

## **PRACTICE TIPS: Hospital Privileges for the RD Practicing MD/DO Work**

### **1. When should an RD apply for Hospital privileges?**

- a) An RD should propose and make application for Hospital privileges when the RD is being asked by the MD/DO to practice at a medical level; that is, if the RD is doing MD/DO work such as prescriptive authority for parenteral nutrition orders; if there is a need for an RD “expanded” scope of practice per the MD/DO, such as RD to complete tube placement, order and conduct indirect calorimetry, complete physical assessments, conduct pre-admission screenings for patients admitted to an inpatient rehabilitation hospital, conduct pre-admission screenings and recommend admission to specialty units, i.e. eating disorders, order and conduct blood pressure evaluations, and inject insulin. The admitting MD/DO is the practitioner responsible for the care of the patient/client.
- b) The Hospital’s Governing Body determines if the qualified, competence trained, advanced level practice RD may be granted Hospital privileges. The Governing Body has the authority, in accordance with State law, to appoint some types of non-physician practitioners, such as nurse practitioners, physician assistants, certified registered nurse anesthetists, and midwives, to the medical staff. Practitioners, both physicians and non-physicians, may be granted privileges to practice at the Hospital by the Governing Body for practice activities authorized within their State scope of practice without being appointed a member of the medical staff.
- c) The RD must understand and acknowledge the Hospital’s medical staff bylaws, policies and procedures, and the State laws for what information there is regarding legal scope of practice.

### **2. How are Accrediting Organizations involved in Hospital privileges and how will the Hospital RD who has been granted privileges be evaluated?**

- a) Approximately 80% of the U.S. hospitals are accredited by an accreditation organization such as the American Osteopathic Association Healthcare Facilities Accreditation Program, or the DNV National Integrated Accreditation for Healthcare Organizations, or The Joint Commission. Health care organizations can participate in a voluntary accreditation program for its hospitals and other healthcare services to certify as having met the Conditions of Participation (CoP) required for reimbursement under the Federal Medicare/Medicaid program. A majority of state governments recognize accreditation as a condition of licensure and receiving Medicare/Medicaid reimbursement. Accreditation inspections are unannounced and survey findings are made publicly available.
- b) An RD who has been granted Hospital privileges (i.e. write enteral and parenteral nutrition orders, order applicable labs related to nutrition interventions, insert NG tubes/tube placement, complete physical assessments, inject insulin) must complete the privileging process at that specific Hospital.

- i. Enteral nutrition refers to feeding provided through the gastrointestinal tract via a tube, catheter, or stoma that delivers nutrients distal to the oral cavity.<sup>1</sup>
- ii. Parenteral nutrition refers to the intravenous administration of nutrients. Central: Parenteral nutrition delivered into a large-diameter vein, usually the superior vena cava adjacent to the right atrium. Peripheral: Parenteral nutrition delivered into a peripheral vein, usually of the hand or forearm.<sup>1</sup>

<sup>1</sup> American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) Definition of Terms  
<http://www.nutritioncare.org/lcontent.aspx?id=546>

- c) Accreditation organizations will review the following:
  - i. The Hospital's Governing Body must approve in its medical staff bylaws to grant privileges to qualified Hospital RDs.
  - ii. The Hospital medical staff must approve and outline specific order writing privileges detailed in their medical staff bylaws. Privileges are for an individual RD based on that RD's assessed competencies and advanced level of practice.
  - iii. For RDs granted privileges, the Hospital's Human Resource department may implement its process to assess competency for each RD who has been granted privileges.
  - iv. The non-physician/allied health professional privileging process is completed in a designated time frame (i.e. annually) to ensure continued competency.
  - v. The Human Resource department's process for competency is similar to the medical staff privileging or credentialing process, but not as time-consuming.
- d) Privileges are not granted to a group of RDs. Privileges are not granted to the group of Hospital staff RDs for supplement ordering. Privileges are not granted to the nutrition service department staff to automatically modify a patient/client existing nutrition (diet) order.
- e) Hospital RDs must check all state licensure laws, state practice acts, state occupational regulations, and state hospital licensing regulations to ascertain any laws that either prohibit or permit RDs to prescribe, i.e. order writing for nutrition – diets, supplements, medical foods, enteral and parenteral nutrition formulas.

### **3. How do Hospital RDs determine which nutrition regulations or accreditation organization standards and requirements to meet?**

- a) The Hospital RD must “line up” side by side the CMS regulations, State scope of practice laws, State hospital licensure laws and regulations, and the accreditation organization standards to determine how the Hospital nutrition department will meet all Centers for Medicare and Medicaid Services requirements and conditions of participation and state Hospital licensing rules and regulations. The Hospital RD must benchmark against the most stringent requirement.

