Using Academy Standards of Excellence in Nutrition and Dietetics for Organization Self-Assessment and Quality Improvement

Joyce A. Price, MS, RDN, LDN; Sue Kent, MS, RDN, LD; Sharon A. Cox, MA, RDN, LDN; Sharon M. McCauley, MS, MBA, RDN, LDN, FADA, FAND; Janki Parekh, MBA; Catherine J. Klein, PhD, RD

ABSTRACT

Standards of Excellence in Nutrition and Dietetics for an Organization is a self-assessment tool to measure and evaluate an organization’s program, services, and initiatives that identify and distinguish the Registered Dietitian Nutritionist (RDN) brand as the professional expert in food and nutrition. The Standards of Excellence will serve as a road map to recognize RDNs as leaders and collaborators. Standards of Excellence criteria apply to all practice segments of nutrition and dietetics: health care, education and research, business and industry, and community nutrition and public health. Given the membership’s call to action to be recognized for their professional expertise, the Academy of Nutrition and Dietetics Quality Management Committee developed four Standards of Excellence in Nutrition and Dietetics for Organizations: Quality of Leadership, Quality of Organization, Quality of Practice, and Quality of Outcomes. Within each standard, specific indicators provide strategies for an organization to demonstrate excellence. The Academy will develop a self-evaluation scoring tool to assist the organization in applying and implementing one or more of the strategies in the Standards of Excellence indicators. The organization can use the self-assessment tool to establish itself as a Center of Excellence in Nutrition and Dietetics. The role examples illustrate initiatives RDNs and organizations can take to identify themselves as a Center of Excellence in Nutrition and Dietetics. Achieving the Excellence level is an important collaborative initiative between nutrition and dietetics organizations and the Academy to provide increased autonomy, supportive management, respect within peers and community, opportunities for professional development, support for further education, and compensation for the RDN. For purposes of the Standards, “organization” means workplace or practice setting.

Comprehensive Scope of Practice Resources include:

**Scope of Practice in Nutrition and Dietetics** provides an overview describing components of scope of practice in nutrition and dietetics and assists with RDN and DTR scope of practice decision making.¹

**Scope of Practice for the Registered Dietitian** describes the roles and activities within which the RDN performs. For RDNs, scope of practice focuses on food and nutrition and related services developed, directed, and provided by RDNs to protect the public, community, and populations; enhance health and well-being of patients/clients; and deliver quality products, programs, and services, including medical nutrition therapy.⁴

**Revised 2012 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitians** reflect the minimum competent level of nutrition and dietetics practice and professional performance for RDNs. The Standards of Practice in Nutrition Care and Standards of Professional Performance provide a rationale for the standards, detail quality indicators, and review the role delineation and relationship between the RDN and DTR.⁵

**Scope of Practice for the Dietetic Technician, Registered** describes the roles and activities within which the DTR performs. For DTRs, scope of practice focuses on food and nutrition and related services provided by DTRs who work under the supervision of an RDN when in direct patient/client nutrition care, and who may work independently in providing general nutrition education to healthy populations, consulting to foodservice business and industry, conducting nutrient analysis, data collection and research, and managing food and nutrition services in a variety of settings.⁶

**Revised 2012 Standards of Practice in Nutrition Care and Standards of Professional Performance for Dietetic Technicians, Registered** reflect the minimum competent level of nutrition and dietetics practice and professional performance for DTRs. The Standards of Practice in Nutrition Care and Standards of Professional Performance provide a rationale for the standards, detail quality indicators, and review the relationship between the RDN and DTR.⁷

**Scope of Practice Decision Tool** is an online, interactive tool that permits an RDN or DTR to answer a series of questions to determine whether a particular activity is within his or her scope of practice.⁸

**Definition of Terms** is an alphabetical list of definitions developed by the Academy. The definitions are broad based, have implications for use across the nutrition and dietetics profession, and are consistent with the regulatory and legal needs of the profession.³

**Figure 1.** Comprehensive Scope of Practice resources for nutrition and dietetics practitioners. DTR=dietetic technician, registered; RDN=registered dietitian nutritionist.

evaluate their organization’s programs, services, and initiatives. The standards are designed to strengthen, differentiate, and communicate the importance of the roles of RDNs and DTRs by identifying the RDN as a professional expert and the DTR as a technical support staff in food and nutrition practice. In addition, the standards will serve as a road map for creating a brand identity for RDNs that portrays the RDN as collaborative, competent, confident, and credible. The standards and indicators found within the Standards of Excellence reflect the competent level of nutrition and dietetics practice and present opportunities for the RDN and DTR. The Academy looks forward to collaborating with RDNs to apply the Standards of Excellence in Nutrition and Dietetics as they elevate the RDN status within the organization and among affiliated nutrition professionals.

