

IMPLEMENTATION OF ORDER WRITING PRIVILEGES

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OBJECTIVES

Participants will be able to:

- ⦿ Provide process for obtaining order writing privileges (OWP's) in hospitals.
- ⦿ Take steps necessary to implement OWP's in their own hospitals.

BACKGROUND

- Purpose is to be able to provide efficient and effective evidence-based nutrition services to patients.
- Reduce the burden of waiting for physicians to order recommended nutrition interventions.

CONDITION OF PARTICIPATION FOR ACUTE CARE HOSPITALS

Food & Dietetic Services §482.28(b)

Old wording: “Therapeutic diets must be prescribed by the practitioner or practitioners responsible for the care of the patient.”

Old Interpretive Guidelines:

- ◉ Must be prescribed in writing by the practitioner responsible for the patient’s care;
- ◉ Documented in the patient’s medical record (including tolerance to the diet as ordered);
- ◉ Evaluated for nutritional adequacy.

CONDITION OF PARTICIPATION FOR ACUTE CARE HOSPITALS

Food & Dietetic Services §482.28(b)

Old Interpretive Guidelines:

- ◉ In accordance with State law and hospital policy, a dietitian may assess a patient's nutritional needs and provide recommendations or consultations for patients but the patient's diet must be prescribed by the practitioner responsible for the patient's care.

CONDITION OF PARTICIPATION FOR ACUTE CARE HOSPITALS

Food & Dietetic Services §482.28(b)

New wording (effective July 11, 2014): “All patient diets, including therapeutic diets, must be ordered by a practitioner responsible for the care of the patient, or by a qualified dietitian or other clinically qualified nutrition professional as authorized by the medical staff and in accordance with State law.”



WHAT DOES THIS MEAN?

- RDN may write all diet orders, including orders for enteral and parenteral nutrition support.
- CMS considers “all patient diets to be therapeutic in nature, regardless of the modality used to support the nutritional needs of the patient.”
- Finalized rule does not rule out privileges for ordering labs or other diagnostic services by nutrition professionals.
- CMS allows individual hospital governing boards to decide which orders may be written by RDN’s in their facilities.

WHAT DOES THIS MEAN?

- Applies only to inpatients admitted to the hospital.
- Observation patients are treated in accordance to hospital standards
 - Considered outpatients for billing and financial purposes.
 - Lab orders generate charges r/t ordering licensed independent practitioner (LIP).
 - May require NPI number or order as a telephone/verbal order after discussion with LIP.
 - Must comply to billing procedures.

DEFINITIONS

○ Credentialing (Organization)

- Defined process to review practitioner's
 - Credentials
 - Experience
 - Qualifications
 - Evaluated every 1-2 years

○ Credentialing (Professional)

- A professional agency which
 - Establishes standardized criteria
 - Grants formal recognition to practitioners meeting criteria

DEFINITIONS

⦿ Privileging

- Practice by which a practitioner has been given permission or “privileges” to engage in specified clinical activities by the credentialing committee
- Granted to individuals, not groups.

⦿ Clinical Privileges

- Authorization granted to a practitioner by the credentialing committee to provide specific care or treatment within well-defined limits, based on practitioner’s license (if applicable), professional scope of practice, education, training, experience, judgment, and demonstrated and documented competence.

DEFINITIONS

◉ Competence

- Determination of one's capability to perform up to defined expectations.
- A principle of professional practice.
- ID's the ability of the provider to administer safe & reliable services on a consistent basis.

◉ Competency

- “a synthesis of knowledge, skills, abilities, behaviors & other characteristics an individual must demonstrate in order to perform their role.”
- Monitoring should be an ongoing & annual process for all RDN's in hospital setting.

NATIONAL PROVIDER IDENTIFIER

- Need National Provider Identifier (NPI) number in order to bill for services.
- All RDN's should have an NPI number.
- Apply for NPI online @ National Plan and Provider Enumeration System (NPPES) [website](#).
 - By mail, call Fox Systems, Inc., the NPI enumerator, at 800/465-3203 to request an application.
 - Print a copy of the NPI forms before sending to CMS.

