Standards of practice criteria for clinical nutrition managers

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Standards of practice have been recognized as appropriate criteria for use in quality assessment and performance improvement programs (1). Standards of practice for members of The American Dietetic Association (ADA) were implemented in 1987 to serve as a basis of systematically implementing, evaluating, and adapting personal performance regardless of practice area (2). The ADA Council on Practice Quality Management Committee encouraged dietetic practice groups (DPGs) to develop performance criteria based on the ADA standards of practice for their respective areas of practice (3-5).

In 1993, the executive board of the Clinical Nutrition Management DPG (CNM-DPG) selected the authors to develop and evaluate standards of practice for clinical nutrition managers.[1] For the purpose of this study, the term *clinical nutrition manager* was defined as the position responsible for managing resources related to nutrition care of patients, which may or may not include foodservice. Other job titles include, but are not limited to, chief clinical dietitian, head clinical dietitian, supervising clinical dietitian, coordinator of clinical dietetics, and assistant director of clinical dietetics.

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[1]The Clinical Nutrition Management dietetic practice group formally accepted the criteria for the standards of practice for clinical nutrition managers in October 1996.

METHOD

Responsibilities of the clinical nutrition management position identified by Witte and Messersmith (6) were used as the basis for development of the practice criteria. We developed a list of practice criteria and categorized them according to the six generic ADA standards of practice. The performance indicators and recommended thresholds for desired levels of performance were developed for each practice criterion by an expert group of clinical nutrition managers who were selected on the basis of years of experience as a clinical nutrition manager and membership in the CNM-DPG. The practice criteria and performance indicators were incorporated into a survey questionnaire, which was reviewed by the Council on Practice Quality Management Committee and field tested by 12 clinical nutrition management practitioners before finalization.

In the spring of 1994, the survey was sent to a random sample of 1,000 clinical nutrition management practitioners in acute-care hospitals with 50 beds or more. The sample was generated by, and mailing labels purchased from, an authorized distributor of the American Hospital Association. Each subject received a cover letter explaining the importance of the study, the survey, a postage-paid return envelope, and a response card that entitled the participant to a premier gift copy of the standards of practice for clinical nutrition managers. A follow-up postcard was sent to all respondents 1 week after the survey was mailed.

The final survey consisted of 56 practice criteria, each having from one to five performance indicators. For each performance indicator, the respondent was asked to indicate by yes or no response whether he or she agreed with the indicator. The criterion for acceptance of a performance indicator was agreement by 70% or more of the respondents. This criterion for acceptance was selected because it represented general agreement by more than twice the number not in agreement. Each respondent was also asked to respond to several questions related to scope of responsibility, organizational structure, and professional background.

RESULTS

Surveys were returned by 431 dietitians—a return rate of 43%. Ninety-three percent of the respondents were registered dieti-

tians; academic achievements ranged from a bachelor's degree (55%) to either a master's or doctoral degree (42%). Sixty percent had practiced more than 10 years, and only 3% were entry-level dietitians. The job titles were as diverse as the functions these practitioners perform, although there was a preference toward chief clinical dietitian (27%) followed by clinical nutrition manager (17%). Of the 39% who had other titles, 10% were assistant directors, 4% were supervising clinical dietitians, and 3% were coordinators of clinical dietetics. A definitive 81% reported that they were assigned exclusively to the overall supervision of clinical nutrition services. Greater than half the respondents (75%) indicated that they manage off-site programs, and 55% assume direct responsibility for managing the patient tray line. Thirty-six percent of the respondents indicated that their hospital had a medical education program; 34% reported having dietetics education programs, with 22% indicating their facility as the program sponsor; and 65% of the hospitals sponsored other allied health programs. Thirty-four percent of the respondents were members of the CNM-DPG; 44% of the nonmembers indicated membership in other DPGs. Other reasons were given for nonmembership in the CNM-DPG: 13% indicated that DPG membership was too expensive; 14% did not see a benefit for themselves from membership; 5% were not members of ADA; and 11% were unaware of the DPG. The annual salary compensation for respondents was reported as being $40,000 or higher for more than 58%, with 13% at $50,000 or higher. Less than 1% of the respondents reported receiving salaries less than $25,000.

