

CLINICAL NUTRITION MANAGEMENT AND THERAPY

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive revises policy for clinical nutrition care and therapy for the Nutrition and Food Services (NFS) Programs.

2. SUMMARY OF MAJOR CHANGES: Major changes include:

a. Requirement for each VA medical facility to have a Healthy Teaching Kitchen (HTK) program.

b. Elimination of “at risk” terminology from clinical nutrition assessment and reassessment.

c. Incorporation of consistent nomenclature for VA medical facility Nutrition and Food Services (NFS) Chief, including in Veterans Canteen Services (VCS) Integrated Sites.

d. Requirement for VA medical facility Directors to organize new clinical nutrition programs and their staff under NFS.

e. Requirement for VA medical facility participation in the NFS Annual Report and notifying the NFS Program Office when there is a new NFS Chief.

f. Development of documents for internal VA Web sites with information on NFS procedures and processes.

3. RELATED ISSUES: None. ***NOTE:** VHA Directive 1439, Food Service Management is in development. This will be a related issue.*

4. RESPONSIBLE OFFICE: Office of Specialty Care Services, Nutrition and Food Services Program (10P11) is responsible for the contents of this directive. Questions may be referred to 202-460-7120.

5. RESCISSIONS: VHA Directive 1109, Nutrition and Food Services, dated June 11, 2009; VHA Handbook 1109.02, Clinical Nutrition Management, dated February 14, 2012; VHA Handbook 1109.05, Nutrition Therapy, dated December 19, 2013; and VHA Directive 1109.08, Nutrition Care Process Handbook, dated February 26, 2014, are rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of September 2024. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

September 19, 2019

VHA DIRECTIVE 1438

**BY THE DIRECTION OF THE UNDER
SECRETARY FOR HEALTH:**

/s/ Lucille B. Beck, PhD.
Deputy Under Secretary for
Health for Policy and Services

DISTRIBUTION: Emailed to the VHA Publications Distribution List on September 26, 2019.

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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CLINICAL NUTRITION MANAGEMENT AND THERAPY

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes policy for Nutrition and Food Services (NFS) to fulfill its mission of providing comprehensive medical nutrition services for those requiring preventative care or who are nutritionally compromised or have an unresolved nutrition diagnosis. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b).

2. BACKGROUND

Clinical nutrition programs provide comprehensive nutrition care to Veterans through a broad range of services. Keys to providing high-quality nutrition care include the use of a consistent, systematic structure and methodology, standardized language, and evidence-based approaches. These approaches identify and treat Veterans who are found to have an active nutrition diagnosis, including but not limited to malnourished Veterans. These Veterans are high-priority concerns at each Department of Veterans Affairs (VA) medical facility, and nutrition care is a central part of health promotion disease prevention, wellness, and whole health. Nutrition support therapy is provided to Veterans through interdisciplinary communication, education, and cooperation. Each VA medical facility strives to provide the best nutrition support therapy, based on the facility's resources and the level of nutrition support needed by the Veteran. **NOTE:** *For a full list of services provided under Nutrition Service, see http://vaww.nutrition.va.gov/Nutrition_and_Food_Services_Related_Directives_and_Handbooks.asp. This is an internal VA Web site that is not available to the public.*

3. DEFINITIONS

a. **Clinical Nutrition Education and Training.** Clinical nutrition education and training is provided by VA medical facilities with the capacity and resources to train dietetic interns through academic affiliations or facility-sponsored dietetic internship programs. **NOTE:** *For more information, see VHA Handbook 1400.04, Supervision of Associated Health Trainees, dated March 19, 2015.*

b. **Drug-Nutrient Interaction.** Drug-nutrient interaction is a clinically significant event that results from a physical, chemical, physiologic, or pathophysiologic relationship between a drug and nutrient(s) or food.

c. **Enteral Misconnection.** An enteral misconnection is an inadvertent connection between an enteral feeding system and a non-enteral system such as a vascular access device, peritoneal dialysis catheter, tracheostomy, or medical gas tubing.

d. **Healthy Teaching Kitchen.** A Healthy Teaching Kitchen (HTK) is an individual or group cooking class that includes instruction on food preparation, cooking techniques, healthy food, and shopping and recipe choices for Veterans and their caregivers. Classes can be demonstration or hands-on, in groups or one-on-one. Veteran-centered outcomes are gathered and analyzed for program evaluation and monitoring.

NOTE: For more information on HTK programs, see [https://vaww.infoshare.va.gov/sites/Nutrition/NFS/FSB/HTK/Resources/Quick Start/HTK Tool Kit.pdf](https://vaww.infoshare.va.gov/sites/Nutrition/NFS/FSB/HTK/Resources/Quick%20Start/HTK%20Tool%20Kit.pdf). This is an internal VA Web site that is not available to the public.

e. **Malnutrition.** Malnutrition is an acute, subacute, or chronic state in which a combination of varying degrees of nutrient deficiency or excess with or without inflammatory activity has resulted in a change in body composition. Types include starvation-related malnutrition, chronic disease-related malnutrition, social and environmental malnutrition, and acute disease or injury-related malnutrition.

f. **Medical Nutrition Services.** Medical nutrition services encompass the broad range of nutrition care programs, clinics, and services offered to eligible Veterans, such as disease management, prevention and whole health.

g. **Medical Nutrition Therapy.** Medical nutrition therapy (MNT) is a specific application of the nutrition care process (NCP) in clinical settings that is focused on the management of diseases. MNT involves in-depth individualized nutrition assessment and a duration and frequency of care using the NCP to manage disease.

(1) **Enteral Nutrition.** Enteral nutrition (EN) is a method of feeding provided through the gastrointestinal tract via a tube, catheter, or stoma that delivers nutrients distal to the oral cavity.