**HOW WERE THE STANDARDS OF EXCELLENCE FOR ORGANIZATIONS DEVELOPED?**

The Quality Management Committee formed a Center of Excellence Award Workgroup (Workgroup) in 2009 comprised of RDNs from various practice areas—business and industry, health care, and education and research. The Workgroup was charged by the Quality Management Committee with developing a plan that recognizes and promotes the profession of nutrition and dietetics in all practice settings. First steps were to gather and assess information defining the areas of nutrition and dietetics excellence that create a quality client-centered work environment by utilizing the Scope of Practice in Nutrition and Dietetics,¹ the Standards of Practice and Standards of Professional Performance,⁵⁷ competency development, evidence-based practice and guidelines, Nutrition Care Process Terminology, outcomes measurement, and other quality indicators. The Center of Excellence in Nutrition and Dietetics idea was initiated through the Academy Issues Management process in 2007 and again in 2008 by the Academy Quality Measures Workgroup. In March 2011, independent of the established Workgroup, a pilot initiative for a recognition award program originated during the Future Connections Summit on Dietetics Practice, Credentialing and Education. The Workgroup devised excellence criteria and expectation for establishing Standards of Excellence, which directly address the membership’s call to action to be recognized for their professional competencies within a highly competitive marketplace.
The Workgroup members reviewed several national programs of excellence and the criteria being used to evaluate quality. The Standards of Excellence were developed by professional consensus and with input from competent, proficient, and expert practitioners representing diverse practice areas. The Standards of Excellence were reviewed and approved by the Quality Management Committee of the Academy of Nutrition and Dietetics on January 18, 2014.

**HOW WERE QUALITY CRITERIA METRICS IDENTIFIED?**

The Workgroup was charged with identifying the criteria being used by other professional associations to evaluate quality. The Workgroup reviewed several national programs of excellence to identify elements to consider for the Academy’s Standards of Excellence for Organizations. For purposes of the Standards, “organization” means workplace or practice setting. These programs of excellence are highly valued as the gold standard for quality in their industries and often lead to recognition in the form of an award or credential for an organization meeting the quality criteria. The awards or credentials are prestigious and coveted by applicant organizations. The Workgroup reviewed the national programs’ eligibility requirements, criteria for evaluation, application processes, timelines for completion, and renewal procedures. The Workgroup used the national programs, American Nurses Credentialing Center Magnet Recognition Program and the Malcolm Baldrige National Quality Award, as resources for the development of a plan for the Academy’s Standards of Excellence for Organizations.

**Magnet Recognition Program**

The Magnet Recognition Program is maintained and administered by the American Nurses Credentialing Center, a subsidiary of the American Nurses Association. It “recognizes healthcare organizations for quality patient care, nursing excellence and innovations in professional nursing practice. Consumers rely on Magnet designation as the ultimate credential for high quality nursing.”9 Similar to the Magnet Recognition Program, the Academy of Nutrition and Dietetics has created Standards of Excellence in Nutrition and Dietetics for Organizations to:

- promote the delivery of quality nutrition and dietetics services;
- recognize RDNs as food, nutrition, and health experts; and
- identify best practices for the profession.16

An organization can demonstrate Standards of Excellence in one of many ways…

![Figure 2](image-url)
The Magnet Recognition Program was originally built on 14 Forces of Magnetism, which have been reorganized into the five Model Components: Transformational Leadership; Structural Empowerment; Exemplary Professional Practice; New Knowledge, Innovation, and Improvements; and Empirical Quality Results. The Workgroup reviewed these five model components when developing the four Standards of Excellence in Nutrition and Dietetics for Organizations.

Malcolm Baldrige National Quality Award
The Malcolm Baldrige National Quality Award is the "highest level of national recognition for performance excellence that a US organization can receive." The Malcolm Baldrige National Quality Award was created to "enhance competitiveness of US businesses, identify and recognize role-model businesses, establish criteria for evaluating improvement efforts, and disseminate and share best practices." Up to 18 awards are given annually by the President of the United States in six different categories: manufacturing, service, small business, education, health care, and nonprofit. Organizations in the various categories are evaluated against specific criteria for that category. For the health care category, organizations are evaluated against seven health care criteria for performance excellence: leadership; strategic planning; customer focus; measurement, analysis and knowledge management; workforce focus; operations focus; and results. The Workgroup reviewed the criteria and determined categories relevant to nutrition and dietetics. Like the Malcolm Baldrige National Quality Award, the Workgroup utilized existing practice segments in the profession to develop its Standards of Excellence in Nutrition and Dietetics for Organizations.

HOW WERE THE NUTRITION AND DIETETICS PRACTICE SEGMENTS DETERMINED?
Data regarding RDNs' responses on their current employment setting and current practice area were pulled from the 2012 to 2013 member dues forms (as of April 30, 2013). Categories were consolidated into four overarching segments to maximize the number of RDNs counted as practicing in generally related market segments. Of the 86,739 responses received regarding area of practice, 42% of RDNs work in health care, 10% of RDNs work in business and industry, 10% of RDNs work in public health and community nutrition, and 7% of RDNs work in education and research. Thirty-one percent of RDNs completing the member dues forms indicated they worked in an "other" area of practice.

For the 66,600 responses about current employment settings, 57% of RDNs work in health care settings, 20% of RDNs work in business and industry settings, 16% of RDNs work in public health and community nutrition, and 7% of RDNs work in education and research settings. The data from the 2012 to 2013 member dues forms are consistent with results from the 2011 Benefits and Compensation Survey, which indicated that 50% of RDNs work in health care settings.

