

PRACTICE TIP: What is meant by “Under the Supervision of a Registered Dietitian Nutritionist”?

The definition of supervision is contextual. It varies by setting, by profession, and by intent. For example, supervision may be categorized as to whether it is managerial, clinical, personal, or professional. Further, an individual’s experience in a work setting with supervision may affect their understanding of who a supervisor is and what supervision entails. In formulating a clear and precise definition of the term supervision as it applies to the Revised 2017 Standards of Practice (SOP) in Nutrition Care and Standards of Professional Performance (SOPP) for Nutrition and Dietetic Technicians, Registered (NDTRs), and Scope of Practice for the NDTR both legal definitions and definitions used in similar practice circumstances were identified and analyzed.

Supervision is described in the Revised 2017 SOP in Nutrition Care and SOPP for NDTRs as follows:

“Registered Dietitian Nutritionists (RDNs) are accountable for the nutrition care of patients/clients in various health care settings (eg, hospitals, nursing homes, home health agencies, clinics, end-stage renal facilities), public health programs (eg, Special Supplemental Nutrition Program for Women, Infants, and Children), and nutrition services provided by the Older Americans Act (through provision of daily meals provided in congregate and home-delivered settings). NDTRs may be supervised by RDNs in any of these settings in which patient-/client-/population-centered care is provided.

In many health care settings, an NDTR and other staff may be available to assist the RDN and implement routine delivery of food and nutrition services to the patient/client/customer. An RDN in these settings may assign activities to the NDTR and other support personnel consistent with the individual’s qualifications and competence. The RDN is responsible for overseeing duties assigned to others and must answer to patients/clients/advocates, employers, regulators, and boards of dietetics licensure if care is compromised.

The RDN may assign certain tasks for the purpose of obtaining needed information (eg, screening data, diet history) or communicating with and educating patients/clients/populations. An RDN may assign interventions within the NDTR scope of practice and demonstrated and documented competence, such as nutrition education, monitoring consumption of meals and medical food/nutrition supplements, and referring patients/clients to community agencies and programs. The NDTR and other professional, technical, and support staff can contribute valuable information and observations to the RDN that supports quality patient-/client-/population-centered care.

Whether the supervision is direct (RDN is on premises and immediately available) or indirect (RDN is immediately available by telephone or other electronic means) is determined by regulations and the organization’s policies and procedures.

Additional considerations include regulations, state dietitian/nutritionist licensure statutes, and rules that may include definitions of supervision and scope of practice specifications for professional, technical, and other support staff. Federal and state rules and regulations for health care facilities, dialysis centers, and food and nutrition assistance programs specify the responsibilities for the qualified dietitian.

Organization accreditation must also be considered. Standards address compliance with federal and state regulations and may specify additional requirements for an RDN and/or NDTR.

This description of supervision as it relates to the RDN/NDTR team is not synonymous with managerial supervision or oversight, clinical supervision used in medicine and mental health fields (eg, peer-to-peer), supervision of provisional licensees, and/ or supervision of dietetic interns and students.”

Reference: Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered. *J Acad Nutr Diet*. 2018; 118(2): 317-326.

Centers for Medicare and Medicaid Services (CMS) - State Operations Manual
Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals

§482.28 Condition of Participation: Food and Dietetic Services

(Rev. 200, Issued: 02-21-20; Effective/Implementation Date: 10-17-08)

§482.28(a)(2) - There must be a qualified dietitian, full-time, part-time or on a consultant basis.

Interpretive Guidelines §482.28(a)(2)

A qualified dietitian must supervise the nutritional aspects of patient care. Responsibilities of a hospital dietitian may include, but are not limited to:

- Approving patient menus and nutritional supplements;
- Patient, family, and caretaker dietary counseling;
- Performing and documenting nutritional assessments and evaluating patient tolerance to therapeutic diets when appropriate;
- Collaborating with other hospital services (e.g., medical staff, nursing services, pharmacy service, social work service, etc) to plan and implement patient care as necessary in meeting the nutritional needs of the patients;
- Maintaining pertinent patient data necessary to recommend, prescribe, or modify therapeutic diets as needed to meet the nutritional needs of the patients.