(2) **Oral Nutrition Supplements.** Oral nutrition supplements (ONS) are commercially prepared nutritionally enhanced products used to supplement the intake of nutrients for individuals who have an unresolved nutrition diagnosis and who are unable to meet nutrient needs by diet alone. The four types of ONS are: complete, incomplete, modular, and specialty. **NOTE:** Pursuant to Title 38 Code of Federal Regulations (CFR) 17.110(a), ONS are exempt from copayments.

(3) **Parenteral Nutrition.** Parenteral nutrition (PN) is the intravenous administration of nutrients through either central PN (into a large diameter vein, usually the superior vena cava adjacent to the right atrium) or peripheral PN (into a peripheral vein, usually the hand or forearm).

h. **Nutrition Care Process.** The NCP is a standardized process designed to improve the consistency and quality of individualized care for Veterans or groups and the predictability of the Veteran outcomes. **NOTE:** For more information, visit the Academy of Nutrition and Dietetics Web site at: <https://www.ncpro.org/nutrition-care-process>. **NOTE:** This Web site is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.

i. **Nutrition Diagnosis.** Nutrition diagnosis is a nutrition professional's identification and labeling of existing nutrition problem(s) that the nutrition professional is responsible for treating. **NOTE:** Nutrition diagnoses (for example, inconsistent carbohydrate intake) are different from medical diagnoses (for example, diabetes).

j. **Nutrition-Focused Physical Examination.** A nutrition-focused physical examination is a systematic examination of a Veteran's physical appearance and function to determine the presence or absence of malnutrition, nutrient deficiencies, or nutrient toxicities.

k. **Nutrition Screening.** Nutrition screening is an evidence-based process used by non-dietitian health care personnel to identify Veterans who require a nutrition assessment from a Registered Dietitian Nutritionist (RDN).

l. **Nutrition Support Therapy.** Nutrition support therapy is parenteral nutrition or enteral nutrition. **NOTE:** *For more information, see Appendix A.*

4. POLICY

It is VHA policy to identify and treat eligible Veterans who are nutritionally compromised or malnourished, and to promote comprehensive whole-person, health promotion, disease prevention, nutrition support therapy, and medical nutrition services through interdisciplinary collaboration, consistent with the most current research, clinical standards, technology, and scientific findings.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Ensuring that each VISN Director has the sufficient resources to implement this directive in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to assure compliance with this directive, relevant standards, and applicable regulations, including but not limited to:

(a) Distributing the NFS Annual Report Memorandum to VISN Directors.

(b) Communicating NFS-related issue briefs or programmatic questions to the National Director, NFS.

(c) Resolving policy compliance and programmatic issues, as reported by the National Director, NFS, in consultation with the National Director, NFS. (See paragraph 5.c.(3).)

c. **National Director, Nutrition and Food Services.** The National Director, NFS, is responsible for providing overall policy and guidance to each VA medical facility's NFS on clinical nutrition programs, which include:

(1) Serving as the national nutrition subject matter expert and the point of contact for Veteran programs and policies that impact clinical nutrition and food services.

(2) Developing policy and guidance on Veteran care in clinical nutrition and food service and business programs consistent with the most current research, technology, scientific findings, and regulatory standards.

(3) Reporting known issues of non-compliance with this directive to the Deputy Under Secretary for Health for Operations and Management, and consulting on resolutions.

(4) Establishing, maintaining, and enhancing clinical and food service nutrition education programs for eligible Veterans, eligible clients, all levels of NFS staff, and other VA health care personnel.

(5) Developing and executing NFS clinical and non-clinical strategic plan goals based upon VA and VHA strategic goals and objectives. **NOTE:** *The NFS strategic goals can be found at:*

<https://vaww.infoshare.va.gov/sites/Nutrition/NFS/SG/SitePages/Home.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(6) Submitting the NFS Annual Report Memorandum, which includes the NFS strategic goals, quality performance improvement (QPI) data request, and compliance and benchmarking data request, to the Deputy Under Secretary for Health for Operations and Management for distribution.

(7) Approving or disapproving and providing guidance on all proposed deviations from a VA medical facility NFS Chief-led department, including but not limited to any proposed split of Clinical Nutrition and Food Service or re-evaluation of existing NFS/Veterans Canteen Service (VCS) integrations.

(8) Maintaining a list of all VA medical facility NFS Chiefs.

(9) Serving as the Nutrition and Food Services Field Advisory Committee (NFAC) Manager and adhering to the roles and responsibilities as described in the NFAC Charter, available at:

<https://vaww.infoshare.va.gov/sites/Nutrition/NFS/NFAC/SitePages/Home.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(10) Appointing the NFAC Chair and Vice-Chair.

d. **Chair, Nutrition and Food Services Field Advisory Committee.** The Chair, NFAC, is responsible for:

(1) Serving in an advisory capacity, along with a designated Vice-Chair, to the National Director, NFS, and to VA medical facility NFS Chiefs on VHA NFS issues.

NOTE: *In the absence of a National Director, NFS and Deputy Director, the NFAC Chair will serve in an Acting capacity as National Director, NFS.*

(2) Delegating, as necessary, NFAC Chair responsibilities to NFAC members.

(3) Reviewing and approving the NFAC Charter, as developed by the committee, available at:

<https://vaww.infoshare.va.gov/sites/Nutrition/NFS/NFAC/SitePages/Home.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(4) Supporting the NFAC Subcommittees and Director, NFS, on nationwide initiatives and NFS strategic plan goals, and approving subcommittee leadership positions. The six Subcommittees are: Clinical Nutrition; Education and Professional Oversight; Food Service and Business; Marketing and Nutrition Informatics; Quality and Performance Improvement/Research; and Subsistence Prime Vendor. **NOTE:** *More information about the six Subcommittees is available at:*

<https://vaww.infoshare.va.gov/sites/Nutrition/NFS/NFAC/SitePages/Home.aspx>. *This is an internal VA Web site that is not available to the public.*

(5) Adhering to the roles and responsibilities as described in the NFAC Charter, available at:

<https://vaww.infoshare.va.gov/sites/Nutrition/NFS/NFAC/SitePages/Home.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(6) Participating in the development of all NFS strategic plan goals.