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To establish the performance indicators of each practice criteria, frequencies were determined for yes and no responses for each indicator. There were 114 performance indicators for the 56 practice criteria. Five (4.3%) did not meet the criterion for acceptance of a performance indicator and are indicated in the Table. Performance indicators having 70% or greater agreement were categorized as high-level agreement (90% or greater), moderate-level agreement (80% to 89%), or low-level agreement (70% to 79%).

Standard 1

Results for validation of the performance indicators for the practice criteria categorized into standard 1 of the ADA Standards of Practice are shown in the Table. All performance indicators presented met the criterion for validation by having 70% or more of the respondents in agreement. Of the standard 1 performance indicators, 21 (88%) had 90% or greater agreement and 3 (12%) had 83% to 89% agreement. No criteria had less than 83% agreement.

Standard 2

Results for validation of the performance indicators for the practice criteria categorized into standard 2 of the ADA Standards of Practice are shown in the Table. All performance indicators presented met the criterion for validation by having 70% or more of the respondents in agreement. Of the standard 2 performance criteria, 10 (83%) had 90% or greater agreement, 1 (8%) had 82% agreement, and 1 (8%) had 72% agreement.

Standard 3

Results for validation of the performance indicators for the practice criteria categorized into standard 3 of the ADA Standards of Practice are shown in the Table. One performance indicator (4%) for practice criteria 3.11—develops pertinent nutrition-related programs for the community—did not meet the criterion for validation (Table). Of the standard 3 performance criteria, 11 (48%) had 90% or greater agreement, 10 (44%) had 80% to 89% agreement, and 1 (4%) had 73% agreement.

Standard 4

Results for validation of the performance indicators for the practice criteria categorized into standard 4 of the ADA Standards of Practice are shown in the Table. Two performance indicators (20%), both for practice criteria 4.4—maintains membership and involvement in ADA and CNM-DPG—did not meet the criterion for validation (Table). Seven of the standard 4 performance criteria (70%) had 90% or greater agreement and one (10%) had 75% agreement.

Standard 5

Results for validation of the performance indicators for the practice criteria categorized into standard 5 of the ADA Standards of Practice are shown in the Table. Two performance indicators (20%), both for practice criteria 5.3—conducts and/or coordinates research and investigative studies in topics related to area of responsibility—did not meet the criterion for validation (Table). Four of the standard 5 performance criteria (40%) had 90% or greater agreement and four had 80% to 89% agreement.

Standard 6

Results for validation of the performance indicators for the practice criteria categorized into standard 6 of the ADA Standards of Practice are shown in the Table. All performance indicators presented met the criterion for validation with 70% or more of the respondents in agreement. Of the standard 6 performance criteria, 18 (51%) had 90% or greater agreement, 16 (46%) had 80% to 89% agreement, and 1 (3%) had 76% agreement.

DISCUSSION

Clinical nutrition managers showed moderate to high acceptance of all performance indicators and recommended thresholds for standard 1. This standard is focused on establishing performance criteria, maintaining records, and enforcing regulations. The results of this study would suggest that clinical nutrition managers theoretically agree that the performance indicators are valid measures for determining whether the practice criteria are being met and that the recommended thresholds are accurate as points for intervention to maintain acceptable performance levels. Results also suggest that clinical nutrition managers recognize that implementing and monitoring regulations and requirements from governing bodies and regulatory agencies is a key responsibility.

Standard 2 performance indicators and recommended thresholds were accepted by fewer respondents at the high level; greatest agreement was at the moderate level. This standard focuses on assessment of client needs for the purpose of

Table
Recommended standards of practice for clinical nutrition managers with practice criteria, performance indicators,[a] and recommended thresholds