**4. Does a Hospital privileged RD require liability insurance?**

- a) Yes, the Hospital RD who has been granted privileges to complete MD/DO level work, regardless of the Hospital and what professional liability insurance that Hospital may provide, must carry his or her individual professional liability insurance.
- b) The RD must determine the nature of his or her practice and the medical level MD/DO work that they are performing and whether it is likely to give rise to a claim.
- c) The Hospital privileged RD must realize that claims can be made against a practitioner even if no negligence, mistake, or wrongful act has been committed.
- d) The Hospital privileged RD must also know that their State legal scope of practice may be referenced when litigation against practitioners and the Hospital occur.
- e) Usually the hospital insurance policy protects the Hospital privileged RD when working within their State legal scope of practice and under the MD/DO orders. The privileged RD should review with Hospital personnel on how the hospital insurance policy protects the Hospital privileged RD. The Hospital privileged RD must weigh his or her benefits versus their risks when making this individual decision for securing liability insurance.

**REFERENCES AND RESOURCES:**

RDs in Hospital practice settings utilizing therapeutic diet and nutrition care order writing with or without Hospital privileges continue to be inspected through the Code of Federal Regulation as enforced by the Centers for Medicare & Medicaid Services (CMS), State Departments of Health, and, if accreditation applicable, by Accrediting Organizations (i.e.; The Joint Commission, American Osteopathic Association Healthcare Facilities Accreditation Program, DNV National Integrated Accreditation for Healthcare Organizations) who have been granted deeming authority by CMS.

**Code of Federal Regulations – Title 42 – Public Health (42 CFR)**

- Chapter IV pertains to the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (DHHS)
  - Part 482 is the Condition of Participation for Hospitals (CoPs)
    - ✓ With its Interpretive Guidelines and Survey Procedures

**42 CFR 482 CoPs affect RDs in the hospital practice setting:**

**1. 482.12: Condition of Participation: Governing Body**

**The Governing Body must....**

- a) 482.12(a)(1) Determine, in accordance with State law, which categories of practitioners are eligible candidates for appointment to the medical staff
- b) 482.12(a)(2) Appoint members of the medical staff after considering the recommendations of the existing members of the medical staff
- c) 482.12(a)(3) Assure that the medical staff has bylaws

- d) 482.12(a)(4) Approve medical staff bylaws and other medical staff rules and regulations
  - e) 482.12(a)(5) Ensure medical staff is accountable to the governing body for the quality of care provided to patients
  - f) 482.12(a)(6) Ensure the criteria for selection are individual character, competence training, experience and judgment
  - g) 482.12(c) Care of Patients; Every Medicare or Medicaid patient is under to the care of ...
2. **482.22 Condition of Participation: Medical Staff**
- a) 482.22(b) Medical Staff Organization and Accountability
  - b) 482.22(c) Medical Staff Bylaws
3. **482.23 Condition of Participation: Nursing Services**
- a) 482.23(c) Preparation and Administration of Drugs – drugs and biologicals
  - b) 482.23(c)(2)(i) If verbal orders are used, they are to be used infrequently
4. **482.24 Condition of Participation: Medical Record Services**
- a) 482.24(c)(1) - All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures.
5. **482.28 Condition of Participation: Food and Dietetic Services**
- a) 482.28(b)(1) Therapeutic diets must be prescribed by the practitioner or practitioners responsible for the care of the patients.

**ADA Web site – Practice – Quality Management – [www.eatright.org/quality](http://www.eatright.org/quality)**

**Locate Quality Management resources on the ADA Web site path as follows:**

- Log onto the “For Members/ADA Member Center” with your member ID and Password; On the Left Green NAV select “Practice”; Hover to select “Quality Management”; then on the QM page - select “Practice Resources”, “Regulatory”, “State Resources”, “Licensure”, Accreditation Organizations”...
- Under “Practice Resources” – Select “Order Writing and Privileges”  
**Order Writing and Privileges – [www.eatright.org/qualityresources](http://www.eatright.org/qualityresources)**
  - [Practice Applications: Therapeutic Diet Orders](#) (September 2009 *Journal*)
  - [Ask Questions: Therapeutic Diet Orders](#) (Summer 2009 *ADA Times*)
  - [Clinical Privileging: What It Is ... and Isn't](#) (March 2009 *Journal*)
  - [Government Regulations and the Profession of Dietetics](#) (August 2006 *Journal*)
- Under “Regulatory” – Select “Centers for Medicare and Medicaid Services”  
**Centers for Medicare and Medicaid Services (CMS)**
  - [Medicare State Operations Manual Appendix](#) – Hospital – 370 Page document
  - [CMS Memos from Survey and Certification Group](#)
    - Centers for Medicare and Medicaid Services (CMS) has issued the following memo:
      - [Verbal Orders](#) (Requirements for History and Physical Examinations; Authentication of Verbal Orders February 2008)