(7) Collecting, analyzing, and publishing the quarterly administrative Quality Performance Improvement (QPI) reports and NFS Annual Report from NFS Chiefs, and providing support for NFS Chiefs and Clinical Nutrition Managers. QPI results are published on NFS SharePoint, available at:

<https://vaww.infoshare.va.gov/sites/Nutrition/NFS/QPI/SitePages/Home.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

e. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring each VA medical facility implements this directive.

(2) Ensuring VA medical facilities provide nutrition therapy in accordance with the National Dietary Supplements Contract, available at

<https://vaww.vashare.vaco.va.gov/sites/NAC/NCS/natcon/SitePages/nat.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(3) Ensuring the VA medical facility NFS Chief submits the NFS Annual Report and QPI Reports in accordance with the NFS Annual Report Memorandum.

f. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Designating a NFS Chief, as required by VA Handbook 5005/80, Part II, Appendix G-20, Dietitian Qualification Standard, dated September 5, 2014.

(2) Ensuring adequate resources are available to support comprehensive and innovative nutrition and food services programs for Veterans and stakeholders, including appropriate resources for nutrition support specialists who are responsible for the ordering, preparation, and administration of EN and PN, as well as the Healthy Teaching Kitchen (HTK) Program and Managing Obesity for Veterans Everywhere! (MOVE!) Program. **NOTE:** *For more information on Nutrition Therapy, see Appendix A.*

(3) Ensuring ONS and EN products are provided to Veterans in accordance with the National Dietary Supplements Contract.

(4) Ensuring the Nutrition Care Manual is available electronically or in print in all Veteran treatment areas. **NOTE:** *The Nutrition Care Manual is available by a national VA subscription to the manual, and can be found at:*

<http://www.nutritioncaremanual.org/ssocfm?c=informat>. *The subscription is only available to VA staff on a VA computer network. This Web site is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*

(5) Implementing required nutrition staff member registration or credentialing. **NOTE:** *See VA Handbook 5005/80, Staffing, dated September 5, 2014 for registration requirements and dietitian qualification standards and Part II, Appendix F22 Clinical Dietetic Technician; and see VHA Directive 2012-030, Credentialing of Health Care Professionals, dated October 11, 2012 and VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012 for credentialing requirements.*

(6) Ensuring the NFS Chief is properly credentialed and serves as point of contact for NFS, VA Central Office.

(7) Ensuring adequate funding and staff for a NFS-led HTK program. **NOTE:** *For more information on HTK programs, see https://vaww.infoshare.va.gov/sites/Nutrition/NFS/FSB/HTK/Resources/Quick_Start/HTK_Tool_Kit.pdf. This is an internal VA Web site that is not available to the public.*

(8) Ensuring that all newly hired Registered Dietitian Nutritionists (RDNs), in new clinical nutrition programs, report to NFS leadership. **NOTE:** *It is highly recommended that clinical nutrition services are organized under NFS Chief because, in part, a Clinical Nutrition Manager or NFS Chief must participate in the supervision, professional competencies, peer review, and other discipline-related oversight to maintain the quality and congruency of Veteran care across programs.*

(9) Ensuring that the National Director, NFS, and NFAC are notified, in writing and within 60 days, when a new VA medical facility NFS Chief is appointed.

g. **VA Medical Facility Chief of Staff.** The VA medical facility Chief of Staff, or designee, is responsible for:

(1) Appointing an interdisciplinary Nutrition Support Team (NST) that includes a physician, physician's assistant, nurse practitioner, or clinical pharmacist with expertise in nutrition support therapy, and determining NST leadership to coordinate the provision of Veteran-centered nutrition support therapy. **NOTE:** *It is recommended that the leader of the NST be a Registered Dietitian Nutritionist (RDN), who is a Nutrition Support Specialist with full collaboration by an assigned physician. Additional information regarding NST, including membership qualifications, is available at: https://vaww.infoshare.va.gov/sites/Nutrition/NFS/Clinical_Nutrition/Nutrition%20Support%20Team/SitePages/Home.aspx. **NOTE:** This is an internal VA Web site that is not available to the public.*

(2) Establishing a Medical Center Nutrition Committee (MCNC), either independently or in combination with another committee, and ensuring MCNC membership includes, at a minimum, medical staff provider; RDN; and pharmacist; with ad hoc membership of a nursing specialist (for example, wound care, IV therapy or NST nurse); surgical staff provider; speech pathologist; dental service staff physician; and mental health provider. The Committee must meet, at minimum, quarterly. **NOTE:** *The intent is that there is an established, defined MCNC that meets at minimum quarterly, even if the MCNC meeting is combined with another meeting.*

(3) Ensuring MCNC issues are communicated in accordance with the VA medical facility committee reporting structure and included on the Clinical Executive Board (or VA medical facility equivalent) agenda.

(4) Ensuring NFS-related Electronic Health Record (EHR) clinical informatics needs are supported.

(5) Ensuring the Clinical Nutrition Manager implements an evidenced-based nutrition screening process that promptly identifies inpatient or outpatient Veterans who are nutritionally compromised or require a nutrition assessment from a Registered Dietitian Nutritionist (RDN).

(6) Ensuring there is a formalized, interdisciplinary approach to outpatient EN among Nursing, Medicine, Pharmacy, Prosthetics, and NFS.

(7) Approving the scope of practice for RDN, clinical dietetic technician, and dietetic health technician.

h. VA Medical Facility Chief, Nutrition and Food Services. *NOTE: The following NFS Chief responsibilities also apply to Chiefs at VCS/NFS Integrated Sites.* The NFS Chief is responsible for:

(1) Initiating or providing consultation to VA medical facility managers in the development of performance standards, performance reviews, functional statements, and position descriptions related to clinical nutrition staff activities, including staffing patterns and levels for the RDN and optimal clinical coverage in all program areas, based on local clinical nutrition needs, and ensuring any facility policies pertaining to nutrition support therapy reflect current clinical nutrition support guidelines.

