized and the plan is feasible in all applicable areas and for all responsible staff.	The RDN or NDTR leader updates the emergency preparedness plan with changes based on staff feedback, and, if necessary, communicates changes to the Emergency Preparedness Task Force. The RDN or NDTR leader updates appropriate department policies and procedures to reflect emergency preparedness changes. The RDN or NDTR leader develops and implements training on the emergency preparedness policy and procedure changes.
Practice Example	The staff of the food and nutrition department is asked to provide the Emergency Department with two staff members who will work during patient surges by taking temperatures and assigning waiting room areas. The RDN leader reviews expectation with staff; two staff members volunteer to perform the tasks. The RDN leader arranges for training and demonstration of competence; updates employee files to include new tasks and competence; and determines coverage for the two employees' department responsibilities.		

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Plan	Do	Check	Act
1.2A Uses focus area Standards of Practice (SOP) and/or Standards of Professional Performance (SOPP) to expand knowledge and skills in specific practice areas**	The RDN leader uses the Focus Area Standards of Practice (SOP) and Standards of Professional Performance (SOPP) (i.e., Clinical Nutrition Management SOPP, Nutrition Support SOP SOPP, Post-Acute and Long-Term Care SOP SOPP) for competent, proficient, expert levels of practice to support RDN staff to practice at the highest level of their individual scope of practice.	The RDN leader uses Focus Area SOP SOPP to provide guidance to RDN staff on enhancing competencies and support services such as: point of care testing, clinical privileging, emergency department triage assistance, unit creation, telehealth, and coordinated community response.	The RDN leader identifies what emergency-related tasks are assigned to the RDNs; ensures the tasks are within the RDN's individual scope of practice; and arranges and documents training and competency assurance for newly assigned tasks in employee file.
Practice Example	The RDN leader assigns an ICU RDN to a task force that is creating protocols for treating intubated COVID-19 patients. The ICU RDN reviews the most current literature and attends a Dietitians in Nutrition Support (DNS) Dietetic Practice Group (DPG) webinar on *Mechanical Ventilation Considerations for the Clinical Dietitian*. The ICU RDN suggests an enteral nutrition protocol for intubated COVID-19 patients based on current practices and best available research.		

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Plan	Do	Check	Act
1.3 Evaluates core nutrition business to ensure market demands are met	The RDN or NDTR leader evaluates and guides RDN and NDTR availability, expertise and development to ensure core nutrition business needs are fulfilled while safeguarding staff and patients/clients.	The RDN or NDTR leader identifies business practices that increase risk of infection to staff or patient/client and develops a risk mitigation plan following organization/program guidelines/protocol. This plan is presented and approved by the organization's/program's Emergency Preparedness Task Force or designated individual.	The RDN or NDTR leader reviews touchpoints when staff come in contact with patients/clients and determines best practice for minimizing exposure following organization and health department guidelines.
Practice Example	The RDN leader documents that all RDNs and NDTRs are provided with appropriate Personal Protective Equipment (PPE) and trained on how and when to wear PPE. A protocol is created for staff to safely connect with patient, clients, and customers via in-person, telephone, or video conference following applicable Health Insurance Portability Accountability Act (HIPAA) guidelines; including if patients, clients, or customers are unreachable. Par levels of required supplies (enteral formulas, bags, tubing, disposable items, non-perishable items) are assessed and reassess regularly.		

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Plan	Do	Check	Act
1.6 Promotes mentorship of RDNs, NDTRs, interns, and students	The RDN evaluates commitments to precepting relationships throughout emergency consistent with organization and academic program guidelines.	The RDN develops creative preceptor opportunities for RDNs to fulfill preceptorship obligations to nutrition and dietetics students/interns; stays in contact with students/interns to resume precepting relationship at appropriate time.	Communicates plans and expectations to coordinated program/internship directors and students/interns. Follows up with and provides feedback to students/interns per agreed upon schedule.
Practice Example	Preceptor is informed they are unable to host interns on site as the state is experiencing a patient surge event. Preceptor investigates with IT Dept and Legal Team how a student/intern working from home may be part of virtual telehealth MNT appointments with the RDN. Preceptor provides student/intern and internship director with option to either reschedule rotation or remotely perform tasks. Examples include assist with analyzing quality performance and improvement measures; create presentations and posters on the most recent nutrition guidance related to pandemic to be provided to medical units and clinical nutrition department; present case studies, change management and pivot-based projects virtually.		

Clinical

<u>Quality of Organization</u>

Plan	Do	Check	Act
2.4 Encourages the RDN and NDTR to pursue trans-disciplinary roles	The organization includes an RDN or NDTR in the nutrition and dietetics program within Emergency Preparedness Task Force. Supports effective workforce communication and workflow between the nutrition and dietetics program and interdependent departments and programs (e.g., nursing, other disciplines [social service, speech language pathologist, discharge planners], information technology, and academic/medical).	The RDN and NDTR identify areas they can assist with the emergency preparedness plan and develops a plan to obtain or enhance knowledge and skills to assure competence.	RDN and NDTR cross train within boundaries of professional scope of practice, demonstrated documented competence with necessary skills with other interdependent departments (e.g., nursing, pharmacy, rehabilitation) to assist during organization emergency response.
Practice Example	The NDTR is asked to provide feeding assistance to non-COVID-19 patients. The RDN leader ensures the NDTR has the competence to perform tasks related to feeding assistance to non-Covid-19 patients by cross-training with a Certified Nursing Assistant. After competence is demonstrated, the RDN leader ensures acquired skill set is documented in the NDTR's personnel file.		