**Figure 3.** Advancement and leadership through education. CSP = certified specialist in pediatric nutrition. CSO = certified specialist in oncology nutrition. CSG = certified specialist in gerontological nutrition. CSSD = certified specialist in sports dietetics. CSR = certified specialist in renal nutrition.
Based on these data, the Workgroup developed Standards of Excellence to be utilized in four practice segments: health care (eg, hospitals, long-term care facilities, dialysis centers); education and research (eg, academic faculty, kindergarten through grade 12 school wellness/education, school food and nutrition services, and research institutes); business and industry (eg, foodservice corporations, RDN consulting firms, private practice, and professional trade organizations); and public health and community nutrition practice (eg, Special Supplemental Nutrition Program for Women, Infants, and Children clinics, extension programs, food banks, wellness programs, and sports organizations).

**WHY ARE STANDARDS OF EXCELLENCE IN NUTRITION AND DIETETICS IMPORTANT FOR ORGANIZATIONS?**

The Academy Standards of Excellence quality performance indicators can function as the organization’s transformation plan for creating a Center of Excellence in Nutrition and Dietetics for the organization. These standards serve as a framework for the organization to achieve professional excellence for the RDN and DTR. The organization will be rewarded with enhanced client/patient/customer care and greater job satisfaction rates as a result of the personal and professional growth opportunities provided to the RDNs and DTRs.

The Standards of Excellence promote a greater focus on quality measurement, continuous development of the nutrition and dietetics practitioners, and advocate the competencies of RDNs and DTRs in shaping the future of organizational success.

The standards promote:
- practitioner qualification and competence verification;
- consistency in practice and performance;
- nutrition and dietetics research, innovation and practice development; and
- individual advancement for the RDN, DTR, and nutrition and dietetics practitioner.1

The standards provide:
- competent levels of practice and performance for organizations;
- common indicators for self-evaluation;
- activities and services for which organizations are accountable;
- a description of the role of nutrition and dietetics and the unique services that RDNs offer within the organization; and
- guidance for policies and procedures, job descriptions, competence assessment tools, and academic objectives for education programs.

**For purposes of the Standards use, “organization” means workplace or practice setting.**

Quality of Leadership

Transform your organization by implementing Standards of Excellence:

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

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

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

**Figure 4. Quality of leadership. RDN=registered dietitian nutritionist. DTR=dietetic technician, registered. CEO=chief executive officer.**
WHAT ARE THE STANDARDS OF EXCELLENCE IN NUTRITION AND DIETETICS FOR ORGANIZATIONS?

The organization can achieve Standards of Excellence by demonstrating excellence in one or more of the four standards (Figure 2). The Standards of Excellence include: Quality of Leadership, Quality of Organization, Quality of Practice, and Quality of Outcomes.

Quality of Leadership

This criterion recognizes that the organization employs an RDN in a leadership role who motivates RDNs to be the organization’s nutrition and dietetics leaders. The RDN is a transformational leader, one who inspires innovation and collaboration among various groups in the organization. In addition, the leader advocates the role of nutrition and dietetics practitioners in the organization and encourages the practitioners to advance their practice through education (Figure 3) and skill development. The leader supports participation and values communication as well as feedback from staff at all levels. Nutrition and dietetics practitioners hold leadership positions within the organization, profession, and community; are involved with the organization’s strategic initiatives; and mentor junior staff, technical support staff, interns, and students (Figure 4). In addition, RDNs demonstrate their value through receiving individual awards and Academy recognition that distinguishes their proficiency in nutrition and dietetics practice. The Academy initiated an Academy recognition certificate, Fellow of the Academy of Nutrition and Dietetics (FAND), in October 2013 to recognize Academy members who have made significant and sustained contributions to the field of nutrition and dietetics, establishing them as role models.

Quality of Organization

Quality of Practice

Quality of Organization describes the roles of the RDN and DTR in impacting the organization’s person-centered nutrition outcomes by being part of an interdisciplinary team and demonstrating professional expertise. This criterion
Quality of Practice and Academy Resources

Quality
Nutrition and Dietetics Practice
Safe • Effective • Person-Centered • Timely • Efficient • Equitable

The six pillars represent the six areas of quality practice as outlined by the Institute of Medicine:
- Follows a consistent process and model based on practice knowledge, evidence, research and science
- Extends within an individual’s scope of practice, state licensure and statutory scope of practice, regulations and standards
- Provides for self-evaluation and use by regulatory agencies to determine competence for credentialing dietetics practitioners
- Aims for compensated, equitable and reimbursable services
- Evaluates and measures outcomes through data sources
- Enables lifelong learning with career ladder through credentialing, certification and advanced practice standards

Code of Ethics
The Code of Ethics for the profession of nutrition and dietetics serves as guidance to practitioners. It reflects values and ethical principles, setting forth commitments and obligations to the public, clients, the profession, colleagues and other professionals.

Figure 6. Quality of practice and Academy of Nutrition and Dietetics resources. RD=registered dietitian. RDN=registered dietitian nutritionist. DTR=registered dietetic technician, registered.

focuses on the RDN’s and DTR’s contribution to quality through communication, use of appropriate resources consistent with professional Academy standards, as well as utilizing quality improvement practices. The RDN and DTR display professional competence by utilizing various practice resources, including the Academy of Nutrition and Dietetics/Commission on Dietetic Registration Code of Ethics, research and evidence-based practice, the Scope of Practice in Nutrition and Dietetics, Standards of Practice and Standards of Professional Performance, and Nutrition Care Process Terminology (Figure 6). The organization provides opportunities for RDNs to develop professionally by supporting them in their endeavors to obtain specialist credentials and advanced practice skills and participate in advocacy efforts at community, state, and federal level. In addition, the organization advances RDNs based on their level of competence and contribution to the organization.

