

## Standards of Practice



### Standards of Professional Performance for RDs in Nephrology care

Jennie House, RD,CSR,LD

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## History of the SOP/SOPP



- Standards of Practice-guide to implementation **July 1986**
- Standards of Professional Practice **January 1998**
- Standards of Practice in Nutrition Care and Updated Standards of Professional Performance **April 2005**
- ADA Revised 2008 SOP for RDs in Nutrition Care ,SOP for DTRs in Nutrition Care, and SOPP for RDs and DTRs: **September 2008**

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## Practice Specific SOP/SOPP



- Diabetes Care
- Behavioral Health Care
- Oncology Nutrition
- Nutrition Support
- Management for Food and Nutrition Systems
- Educators of Practitioners
- Sports Dietetics
- Pediatrics
- Nephrology Care

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### SOP/SOPP in Nephrology Care

- The Joint Standards Task Force of the American Dietetic Association Renal Practice Group and the National Kidney Foundations Council on Renal Nutrition
- Published in Journal of American Dietetic Association, September 2009 and Journal of Renal Nutrition, September 2009

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### Task Force Members

- Deborah Brommage, MS, RD, CSR, CDN;
- Maria Karalis, MBD, RD, LDN and
- Cathi Martin, RD, CSR, LDN ;Co-chairs
- Maureen McCarthy, MPH, RD, CSR, LD
- Deborah Benner, MA, RD, CSR
- Catherine M. Goeddeke-Merickel, MS, RD, LD
- Karen Wiesen, MS, RD, LD
- Laura Byham-Gray, PhD, RD
- Jennie Lang House, RD, CSR, LD
- Jessie Pavlinac, MS, RD, CSR, LD
- Linda McCann, RD, CSR, LD

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### Standards of Practice Standards of Professional Performance

- Describes a *minimum* level of competence for RDs who provide direct patient care
- Guideline for self evaluation in one's practice
- Establishes competency levels
- Standards **NOT** regulations
- Consensus standards developed through a structured process involving expert consensus, available scientific evidence, and prevailing opinion; based on expert practice knowledge and experience

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### SOP has 4 Standards

- Nutrition **Assessment**
- Nutrition **Diagnosis** (problem identification)
- Nutrition **Intervention** (planning & implementation)
- Nutrition **Outcomes** (monitoring & evaluation)

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### SOPP has 6 Standards

- Provision of services
- Application of research
- Communication & application of knowledge
- Utilization & management of resources
- Quality of practice
- Continued competence & professional accountability

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
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### Levels of Competency for RD

- Generalist
- Specialty
- Advanced

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### Generalist

- Practice includes more than one area such as community, clinical, consultation & business, management, education
- RD with less than 3 years experience
- Entry level RD

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### Specialist

- Concentrates on 1 aspect of practice
- Expanded roles beyond entry level
- Has acquired **proficient** specialized knowledge base
- May or may not have additional certification (CSR)

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### Advanced

- Acquired **expert** knowledge base
- Complex decision making skills
- Competence for expanded practice
- May or may not include additional certification
- Higher degrees of professional autonomy and responsibility such as mentoring others, publishing, developing standards

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### Format Example

	Generalist	Specialty	Advanced
<input type="checkbox"/> 1.1 Evaluates dietary intake for factors that affect health conditions including nutrition risk	X	X	X
<input type="checkbox"/> 1.1A Evaluates adequacy and appropriateness of food and fluid intake (ie, macro and micronutrients; meal patterns)	X	X	X
<input type="checkbox"/> 1.1A1 Evaluates changes in appetite or usual dietary intake patterns (eg, as a result of the uremia, oral aversion, pica behavior, adequacy of dialysis treatment, gastrointestinal problems, co-morbid conditions, or dialysis schedule)	X	X	X
<input type="checkbox"/> 1.1A2 Evaluates meal-planning issues	X	X	X
<input type="checkbox"/> 1.1A5 Based on stage of kidney disease, evaluates adequacy of nutrient intake using appropriate tools, in relationship to physical needs and laboratory indices		X	X
<input type="checkbox"/> 1.1B Evaluates adequacy and appropriateness of current diet prescription	X	X	X
<input type="checkbox"/> 1.1B1 Evaluates nutrition therapy changes and gives direction based on lab and physical indices and co-morbidities		X	X
<input type="checkbox"/> 1.1B2 Identifies the need to tailor data collection based on health condition history and present state; identifies a need for transition and factors that might influence the plan			X

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### Implement in your practice

- Use as part of the professional development portfolio process in self assessment of your practice and setting learning goals
- Use as a guide in the development of nephrology related curriculum, continuing education, job descriptions

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### Examples of use in different roles

- Clinical practitioner: A clinical practice RD in the hospital is assigned to cover acute care nephrology services. The RD can use the SOP/SOPP to evaluate skills and competencies, identify learning skills, and sets goals to improve competency.

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### Example (cont'd)

- RD not currently employed: RD who has been out of nephrology practice for a few years, decides to start a private practice and plans to include MNT for CKD clients. Prior to accepting clients, the RD uses the SOP/SOPP for self-assessment, identify learning needs, set goals and education review/courses if needed.