(2) Developing and implementing scope(s) of practice, in conjunction with clinical nutrition staff, including the process for the initial and renewal of a scope of practice for RDN, clinical dietetic technician, and dietetic health technician. *NOTE: For sample scopes of practice, see:*
<https://vaww.infoshare.va.gov/sites/Nutrition/NFS/EPO/PPC/SitePages/Home.aspx>.
This is an internal VA Web site that is not available to the public.

(3) Ensuring the VA medical facility utilizes evidenced-based nutrition screening and nutrition care process (NCP). *NOTE: For more detailed information on the NCP, see* <http://www.nutritioncaremanual.org/sso.cfm?c=informat>. *NOTE: This link is accessible from VA networks with subscription. This Web site is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*

(4) Overseeing the Clinical Nutrition Manager, or, where the position does not exist, filling that role.

(5) Participating in the VA medical facility budget process by providing projected requirements for planning and managing the VA medical facility NFS budget, in accordance with local budget processes.

(6) Developing equipment specifications, estimating projected cost to maintain or enhance services, and submitting requests or purchases of equipment, in accordance with local processes.

(7) Ensuring coordination of clinical nutrition services and use of clinical nutrition staff during disaster and emergency situations, in collaboration with the VA medical facility Emergency Management Coordinator, or VA medical facility equivalent.

(8) Appointing an RDN with expertise in nutrition support therapy to serve as a member or consultant to the NST.

(9) Ensuring, in collaboration with the clinical pharmacists, ONS and EN products are provided to Veterans per the National Dietary Supplements Contract in a manner that is consistent for inpatients and outpatients.

(10) Ensuring RDNs receive and document nutrition support therapy training opportunities. *NOTE: It is highly recommended that at least one RDN is certified as a*

nutrition support specialist, and the individual establishes a training program for medical providers and other health care personnel.

(11) Implementing, in conjunction with the Clinical Nutrition Manager, a Healthy Teaching Kitchen (HTK) program that includes developing and recording outcome measures. **NOTE:** *For more information on HTK programs, see https://vaww.infoshare.va.gov/sites/Nutrition/NFS/FSB/HTK/Resources/Quick_Start/HTK_Tool_Kit.pdf. This is an internal VA Web site that is not available to the public.*

(12) Submitting the NFS Annual Report and quarterly administrative QPI reports to NFAC and evaluating the overall VA medical facility NFS effectiveness through the review of operational, quality assurance, performance improvement, and benchmarking.

(13) Supporting the Dietetic Internship Program, where applicable, and Dietetic Interns and students throughout the VA medical facility. **NOTE:** *Additional information regarding VA Dietetic Internship Programs is available at: <https://www.dieteticinternship.va.gov/>.*

(14) Actively promoting NFS issues and initiatives and engaging with other service chiefs.

(15) Maintaining interactions with local unions and ensuring compliance with all management-labor negotiated national and local contracts that fall within the purview of NFS.

(16) Promoting, in coordination with local public affairs representatives and Information Technology (IT) department, NFS programs through an online presence using approved social media platforms.

(17) Ensuring all VA medical facility RDNs and clinical dietetic technicians maintain professional competencies.

i. **VA Medical Facility Nursing Executive.** The Nursing Executive, or facility equivalent, has agreed to:

(1) Ensure that nursing education on nutrition support therapy is offered in nursing orientation and competency is assessed on an annual basis.

(2) Ensure the appointment of a nurse with expertise in nutrition support therapy to serve as a member or consultant to the Nutrition Support Team.

(3) Ensure nurses conduct nutrition screening.

j. **VA Medical Facility Chief, Pharmacy Service.** The Chief, Pharmacy Service has agreed to:

(1) Ensure safe Parenteral Nutrition (PN) compounding or procurement of PN. **NOTE:** *For more information on PN Therapy, see Appendix A.*

(2) Ensure oral nutrition supplements (ONS) and Enteral Nutrition (EN) products are consistent for inpatients and outpatients per National Dietary Supplements Contract, and consistent protocols for Veterans discharged on home ONS and EN.

(3) Appoint a clinical pharmacist with expertise in nutrition support therapy to serve as a member or consultant to the Nutrition Support Team.

(4) Collaborate with NFS to address Drug-Nutrient Interactions.

(5) Ensure proper ordering, preparation, and administration of medication for Veterans receiving EN and PN.

k. **VA Medical Facility Chief, Voluntary Service.** The Chief, Voluntary Service has agreed to:

(1) Provide general orientation and training to volunteers, including training in food safety and sanitation for those volunteers who assist in the service of food.

(2) Collaborate with VA medical facility NFS staff to develop a description of duties and maintain personnel documents for volunteers detailed to NFS.

(3) Collaborate with the NFS Chief on nutrition-related Veteran programs, including but not limited to HTK programs, homeless nutrition programs, guest meals, and food insecurity programs.

l. **VA Medical Facility Chief, Veterans Canteen Service.** The Veterans Canteen Service (VCS) Chief has agreed to:

(1) Comply with this directive at NFS/VCS Integrated Sites for patient feeding operations.

(2) Collaborate, upon request, with the NFS Chief on nutrition-related activities, including but not limited to farmers markets, interdisciplinary inspections of NFS and VCS kitchens, guest meals, and food insecurity programs.

m. **VA Medical Facility Dietetic Internship Program Director.** *NOTE: Where a facility does not have a dietetic internship program, there must be a coordinator of training to oversee dietetic interns from other organizations with an academic affiliation with the VA. See VHA Handbook 1400.04.* For those VA medical facilities that have a dietetic internship program, the VA medical facility Dietetic Internship Program Director is responsible for:

(1) Managing the dietetic internship program, including establishing and maintaining curriculum development, assessment, review, revision, evaluation, and implementation of the Internship Program within the VA medical facility and at affiliated agencies and institutions.