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Plan	Do	Check	Act
2.7 Engages food and nutrition services department/program in a culture of continuous performance improvement	The RDN or NDTR leader develops a systematic method to track and document effectiveness of department, program and employee emergency preparedness tactics.	The RDN or NDTR leader creates, implements, and collects data on continuous quality improvement (CQI) measures specific to the organization's emergency response.	RDN or NDTR leader reports on CQI to appropriate organizational committee or task force. Department's or program's emergency preparedness plan is altered based on results of CQI.
Practice Example	The RDN compares the data weekly to document patient/client outcomes, alters care plans based on results to ensure quality care, and works with the organization's Quality Improvement Department or Research Department to create an analysis throughout the pandemic for future records or publications.		

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Quality of Practice

Plan	Do	Check	Act
3.4 The organization provides and promotes use of best available research, evidence, and new technologies for application to practice	The RDN or NDTR leader shares best available evidence and data, as available, within organization and published practice guidelines.	The RDN or NDTR leader views and promotes CDR and Academy practice resources, webinars, and Dietetic Practice Groups/Member Interest Groups to provide quality food and nutrition care and services. The RDN or NDTR leader uses CDR and the Academy as a resource to stay abreast of current best practices during the emergency.	The RDN or NDTR leader disseminates updates, information, and resources to staff and colleagues. The RDN or NDTR leader streamlines information to 'need to know' and summarizes key points of lengthy updates.
Practice Example	The RDN determines the best methodology to provide regular/as needed nutrition-related COVID-19 updates to staff and colleagues regarding patient population outcomes data. The RDN leads the interprofessional team discussion to determine if other team members are aware of more current practice evidence to consider when determining next steps for patient care.		

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Plan	Do	Check	Act
3.5 Encourages food and nutrition team to collect data on best practices developed related to the emergency preparedness plan and disseminates findings	The RDN or NDTR leader supports the development of new knowledge and evidence-based research in nutrition and dietetics practice as it relates to the organization's emergency preparedness. The RDN or NDTR leader promotes sharing of best practices and data through alliances and collaboration between nutrition and dietetics practitioners and other professionals and organizations.	RDNs and NDTRs are encouraged to collect data over time related to the organization's emergency preparedness plan (e.g., types of nutrition care and services provided; prevalence of malnutrition; patient/client and family concerns; and staff observations related to nutrition and food services)	The RDN or NDTR leader aggregates and shares nutrition and dietetics-related emergency preparedness data within the organization and peer groups.
Practice Example	The RDN leader reaches out to colleagues in local hospitals to collaborate on a data collection plan to document experiences with COVID-19 pandemic (e.g., age range; % receiving oral diet, enteral or parenteral nutrition; % at risk or with malnutrition using MST screening tool for adults, pediatric screening tool, or other common measure[s]). The RDN leader works with other RDN leaders to compile data and best practices for an abstract to submit as a poster session for state affiliate's conference.		

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Plan	Do	Check	Act
3.9 Documents competence in practice and delivery of customer-centered service when learning new tasks	The RDN or NDTR leader advocates for provision of quality nutrition and dietetics services (i.e., nutrition care and access to healthy food) as part of community and public preparedness and response to the emergency. The RDN or NDTR incorporates the patient, client, community, and stakeholder stated needs into the emergency response.	RDNs and NDTRs are cross trained with appropriate peers to ensure coverage. RDNs and NDTRs are encouraged to gain new competencies such as assisting with patient intake process (i.e., temperature, weight, blood pressure) to assist organization with emergency response.	The RDN and NDTR coordinate and cross train to gain education/competencies needed to execute the emergency preparedness plan.
Practice Example	The NDTR is trained by an RDN in providing additional patient diet and nutrition education. The RDN ensures the NDTR has demonstrated competence before moving forward, and documents in the NDTR's personnel file. This enhanced training now allows for an increased availability of RDNs to the ICU, where the lead RDN has obtained clinical privileges for nutrition-related services to support COVID-19 patient care.		