STEPS FOR OWP IMPLEMENTATION

○ Establish support

- Promote efficiency, transparency & burden reduction
- QA or PI projects that show need for OWP's
 - Demonstrate impact on patient satisfaction or outcomes
- Meet with hospital's legal counsel
- Gain multidisciplinary support
 - Hospital physicians, nursing, clinical pharmacy
- Obtain committee approvals
 - Helpful to have 1-2 physicians who are willing to champion the proposal to the committees.

STEPS FOR OWP IMPLEMENTATION

○ Policy development

- Organizational: to guide implementation
 - Outline OWP privileges
 - Define scope of practice
 - Requirements for staff privileges & the different levels
 - Other specifications
 - Written in collaboration w/ director of compliance, regulation or accreditation and legal counsel
- Channel for approval
 - Pharmacy & Therapeutics
 - Medical Executive Committee
 - Others depending on organization's by-laws

STEPS FOR OWP IMPLEMENTATION

○ Policy development

- Department-guides practices & benchmark for performance evaluation
 - Establish procedures
 - Define different levels of privileges
 - Which orders may be written
 - How competency is established & monitored
 - Outline CNM's and RDN's responsibilities
 - Approved methods for communicating orders w/ healthcare team

STEPS FOR OWP IMPLEMENTATION

- Determine competency assessment program
 - Should align with
 - Academy's Scope of Practice
 - Standards for Professional Practice
 - RDN's skill level and certifications



STEPS FOR OWP IMPLEMENTATION

- Knowledge based competencies
 - Learning modules with exams
- Practice based competencies
 - Chart reviews
 - Observation of RDN's interactions w/ other healthcare team members, patients/families
 - Ongoing review to ensure consistent care that meets or exceeds requirements of privilege level at least annually
- Competencies for high risk, low volume situations

STEPS FOR OWP IMPLEMENTATION

- Establish ladder of privileges-examples:
 - 3 levels of competency
 - Generalist-Level 1
 - Specialist-Level 2
 - Advanced



LADDER OF PRIVILEGES

○ Generalist-Level 1

- General medical/surgical w/ minimal tube feedings
- <3 years experience
- Allow to modify diets, order oral nutrition supplements, order basic labs

LADDER OF PRIVILEGES

◉ Specialist-Level 2

- All of Level 1
- Initiate or modify tube feedings, labs
- Board certification or Master's degree

LADDER OF PRIVILEGES

⦿ Advanced

- All of Level 1 & 2
- Consistently demonstrate advanced abilities
- Order/modify parenteral nutrition
- Order more specific labs & exams
- Order vitamins, minerals, probiotics

STEPS FOR OWP IMPLEMENTATION

○ Monitoring & evaluation

- Assess accuracy of orders written by the RDN
 - Chart review or separate audit on specified time interval
 - Track patient's response to care
- QA or PI projects
 - Amount of time or number of contacts to implement nutrition interventions
 - Collect follow-up data and analyze for efficiency

QA/PI Project	Issue Addressed	Description
Efficiency of parenteral nutrition orders	Efficiency	Track number of phone calls needed by RDN &/or pharmacist to LIP before PN order finalized, & the length of time between RDN determining order & actual order implementation.
Compliance with RDN recommendations	Quality of Care	Track the number of RDN recommendations ordered by the LIP vs. the total number of recommendations made.
Physician contacts made	Burden	Track the number of times the LIPs have to be contacted by the RDN via pager, phone call or in person to implement the nutrition orders.
Timeliness of nutrition interventions	Efficiency	Track the average time between RDN determination of needed nutrition intervention to actual intervention occurring.
Verbal/telephone orders	Efficiency	Track reduction in verbal/telephone orders written by RDNs and/or track reduction in number of verbal/ telephone orders which go unsigned.
Clarification of diet orders	Efficiency	Track time spent clarifying and/or correcting diet orders that are written inaccurately by providers other than RDNs.
Parenteral nutrition use	Efficiency, stewardship	Track reduction in inappropriate use of parenteral nutrition.