(2) Assuring and maintaining compliance with all accreditation standards, policies, and procedures, including:

(a) Education curriculum in compliance with Eligibility Requirements and Accreditation Standards as specified in VHA Handbook 1400.08, Education of Associated Health Professions, dated February 26, 2016.

(b) Procedures for Associated Health Trainees set forth by the Office of Academic Affairs, as specified in VHA Handbook 1400.08.

n. **VA Medical Facility Clinical Nutrition Manager.** **NOTE:** *In the absence of a VA medical facility Clinical Nutrition Manager, the NFS Chief or designee assumes these responsibilities.* The Clinical Nutrition Manager is responsible for:

(1) Administering the clinical nutrition program and supervising the RDNs and Clinical Dietetic Technicians, including allocating or participating in decisions to allocate clinical nutrition staff resources based on Veteran need, productivity, and workload.

(2) Initiating or providing consultation in the development of clinical nutrition competencies, including providing discipline-specific orientation to newly hired VA medical facility clinical nutrition staff and evaluating, annually, the competencies and practice or performance appraisals of all VA medical facility clinical nutrition staff.

(3) Implementing an evidenced-based nutrition screening process that promptly identifies inpatient or outpatient Veterans who are nutritionally compromised or require a nutrition assessment from a RDN and ensuring the NCP is used by clinical nutrition staff.

(4) Reviewing credentials and participating in the selection process of all VA medical facility clinical nutrition staff.

(5) Confirming and consulting on labor mapping for clinical nutrition staff relating to VHA Directive 1750, VHA Managerial Cost Accounting System (Decision Support System (DSS)), dated March 24, 2015.

(6) Ensuring the use of the Event Capture System (ECS) for all VA medical facility clinical nutrition workload regardless of service line, in accordance with the ECS Manual, available at:

http://vaww.nutrition.va.gov/clinicalNutrition/Event_Capture_Manual.asp. **NOTE:** *This is an internal VA Web site that is not available to the public.*

(7) Developing, in conjunction with the NFS Chief, an HTK program that includes developing and recording outcome measures. *For more information on HTK programs, see https://vaww.infoshare.va.gov/sites/Nutrition/NFS/FSB/HTK/Resources/Quick_Start/HTK_Tool_Kit.pdf.* **NOTE:** *This is an internal VA Web site that is not available to the public.*

(8) Completing and submitting, in conjunction with the NFS Chief, the NFS Annual Report and the quarterly QPI reports to NFAC.

(9) Engaging in community nutrition activities, including but not limited to internal and external health fairs and National Nutrition Month activities.

(10) Reporting and bringing MCNC recommendations on all NFS and clinical nutrition issues to the attention of the Clinical Executive Board (or VA medical facility equivalent), including:

(a) Serving as an advisor on Veteran nutrition care-related issues to ensure nutritional care activities are coordinated and integrated into the total medical care program.

(b) Ensuring standardized nutrition care practices and integration with other aspects of Veteran care.

(c) Reviewing and assisting with the development or revision of VA medical facility guidance and procedures that impact nutrition care.

(d) Supporting National NFS Strategic Goals through monitoring and reporting Quality Performance Indicators (QPI) on quarterly and annual clinical NFS reports.

(e) Ensuring compliance of medical nutrition services with applicable regulatory agencies and accrediting bodies, including but not limited to The Joint Commission, Long-Term Care Institute, and Office of Inspector General.

(f) Ensuring the use and availability of the National Dietary Supplements Contract for nutrition products to inpatients and outpatients.

(g) Promoting and assisting in the coordination of nutrition-related education and training for staff.

o. **Registered Dietitian Nutritionist.** The Registered Dietitian Nutritionist is responsible for:

(1) Serving, along with the Clinical Dietetic Technician, as the primary provider of nutrition care and medical nutrition programs for eligible Veterans.

(2) Utilizing and documenting the nutrition care process (NCP), to include nutrition-focused physical examination, for Veteran's initial and follow up nutrition care. **NOTE:** *The RDN is responsible for oversight of the Clinical Dietetic Technician in providing nutrition care. For more detailed information on the NCP, see <http://www.nutritioncaremanual.org/ssocfm?c=informat>. This Web site is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*

(3) Re-assessing renewals of an authorized prescription for nutrition products.

(4) Providing and documenting nutrition education to eligible Veterans and caregivers. **NOTE:** *Veteran education materials and handouts must be consistent with the diet manual and evidence-based guidelines. The VA medical facility's Veteran's Health Education Coordinator or Committee must review and approve locally-developed Veteran education materials.*

(5) Providing and documenting nutrition counseling to eligible Veterans and caregivers.

(6) Providing orientations, product or procedural updates, or other training programs to health care providers, new hospital employees, medical residents, and others on clinical nutrition topics.

(7) Overseeing and documenting the implementation of ONS therapy to Veterans. **NOTE:** *See Appendix A for more information.*

(8) Conducting or participating in nutrition research or quality improvement studies, and collaborating with the Office of Research and Development, when appropriate or required.

(9) Training and supervising Dietetic Interns and students, as assigned by the Clinical Nutrition Manager or Dietetic Internship Director.

p. **Clinical Dietetic Technician.** The Clinical Dietetic Technician is responsible for:

(1) Serving, along with the RDN, as a provider of nutrition care for eligible Veterans.

(2) Under oversight of RDN, preparing and implementing the NCP for Veteran nutrition care and continuing to evaluate the Veteran's nutrition therapy, as per the Clinical Dietetic Technician scope of practice and position description.

