



CMS Publishes Final Rule Improving the Ordering of Therapeutic Diets in Hospitals

A new rule issued May 7 by the federal Centers for Medicare and Medicaid Services (CMS) will drive improvement in the treatment of malnourished hospitalized patients by allowing qualified registered dietitian nutritionists (RDNs) to order patient diets without the supervision or approval of a physician or other practitioner, if permitted to do so under state law. Addressing the long-standing problem of delays in nutritional therapy due to lack of a diet order, the CMS rule provides the flexibility hospitals need under federal law to grant privileges to qualified dietitians and nutrition professionals to order patient diets, lab tests to monitor the effectiveness of dietary plans, and to make modifications to nutritional interventions. Under the new rule, which took effect on July 11, hospitals will have the authority to determine who will be privileged.

Members of the Alliance applaud CMS for this decision, as it supports the concept of a multidisciplinary approach to patient nutrition – enabling RDNs to perform at the top of their training, as well as improving the timeliness of nutrition intervention for patients with malnutrition.

[Read More about the CMS Final Rule.](#)



NEW ALLIANCE DEVELOPMENTS

[Learn more](#) about several ways in which the Alliance and its partner organizations are focusing on patient nutrition.

POLICY SPOTLIGHT

In June, the American Medical Association (AMA) passed a landmark resolution supporting “comprehensive nutritional screening, assessment, and management in hospitals” and calling for reimbursement of nutrition support services. [Learn more about AMA’s new position.](#)



NUTRITION IN THE NEWS

[Warning over patient malnourishment](#), *Yahoo! UK*

A new study from researchers at University of Lincoln in the United Kingdom compared the effectiveness of the malnutrition universal screening tool (MUST), the mini nutritional assessment short-form (MNA-SF) and the bioelectrical impedance assessment (BIA). The study found that the MNA-SF and BIA are potentially more accurate than MUST in their assessment of malnutrition risk in older patients.

[Integrating nursing care with the nutrition support team](#), *Oncology Nurse Advisor*

Oncology Nurse Advisor interviews Noreen Luszcz, RD, MBA, CNSC, and nutrition program director for Walgreens Infusion Services, about identifying a patient that is at risk for malnutrition and about aiding a patient who may need at-home nutrition therapy.

FEATURE STORY



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Issued in direct response to a presidential executive order urging federal agencies to reduce or revise unnecessarily burdensome rules and regulations, CMS said the new rule will “save hospitals significant resources by permitting registered dietitians to order patient diets independently, which they are trained to do, without requiring the supervision or approval of a physician or other practitioner.”

Moreover, the rule specifically clarifies that registered dietitian nutritionists (RDNs) may be included on the hospital medical staff, as they “have equally important roles to play on a medical staff and on the quality of medical care provided to patients in the hospital.”



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FEATURE STORY

Considered “a major policy success” by the Academy for Nutrition and Dietetics (the “Academy”) and members of the nutrition community, the rule is the result of a concerted effort by the Academy going back to 2010. Starting with the production of a detailed analysis of the legal and practice issues surrounding therapeutic diets at both the federal and state levels, the Academy held multiple meetings with CMS and worked with the agency through evidentiary offerings and regulatory comments to bring about this regulatory change.

Melissa Parkhurst, MD, FHM, medical director of the Nutrition Support Service at the University of Kansas Hospital in Kansas City and clinical representative for the Society of Hospital Medicine in the Alliance, was interviewed by [The Hospitalist regarding this CMS rule](#). She stated, “Any time you can allow the different disciplines to work directly with patients to help in that hospital stay, you are not only hopefully bettering the care of the patient, but you’re helping the primary attending physicians as well. The idea was not only to hopefully improve the timeliness of getting nutrition intervention started with patients but also to allow everybody to do what they’re good at.”

Before an RDN will be legally permitted to order patient diets, he/she must become part of the medical staff or be granted privileges by the hospital to order therapeutic diets. Read the Academy of Nutrition and Dietetics’ guide regarding implementation of the rule and analysis of existing state statutory and legal impediments.

[Read the final rule.](#)

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POLICY SPOTLIGHT

Meeting in Chicago in June, the American Medical Association (AMA) House of Delegates overwhelmingly passed Resolution 705 -- entitled *Prevention Screening and Treatment of Malnutrition in Hospital Patients* – calling for reimbursement of nutrition support services in hospitals “to preclude or mitigate adverse health conditions.”

Reflecting the consensus of the AMA’s more than 200,000 members, Resolution 705 puts the organization on record as supporting “comprehensive nutritional screening, assessment, and management in hospitals.” The AMA resolution also recognizes the role of the nutrition support team (NST) in providing the in-depth care required by the Joint Commission on Accreditation of Healthcare Organizations – specifically for hospitals to screen all patients within 24 hours of admission and to have criteria for nutrition plans.

Besides lending its support for nutrition interventions in hospital settings, the AMA resolution calls for the standardization and accreditation of interdisciplinary nutrition support teams and for the establishment of national registries to share information about the performance of nutrition support teams and other preventive nutritional interventions.

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NEW ALLIANCE DEVELOPMENTS



Cost and patient outcomes related to malnutrition will be the focus of a session on October 19 at the Academy of Nutrition and Dietetics' [Food and Nutrition Conference and Expo \(FNCE\)](#) in Atlanta, Georgia entitled "Medical Nutrition Therapy's Impact on Hospital Economics and Patient Outcomes." The presenters will discuss the extensive research on hospital malnutrition and how clinical collaboration is critical to screening, assessing and treating at-risk patients, as well as successfully integrating nutrition practices across the entire continuum of care. [Learn more about FNCE and how to register.](#)

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NUTRITION IN THE NEWS

[Warning over patient malnourishment](#), *Yahoo! UK*

An expert is warning that malnourishment among frail, elderly hospital patients could be going unnoticed as the main method for detecting whether or not patients are underfed may not be picking up all cases.

Dr. Adrian Slee, from the University of Lincoln in the United Kingdom, says that efforts need to be concentrated on creating a better, more accurate diagnostic tool to detect those who are malnourished or at risk of malnourishment.

[Integrating nursing care with the nutrition support team](#), *Oncology Nurse Advisor*

Maintaining good nutritional status is one of the more challenging aspects of oncology nursing. The side effects of cancer and treatment (such as fatigue, nausea and vomiting, and altered taste) can make meeting daily nutritional requirements difficult for patients. Some patients may require parenteral or enteral nutrition support to ensure they receive adequate nutrients in the course of treatment.

Oncology Nurse Advisor (ONA) talked to Noreen Luszcz, RD, MBA, CNSC, and nutrition program director for Walgreens Infusion Services, about how oncology nurses can work with the infusion services clinicians to ensure patients undergoing cancer treatment are receiving adequate nutrition

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