Clinical

Quality of Outcomes

Plan	Do	Check	Act
4.1 Uses an outcomes-based management system to evaluate safety, effectiveness, and efficiency of the RDN and NDTR practice	The RDN or NDTR collects patient/client outcomes compared to food and nutrition goals to demonstrate effectiveness of procedures and processes (existing or modified) in achieving desired outcomes to demonstrate fulfillment of emergency preparedness plan.	The RDN or NDTR leader measures and tracks data regarding patient/client, employee, and other stakeholder delivery of food and nutrition products and services, assessing whether the program's priorities are aligned with stated emergency preparedness plan.	The RDN or NDTR leader reports to the Emergency Preparedness Task Force or other appropriate organization group on clinical data, staffing reports, and other organizational and structural outcomes that support the safety, effectiveness, and efficiency of the program's execution of the emergency preparedness plan.
Practice Example	The RDN leader collects data from clinical RDN staff on the change in time allotted for patient encounters. This includes PPE dressing, performing assessment and re-assessment virtually (i.e., via telephone or staff provided information), task assignment changes to address staffing shortages, work from home, patient acuity, and cross training. The RDN leader reports the results to Pandemic Preparedness Task Force and appropriate committees and makes recommendations on staffing and process changes based on data.		

Plan	Do	Check	Act
4.2 Uses a systematic performance improvement model that is based on practice, knowledge, evidence, and research	The RDN or NDTR leader improves performance or enhances services based on measured outcomes stated in the organization's/program's emergency preparedness plan.	The RDN or NDTR leader compares actual performance to emergency preparedness goals.	The RDN or NDTR leader reports on actual performance to the Emergency Preparedness Task Force or other organization group and proposes strategies to meet goals while remaining flexible to alter the emergency response plan as needed in real time.
Practice Example	The RDN leader collects data on staffing positions and attendance of clinical nutrition staff and reports to Pandemic Preparedness Task Force. The RDN leader creates and implements a cross training schedule to ensure clinical coverage of staffing shortages.		

Food Service Management

Quality of Leadership

Plan	Do	Check	Act
1.1A Aligns expectations for outstanding quality management of food service with the organization's Emergency Preparedness Task Force	The RDN or NDTR leader participates, or designates an RDN or NDTR to participate, in the organization's* Emergency Preparedness Task Force.	The RDN or NDTR leader consults appropriate credentialed nutrition and dietetics practitioners and food service staff to ensure expertise is utilized and the department's emergency preparedness plan is feasible in all designated areas and for all responsible staff.	The RDN or NDTR leader notifies the Emergency Preparedness Task Force of any required changes to the food service contribution to the emergency preparedness plan. The RDN or NDTR leader reviews the department emergency preparedness plan and updates to reflect staff roles during an emergency. The RDN or NDTR leader updates appropriate department policies and procedures to reflect emergency preparedness changes.
Practice Example	The NDTR leader participates in the Pandemic Preparedness Task Force to create a plan to provide a safe eating environment for facility staff. The dining area must be arranged to maximize air flow and allow for adequate spacing between tables. Policies around staff PPE and customer mask expectations are created. A cleaning and sanitation schedule is created, and changes are communicated and enforced to staff and customers.		

* *The term **organization** is a universal term and could also mean program, department, facility, or business.*

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Plan	Do	Check	Act
1.2A Uses focus area Standards of Practice (SOP) and/or Standards of Professional Performance (SOPP) to expand knowledge and skills in specific practice areas**	The RDN leader uses the Focus Area Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for competent, proficient, and expert levels of practice to support RDN staff to practice at the highest level of their individual scope of practice.	The RDN leader uses Focus Area SOP and/or SOPP (i.e. Management in Food and Nutrition Systems SOPP, Sustainable, Resilient, and Healthy Food and Water Systems SOPP) to enhance staff competencies and support services such as: point of care testing, contact tracing, surge/cohort unit/hospital creation, and coordinated community response.	The RDN or NDTR leader participates in the organization's Emergency Preparedness Task Force and creation of a plan that includes food service. The RDN or NDTR reviews employee competencies and continuing education received and creates a plan for staff to receive, demonstrate and document required competencies to meet the plan's expectations. The RDN or NDTR leader updates employee files, department policies and procedures, and employee and department schedule to reflect new responsibilities.
Practice Example	The RDN leader manages a college food service department and agrees to assist in the community response to COVID-19 by allowing the facility to be a remote pick up location for the community food pantry. The RDN leader reviews RDN and NDTR staff competencies related to the procurement and distribution of donations; sanitation schedule of public area; and PPE expectations of staff and food pantry customers.		

** This indicator has been edited due to changes in practice and resources.

Plan	Do	Check	Act
1.3 Evaluates food service core business to ensure market demands are met	The RDN or NDTR leader uses existing audit and compliance forms to evaluate and guide RDN and NDTR expertise development ensuring core business needs are fulfilled while safeguarding staff and patients, clients, and customers.	The RDN or NDTR leader identifies business practices that increase risk of infection to staff or patient/client including evaluating customer-facing areas that may be adversely affected by reduced customer traffic and develops a risk mitigation plan and adjusts menu, purchasing and pricing accordingly following state and federal health and safety guidelines.	The RDN or NDTR leader identifies business practices that increase risk of infection to department staff, maintenance/ environmental services staff, vendor delivery personnel, cafeteria patrons, or patients/clients and develops a risk mitigation plan following state and federal health and safety guidelines. This plan is presented and approved by the organization's/ program's Emergency Preparedness Task Force or designated individual. RDNs and NDTRs, and other food service staff are cross trained in appropriate tasks to ensure coverage.
Practice Example	The RDN implements a meals-on-wheels delivery system for students in school district eligible for free or reduced-price meals. Support staff are instructed to communicate with customers via telephone to obtain information such as allergies and medical diets.		