Practice criteria	Performance indicator and recommended threshold
Standard 1: The dietetics practitioner establishes performance criteria, compares actual performance with expected performance, documents results, and takes appropriate action.	
1.1 Ensures that all policies, procedures, and standards are in compliance with regulatory agencies and JCAHO[b] standards.	a. 100% of reports verifying compliance with standards show no deficiencies. b. Policy manual is reviewed annually and revised if necessary.
1.2 Develops work methods, job descriptions, and standards of performance for professional staff and dietetics support personnel.	a. Job descriptions, performance standards, and work methods are current with 95% to 100% compliance.
1.3 Develops and maintains nutrition-related standards of care for patients/clients.	a. Written and approved standards of care are reviewed annually and revised as necessary.
1.4 Implements and enforces policies and procedures for area of responsibility.	a. QI[c] plans are developed and/or revised annually. b. Performance evaluations are prepared in accordance with institutional standards.
1.5 Maintains updated policies and procedures for area of responsibility.	a. Current approved policy and procedure manual is reviewed annually and revised as necessary.
1.6 Manages employee orientation needs for area of responsibility.	a. Check-in/sign-out sheets for attendance are on file for 100% of employees. b. Personnel records indicate employee participation for 100% of employees.
1.7 Manages staff development for professionals in area of responsibility.	a. Development plans are written and monitored throughout performance year. b. Staff CE[d] records are completed and filed within 30 days of activity.
1.8 Evaluates and documents personnel performance according to established standards.	a. Performance evaluation of staff is completed for 100% of employees.
1.9 Identifies noncompliant employee behavior and takes appropriate action.	a. Progressive disciplinary actions are on file for active and terminated employees for 100% of disciplinary actions.
1.10 Identifies, documents, and recommends employees for raises, promotions, and transfer.	a. Documentation is in personnel records and employee files for 100% of personnel actions.
1.11 Maintains personnel records for employees in area of responsibility.	a. Personnel records are current for 100% of employees.
1.12 Manages in-service education for area of responsibility.	a. In-service documentation logs indicate 90% to 100% participation. b. Written lesson plans for in-service are prepared with 100% compliance.
1.13 Develops and/or maintains organizationally approved diet manual.	a. Diet manual is current and incorporates most recent RDA.[e] b. Current diet manual has required approval and appropriate distribution with 100% compliance.
1.14 Assesses patient menus for nutritional adequacy, compliance with diet manual, and all regulations.	a. Policies and approval process related to menus are on file for 100% of menus.
1.15 Manages quality assurance needs for area of responsibility.	a. QI plan, including quality measures, is completed for 100% of area.
1.16 Evaluates quality assurance data for area of responsibility.	a. Quarterly reports and corrective action plans are on file for 100% of QI measures.
1.17 Reports results of quality assurance activities in area of responsibility.	a. Minutes of meetings regarding QI activities are recorded for 100% of meetings. b. QI measures are prepared annually with 100% compliance.
Standard 2: The dietetics practitioner develops, implements, and evaluates an individual plan for practice based on assessment of consumer needs, current knowledge, and clinical experience.	
2.1 Assesses system design and develops plan for meeting needs related to work flow and physical resources.	a. Goals/objectives and action plan are reviewed annually with revisions as indicated. b. Capital budget is completed for 100% of needs.
2.2 Assesses staffing needs to effectively meet documented standards of care.	a. Staffing tables and productivity reports are reviewed monthly and revised as indicated. b. Patient acuity reports are completed for 100% of patients quarterly.
2.3 Assesses financial needs of area and determines budgetary plan.	a. Budget is developed annually and monitored monthly. b. Productivity reports and other pertinent reports are reviewed quarterly. c. Strategic plan for department is developed annually and revised quarterly.
2.4 Assesses needs of target populations and develops plan to achieve/maintain client satisfaction.	a. Customer satisfaction survey reports are completed as documented in QI plan with 100% compliance. b. QI plan is reviewed annually with updates as indicated. c. Written staffing and/or program proposals are completed as indicated for 100% of needs.
2.5 Coordinates development and evaluates effectiveness of learning experiences for dietetics students.	a. Student and preceptor evaluations are completed according to supervised practice program's self-study with 100% compliance. b. Curriculum and assignments are developed, completed, and evaluated according to supervised practice program's self-study with 100% compliance.