COSTS & BENEFITS

- Economic impact estimate for hospitals is \$459 million reoccurring annually
 - Difference between physician/NP/PA and RD's average hourly costs
 - Complex vs. non-complex diet orders
 - Malnourished/at risk for malnutrition patients
 - 20% of inpatient stays per hospital per year
 - Savings estimate of \$1.68 million from reduced inappropriate parenteral nutrition usage



INDIANA OWP

- ◉ Writing diet orders included in the certified dietitian scope of practice.
- ◉ Approved by the Indiana State Board of Health and inserted in the regulations governing hospital as of 9-30-16.

SCOPE OF PRACTICE (830 IAC 1-6)


- ◉ Scope of Practice inserted into current certification rules.
 - Does not provide or guarantee licensure
 - Ensures Medical Nutrition Therapy and other nutrition services are provided by competent practitioners
 - Helps protect the safety and well-being of Hoosiers

INDIANA OWP

- ⦿ Does not allow RDNs OWPs in home health.
- ⦿ Recent federal ruling impacting OWP's in long-term care
 - Indiana long-term care rules/regulations need approval for changes

CNM-DPG WEBSITE

<http://www.cnmdpg.org>




Clinical Nutrition Management
a dietetic practice group of the
eat right. Academy of Nutrition and Dietetics

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Welcome

Welcome to CNM DPG!



I am honored to be your Chair this year and look forward to working with such a brilliant group of professionals. I want to thank Caroline Steele for all her hard work as Chair this past year, she of course will be our Past Chair this year and has worked very hard to help me transition into this new role. We also have our outgoing secretary Jennifer Wilson who just did an amazing job for the past two years! Her role really is what keeps us all organized and it is not an easy one! She too worked hard to transition Gisele LeBlanc into her new role as secretary and remains a great support to her. Thank you Jennifer for the tremendous job you have done.

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Resource Library

The CNM Resource Library is a compilation of information, forms and resources for your use.

All information is posted by topic.

If you have policies or resources that you are able to share, please [submit them via the process described here](#).

- Charting and Documentation
- Food Service
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CALENDAR


ACEND Virtual Town Hall
February 14, 2017

ACEND Virtual Town Hall
March 14, 2017

2017 CNM Symposium
March 18 to March 21, 2017

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TWITTER



AN ALL MEMBER IMPERATIVE

Stay up-to-date on how RDN's can add value to healthcare organizations.

- ◎ “To Do” list for all RDN's
 - Provide/bill for nutrition services
 - Obtain NPI number
 - Drive future Evidence Based Practice
 - Track data
 - Advocate for expansion of MNT benefit
 - Contact own health insurance
 - “Take Action” alerts

SUMMARY

- Assures the provision of nutrition care in a timely & cost effective manner
- Expansion to other care settings
 - Long term care facilities
 - Dialysis centers
- Track efforts using QA/PI projects:
 - Burden reduction
 - Increased efficiency
 - Transparency
 - Patient safety
 - Cost effectiveness
 - Publish results

TAKE CARE OF YOUR
DEGREE...
TAKE CARE OF YOUR
PROFESSION!

REFERENCES & RESOURCES

- ◉ *Future Dimensions in Clinical Nutrition Practice.*
“Implementation of Order Writing Privileges in Acute Care Hospitals”. W. Phillips, RS, RD, CNSC, CLE, FAND; E. Wagner, RD, LDN, CDE; J. Reiner, MS, RD, LD; G. LeBlanc, MS, RD, LDN, CNSC, FAND.
- ◉ “Rules and Regulations-Medicare and Medicaid Programs; Regulatory Provisions To Promote Program Efficiency, Transparency, and Burden Reduction; Part II-Final Rule-pages 27105-27157 Fed Regist. Doc #2014-10687)”
www.federalregister.gov/articles/2014/05/12/2014-10687/medicare-and-medicaid-programs-regulatory-provisions-to-promote-program-efficiency-transparency-and#h-22.

REFERENCES & RESOURCES

- ◉ Therapeutic Diet Orders: State Status and Regulations. Academy of Nutrition and Dietetics website. www.eatrightpro.org.
- ◉ Learn about the CMS Rule on Therapeutic Diet Orders. Academy of Nutrition and Dietetics website. www.eatrightpro.org.
- ◉ Standards of Practice. Academy of Nutrition and Dietetics website. www.eatrightpro.org.
- ◉ Applying for NPI: <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.

QUESTIONS?