Quality of Outcomes
This criterion considers whether the organization promotes the RDN’s contribution to quality care by defining, measuring, and collecting nutrition-sensitive client/patient/customer outcomes. The organization has a system in place to measure, evaluate, improve, and disseminate information related to nutrition and dietetics quality practice outcomes (Figure 7). The organization measures nutrition-sensitive quality related to patient, client, product outcomes, process outcomes, or organization and structure outcomes.

The Workgroup developed quality indicators for each of the four standards that detail how an organization would meet the Standards of Excellence in Nutrition and Dietetics for Organizations. The quality indicators are the strategies for an organization to reach the excellence level (Figure 8).

HOW ARE THE STANDARDS STRUCTURED?
The content for standard, rationale, and indicator descriptions in the Standards of Excellence were written using the Magnet Recognition Program 5 Model Components9 as a guide, as well as the expertise of the Workgroup members and feedback and consensus from focus area practitioners. A standard is a brief description of the competent level of nutrition and dietetics practice. A rationale identifies the intent, purpose, and importance of the standard. An indicator is an action statement
Quality of Outcomes

Systemic Methods for Process Improvement
- Plan-Do-Check Act (PDCA) Cycle, Plan-Do-Study-Act (PDSA) Cycle
- Lean-Kaizen, Six Sigma, Lean Six Sigma
- Consumer Assessment of Healthcare Providers and Services (CAHPS), Physician Quality Reporting System (PQRS)
- TeamSTEPPS, Standardized Clinical Assessment and Management Plans (SCAMPs)
- Gap Analysis, SWOT Analysis
- The Joint Commission – Rapid Process Improvement (RPI), Targeted Solutions Tools (TST)

Performance Improvement (Provider Accountability)
- Participate in public reporting of data on quality of care
- Document patient/client attainment of nutrition goals
- Utilize Academy of Nutrition and Dietetics Health Informatics Infrastructure (ANDHII)
- Evaluate trends related to nutrition outcomes and recommend and implement improvement strategies

Outcomes Based Management System

Illustrating how each standard can be applied in practice. Examples of outcomes are also included that depict measurable results that relate indicators to practice. Each standard is equal in relevance and importance.

**How can organizations use the Standards of Excellence to advance practice through self-assessment and quality improvement?**

Organizations can choose not to apply every indicator and achieve every outcome all at once, organizations are not limited to the indicators and examples of outcomes provided, and all indicators may not be applicable to all organizations. Strictly adhering to the Standards of Excellence does not in and of itself constitute best care and service. It is the responsibility of the organization and its RDNs, DTRs, and nutrition and dietetics practitioners to recognize and interpret situations, and to know what standards apply and in what ways they apply.

The Standards of Excellence Indicators (Figure 8) are a self-assessment tool to evaluate an organization’s status in meeting the criteria. The Standards of Excellence are a guide for organizations to use when evaluating performance and identifying areas in need of improvement. The Standards of Excellence are not all-inclusive and might evolve as nutrition and dietetics practice evolves.

The Academy will develop a self-evaluation scoring rubric to assist the organization in applying and implementing Standards of Excellence.

**Figure 7.** Quality of outcomes. SWOT = strengths, weaknesses, opportunities, and threats.
Standards of Excellence in Nutrition and Dietetics for Organizations

**Standard 1: Quality of Leadership**

The organization values the education, skills, knowledge, applied judgment, and attitudes the Registered Dietitian Nutritionist (RDN) brings to the leadership of the organization. The organization employs an RDN in a leadership role and the RDN holds a position of influence in the organization.

**Rationale:** Quality of Leadership includes leadership within the organization and the profession, volunteer leadership, individual honors and awards, transformational leadership, and mentorship.