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Table (cont'd)
Recommended standards of practice for clinical nutrition managers with practice criteria, performance indicators,[a] and recommended thresholds

Practice criteria	Performance indicator and recommended threshold
Standard 3: The dietetics practitioner, using his or her unique knowledge of nutrition, collaborates with other professionals, personnel, and/or consumers in integrating, and communicating nutrition care principles.	
3.1 Identifies levels of priority for patient care and uses this information to optimize delivery of nutrition care.	a. Acuity data are reviewed quarterly (minimum) with 100% compliance. b. Productivity report from each clinical service is reviewed monthly for 100% of services.
3.2 Coordinates patient/client care with the health care team.	a. Care plan in medical record is completed according to facility standards for 90% or more of patients. b. Minutes from team conferences indicate coordination of nutrition care for 80% or more of patients. c. Minutes from nutrition-related committees document participation of nutrition care provider for 90% or more of meetings. d. Minutes from QI committees document participation of nutrition care provider for 90% or more of meetings.
3.3 Coordinates nutrition-related organizational committee(s).	a. Minutes from appropriate committees document participation in 90% or more of committee activities.
3.4 Assesses patient/client nutritional status, develops and implements nutrition care plan, and monitors and adjusts care plan as appropriate.	a. Continuity of care/goal-directed charting is documented in the medical record for 90% or more of patients. b. Patient-focused nutrition care is documented according to standard for 90% or more of patients.
3.5 Assesses patient's/client's nutrition-related educational needs, develops and implements nutrition education plan, and monitors and adjusts education plan as appropriate.	a. Documentation in medical records of education is given and level of understanding is demonstrated by patient for 90% or more of patients.
3.6 Documents nutrition-related patient/client care data in the patient medical record.	a. Documentation in medical record is given for 95% or more of patients.
3.7 Documents nutrition-related patient/client care data in the patient dietary record (ie, kardex, diet card).	a. Documentation in kardex and other dietary/interdisciplinary sources is made for 90% of patients.
3.8 Maintains information exchange with health care professionals and hospital staff.	a. Minutes of meetings are on file for 85% or more of meetings. b. Medical records document information exchange for 85% or more of patients. c. Institutionwide QI plan evaluates information exchange for 85% or more of patients.
3.9 Uses interpersonal skills and knowledge of human behavior in maintaining positive guest relations and team interactions.	a. Performance standards are evaluated annually with no documented exceptions for 100% of interactions.
3.10 Provides nutrition expertise and/or education to clinical dietetics, management, foodservice, health care team, and other nondietetics staff.	a. In-service records include signed attendance sheets for 95% or more of meetings. b. Staff development records indicate 95% or more participation.
3.11 Develops pertinent nutrition-related programs for the community.[f]	a. Monthly departmental reports record 100% of community activities. b. Clinic activity summaries indicate participation for 100% of programs.
3.12 Provides written and oral nutrition education presentations for hospital and community.	a. Monthly departmental reports include 90% or more of presentations. b. Clinic activity summaries include 90% or more of presentations.
Standard 4: The dietetics practitioner engages in lifelong self-development to improve knowledge and skills.	
4.1 Assesses own needs for professional growth and development and develops plan.	a. Professional staff-development plan included in performance review with 100% compliance. b. CE records indicate professional development activities.
4.2 Develops and expands knowledge base in management, clinical dietetics, and clinical nutrition management.	a. CE records indicate 100% compliance. b. Reference materials on file are recent with 85% or more compliance. c. Performance evaluation indicates 100% compliance.
4.3 Maintains credentials including dietetic registration.	a. CDR[g] card and record of CE hours are available for current 5-year period with 100% compliance.
4.4 Maintains membership and involvement in The American Dietetic Association and Clinical Nutrition Management dietetic practice group.[h]	a. Membership card for The American Dietetic Association is current with 100% compliance.
4.5 Maintains membership in other professional organizations.	a. Proof of current membership is available with 100% compliance.
Standard 5: The dietetics practitioner generates, interprets, and uses research to enhance dietetics practice.[i]	
5.1 Applies newly acquired knowledge to working environment.	a. Performance evaluation indicates 100% compliance. b. Documentation of in-service and presentations to staff indicates 100% compliance. c. Unit strategic plan and action plan indicate 100% compliance.
5.2 Applies nutrition expertise to evaluation and selection of products and procedures.	a. Meeting minutes document evaluation with 85% compliance. b. Budget and rationale for 90% or more of products are complete. c. Enteral formulary evaluated with 95% or greater compliance. d. Modified food products evaluated with 95% or greater compliance. e. Educational materials evaluated with 95% or greater compliance.