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### Real life applications

- RDs in the Portland area Kaiser CKD program worked within Kaiser for approval of a protocol to allow RDs to manage MBD in their CKD caseload using the SOP(2005) which predated the nephrology SOP/SOPP but is only strengthened by the 2009 documents. (Maureen McCarthy)

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
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### Applications (cont'd)

- March 2010:CKD Clinic at University of California at San Diego Medical Center is the first to be CKD certified by Joint Commission.
- Sharon McCauley, MS, MBA, Director of Quality Management for ADA reported that part of the evaluation process includes what is outlined in the SOP/SOPP for assessment, outcomes, and competencies

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### Applications (cont'd)

- From Maria Karalis: an RD colleague used the Nephrology SOP/SOPP to show the medical and legal teams of a pharmaceutical company that she was specialized in renal nutrition which validated her position as a senior clinical specialist.

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### Practical Application with the New Rules

- Now that there is a rule requiring standing orders with delegation to the RD, the SOP/SOPP document can be a tool to create and to validate the tasks included in this document.

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
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### Sample Standing Orders

- **STANDING ORDERS FOR RENAL DIETITIAN**
- **NUTRITION EVALUATION:** As required by CMS C1c, the renal dietitian will regularly perform and document a comprehensive nutrition assessment/POC (initial/90 day/annual/unstable (identified by IDT), including individualized dietary evaluation and education, monitor nutritional, iron/anemia, bone/mineral metabolism, access and adequacy status and laboratory values to assess adherence and response to prescribed therapies and nutrition-related medications. Recommend appropriate interventions and time tables as determined necessary to achieve desired outcomes. Monitor and continuously revise.
- **LABORATORY ORDERS:** The renal dietitian may enter orders into computer or medical record for nutrition-related and other laboratory tests as ordered by the physician, including, but not limited to, tests required for urea kinetic modeling, renal osteodystrophy and serum lipid monitoring, iron and anemia management, and micronutrient management.
- **DIET ORDERS:** The renal dietitian will calculate, enter orders into computer or medical record, and implement dietary orders, within accepted standards of practice and as determined by individual patient needs, including concurrent medical problems, mode of dialysis treatment, urine output, fluid balance, and serum chemistries.

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**Sample Standing Orders, cont.**

- ❑ **PHOSPHORUS BINDERS:** The renal dietitian may initiate, enter orders into computer or medical record, and adjust dosage of patient-administered phosphorus binders (such as PhosLo, calcium carbonate, Renagel, and lanthanum carbonate) in accordance with laboratory parameters and dietary intake, within accepted standards of practice and as determined by individual patient needs.
- ❑ **CALCIMIMETICS:** A renal dietitian may implement and adjust dosage of patient-administered calcimimetics (cinacalcet/Sensipar) as determined by facility approved protocol and pursuant to a physician's order, within accepted standards of practice and as determined by individual needs.
- ❑ **VITAMIN D THERAPY:** The renal dietitian may initiate, enter orders into computer or medical record, and adjust dosage for active or analogue vitamin D therapy, for administration by oral or IV route, as determined by facility-approved guidelines/protocol, or pursuant to a physician's order, within accepted standards of practice and as determined by individual needs.
- ❑ **NUTRITIONAL SUPPLEMENTS:** The renal dietitian may enter orders into computer or medical record, and initiate the implementation of nutritional supplements, within accepted standards of practice and as determined by individual patient needs. Supplements include, but are not limited to:

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**Sample Standing Orders, cont.**

- ❑ Oral protein and/or protein/calorie supplements
- ❑ Vitamins and supplements (i.e. renal formulas, vitamin E, fish oil)
- ❑ Minerals (i.e. calcium, oral iron, zinc, magnesium)
- ❑ **ANEMIA MANAGEMENT:** After successful completion of appropriate training and in coordination with the Clinical Coordinator, the renal dietitian may initiate, enter into computer or medical record, and adjust dosage for erythropoietin and iron preparations, to be administered by oral, IV, or subcutaneous route, as determined by facility approved protocol, or pursuant to a physician's order, within accepted standards of practice and as determined by individual needs.
- ❑ **KINETIC MODELING:** A renal dietitian may monitor kinetic modeling within the facility and assist the patient care team with review, communication, and analysis of Kinetic Modeling results.

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**Sample Standing Orders, cont.**

- ❑ **FIBER/STOOL SOFTENER PRODUCTS:** The renal dietitian may advise the patient on fiber/stool softener products (i.e. Docusate, Kristalose/Lactulose, Miralax, Unifiber), as determined by individual patient needs.
- ❑ **SPECIAL BATHS:** A renal dietitian may monitor, evaluate, and recommend adjustments in special baths (i.e. calcium, potassium) in accordance with laboratory parameters and dietary intake, pursuant to a facility protocol or a physician's order, within accepted standards of practice and as determined by individual patient needs.
- ❑ **CARNITOR:** A renal dietitian may implement and adjust dosage for Carnitor therapy pursuant to a physician's order, in accordance with laboratory parameters and in compliance with CMS policy.
- ❑ **PHYSICIAN SIGNATURE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_
- ❑ This delegation of responsibility was formally reviewed and documented by me on this date but includes elements that were already in effect prior to this date.

Credit: Betty Smith, MS, RD, LD

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## In Conclusion

- Available online at [www.adajournal.org](http://www.adajournal.org)
- Member benefit for ADA and CRN members
- My email: [jlh3074@sbcglobal.net](mailto:jlh3074@sbcglobal.net)

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