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Plan	Do	Check	Act
1.6 Promotes mentorship of RDNs, NDTRs, interns, and students	The RDN evaluates commitments to precepting relationships throughout emergency consistent with organization and academic program guidelines, and state/federal health and safety guidelines.	The RDN develops creative preceptor opportunities for RDNs to fulfill preceptorship obligations to nutrition and dietetic students/interns; stays in contact with students/interns to resume precepting relationship at appropriate time.	The RDN communicates plans and expectations to coordinated program/internship directors and students/interns. Follows up with and provides feedback to students/interns per agreed upon schedule.
Practice Example	The RDN discusses options with intern and internship director, offering to either delay rotation or provide remote experiences as time allows.		

Food Service Management

Quality of Organization

Plan	Do	Check	Act
2.4 Encourages RDN and NDTR to pursue trans-disciplinary roles	The organization includes an RDN or NDTR from the Food and Nutrition Department within Emergency Preparedness Task Force. Supports effective workforce communication and workflow between the Food and Nutrition Department and interdependent departments (e.g., purchasing, environmental services, information technology, accounting, etc.).	The RDN and NDTR identify areas they can assist with the emergency preparedness plan and develops a plan to obtain competence.	The RDN and NDTR cross train within boundaries of professional scope of practice, demonstrated documented competence, with other interdependent departments to assist during organization emergency response.
Practice Example	The NDTR leader reviews the schedule and employee tasks; and creates and implements a cross training schedule for food service staff to provide coverage due to anticipated staffing shortages and to cover surges. The NDTR leader updates staff schedule, employee files, and department policies and procedures with new competencies.		

Plan	Do	Check	Act
2.7 Engages food and nutrition services department in a culture of continuous performance improvement	The RDN or NDTR leader develops a systematic method to track and document effectiveness of department, program and individual emergency preparedness tactics.	The RDN or NDTR leader creates, implements, and collects data on Continuous Quality Improvement (CQI) measures specific to organization's emergency response.	The RDN or NDTR leader reports on CQI to appropriate organization committee or task force. The department's or program's emergency preparedness plan is altered based on results of CQI.
Practice Example	The NDTR leader collects data on effectiveness of training in maintaining employee compliance with COVID-19 PPE guidelines, including proper face mask use, maintaining social distancing, and more frequent workstation sanitation.		

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Food Service Management

Quality of Practice

Plan	Do	Check	Act
3.4 The organization provides and promotes use of best available research, evidence and new technologies for application to practice	The RDN or NDTR leader shares best available evidence and data, as available, within organization.	The RDN or NDTR leader views and promotes CDR and Academy practice resources, webinars, and Dietetic Practice Groups/Member Interest Groups to provide quality food and nutrition care and services. The RDN or NDTR leader uses CDR and the Academy as a resource to stay abreast of current best practices during emergency.	The RDN or NDTR leader disseminates updates, information, and resources to staff and colleagues. The RDN or NDTR leader streamlines information to 'need to know' and summarizes key points of lengthy updates.
Practice Example	The NDTR leader uses best available guidance to arrange the food service department and workstations to ensure adequate employee spacing and minimize unnecessary employee interactions.		

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Plan	Do	Check	Act
3.5 Encourages food and nutrition team to collect data on best practices developed related to the emergency preparedness plan	The RDN or NDTR leader supports the development of new knowledge and evidence-based research in nutrition and dietetics practice as it relates to the organization's emergency preparedness. The RDN or NDTR leader promotes sharing of best practices and data through alliances and collaboration between nutrition and dietetics practitioners and other professionals and organizations.	RDNs and NDTRs are encouraged to collect data related to the organization's/program's emergency preparedness plan.	The RDN or NDTR leader collects food service-related emergency data (i.e., food/supply delivery delays or shortages, staffing, hours of operation, customers served {e.g., patients, cafeteria patrons, students}, customer satisfaction) which is aggregated and shared within the organization and peer groups.
Practice Example	The RDN leader collects data on how the pandemic has affected vulnerable members of the community. The RDN leader works with Social Service to facilitate RDN patient referrals to the community's home delivered meal program so patients without family support can receive a temporary supply of meals.		

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Plan	Do	Check	Act
3.9 Documents competence in practice and delivery of customer-centered service when learning new tasks	The RDN or NDTR leader advocates for provision of quality nutrition and dietetics services as part of public preparedness and response to the emergency. The RDN or NDTR incorporates the client, community, and stakeholder stated needs into the emergency response.	RDNs and NDTRs are cross trained with appropriate peers to ensure coverage. RDNs and NDTRs are encouraged to gain new competencies such as assisting with community response to the emergency (e.g., food pantries) and contact tracing to mitigate outbreaks.	The RDN and NDTR coordinate and cross train for education, training, and competencies needed to execute the emergency preparedness plan.
Practice Example	RDNs, NDTRs and support staff cross train to gain new competencies in food production and delivery and food service sanitation techniques to assist the organization with pandemic preparedness and response. The RDN or NDTR leader shares successes and promotes the RDN, NDTR, and food service staff as essential workers.		