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Table (cont'd)
Recommended standards of practice for clinical nutrition managers with practice criteria, performance indicators,[a] and recommended thresholds

Practice criteria	Performance indicator and recommended threshold
Standard 6: The dietetics practitioner identifies, monitors, analyzes, and justifies the use of resources.	
6.1 Develops menus for patient foodservice, including regular and modified menus.	a. Menus and extensions completed with 90% or greater compliance. b. Standardized recipes include nutrient analysis with 100% compliance. c. Patient care team meeting minutes indicate 90% or greater compliance. d. Menu writing policies documented with 100% compliance.
6.2 Directs daily and long-range operation for area of responsibility.	a. Performance evaluation indicates 100% compliance.
6.3 Identifies employee market and selects employees to meet staffing and scheduling needs.	a. Recruitment records in department indicate 90% or greater compliance. b. Personnel department documentation for recruitment indicates 100% compliance with laws and regulations.
6.4 Informs subordinates of pertinent information regarding organization, department, and area of responsibility.	a. Memorandums are timely and document date of delivery with 95% or greater compliance. b. Meeting minutes document regular communication with subordinates with 95% or greater compliance. c. Communication logs document information communication with 95% or greater compliance.
6.5 Schedules employees in area of responsibility.	a. Employee schedules completed to meet need with 100% compliance.
6.6 Supervises daily activities of subordinates.	a. Performance evaluations completed annually with 100% compliance. b. Patient and employee satisfaction surveys completed as documented in QI plan with 100% compliance.
6.7 Maintains employee relations in compliance with labor regulations and Equal Employment Opportunity.	a. No violations occurred per documentation in required human resources reports.
6.8 Manages subsystems of the foodservice operation other than clinical dietetics.	a. Actual expenses are ≤5% of budgeted expenses. b. Patient satisfaction surveys completed as documented in QI plan with 90% or greater compliance. c. Meeting minutes document management actions with 100% compliance. d. Performance evaluations completed annually with 100% compliance.
6.9 Informs superiors of pertinent information in area of responsibility.	a. Performance evaluation completed annually with 100% compliance. b. Reports completed with 100% accuracy. c. Minutes of meetings document communication of information with 100% compliance. d. Memorandums are timely and document date of delivery with 95% or greater compliance.
6.10 Develops and manages various budgets for area of responsibility.	a. Actual expenses are ≤5% of budgeted expenses. b. Performance evaluation documents financial management with 100% compliance. c. Departmental business plan and goals completed annually with 100% compliance. d. Productivity measures completed and reviewed with 90% or greater compliance.
6.11 Controls costs for area of responsibility by effective and efficient management of resources.	a. Actual expenses are ≤5% of budgeted expenses. b. Action plans document methods for correcting variances with 90% or more compliance.
6.12 Identifies sources of revenue and develops revenue-generating programs.	a. Business plan(s) developed/reviewed annually. b. Profit-loss statements document achievement of goals/objectives with 90% or greater compliance.
6.13 Prepares required reports and required documentation from records and statistics maintained for area of responsibility.	a. Reports to management and supporting documentation prepared with 100% compliance. b. Profit-loss statement for revenue-generating operations meet goals/objectives with 100% compliance.
6.14 Manages learning experiences for dietetics students.	a. Student and preceptor evaluations completed according to self-study and facility requirements with 100% compliance. b. Employer and graduate surveys indicate competence as entry-level dietetics practitioner with 95% or greater compliance. c. Success rate on relevant examinations with 80% or greater compliance.

[a]Based on acceptance by 70% or more of survey respondents (n=431).
[b]JCAHO=Joint Commission on Accreditation of Healthcare Organizations.
[c]QI=quality improvement.
[d]CE=Continuing education.
[e]RDA=Recommended Dietary Allowance (9).
[f]An additional performance indicator for this practice criteria (institutional outreach records indicate participation for 100% of programs) was not accepted by the respondents.
[g]CDR=Commission on Dietetic Registration.
[h]Two additional performance indicators for this practice criteria (membership card for clinical nutrition manager dietetic practice group is current with 100% compliance *and* leadership roles at varying levels of practice with 90% or more compliance) were not accepted by respondents.
[i]One practice criteria (conducts and/or coordinates research and investigative studies in topics related to area of responsibility) with two performance indicators (research protocols and approvals on file in department *and* publications in refereed journals or other professional publications) were not accepted by respondents.

