

DIVISION SCOPE OF SERVICE

Division: SAN ANTONIO DIVISION
Classification: DIETITIAN – REMOTE/TELEHEALTH ONLY
Applicant Name:
<p>Dietitian: The remote/telehealth only Dietitian must have equivalent qualifications and competence as employed individuals performing the same or similar services at the facility.</p> <p>Definition of Care or Service: The Dietitian evaluates and treats patients recovering from injury or disease. Scope of Service may include:</p> <ul style="list-style-type: none"> • Examines patient's medical history • Completes Nutritional Assessments and determines level of care, appropriate interventions, and what to monitor for follow up (using the Nutrition Care Process) • Collaborates with other team members and communicates recommendations • Demonstrates Clinical and Service excellence behaviors to include code of HCA Healthcare conduct core fundamentals in daily interactions with patients, families, co-workers and physicians
<p>Setting(s):</p> <ul style="list-style-type: none"> • Healthcare facilities including but not limited to hospitals, outpatient treatment facilities and imaging centers • Remote/telehealth services only
<p>Supervision:</p> <ul style="list-style-type: none"> • Direct supervision by department director, site manager or designee <ul style="list-style-type: none"> ○ Indirect supervision by Area Support Manager, District Manager, and standards set by the Academy of Nutrition and Dietetics. <p>Evaluator: Clinical Nutrition Manager and/or General Manager of Food Service Department</p> <p>Tier Level: 2 Telehealth</p> <p>eSAF Access Required: YES</p>
<p>Qualifications:</p> <ul style="list-style-type: none"> • Bachelor's degree or higher in Food and Nutrition or related field • TX Licensure as a Registered Dietitian • Dietitian Registration from the Commission on Dietetics Registration (CDR) <p>NOTE: Where education may not be defined in qualifications area of the Scope, HCA Healthcare requires the highest level of education completed (not training or courses) confirmed on your background check.</p>
<p>Experience:</p> <ul style="list-style-type: none"> • N/A
<p>Competencies: The Dietitian will demonstrate:</p> <p><u>Nutrition Assessment</u></p> <ul style="list-style-type: none"> • Assesses anthropometric measures that may include height, weight, BMI, growth pattern and weight history • Assesses laboratory data, medical tests, and procedures • Assesses findings from nutrition-focused physical assessment • Assesses food and nutrition-related history, including food and nutrient intake, food and nutrient

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administration, medication and dietary and herbal supplement use and other factors that influence intake

- Assesses current and past information related to personal, medical, family and social history
- Identifies and uses comparative standards to estimate nutrient needs as well as body weight, BMI, and desired growth patterns

Nutrition Diagnosis

- Derives the nutrition diagnosis from the assessment data
- Prioritizes and classifies the nutrition diagnosis (es)
- Documents the nutrition diagnosis using standardized language and written statement(s) that include problem (P), etiology (E), signs and symptoms (S) (PES statement (s))
- Re-evaluates and revises nutrition diagnosis (es) when additional assessment data becomes available.

Nutrition Intervention

- Plans the nutrition intervention/plan of care in collaboration with patient/client, caregivers, interdisciplinary team, and other health care professions
- Bases intervention/plan of care on best available research, evidence-based guidelines, policies, program standards and best practices
- Determines patient/client-centered plan, goals and expected outcomes
- Develops and documents the nutrition prescription
- Implements the nutrition intervention/plan of care
- Uses standardized language for documenting nutrition interventions
- Adjusts nutrition interventions/plan of care strategies, if needed, as response occurs

Nutrition Monitoring and Evaluation

- Selects the nutrition care outcome indicator from the standardized Assessment, Monitoring and Evaluation Terms
- Assesses patient/client understanding and compliance with nutrition intervention/plan of care
- Determines whether the nutrition intervention/plan of care is being implemented as prescribed
- Evaluates progress or reasons for lack of progress related to problems and interventions
- Evaluates the effectiveness of the nutrition intervention/plan of care
- Compares monitoring data with nutrition prescription/goals or reference standard (criteria)

Demonstrates Competency in provision of nutrition care for patients in the indicated age groups:

- Neonate/Infant (Birth to 12 months)
- Pediatrics (13 months to 12 years)
- Adolescents (13 – 17 years)
- Adults (18 – 64 years) □ Geriatric (65 and >)

Demonstrates Competency in provision of nutrition care for patient populations with specified medical conditions or for specified cultural groups:

- Nutrition Support
- Cardiovascular Disease
- Organ Transplant
- Renal Disease
- Oncology
- Diabetes Management
- Behavioral Health
- Cultural Group (_____)

Professional Performance: Quality in Practice

- Complies with applicable laws and regulations related to his/her area of practice
- Performs within individual and statutory scope of practice

Professional Performance: Competence and Accountability

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- Assumes accountability and responsibility for actions and behaviors
- Engages in evidence-based practice and utilizes best practices

Provision of Services

- Contributes to or leads in development and maintenance of programs that address needs of the customer
- Executes programs in an organized, collaborative and customer-centered manner

Application of Research

- Utilizes best available research as the foundation of evidenced-based practice

Professional Performance: Communication and Application of Knowledge

- Demonstrates critical thinking and problem-solving skills when communicating with others
- Selects appropriate information and most effective method when communicating information and conducting nutrition education and counseling
- Guides patients/clients, students and interns in the application of knowledge and skills

Professional Performance: Utilization and Management of Resources

- Uses resources effectively and efficiently
- Participates in activities to improve patient/customer, client and employee satisfaction

The Registered Dietitian will demonstrate:

- Accurate method of documentation in patient's medical record
 - Accesses the patient medical record appropriately
 - Adheres to all HIPPA and Code of Conduct policies and procedures
- Appropriate Client/Customer Relations
 - Actively participates in medical rounds, discharge planning, and team meetings
 - Attends departmental meetings, RD meetings
 - Collaborates with physicians, case managers, families and others in managing nutritional care of patients
 - Conducts in-service classes to appropriate staff as needed or requested.
- Infection Prevention
 - Practices consistent hand hygiene
 - Uses personal protective equipment (PPE)
 - Required immunizations per Division requirements
 - Complies with isolation precautions

References:

State Verification Boards

Nevada Division Public and Behavioral Health:

<https://nvdpbh.aithent.com/Protected/LIC/LicenseeSearch.aspx?Program=HFF&PubliSearch=Y&returnURL=%7e%2fLogin.aspx%3fTI%3d0#noback>

The Academy of Nutrition and Dietetics, Commission on Dietetics Registration

<https://www.cdrnet.org/state-licensure-agency-list>

Commission on Dietetics Registration: <https://www.cdrnet.org/state-licensure>

CDR Online Credential Verification System: <https://secure.eatright.org/CGI-BIN/lansaweb?wam=CDR900&webtrn=entrywr&ml=LANSA:XHTML&part=PRD&lang=ENG>

Verify the CDR certification via email request: cdverify@eatright.org

Academy of Nutrition and Dietetics: Licensure Information by State:

<https://www.eatrightpro.org/-/media/eatrightpro-files/advocacy/licensure-by-state-data->

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Your signature confirms you will be able to comply with the Qualifications and Competencies listed within this Scope of Service and that you will confirm education via your background check.

Applicant Printed Name: _____

Signature: _____

Date: _____