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<thead>
<tr>
<th>Each Organization:</th>
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<tbody>
<tr>
<td>1.1</td>
<td>Promotes the RDN to a position of influence within the organization</td>
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<tr>
<td>1.1A</td>
<td>RDN in leadership role communicates the vision for nutrition and dietetics practitioners and establishes expectations for outstanding quality of practice</td>
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<td>1.1B</td>
<td>Promotes the integration of RDNs into medical staff via credentialing and/or granting of clinical privileges related to therapeutic diet orders</td>
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<td>1.2</td>
<td>Develops a career ladder to promote and manage the advancement of the RDN within the organization</td>
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<td>1.2A</td>
<td>Uses the Nutrition and Dietetics Career Development Guide to focus knowledge and skills on specific practice areas</td>
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<td>1.2B</td>
<td>Uses the Focus Area Standards of Practice and Standards of Professional Performance for competent, proficient, expert levels of practice</td>
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<td>1.3</td>
<td>Evaluates its core nutrition business to ensure market demands are met</td>
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<td>1.3A</td>
<td>Connects the team of RDNs for collaboration and mentoring for best practice application to meet needs</td>
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<tr>
<td>1.3B</td>
<td>Evaluates and guides RDN expertise development to ensure core nutrition business needs are fulfilled</td>
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<td>1.4</td>
<td>Supports the RDN in contributing to the profession through service within the Academy of Nutrition and Dietetics</td>
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<tr>
<td>1.4A</td>
<td>Supports the RDN in contributing at the national, state, or district level of professional associations to benefit the organization and department’s nutrition and dietetics business</td>
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<td>1.5</td>
<td>Supports the RDN in contributing to the profession through volunteer leadership within the organization, community, and profession (non-Academy)</td>
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<td>1.5A</td>
<td>Promotes nutrition and dietetics practitioner representation on interdisciplinary teams</td>
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<td>1.5B</td>
<td>Encourages nutrition and dietetics practitioner involvement in activities related to organization’s strategic initiatives</td>
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<td>1.6</td>
<td>Promotes mentorship of RDNs, nutrition and dietetics practitioners, students, and interns</td>
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<tr>
<td>1.6A</td>
<td>Serves as a rotation site for nutrition and dietetic interns</td>
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<td>1.6B</td>
<td>Requires RDNs to serve as preceptors for nutrition and dietetic interns</td>
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<td>1.6C</td>
<td>Develops formal mentoring programs for new RDNs and nutrition and dietetics practitioners</td>
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<td>1.7</td>
<td>Develops formal succession planning programs for RDNs to maintain or excel in leadership roles</td>
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<td>Provides professional development opportunities to strengthen the RDN’s leadership skills. Provides opportunities for RDNs to fill key leadership positions</td>
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<td>1.8</td>
<td>Provides resources to RDNs and nutrition and dietetics practitioners to pursue individual and organization awards and honors</td>
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<td>1.8A</td>
<td>Supports professional attainment of individual awards</td>
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Figure 8. Indicators for Standards of Excellence in Nutrition and Dietetics for Organizations. The term *customer* is used in this evaluation resource as a universal term. Customer could also mean client/patient, client/patient/customer, participant, consumer, or any individual, group, or organization to which the registered dietitian nutritionist provides service. For the purposes of the Standards, “organization” means workplace or practice setting.
Examples of Outcomes for Standard 1: Quality of Leadership

- RDN is a Manager, Director, Vice-President, Chief Executive Officer, or Full Professor within the organization
- RDN holds or has held one elected or appointed position within the Academy of Nutrition and Dietetics and within the organization, community, or profession
- RDN serves as a preceptor for dietetic interns
- RDN is enrolled in the organization’s formal succession planning program
- RDN has earned at least one nutrition and dietetics award or honor (e.g., excellence in practice awards, Silver Plate Award, education awards, affiliate or district dietetic association awards)

Standards of Excellence in Nutrition and Dietetics for Organizations

**Standard 2: Quality of Organization**

The organization empowers the RDN to make decisions at the organizational level.

**Rationale:** The organization empowers RDNs through inclusion of RDNs in its strategic plans, performance improvement plan, internal and external programs, systems, and corporate culture.

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**Figure 8.** (continued) Indicators for Standards of Excellence in Nutrition and Dietetics for Organizations. The term *customer* is used in this evaluation resource as a universal term. Customer could also mean client/patient, client/patient/customer, participant, consumer, or any individual, group, or organization to which the registered dietitian nutritionist provides service. For the purposes of the Standards, “organization” means workplace or practice setting.
Examples of Outcomes for Standard 2: Quality of Organization

- All RDNs and DTRs in the organization are members of the Academy of Nutrition and Dietetics
- RDN serves on organization committees and taskforces (e.g., quality, practice, education, recruitment, and retention council)
- RDNs have facility clinical privileges or are otherwise empowered to make decisions that impact the organization (e.g., leads and manages nutrition protocols, leads and defines role in Telehealth)
- The organization establishes a community outreach program or partnership with an external entity to affect the community’s health through nutrition and dietetics
- The organization is accredited by the Accreditation Council for Education in Nutrition and Dietetics or another external review agency (e.g., The Joint Commission, Healthcare Facilities Accreditation Program, Public Health Accreditation Board)
- The organization plan (e.g., Strategic Plan or Performance Improvement Plan) includes at least one initiative that promotes the Academy’s mission, vision, and values

Standards of Excellence in Nutrition and Dietetics for Organizations

Standard 3: Quality of Practice

The organization provides quality nutrition and dietetic services utilizing RDN’s and DTR’s professional expertise and understanding of the role of RDN and DTR within the organization. RDNs are identified as leaders, accountable, and dedicated resources for nutrition and dietetics practice. The organization values Academy practice resources and makes them available for use by RDNs, DTRs, and nutrition and dietetics practitioners.

Rationale: Quality nutrition and dietetics practice is built on a solid foundation of education, credentialing, evidence-informed practice, demonstrated competence, and adherence to established professional standards. RDNs and DTRs provide quality nutrition and dietetics practice, which is safe, effective, timely, efficient, equitable, and customer-centered.