establishing a practice plan. High-level agreement was noted with developing action plans (practice criteria 2.1) and reviewing and updating the quality improvement plan (practice criteria 2.4). Respondents indicated low-level agreement with the use of patient acuity reports as a means of assessing staffing needs to effectively meet documented standards of care (practice criteria 2.2). The recommended threshold for this indicator was completion for 100% of patients quarterly. The survey did not give respondents an opportunity to indicate whether lack of agreement was with the indicator or the recommended threshold. Although the literature illustrates the management benefits of patient acuity classification systems in nursing and other areas of allied health practice as an effective predictor of patient severity and/or use of resources, it appears as though clinical nutrition managers may not use an effective system to serially evaluate their staffing patterns (7).

Low-level agreement was also indicated for use of a supervised practice program self-study as a means for developing, completing, and evaluating curriculum and assignments. Further investigation of this finding to determine what is used as the basis for student competency might be useful for directors of dietetics education programs.

These criteria and indicators can be used to develop job descriptions and performance evaluation criteria

Standard 3 focuses on the collaboration of the clinical nutrition manager with others in delivery of nutrition care. The two performance indicators with high-level agreement were documentation in the medical record (practice criteria 3.5) and in-service records (practice criteria 3.10). These two indicators are traditional in most hospital settings and have been encouraged by various regulatory agencies (8). Three of the four practice criteria with low-level agreement were directly related to nutrition programs for the community (practice criteria 3.11 and 3.12). These findings suggest that there is lower priority for community education and/or a lack of responsibility for community programming on the part of the hospital dietetics staff. The performance indicator that did not meet the criterion for retention was also related to institutional outreach.

The focus of standard 4 is lifelong professional development. There was a high level of agreement with the performance indicators related to dietetic registration and maintenance of registration through continuing education (practice criteria 4.1, 4.2, 4.3). This suggests that clinical nutrition managers rely on their dietetic registration and coinciding maintenance requirements to keep their skills and knowledge levels current. The one performance indicator with low-level agreement was related to membership in other (non-ADA) professional organizations (practice criteria 4.5). Two performance indicators for this standard did not meet the criterion for retention: membership in CNM-DPG and leadership roles. These findings together suggest that most clinical nutrition managers recognize dietetic registration maintenance as a primary method for maintaining and improving their knowledge and skills but see less value in maintaining membership in other organizations.

The application of research in dietetics practice is the focus of standard 5. No performance indicators had a high-level agreement for this standard. Both performance indicators for practice criteria 5.3—conducts and/or coordinates research and investigative studies in topics related to area of responsibility—did not meet the criterion for retention. These findings are consistent with the findings of Witte and Messersmith (6) that this practice criterion was performed least often and had the lowest mean importance for clinical nutrition managers in hospitals having 300 beds or more. As hospitals continue to engage in downsizing, the role of research in the acute-care, nonteaching hospital will more than likely continue to have a low priority. Nevertheless, dietetics practitioners could benefit from recognizing the opportunities for research that daily practice offers without requiring a shift of priorities.

Standard 6 focuses on use of resources. All of the performance indicators met the criterion for retention. The three performance indicators with high-level agreement were related to human resources management: scheduling, evaluation, and maintenance of labor relations. Five of the performance indicators with low-level agreement were related to financial management. These findings were consistent with results reported by Witte and Messersmith (6) that financial management responsibilities were not included in the practice criteria for clinical nutrition managers in hospitals with 300 beds or more. Results of this study did not offer any suggestion as to who is managing the financial resources in the clinical dietetics area if not the clinical nutrition manager.

APPLICATIONS

This study provides clinical nutrition managers with specific practice criteria and appropriate performance indicators with recommended thresholds for assessing their own professional performance. The criteria and indicators can also be used to develop job descriptions and performance evaluation criteria for the position.

This study was conducted using data from acute-care hospitals with 50 beds or more. Individual characteristics of a hospital, including but not limited to bed count, will influence the total set of responsibilities of the clinical nutrition manager. Individual practitioners and their employers are encouraged to use these standards of practice as a foundation for directing their performance and to make adjustments appropriate for their own unique setting. ■

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