Food Service Management

Quality of Outcomes

Plan	Do	Check	Act
4.1 Uses an outcomes-based management system to evaluate safety, effectiveness, and efficiency of the food service department	The RDN or NDTR collects data on food service-related outcomes compared to food and nutrition goals to demonstrate effectiveness of emergency preparedness plan.	The RDN or NDTR leader measures and tracks data regarding food/supply delivery delays or shortages, staffing, hours of operation, customers served (e.g., patients, cafeteria patrons, students), customer satisfaction assuring the department's/program's priorities are aligned with stated emergency preparedness plan.	The RDN or NDTR leader reports to the Emergency Preparedness Task Force or other appropriate organization group on operational and customer data, staffing reports, and other organizational and structural outcomes that support the safety, effectiveness, and efficiency of the food service department's execution of the emergency preparedness plan.
Practice Example	The NDTR leader collects data on staffing and coverage of PTO/sick days related to COVID-19 exposure and employee positive tests. The NDTR leader reports results to the Emergency Preparedness Task Force and uses the data to anticipate staffing needs.		

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Plan	Do	Check	Act
4.2 Uses a systematic performance improvement model that is based on practice, knowledge, evidence, and research	The RDN or NDTR leader improves performance or enhances services based on measured outcomes stated in the organization's emergency preparedness plan.	The RDN or NDTR leader compares actual performance to emergency preparedness goals.	The RDN or NDTR leader reports on actual performance to the Emergency Preparedness Task Force or other organization group and proposes strategies to meet goals while remaining flexible to alter the emergency response plan as needed in real time.
Practice Example	The NDTR leader collects data on food and supply delivery delays, shortages, and pricing variations of appropriate and adequate food and supplies, including shelf stable foods to reduce variance from planned menu. The NDTR leader reports financial results to the Pandemic Preparedness Task Force and uses data to anticipate department needs when ordering food and supplies.		

Post-Acute Long-Term Care

Quality of Leadership

Plan	Do	Check	Act
1.1A Aligns expectations for outstanding quality management of Food and Nutrition services with the organization's/program's Emergency Preparedness Task Force	The RDN or NDTR leader creates/ participates in the development of the organization's* Emergency Preparedness Task Force.	The RDN or NDTR leader consults appropriate food/dining service team members regarding the department/program assigned role in the Emergency Preparedness Task Force plan to ensure expertise is utilized and the plan is feasible in all applicable areas and for all responsible staff.	The RDN or NDTR leader updates the emergency preparedness plan with changes based on staff feedback, and, if necessary, communicates changes to the Emergency Preparedness Task Force. The RDN or NDTR leader updates appropriate department policies and procedures to reflect emergency preparedness changes. The RDN or NDTR leader develops and implements training on the emergency preparedness policy and procedure changes.
Practice Example	The NDTR Director of Food and Dining Services is directed by the emergency preparedness plan to provide all meals in resident rooms. The NDTR Director of Food and Dining Services works with the staff members to create a system to obtain resident preferences, deliver meal trays to resident rooms, and return trays from resident rooms to the Food and Dining Services department.		

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Plan	Do	Check	Act
1.2A Uses focus area Standards of Practice (SOP) and/or Standards of Professional Performance (SOPP) to expand knowledge and skills in specific practice areas**	The RDN leader uses the Focus Area Standards of Practice (SOP) and Standards of Professional Performance (SOPP) (i.e., Post-Acute and Long-Term Care SOP SOPP, Management in Food and Nutrition Systems SOPP, Diabetes Care SOP SOPP) for competent, proficient, expert levels of practice to support practice at the highest level of individual RDN scope of practice.	The RDN leader uses Focus Area SOP SOPP to provide guidance to RDN staff on enhancing competencies and support services such as: delegated orders and coordinated community response.	The RDN leader identifies what emergency-related tasks are assigned to the RDN; ensures the tasks are within the RDN's individual scope of practice; and arranges and documents training and competency assurance for newly assigned tasks in employee file or for facility's records if the RDN is a consultant.
Practice Example	The RDN is asked to create a protocol for the COVID-19 unit for Food and Nutrition Service staff to participate in resident rounds. RDN seeks additional information related to providing meal service and enteral and parenteral nutrition for the COVID-19 resident population, obtains demonstrated competence related to providing COVID-19 nutrition care, and updates staff files. Social distancing measures are included as part of the information included.		