Each Organization:

3.1 Promotes role of RDN within the organization and community by providing referral to RDNs for quality nutrition and dietetics programs and services

3.1A Provides nutrition and dietetics programs and services that are customer-centered, culturally appropriate, and minimizes health disparities

3.1B Executes programs/services in an organized, collaborative, and customer-centered manner

3.2 Uses Academy practice resources to provide quality nutrition and dietetics care and services (e.g., Nutrition Care Process Terminology, evidence-based guidelines, and Academy nutrition care manuals)

3.3 Utilizes national quality and safety data to improve the quality of services provided and to enhance customer-centered service

3.4 Provides access to best available research/evidence and new technologies for application to practice

3.5 Encourages RDNs and DTRs to present and publish new knowledge and research

3.5A Supports the development of new knowledge and research in nutrition and dietetics practice

3.5B Promotes research through alliances and collaboration between nutrition and dietetics practitioners and other professionals and organizations

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Figure 8. (continued) Indicators for Standards of Excellence in Nutrition and Dietetics for Organizations. The term customer is used in this evaluation resource as a universal term. Customer could also mean client/patient, client/patient/customer, participant, consumer, or any individual, group, or organization to which the registered dietitian nutritionist provides service. For the purposes of the Standards, “organization” means workplace or practice setting.
Each Organization:

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<th>Provides opportunities for RDNs and DTRs to advance practice in accordance with laws and regulations and requirements of practice setting</th>
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<td>3.6</td>
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<tr>
<td>3.6A</td>
<td>Supports RDN, DTR, and nutrition and dietetics practitioners’ continuing education and professional development needs</td>
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<tr>
<td>3.6B</td>
<td>Develops, supports, and evaluates processes for RDNs to obtain clinical privileges</td>
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3.7 Integrates the Academy Scope of Practice, Standards of Practice, and Standards of Professional Performance into practice, self-assessment, and professional development of RDNs and DTRs

3.8 Creates formal competence assessment programs for RDNs and DTRs

3.8A Uses a competency(ies) skills and knowledge-based system to ensure RDNs and DTRs meet performance indicators in focus areas of practice

3.9 Documents competence in practice and delivery of customer-centered service at regular intervals and per regulations, accreditation standards, and organization policies and procedures

3.10 Advocates for provision of quality nutrition and dietetics services as part of public policy

Examples of Outcomes for Standard 3: Quality of Practice

- Effective referral services for RDNs are established
- RDNs, DTRs, and nutrition and dietetics practitioners use the Evidence Analysis Library as a resource for evidence-based nutrition and dietetics practice and other Academy resources (e.g., Nutrition Care Process Terminology, Scope of Practice in Nutrition and Dietetics, Scope of Practice for the RD, Scope of Practice for the DTR, Standards of Practice in Nutrition Care and Standards of Professional Performance for RDs and DTRs, Code of Ethics)
- Academy Focus Area Standards of Practice and Standards of Professional Performance indicators (e.g., Diabetes Care; Sustainable, Resilient and Healthy Food and Water Systems; Dietetics Educators of Practitioners) are integrated into competency(ies) assessment tools
- Competence of RDNs and DTRs is demonstrated and documented at regular intervals
- Relevant opportunities (education, training, credentials, certifications, certificates of training) are provided and pursued to advance practice
- RDNs are promoted or have an advanced role based on competence level

Standards of Excellence in Nutrition and Dietetics for Organizations

Standard 4: Quality of Outcomes

The organization measures nutrition-sensitive outcomes to document performance, value, and satisfaction, and uses the outcomes to refine its continuous performance improvement plans.

Rationale: Quality practice requires systematic measurement of outcomes, regular performance evaluations, and continuous improvement. The organization values excellence and continuously strives to measure and improve performance of RDN and DTR in delivering safe and timely nutrition and dietetics services that are effective in producing positive outcomes for the patient/client/student/education program/business.

Each Organization:

<table>
<thead>
<tr>
<th></th>
<th>Uses an outcomes-based management system to evaluate quality, safety, effectiveness, and efficiency of the RDN and DTR practice</th>
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</thead>
<tbody>
<tr>
<td>4.1</td>
<td></td>
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<tr>
<td>4.1A</td>
<td>Collects patient/client/product outcomes compared with nutrition goals to demonstrate effectiveness of programs</td>
</tr>
</tbody>
</table>

(continued on next page)

Figure 8. (continued) Indicators for Standards of Excellence in Nutrition and Dietetics for Organizations. The term customer is used in this evaluation resource as a universal term. Customer could also mean client/patient, client/patient/customer, participant, consumer, or any individual, group, or organization to which the registered dietitian nutritionist provides service. For the purposes of the Standards, “organization” means workplace or practice setting.
Indicators, and thereby establishing itself as a Center of Excellence in Nutrition and Dietetics. The self-evaluation scoring rubric will be an interactive tool that encompasses the criteria and rationales in the Standards of Excellence indicators. An organization that champions the role of the RDN and DTR by applying the Standards of Excellence will realize a positive impact on many aspects of the organization. The organization, as a Center of Excellence in Nutrition and Dietetics, will attract high-performing applicants, persuade administrators to accept innovative ideas, augment financial resources, and target increased customer satisfaction and volume. By attaining the status of Centers of Excellence in Nutrition and Dietetics, the organization can achieve benefits similar to Magnet nursing organizations and other organizations considered for the Malcolm Baldrige Award.