(3) Conducting nutrition screening as assigned by the Clinical Nutrition Manager or RDN, reporting the results to the RDN, and documenting in the EHR.

q. **VA Medical Facility Nutrition Support Team.** The NST is a consulting and support group for the primary provider. **NOTE:** *The intent is that the VA medical facility NST provide direct nutrition care for nutrition support Veterans. In VA medical facilities where nutrition support Veterans are infrequent or absent, members of the MCNC will fulfill this role. One member of the NST must be a RDN. Other members of the NST must include: a Medical or Surgical provider, Physician, Physician Assistant, or Nurse Practitioner; a Clinical Pharmacist or Clinical Pharmacy Specialist; and a Registered Nurse. The VA medical facility NST, is responsible for:*

(1) Assisting the primary provider in the identification and treatment of Veterans who would benefit from nutrition support therapy. **NOTE:** *For more information about nutrition support therapy, see Appendix A.*

(2) Directing, coordinating, and managing the provision of PN, including actively monitoring every inpatient receiving PN and coordinating outpatient PN, if applicable.

(3) Establishing EN and PN performance monitors. Examples include: adverse outcomes, adequacy of intake, hyperglycemia, electrolyte disturbances, and thromboembolic or other catheter related issues.

(4) Ensuring appropriate ordering, preparation, and administration of EN and PN, including resources to verify the compatibility and stability of any additives.

(5) Consulting with the bedside nurse.

(6) Assisting the primary provider with EN optimization and transitional feeding between PN, EN, or oral nutrition, when appropriate.

(7) Providing nutrition support education for the primary providers, Veterans, and staff, and identifying and implementing process improvement methodologies to improve Veteran clinical nutrition outcomes.

(8) Maintaining current clinical nutrition practices by incorporating the most current research, technology, and scientific findings to provide optimal Veteran-centered nutrition care and evidence-based nutrition support therapy.

(9) Developing and coordinating nutrition support therapy, including, but not limited to:

(a) Enteral Nutrition Hazard Analysis Critical Control Point (HACCP) plan.

(b) Prevention of central line associated bloodstream infections (CLABSI) in association with parenteral nutrition therapy.

(c) Drug-nutrient interactions.

(d) Enteral misconnections and types of enteral connectors and tubing.

(e) Parenteral nutrition additive shortages.

6. TRAINING

There are no formal training requirements associated with this directive.

7. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

8. REFERENCES

- a. 38 U.S.C. 7301(b).
- b. 38 CFR 17.110(a).
- c. VA Handbook 5005/80, Staffing, dated September 5, 2014.
- d. VHA Directive 1004.08, Disclosure of Adverse Events to Patients, dated October 31, 2018.
- e. VHA Directive 1750, VHA Managerial Cost Accounting System (Decision Support System (DSS)), dated March 24, 2015.
- f. VHA Directive 2012-030, Credentialing of Health Care Professionals, dated October 11, 2012.
- g. VHA Handbook 1004.01, Informed Consent for Clinical Treatments and Procedures, dated August 14, 2009.
- h. VHA Handbook 1100.19, Credentialing and Privileging, dated October 15, 2012.
- i. VHA Handbook 1108.05, Outpatient Pharmacy Services, dated June 16, 2016.
- j. VHA Handbook 1400.08, Education of Associated Health Professions, dated February 26, 2016.
- k. VHA Handbook 1400.04, Supervision of Associated Health Trainees, dated March 19, 2015.
- l. ASPEN Adult Nutrition Support Core Curriculum, 3rd Edition, available at: https://www.nutritioncare.org/Guidelines_and_Clinical_Resources/Clinical_Guidelines/. *This Web site is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*
- m. Academy of Nutrition and Dietetics Web, available at: <https://www.ncpro.org/nutrition-care-process>. **NOTE:** *This Web site is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*
- n. Enteral Nutrition Toolkit, available at: http://vaww.nutrition.va.gov/Enteral_Nutrition_Tool_Kit.asp. **NOTE:** *This is an internal VA Web site and is not available to the public.*
- o. Event Capture System (ECS) Manual, available at: http://vaww.nutrition.va.gov/clinicalNutrition/Event_Capture_Manual.asp. **NOTE:** *This is an internal VA Web site that is not available to the public.*

p. Healthy Teaching Kitchen Program, Additional Information, available at: [https://vaww.infoshare.va.gov/sites/Nutrition/NFS/FSB/HTK/Resources/Quick Start/HTK Tool Kit.pdf](https://vaww.infoshare.va.gov/sites/Nutrition/NFS/FSB/HTK/Resources/Quick%20Start/HTK%20Tool%20Kit.pdf). **NOTE:** *This is an internal VA Web site that is not available to the public.*

q. List of Services Provided Under Nutrition Service, available at: [http://vaww.nutrition.va.gov/Nutrition and Food Services Related Directives and Handbooks.asp](http://vaww.nutrition.va.gov/Nutrition%20and%20Food%20Services%20Related%20Directives%20and%20Handbooks.asp). **NOTE:** *This is an internal VA Web site that is not available to the public.*

r. NFAC Charter, available at: <https://vaww.infoshare.va.gov/sites/Nutrition/NFS/NFAC/SitePages/Home.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

s. NFAC Subcommittees, Additional Information, available at: <https://vaww.infoshare.va.gov/sites/Nutrition/NFS/NFAC/SitePages/Home.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

t. NFS Strategic Goals, available at: <https://vaww.infoshare.va.gov/sites/Nutrition/NFS/SG/SitePages/Home.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

u. Nutrition Care Manual, available at: <http://www.nutritioncaremanual.org/sso.cfm?c=informat>. **NOTE:** *The subscription is only available to VA staff on a VA computer network. This Web site is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*

v. Nutrition Support Team, Additional Information and Membership, available at: [https://vaww.infoshare.va.gov/sites/Nutrition/NFS/Clinical Nutrition/Nutrition%20Support t%20Team/SitePages/Home.aspx](https://vaww.infoshare.va.gov/sites/Nutrition/NFS/Clinical%20Nutrition/Nutrition%20Support%20Team/SitePages/Home.aspx). **NOTE:** *This is an internal VA Web site that is not available to the public.*

w. Parenteral Nutrition Routes of Therapy, Indications, and Complications, Additional Information, available at: [https://vaww.infoshare.va.gov/sites/Nutrition/NFS/Clinical Nutrition/Nutrition%20Support t%20Team/SitePages/Home.aspx](https://vaww.infoshare.va.gov/sites/Nutrition/NFS/Clinical%20Nutrition/Nutrition%20Support%20Team/SitePages/Home.aspx). **NOTE:** *This is an internal VA Web site that is not available to the public.*

x. Sample Scopes of Practice for Clinical Nutrition Staff, available at: <https://vaww.infoshare.va.gov/sites/Nutrition/NFS/EPO/PPC/SitePages/Home.aspx>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

y. U.S. Pharmacopeia 797 Guidelines, available at: <https://www.usp.org/compounding/general-chapter-797>. **NOTE:** *This Web site is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*

z. VA Dietetic Internship Programs, Additional Information, available at: <https://www.dieteticinternship.va.gov/>.