** This indicator has been edited due to changes in practice and resources.

Plan	Do	Check	Act
1.3 Evaluates core nutrition business to ensure market demands are met	The RDN or NDTR leader evaluates and guides RDN and NDTR expertise development to ensure core nutrition business needs are fulfilled while safeguarding staff and residents.	The RDN or NDTR leader identifies business practices that increase risk of COVID-19 infection to staff or resident and develops a risk mitigation plan following organization guidelines and protocol. This plan is presented and approved by the organization's Emergency Preparedness Task Force or designated individual.	The RDN or NDTR leader reviews touchpoints when staff come in contact with residents and determines best practices for minimizing exposure following organization and health department guidelines.
Practice Example	The RDN leader documents that all staff are provided with appropriate Personal Protective Equipment (PPE) and trained on how and when to wear/use PPE. A training protocol is developed for staff to safely connect with all Covid-19 residents via in-person, telephone, or video conference following applicable Centers for Disease Control (CDC)/Health Insurance Portability Accountability Act (HIPAA) guidelines.		

Plan	Do	Check	Act
1.6 Promotes mentorship of RDNs, NDTRs, interns, and students	The RDN evaluates commitments to precepting relationships throughout emergency consistent with organization and academic program guidelines.	The RDN develops creative preceptor opportunities for RDNs to fulfill preceptorship obligations to nutrition and dietetics students/interns; stays in contact with students/interns to resume precepting relationship at appropriate time.	Communicates plans and expectations to coordinated program/internship directors and students/interns. Follows up with and provides feedback to students/interns per agreed upon schedule.
Practice Example	RDN works with the intern and internship director to either postpone rotation or develop remote learning opportunities. Examples include train staff virtually, create and discuss Quality Improvement Projects, present case studies, change management, and pivot-based projects virtually.		

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Post-Acute Long-Term Care

Quality of Organization

Plan	Do	Check	Act
2.4 Encourages the RDN and NDTR to pursue trans-disciplinary roles	The organization includes an RDN or NDTR in the Food and Dining Services Department within the Emergency Preparedness Task Force. Supports effective workforce communication between Food and Dining Services and interdependent departments and programs (e.g., nursing, other disciplines [social service, speech language pathologist, discharge planners], and information technology).	The RDN and NDTR identify areas they can assist with the emergency preparedness plan and develops a plan to obtain or enhance knowledge and skills to assure competence.	RDN and NDTR cross train within boundaries of professional scope of practice, demonstrated documented competence with necessary skills with other inter departments (e.g., nursing, pharmacy, rehabilitation) to assist during organization emergency response.
Practice Example	The NDTR cross trains with a certified nursing assistant or speech language pathologist to gain demonstrated competence to provide feeding assistance to non-COVID-19 residents. NDTR obtains training, demonstrates competence, and the acquired skill set is documented in the NDTR's personnel file. The NDTR's new schedule is determined, and work schedule is adjusted accordingly.		

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Plan	Do	Check	Act
2.7 Engages food and nutrition services department/program in a culture of continuous performance improvement	The RDN or NDTR leader develops a systematic method to track and document effectiveness of department, program and employee emergency preparedness tactics.	The RDN or NDTR leader creates, implements, and collects data on continuous quality improvement (CQI) measures specific to the organization's emergency response.	RDN or NDTR leader collects appropriate outcome data on CQI related to the emergency preparedness plan and alters the plan based on significant results.
Practice Example	In a post-acute long-term care facility, the RDN collects outcomes data on a new Covid-19 resident such as BMI, weight change, food preference, ability to feed self, and oral intake. The RDN compares the collected data weekly, documenting resident advancement toward determined program goals; alters services based on outcomes to ensure quality care; and works with the organization's Quality Assurance and Performance Improvement (QAPI) Department to create education tools for collaborating with the Interdisciplinary Team (e.g., nursing, pharmacy, physician, rehabilitation, activities, social service, discharge planner).		

Post-Acute Long-Term Care

Quality of Practice

Plan	Do	Check	Act
3.4 The organization provides and promotes use of best available research, evidence, and new technologies for application to practice	The RDN or NDTR leader shares best available evidence and data, as available, within organization and published practice guidelines.	The RDN or NDTR leader views and promotes CDR and Academy practice resources, webinars, and Dietetic Practice Groups/Member Interest Groups to provide quality food and nutrition care and services. The RDN or NDTR leader uses CDR and the Academy as a resource to stay abreast of current best practices during pandemic.	The RDN or NDTR leader disseminates updates, information, and resources to staff and colleagues. The RDN or NDTR leader streamlines information to 'need to know' and summarizes key points of lengthy updates.
Practice Example	The NDTR maintains department procedures and monitor's compliance of Food and Dining Services staff use of PPE, employee distancing, and cleaning practices/schedules.		