**SUMMARY**

The Standards of Excellence in Nutrition and Dietetics for Organizations is a tool to differentiate a respected RDN brand identified as collaborative, competent, and credible. The Standards of Excellence assists the RDN with transforming his or her

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**Each Organization:**

| 4.1B | Documents the process undertaken to deliver products and services compared with past performance and standards of best practice to demonstrate safety and efficiency of the RDN and DTR practice |
| 4.1C | Measures and tracks trends regarding patient/client, employee, and other stakeholder satisfaction in the delivery of nutrition products and services, assessing whether the organization’s priorities are aligned with those of its key stakeholders |
| 4.1D | Collects financial data, examines staffing reports, inventories equipment and software, and examines other organizational and structural outcomes that support the safety, effectiveness, and efficiency of practice |
| 4.2 | Uses a systematic performance improvement model that is based on practice knowledge, evidence, and research |
| 4.2A | Compares actual performance to goals (e.g., Gap Analysis, SWOT [Strengths, Weaknesses, Opportunities, and Threats] Analysis, PDCA [Plan-Do-Check-Act] Cycle, PDSA [Plan-Do-Study-Act] Cycle, organization goals, department goals, team goals) |
| 4.2B | Reports and documents action plan to address identified gaps in performance |
| 4.2C | Improves performance or enhances services based on measured outcomes; publishes results |
| 4.2D | Uses Academy of Nutrition and Dietetics Health Informatics Infrastructure to collect data |

**Examples of Outcomes for Standard 4: Quality of Outcomes**

- RDNs document patient/client attainment of nutrition goals (e.g., resolution of nutrient deficiency, improvements in body mass index) and other recipient outcomes (e.g., increased number of dietetics program graduates accepted into internship programs) to demonstrate value of services provided and increase reimbursement
- The organization adopts and facilitates use of process improvement tools and specific methods for continuous performance improvement within the nutrition and dietetics practice (e.g., Plan-Do-Check-Act Cycle, Lean, Six Sigma)
- Best available research/evidence is used as the foundation of evidence-based practice, including national quality and safety data from the Institute of Medicine and others (e.g., National Quality Forum, Institute for Healthcare Improvement)
- RDNs examine process outcomes (e.g., percentage of correct meals delivered, mean time from referral request to RDN assessment, mean time to initiate nutrition support in parenteral nutrition-dependent patients) to proactively engage those who can assist in making changes in organizational systems to improve the timeliness and consistency of services
- Leaders in the organization and in the nutrition and dietetics programs evaluate structural outcomes (e.g., staff recruitment and retention, faculty-to-student ratios, equipment, software, financial resources) on an ongoing basis and collaborate to provide sufficient support for RDNs to achieve safe, effective, and efficient practice
- Performance indicators are specific, measurable, attainable, realistic, and timely (S.M.A.R.T.)
- Aggregate outcomes results meet pre-established criteria
- Results of quality improvement activities direct refinement and advancement of practice
- Data are used to promote, improve, and differentiate services

Figure 8. (continued) Indicators for Standards of Excellence in Nutrition and Dietetics for Organizations. The term customer is used in this evaluation resource as a universal term. Customer could also mean client/patient, client/patient/customer, participant, consumer, or any individual, group, or organization to which the registered dietitian nutritionist provides service. For the purposes of the Standards, “organization” means workplace or practice setting.
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<tr>
<th>Setting</th>
<th>Quality Action</th>
<th>Practice Outcomes</th>
</tr>
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</table>
| Health care: hospital, long-term care | 1. CNM uses the following applicable Standards of Excellence in Nutrition and Dietetics for Organizations:  
   - Quality of Leadership  
   - Quality of Organization  
   - Quality of Practice  
   - Quality of Outcomes |  
   - CNM develops and provides a list of opportunities for volunteer leadership within the community, profession, and organization for staff RDNs. In addition, the RDN adds this criterion to the annual performance evaluation  
   - CNM presents a proposal to senior management to allocate budget for continuing education for the RDNs  
   - CNM holds meetings and invites experts to educate staff on the use of Academy of Nutrition and Dietetics (Academy) practice resources  
   - CNM designates a volunteer RDN to work on a performance improvement project using the Plan-Do-Check-Act (PDCA) Cycle to demonstrate the quality and value of services provided (eg, address inconsistent meal times affecting blood-sugar goals for patients receiving insulin)  
   - CNM encourages department RDNs to pursue a Board specialty certification, obtain the Fellow of the Academy of Nutrition and Dietetics (FAND) recognition certificate, return to school for further education, investigate transdisciplinary leader roles, and participate in professional conferences  
   - CNM enables RDNs to initiate change to provide quality patient care, improve nutrition and dietetics practice, and the work environment |
| Sample titles: Director of Nutrition and Foodservice Department and/or Clinical Nutrition Manager (CNM) | 2. CNM evaluates the department for the following attributes using the quality indicators:  
   - Presence of RDN in cross-functional teams within the organization, profession, and community  
   - Availability of educational assistance or grants for RDNs to advance and pursue continuing education  
   - Use of Nutrition Care Process and organization’s policy and procedures  
   - Demonstrate department effectiveness through use of outcomes-based management system | |
| Situation: RDN in a CNM role evaluates the department status in meeting organization’s strategic plan | | |