NUTRITION SUPPORT THERAPY

1. ORAL NUTRITION SUPPLEMENTS

a. Background.

Veterans may have a nutrition diagnosis as a result of a medical condition, necessitating the use of oral nutrition supplements (ONS) to meet nutrition support therapy goals.

b. Types of Oral Nutrition Supplements.

(1) **Complete Oral Nutrition Supplements.** Complete ONS contain balanced delivery of carbohydrates, fats, protein, vitamins, and minerals, which are convenient and, in most cases, shelf-stable.

(2) **Incomplete Oral Nutrition Supplements.** Incomplete ONS provide a limited nutrient or multiple nutrients that are not complete nutrition supplements (for example, a clear liquid supplement used prior to surgery).

(3) **Modular Oral Nutrition Supplements.** Modular ONS are limited nutrient supplements designed to meet specific nutrient deficiencies or limited multiple volume tolerances (for example, a protein modular used for wound healing).

c. Provision of Oral Nutrition Supplements at a VA Medical Facility.

(1) The provision of ONS at each Department of Veterans Affairs (VA) medical facility is limited to inpatients and outpatients with an identified nutrition diagnosis. RDNs or providers must prescribe ONS products based upon those products that are on the National Dietary Supplements Contract, or through established non-formulary request process for very unique clinical needs. ONS prescription is primarily based on nutrition diagnostic criteria. A “food first” philosophy is always taken. If the Veteran fails a trial of food, an ONS may be considered. For example, ONS may be prescribed after a failure of food or diet management through current oral intake in meeting the Registered Dietitian Nutritionist (RDN)-documented nutrient needs. **NOTE:** *Inadequate oral intake alone without a significant medical condition interfering with intake or absorption does not warrant a prescribed oral medical supplement.*

(2) When ordering ONS for Veterans, RDNs, clinicians, or providers must align ONS ordering practices with the RDN’s assessment and goals. The RDN must monitor the Veteran’s nutrition diagnoses, nutrition goals, and care plan progress, as clinically indicated.

(3) Commercially prepared ONS for outpatients, or inpatients on authorized absences, are stocked and issued by the Pharmacy Service. **NOTE:** *See VHA Handbook 1108.05, Outpatient Pharmacy Services, dated June 16, 2016.*

(4) Commercially prepared ONS for inpatients, domiciliary Veterans, and community living center residents are stocked and issued by Nutrition and Food Services (NFS).

(5) The RDN must discontinue supplements after the outcome or goals of nutrition therapy are achieved and the Veteran is able to consume adequate amounts of food without ONS supplementation.

(6) The RDN must document the following information in the Electronic Health Record (EHR):

(a) The required intervals of nutrition reassessment for the renewal of an authorized ONS prescription based on medical needs and nutrition diagnosis;

(b) Rationale or justification for the provision of ONS; and

(c) Progress towards meeting defined therapeutic goal(s).

2. ENTERAL NUTRITION THERAPY

a. Background.

Enteral Nutrition (EN) therapy, or “tube feeding,” is necessary with inadequate oral intake or when oral intake is contraindicated due to gastrointestinal function. **NOTE:** *The Veteran’s diagnosis, prognosis, and personal wishes must be taken into account before initiating EN. For specific recommendations on medication administration, refer to the EN Toolkit that provides the most up-to-date guidelines for safe enteral nutrition practices. This toolkit is available at:*

http://vaww.nutrition.va.gov/Enteral_Nutrition_Tool_Kit.asp. **NOTE:** *This is an internal VA Web site and is not available to the public.*

b. Provision of Inpatient and Outpatient Enteral Nutrition Products at a VA Medical Facility.

(1) **Enteral Nutrition Products.** Inpatient and outpatient EN products must be on the National Dietary Supplements Contract or through Non-Formulary Request per unique Veteran needs.

(a) Commercially prepared EN products for outpatients, or inpatients on authorized absences, are stocked and issued by the Pharmacy Service. *See VHA Handbook 1108.05.*

(b) Commercially prepared EN products for inpatients, domiciliary Veterans, and community living center residents are stocked and issued by NFS.

(2) **Long-Term Enteral Feeding.** Veterans requiring long-term enteral feeding (that is, more than 3 weeks) must be considered by the primary provider for a permanent feeding tube, such as a gastrostomy or jejunostomy tube. **NOTE:** *If a temporary naso-enteral tube (that is, nasogastric, nasoduodenal, nasojejunal) is in place for greater than*

3 weeks, documentation is required by a physician justifying why the device must be continued.

(3) **Insertion of Naso-Gastric and Naso-Jejunal Feeding Tubes.** Enteral feeding tubes specifically designed for EN are required. Newly placed Naso-Gastric (NG) or Naso-Jejunal (NJ) feeding tubes require provider verification of X-ray or electromagnetic image to ensure proper placement.

(4) **Enteral Nutrition Orders.** EN orders from the provider or RDN must include:

(a) Enteral feeding device used (for example, nasogastric, percutaneous endoscopic gastronomy, and nasojejun tubes).

(b) Method of enteral nutrition delivery (for example, intermittent, continuous, cyclical, bolus, and volume-based).