Qualification is determined on the basis of education, experience, specialized training, State licensure or registration when applicable, and maintaining professional standards of practice.

If the qualified dietitian does not work full-time, and when the dietitian is not available, the hospital must make adequate provisions for dietary consultation that meets the needs of the patients. The frequency of consultation depends on the total number of patients, their nutritional needs and the number of patients requiring therapeutic diets or other nutritional supplementation.

Survey Procedures §482.28(a)(2)

- Review the dietitian's personnel file to determine that he/she is qualified based on education, experience, specialized training, and, if required by State law, is licensed, certified, or registered by the State.
- If the dietitian is not full-time, determine that the number of hours spent working is appropriate to serve the nutritional needs of the patients, and that the hospital makes adequate provisions for qualified consultant coverage when the dietitian is not available.

§482.28(a)(3) - There must be administrative and technical personnel competent in their respective duties.

Interpretive Guidelines §482.28(a)(3)

Administrative and technical personnel must be competent in their assigned duties. This competency is demonstrated through education, experience and specialized training appropriate to the task(s) assigned. Personnel files should include documentation that the staff member(s) is competent in their respective duties.

Survey Procedures §482.28(a)(3)

Review personnel files for administrative and technical staff to determine they have appropriate credentials as required and have received adequate training and are competent in their respective duties.

Reference: Center for Medicare & Medicaid Services. *State Operations Manual*. Appendix A: Hospital Conditions of Participation. Available online at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf. Accessed September 24, 2021.

Centers for Medicare and Medicaid Services - State Operations Manual **Appendix PP - Guidance to Surveyors for Long Term Care Facilities –Rev. 208, 10-21-22**

§483.60 Food and Nutrition Services F800 (Rev. 173, Effective 11-28-17)

The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs taking into consideration the preferences of each resident.

F801

§483.60 (a) Staffing

The facility must employ sufficient staff with the appropriate competencies and skill sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).

This includes:

- §483.60(a)(1)** A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who—
- (i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose.
 - (ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional.
 - (iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met the requirements if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization or meets the requirements of (a)(1)(i) and (ii) of this section.

§483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services who--

- (i) is
- (A) A certified dietary manager; or
 - (B) A certified food service manager; or
 - (C) Has similar national certification for food service management and safety from a national certifying body; or
 - (D) Has an associate's or higher degree in food service management or in hospitality, if the course of study includes food service or restaurant management, from an accredited institution of higher learning; or
 - (E) (As of October 1, 2022, Rev. 207, Effective 09-30-22, Implementation 10-01-22) Has 2 or more years of experience in the position of director of food and nutrition services in a nursing facility setting and has

completed a course of study in food safety and management, by no later than October 1, 2023, that includes topics integral to managing dietary operations including, but not limited to, foodborne illness, sanitation procedures, and food purchasing/receiving; and

- (ii) In State that have established standards for food service managers or dietary managers, and
- (iii) Receives frequently scheduled consultation from a qualified dietitian or other clinically qualified nutrition professional.

Intent: §483.60 (a)(1)-(2)

To ensure there is sufficient and qualified staff with the appropriate competencies and skill sets to carry out food and nutrition services.

Guidance: §483.60 (a)(1)-(2)

Cite F801 if staff, specifically the qualified dietitian or other clinically qualified nutrition professional did not carry out the functions of food and nutrition services. While these functions may be defined by facility management, at a minimum they should include, but are not limited to:

- Assessing nutritional needs of residents;
- Developing and evaluating regular and therapeutic diets, including texture of foods and liquids, to meet specialized needs of residents;
- Developing and implementing person centered education programs involving food and nutrition services for all facility staff;
- Overseeing the budget and purchasing food and supplies, and food preparation, service and storage; and
- Participating in the quality assurance and performance improvement (QAPI), as described in 483.75, when food and nutrition services are involved

The qualified dietitian or other clinically qualified nutrition professional can decide to oversee and delegate some of the activities listed above to the director of food and nutrition services.