| Business/industry: consulting firms (private and agency), foodservice corporations, food manufacturing, pharmaceutical company | 1. RDN uses the following applicable Standards of Excellence in Nutrition and Dietetics for Organizations:  
   - Quality of Leadership  
   - Quality of Organization  
   - Quality of Practice |  
   - RDN collaborates with other RDNs in private business practice through dietetic practice groups and Academy resources  
   - RDN reaches out to a local university to hire a student in the nutrition and dietetics program for a temporary short-term project  
   - RDN utilizes the Academy’s Scope of Practice Resources  
   - RDN consults with the Academy Quality Management Staff to assess competency requirements using Standards of Practice and Standards of Professional Performance  
   - RDN receives external recognition for food and nutrition services through an award to his or her business  
   - RDN enhances credentials by deciding to pursue graduate school to advance practice |
| Sample titles: Consultant RDN, Healthcare Sales Specialist, RDN in private business practice | 2. RDN evaluates the practice for the following attributes using the quality indicators:  
   - Evaluates its core nutrition business to ensure market demands are met  
   - Promotes mentorship of nutrition and dietetics students and interns | |
| Situation: RDN in private business practice evaluates the practice for quality excellence in providing professional nutrition services | | |

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**Figure 9.** Role examples for Standards of Excellence in Nutrition and Dietetics for Organizations. RDN=registered dietitian nutritionist. WIC=Special Supplemental Nutrition Program for Women, Infants, and Children.
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<tr>
<th>Setting</th>
<th>Quality Action</th>
<th>Practice Outcomes</th>
</tr>
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</table>
| **Education and research: research institutes, Accreditation Council for Education in Nutrition and Dietetics—approved education programs, academic faculty, and kindergarten through grade 12 school wellness** Sample titles: Assistant Professor of Nutrition, Director of Dietetic Internship **Situation:** RDN working as a Director of Dietetic Internship at a university evaluates the internship program for leadership excellence  

1. Internship Director uses the following applicable Standards of Excellence in Nutrition and Dietetics for Organizations:  
   - Quality of Leadership  
   - Quality of Outcomes  

2. Internship Director evaluates the university’s role for the following attributes using the quality indicators:  
   - Support to the interns in contributing to the profession through service within the Academy of Nutrition and Dietetics  
   - Encourage students to participate and hold leadership position within state and local dietetic affiliates or dietetic practice groups  
   - Collaborate with community group/organization to promote the profession of nutrition and dietetics  

   - Director consults with Quality Management staff in the development of short-term volunteer projects for the interns  
   - University’s Program Director educates and informs the students regarding various volunteer opportunities within the state and local dietetic group  
   - University supports Director’s proposal to develop a program for both the faculty and students for providing nutrition education opportunities for children in elementary school  
   - Director assigns a SWOT (Strengths, Weaknesses, Opportunities, and Threats) Analysis project to students to determine the leadership skills the university instills in its students. The project measures value, satisfaction, and current professional role of students who graduated within the last 5 years |

| Community nutrition and public health: food banks, wellness programs, sports organizations, WIC clinics Sample titles: Health and Wellness Dietitian, WIC Nutritionist, Manager at a Community Health Clinic **Situation:** RDN working as a WIC Dietitian evaluates the practice for perceived quality of care for its clients  

1. WIC RDN and WIC Program Manager (organization) use the following applicable Standards of Excellence in Nutrition and Dietetics for Organizations:  
   - Quality of Leadership  
   - Quality of Outcomes  
   - Quality of Organization  

2. WIC RDN and WIC Program Manager (organization) evaluate the program for the following attributes using the quality indicators:  
   - Client satisfaction in the delivery of nutrition products and services  
   - Role of RDN as essential, positive members of the local community  

   - Conducts regular assessments to collect patient/client outcomes compared with nutrition goals  
   - Improves performance or enhances services based on client satisfaction surveys  
   - Organization is committed toward promoting the WIC RDN as a resource for health, wellness, nutrition, and dietetics  
   - Organization partners with corporate businesses in the community to provide information booths at local community health fairs and a plan to track results of the marketing endeavor |

Figure 9. (continued) Role examples for Standards of Excellence in Nutrition and Dietetics for Organizations. RDN=registered dietitian nutritionist. WIC=Special Supplemental Nutrition Program for Women, Infants, and Children.
These standards have been formulated to be used for self-evaluation by nutrition and dietetics organizations to assist in quality improvement. All organizations are responsible for their own quality of practice. The aim of the Standards of Excellence in Nutrition and Dietetics for Organizations is to develop quality organizations and provide a method for organizations to showcase these efforts, and, by example, to advance the profession for all. The use of the standards for any other purpose than that for which they were formulated must be undertaken with the sole authority and discretion of the user.

References

AUTHOR INFORMATION
J. A. Price is a faculty preceptor, Dietetic Internship, North Carolina Central University, Durham. S. Kent is a clinical systems analyst, Center for Human Nutrition, Cleveland Clinic Health System, Cleveland, OH. S. A. Cox is an assistant vice president, Food and Nutrition Services, Administration-Corporate Services, Carolinas HealthCare System, Charlotte, NC. S. M. McCauley is director, Quality Management, Academy of Nutrition and Dietetics, Chicago, IL. J. Parekh is a consultant, Jupiter & Associates, Inc, Palatine, IL. C. J. Klein is a tutor, Learning Assistance Center, Howard Community College, Columbia, MD.

Address correspondence to: Joyce A. Price, MS, RDN, LDN, Dietetic Internship, North Carolina Central University, 5 Sinclair Circle, Durham, NC 27705. E-mail: jprice@ncsu.edu, eprice26@ncrr.com

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