(c) Product name.

(d) Volume of feeding or flow rate.

(e) Type of water (that is, sterile or tap), volume, and administration interval for free water boluses.

(f) Positioning (that is, degree of head elevation).

(g) EN labels must be standardized and match the provider's EN order and include the following four elements:

1. Patient identifier.

2. Formula type.

3. Enteral delivery site or access.

4. Administration method and the time and date the formula is prepared and hung.

(h) Oral intake orders (for example, nil per os (NPO), supplemental oral foods or beverages permitted, or oral medications).

c. Provision of Outpatient Enteral Nutrition Therapy.

(1) A formalized, interdisciplinary approach to outpatient EN between Nursing, Medicine, Pharmacy, Prosthetics, the RDN and Nutrition and Food Services must include:

(a) Ordering process for EN. **NOTE:** *It is recommended that the RDN have the scope and responsibility for placing all elements of these orders. Outpatient EN products must be prescribed based upon those products that are on the National*

Dietary Supplements Contract and provide available product descriptions, including detailed nutrient composition and suggested indications for use. As appropriate, VA medical facilities may opt to use additional EN products not available on the National Dietary Supplements Contract to meet specialized nutritional needs of Veterans.

- (b) Monitoring tolerance.
- (c) Any necessary formula adjustments, refills, or renewals.
- (d) Timely evaluation or replacement of the enteral feeding device.
- (e) Guidelines for flushing tubes.
- (f) Evaluation of the Veteran's medication profile and compatibility with the EN product.
- (g) Completion of a nutrition assessment by RDN.
- (h) Designated health care providers or a multi-disciplinary team responsible and available for providing EN education.
- (i) Schedule for appropriate clinic follow-ups.
- (j) Other supportive consultative services, where appropriate.

(2) The Interdisciplinary Team (IDT) must inform the Veteran, surrogate, or caregiver about the rationale, therapeutic goals, and options, risks, benefits, and responsibilities of home EN and acquire the Veteran or surrogate's agreement to participate. **NOTE:** *For information and policy on informed consent, see VHA Handbook 1004.01, Informed Consent for Clinical Treatments and Procedures, dated August 14, 2009.*

(3) IDT must ensure and document that Veteran's home is appropriate for the administration of home EN support, for example, clean environment, sanitary water supply, electricity, refrigeration, adequate storage space for supplies, and access to a telephone.

(4) IDT must ensure and document the Veteran or caregiver is willing and able to perform EN therapy and associated procedures and troubleshoot minor problems or call for assistance when complications occur.

3. PARENTERAL NUTRITION THERAPY

a. Background.

Parenteral Nutrition (PN) therapy is a potentially life-saving or life-sustaining form of treatment for Veterans who are unable to receive adequate nutrition through the gastrointestinal tract. **NOTE:** *All efforts to optimize oral or enteral nutrition must be used prior to consideration of PN. Because of its invasive nature and composition, PN*

can have severe adverse effects, particularly if provided inappropriately or without proper precautions.

b. Provision of Inpatient Parenteral Nutrition Therapy at a VA Medical Facility.

(1) **Criteria for Parenteral Nutrition Therapy.** If PN is provided by the VA medical facility, the following criteria must be met:

(a) There must be a functioning Nutrition Support Team (NST); and

(b) NST manages PN, including ordering, administering, and monitoring, safety and stability, staff qualifications and competencies, staff education, and quality assurance.

(2) **Route of Therapy.** The route selected for providing nutrition support therapy must be appropriate for the Veteran's medical condition, safety, efficacy, and consideration of Veteran preference. *For more information about different routes of therapy, indications, and complications, see https://vaww.infoshare.va.gov/sites/Nutrition/NFS/Clinical_Nutrition/Nutrition%20Support%20Team/SitePages/Home.aspx. NOTE: This is an internal VA Web site that is not available to the public.*

(3) **Termination.** The provider or NST must monitor Veterans prior to and during the discontinuation of PN. *NOTE: For specific recommendations on safe termination, see the ASPEN Practice Guidelines, available at: https://www.nutritioncare.org/Guidelines_and_Clinical_Resources/Clinical_Guidelines/. NOTE: This Web site is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*

c. Provision of Outpatient Parenteral Nutrition Therapy at a VA Medical Facility.

(1) **Baseline Requirements.** When home PN is provided or monitored by a VA medical facility, the following criteria must be met:

(a) There must be a functioning NST; and

(b) The designated NST leader must ensure that staff involved in PN management are competent and qualified.

(2) Indications and Criteria for Home Parenteral Nutrition Therapy.

(a) Home PN therapy is provided to Veterans requiring PN that do not otherwise require hospitalization. Their clinical condition must be stable.

(b) The NST collaborates with the medical team, home care providers, and the Veteran or Veteran's family to determine the appropriateness of discharging the Veteran home on PN.

(c) The NST must ensure that the Veteran or caregiver has sufficient abilities to safely administer PN, which may require consultation with a social worker.

(3) Implementation and Monitoring.

(a) Parenteral solutions are prepared and delivered by a facility- or VISN-contracted home infusion company. **NOTE:** *The home infusion pharmacy must be an accredited agency that can provide sterile compounding services consistent with Federal U.S. Pharmacopeia 797 guidelines, available at: <https://www.usp.org/compounding/general-chapter-797>. This Web site is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973*

(b) Follow-up monitoring may be done by the home infusion company in conjunction with the VA health care provider or a collaboration between the VA nutrition support team and the home infusion company.

(c) The NST will monitor and evaluate and intervene if there are safety, stability or infection prevention and control issues. **NOTE:** *Reporting of adverse events, good catches, and near misses must be consistent with VHA Directive 1004.08, Disclosure of Adverse Events to Patients, dated October 31, 2018.*

(d) The NST and referring provider will coordinate home PN support, adjusting the regimen as needed, facilitating the transition to enteral intake as soon as possible and discontinuing as soon as it is no longer indicated.