Plan	Do	Check	Act
3.5 Encourages food and nutrition services team to collect data on best practices developed related to the emergency preparedness plan and disseminate findings	The RDN or NDTR leader supports the development of new knowledge and evidence-based research in nutrition and dietetics practice as it relates to the organization's emergency preparedness. The RDN or NDTR leader promotes sharing of best practices and data through alliances and collaboration between nutrition and dietetics practitioners and other professionals and organizations.	RDNs and NDTRs are encouraged to collect data over time related to the organization's emergency preparedness plan (e.g., types of nutrition care and services provided; prevalence of malnutrition; resident and family concerns; and staff observations related to food and dining services).	The RDN or NDTR leader aggregates and shares food and dining-related emergency preparedness data within the organization and peer groups.
Practice Example	The RDN leader reaches out to colleagues and collaborates on a data collection plan to create best practices for providing meal service to a COVID-19 residential unit. The RDN leader works with other RDN leaders to compile data and best practices for an abstract to submit as a poster session for state affiliate's conference.		

Plan	Do	Check	Act
3.9 Documents competence in practice and delivery of resident-centered service when learning new tasks	The RDN or NDTR leader advocates for provision of quality food and dining services (i.e., nutrition care and access to healthy food) as part of community and public preparedness and response to the emergency. The RDN or NDTR incorporates the resident, community, and stakeholder stated needs into the emergency response.	RDNs and NDTRs are encouraged to develop departmental guidelines/protocols (i.e., in room resident dining, emergency menus, emergency staffing schedules) to assist organization with emergency response.	The RDN and NDTR communicate emergency guidelines and protocols to staff to execute the emergency readiness plan.
Practice Example	The RDN develops acceptable substitution guideline or protocol for menu items that have been ordered but not delivered.		

Post-Acute Long-Term Care

Quality of Outcomes

Plan	Do	Check	Act
4.1 Uses an outcomes-based management system to evaluate safety, effectiveness, and efficiency of the RDN and NDTR practice	The RDN or NDTR collects resident outcomes compared to food and nutrition goals to demonstrate effectiveness of procedures and processes (existing or modified) in achieving desired outcomes to demonstrate fulfillment of emergency preparedness plan.	The RDN or NDTR leader measures and tracks data regarding resident, employee, and other stakeholder delivery of food and nutrition products and services, assessing whether the program's priorities are aligned with stated emergency preparedness plan.	The RDN or NDTR leader reports to the Emergency Preparedness Task Force or other appropriate organization group on clinical data, staffing reports, and other organizational and structural outcomes that support the safety, effectiveness, and efficiency of the food and dining service program's execution of the emergency preparedness plan.
Practice Example	The NDTR leader collects data on providing meal service in resident rooms, including resident and staff feedback, menu changes and substitutions, and plate waste as an indicator of satisfaction. The RDN leader reports results to Pandemic Emergency Task Force and appropriate department/organization leaders and makes recommendations on staffing and process changes based on data collected.		

Plan	Do	Check	Act
4.2 Uses a systematic performance improvement model that is based on practice, knowledge, evidence, and research	The RDN or NDTR leader improves performance or enhances services based on measured outcomes stated in the organization's/program's emergency preparedness plan.	The RDN or NDTR leader compares actual performance to emergency preparedness goals.	The RDN or NDTR leader reports on actual performance to the Emergency Preparedness Task Force or other organization group and proposes strategies to meet goals while remaining flexible to alter the emergency response plan as needed in real time.
Practice Example	The RDN leader collects data on types of nutrition services (e.g., screenings for nutrition risk, assessments, nutrition counseling), hours per intervention or services, RDN to resident ratio, foodservice/dining activities and hours, and team meetings, and suggests coverage options to prevent staff burnout.		

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EMERGENCY AND COVID-19 RESOURCES

Scope and Standards of Practice Resources

https://www.cdrnet.org/scope

- Revised 2017 Scope of Practice for the Registered Dietitian Nutritionist
- Revised 2017 Scope of Practice for the Nutrition and Dietetics Technician, Registered
- Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists
- Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered
- Focus Area Standards
- Scope of Practice Decision Algorithm

Code of Ethics Resources

https://www.cdrnet.org/codeofethics

- What is the Code?
- Informational Handout
- Ethics CPEU Requirement Resources

CDR Case Studies and Practice Tips

https://www.cdrnet.org/tips

Case Studies

Clinical

- Recommendations by RDN for Physical Activity Guidance
- Screening for Swallowing Difficulty by RDNs
- Initiating Orders for Nutrition-Related Laboratory Tests for RDNs Practicing in Hospital, Ambulatory and Private Practice Settings
- RDN to Write Independent Parenteral Nutrition (PN) /Enteral Nutrition (EN) Orders
- RDNs in Diabetes Education and Care Plan Management that Includes Medication Adjustments

IMPACT Act of 2014

- Incidence of Major Falls
- Functional Status and Cognitive Function
- Potentially Preventable Hospital Readmissions Rates
- Skin integrity and Changes in Skin integrity
- Fact Sheet: RDNs Making an IMPACT

Health and Wellness

- RDNs and Health and Wellness Coaching
- NDTRs and Health and Wellness Coaching

Telehealth

- RDNs Delivering Telehealth Nutrition-Related Services in Hospital Outpatient Setting
- RDNs Delivering Telehealth Diabetes Care and Education-Related Services
- NDTRs Delivering Telehealth Nutrition-Related Services

Practice Tips:

Competence

- [Considerations for the 'Non-Registered' Status Individual Practicing in the Nutrition and Dietetics Field](#)
- [Considerations for Retired Credentialed Practitioners](#)
- [Competence in Practice](#)
- [Delivery of Nutrition-Related Services Using Telehealth](#)
- [Legal Implications of Scope of Practice](#)
- [NDTRs and Autonomy](#)
- [RDN-NDTR Team — Steps to Preserve](#)
- [Using Practice Standards to Inform your Professional Development Portfolio](#)
- [What is Meant by "Under the Supervision of the RDN?"](#)
- [When to Cosign](#)

Nutrition Order Writing

- [Hospital Regulation- Ordering Privileges for the RDN](#)
- [Implementation Steps- Ordering Privileges for the RDN](#)
- [Reform Requirements for RDNs and NDTRs in Long Term Care Facilities](#)

Public/Population Health and Community Nutrition

- [Addressing Food and Nutrition Insecurity](#)
- [Cultural Competence Resources](#)

Management

- [Medical Records: More Than the Health Insurance Portability and Accountability Act](#)

Quality Improvement

- [Getting Started with Quality Improvement](#)
- [RDNs Evaluate Performance Systems and Processes Using Quality Improvement](#)
- [RDNs Pivot during the Pandemic for Change Management Success](#)

Academy Practice Resources (requires Academy membership or purchase)

- Academy Foodservice webpage https://www.eatrightpro.org/practice/dietetics-resources/foodservice
- Academy Food Security and Sustainability webpage https://www.eatrightpro.org/practice/dietetics-resources/food-security-and-sustainability
- Academy Public Health and Community webpage https://www.eatrightpro.org/practice/dietetics-resources/public-health-and-community
- Communicating Nutrition: The Authoritative Guide (Book) https://www.eatrightstore.org/product-type/books/communicating-nutrition-the-authoritative-guide
- MNT Provider https://www.eatrightpro.org/career/payment/medical-nutrition-therapy/mnt-provider
- Pocket Guide to Enteral Nutrition, 2nd Ed. https://www.eatrightstore.org/product-type/ebooks/pocket-guide-to-enteral-nutrition-2-ed--ebook
- Telehealth Quick Guide: https://www.eatrightpro.org/practice/practice-resources/telehealth

Dietetic Practice Groups (DPG) and Member interest Groups (MIG) (log in required)

Review DPGs and MIGs applicable to your population and area of management, the below list of DPG COVID-19 resources are not all-inclusive.

- Clinical Nutrition Management (CNM) DPG
  - COVID-19 Resources https://www.cnmdpg.org/members/page/covid-19-resources
  - Leadership - Management - Staff Development https://www.cnmdpg.org/members/page/leadership-and-staff-development
  - Parenteral and Enteral Nutrition https://www.cnmdpg.org/members/page/parenteral-nutrition
- Dietitians in Health Care Communities (DHCC) DPG
  - Food Service Management and Production https://dhcc.eatrightpro.org/resources/food-src-mng
  - COVID-19 Resources https://dhcc.eatrightpro.org/resources/food-src-mng/covid-19-resources
- Healthy Aging DPG
  - COVID-19 Podcasts https://www.hadpg.org/page/covid-19-podcasts
- Hunger and Environmental Nutrition (HEN) DPG
  - COVID-19 Working Resource Document https://hendpg.org/members/covid19/
  - Webinar: Food Security and Access During Coronavirus: A Vermont Study https://hendpg.org/webinars/#8f76bc93-7801-441f-8c5a-425f4ac65e29
- Global Nutrition MIG
  - Resource Library: Communicable Diseases: COVID-19 https://gmig.eatrightpro.org/gmig/resource-library0/resource-library
- Management in Food and Nutrition Systems (MNFS) DPG
  - Webinar: Front Line RDN's: Positive Outcomes and Nutrition Interventions from New Jersey's Pandemic Epicenter https://www.rdmanager.org/docs/Webinar%20(invited%20groups)/MFNS%20webinar%20handout%207_2020.pdf
  - COVID-19 Resources https://www.rdmanager.org/page/covid-19-resources
  - Emergency Preparedness/Disaster Planning https://www.rdmanager.org/members/resources.cfm?category=6

Academy Groups (log in required)

- Nutrition and Dietetic Educators and Preceptors (NDEP)
  - NDEP-Line Newsletter https://www.eatrightpro.org/ndep/ndep-member-resources/ndep-line-newsletter
- Accreditation Council for Education in Nutrition and Dietetics (ACEND)
  - ACEND Updates https://www.eatrightpro.org/acend/public-notices-and-announcements/acend-update

Academy Foundation Resources (log in required)

- Healthy Food Bank Hub https://eatrightfoundation.org/why-it-matters/public-education/healthy-food-bank-hub/
- Prioritizing Food Security Solutions https://eatrightfoundation.org/why-it-matters/public-education/food-security-solutions/
- Disaster Relief fund https://eatrightfoundation.org/scholarships-funding/disaster-relief-fund-application/