Probes: §483.60 (a)(1)-(2)

If the survey team finds concerns regarding a resident's food and nutritional status determine:

- If the practices of the dietitian, nutrition professional, and/or food services director contributed to the identified concerns. If so, how?
- How the facility management ensures that staff have the appropriate competencies and skills sets to carry out the functions of the food and nutrition service?
- If a food services director is employed by the facility, do they have frequent consultations with the dietitian or other nutrition professionals or consultants employed by the facility?

F802

§483.60 (a) Staffing (same wording as above in §483.60 (a))

§483.60(a)(3) Support Staff

The facility must provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.

§483.60(b) A member of the Food and Nutrition Services staff must participate on the interdisciplinary team as required in §483.21(b)(2)(ii).

Definition §483.60(a)(3)-(b)

“Sufficient support personnel” means having enough dietary and food and nutrition staff to safely carry out all of the functions of the food and nutrition services. This does not include staff, such as licensed nurses, nurse aides or paid feeding assistants, involved in assisting residents with eating.

Procedures: §483.60(a)(3) and (b)

- Through observations and interviews determine if there are sufficient support personnel to safely and effectively carry out the meal preparation and other food and nutrition services as defined by facility management.
- Observe and interview residents to determine if their needs and preferences are met, if the food is palatable, attractive, served at the proper temperatures and at appropriate times? If concerns are identified, determine if they may be related to insufficient or inadequately trained personnel.
- Do observations and/or interviews indicate there are sufficient staff to prepare and serve meals in a timely manner and to maintain food safety and temperature?
- Determine who represents food and nutrition services at interdisciplinary team meetings.

Reference: Center for Medicare & Medicaid Services. *State Operations Manual*. Appendix PP: Guidance to Surveyors for Long Term Care Facilities. Available online at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf. Accessed August 28, 2022.

Accreditation Organization Standards:

1) The DNV – NIAHO – National Integrated Accreditation for Healthcare Organizations – Dietary Services – Pages 120-123 – reviews standards for staffing qualifications and requirements.

2) Accreditation Commission for Health Care (ACHC), formerly HFAP – The Healthcare Facilities Accreditation Program (2020)– Standards Chapter– Nutritional Services – outlines the staffing qualifications and requirements.

3) The Joint Commission for HOSPITAL Accreditation Standards – the RDN and Food services and Nutrition services staff are embedded within the chapters:

The Joint Commission – Standards Chapter: Human Resources – HR

- Standard HR.01.01.01 – defines and verifies staff qualifications
- Standard HR.01.02.05 – determines necessary staff to support care and services provided
- Standard HR 01.02.07 -- determines how staff function within the organization
- Standard HR.01.04.01 – provides orientation to staff
- Standard HR.01.05.03 – participate in ongoing education and training
- Standard HR.01.06.01 – competent to perform their responsibilities
- Standard HR.01.07.01 – evaluates staff performance

Reference: The Joint Commission Hospital Accreditation Standards 2020

4) The Joint Commission Nursing Care Center Accreditation Standards – the RDN and Food Services and Nutrition services staff are embedded within the chapters (formerly long-term care standards):

The Joint Commission – Standards Chapter: Human Resources – HR

- Standard HR.01.01.01 – defines staff qualifications as necessary staff to support care, treatment and services it provides
- Standard HR.01.02.05 – determines necessary staff to support care and services provided
- Standard HR.01.02.07 – determines how staff function within the organization

- Standard HR. 01.04.01 – provides orientation to staff
- Standard HR.01.05.03 – participate in education and training
- Standard HR.01.06.01 – competent to perform their responsibilities
- Standard HR.01.07.01 – evaluates staff performance
- Standard HR.02.01.05 – permit licensed independent practitioners to provide care, treatment, and services on a temporary basis
- Standard HR.02.01.07 – licensed independent practitioners who provide on-call coverage for attending licensed independent practitioners are competent
- Standard HR.02.02.01 – organization provides orientation to licensed independent practitioners

Reference: The Joint Commission Comprehensive Accreditation Manual for Nursing Care Centers 2020

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).