

Center *of* Excellence



IN NUTRITION & DIETETICS

Designation Scoring Criteria

This tool is intended to guide you through the data collection and application process for the Center of Excellence in Nutrition and Dietetics Designation.

Please see the Center of Excellence in Nutrition and Dietetics Program Guide for additional details related to the application process.



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Essential Submission Details

- Credentialed Nutrition and Dietetics Practitioners (CPs) include both Registered Dietitian Nutritionists/Registered Dietitians (RDN/RD) and Nutrition and Dietetics Technicians, Registered/Dietetic Technician, Registered (NDTR/DTR).
- Applicants will select one response from the **four-point options (0-3 points)** on each response row and document the self-selected score in the application platform.
- Scoring categories build upon each other. Assigning a score of 2 assumes that all criteria for a score of 1 are met; likewise, a score of 3 assumes that all criteria in 1 and 2 are met.
- Supporting evidence listed under each criterion is a suggestion and not all inclusive.
- Organizations must provide documentation as applicable to support their self-scores.
- Explanations of supporting evidence and score selection is required for each criterion.
- Documents that apply to more than one criterion only need to be submitted once. Submitters should refer to the document, but do not need to re-upload.
- Do not upload Protected Health Information or confidential information.
- For the Center of Excellence in Nutrition and Dietetics Designation, organizations will need to obtain the minimum score specified below in each of the domains.

Domain 1: Quality of Organization – 25/30 points

Domain 2: Quality of Practice – 18/21 points

Domain 3: Quality of Outcomes – 13/15 points

Domain 4: Quality of Leadership – 18/21 points

- This scoring system applies to individual service entities (i.e., a university or college campus, one hospital and associated clinics in a system, individual outpatient clinics in an organization, etc.). If a larger/national organization or system is interested in applying for the designation, each individual entity must first receive the Designation.

Basic Organizational Information

All documents below are a required part of the submission:

- One document that contains a brief narrative that explains the self-score and how submitted documents support the rating in each criterion.
- Brief description of the organization and its history, strategic priorities, mission and vision, number of employees, and any other relevant information that organization leaders would like to share.
- Organizational Chart highlighting CPs in the organization and their credentials.
- Description of number of employees in nutrition and dietetic services, the positions the CPs hold within the department, as well as all other CPs in the organization (if employed outside of the nutrition and dietetic services department).

The organization empowers CPs to make decisions at the organization level. The organization is intentionally inclusive of CPs in its strategic plans, performance improvement (PI) initiatives, internal and external programs, systems, and corporate culture.

Total possible score range: 0-30 points

Score required for excellence designation: 25 points

1.1 How does the organization support and value the Registered Dietitian Nutritionist (RDN) and/or Nutrition and Dietetics Technician, Registered (NDTR) credentials?

0 points	1 point	2 points	3 points
The organization does not demonstrate support of the RDN nor NDTR credential	Organization specifies RDN and/or NDTR credential requirements for positions directing, managing, and/or delivering nutrition care to patients, clients, students, and customers	Organization incentivizes CPs, through policies, by providing time and/or financial support to obtain certificates of training	Organization incentivizes CPs, through policies, by providing time and/or financial support to obtain specialist credentials and/or advanced certifications

Supporting Evidence:

- Policies stipulating requirement of credentials, state licensure, or membership in professional organizations
- Organizational chart that demonstrates positions of CPs
- Payment policies showing incentive for specialist and/or advanced certifications

1.2 How does the organization recognize the achievements of the nutrition and dietetics staff/department/team/faculty?

0 points	1 point	2 points	3 points
The organization does not visibly recognize the achievements of staff	Organization recognizes achievements within the team	Organization celebrates recognition of staff within the organization	Organization recognizes and awards staff outside of the organization

Supporting Evidence:

- Organization newsletter or social media communication highlighting impact of RDN/NDTRs accomplishments
- Documentation of past RDN/NDTR recognition submissions and/or awards received and recognition by the organization
- Documentation of local or other news release for recognition of RDN/NDTRs

Note: Recognition must be within last 5 years.

1.3 How satisfied are the employees within the department or team where credentialed practitioners work?

0 points	1 point	2 points	3 points
Employee satisfaction rates are below the 50th percentile	Employee satisfaction survey results demonstrate > 50th percentile satisfaction	Employee satisfaction survey results demonstrate > 75th percentile satisfaction	Employee satisfaction survey results demonstrate > 90th percentile satisfaction

Supporting Evidence:

- Minimum of 2 nutrition and dietetic service employee satisfaction reports within the past 5 years
- Explanation and interpretation of survey results
- Relevant meeting minutes describing efforts to improve satisfaction scores
- Relevant policies/initiatives and narratives on how these policies/initiatives may improve satisfaction scores

1.4 Does the organization support optimal staffing levels within the department or team where credentialed practitioners work?

0 points	1 point	2 points	3 points
Staff turnover >20%. The organization does not provide any recruitment efforts to support staffing within the department or team where CPs work	Staff turnover < 20% AND The organization has 1 innovative recruitment effort to support optimal staffing within the department or team where CPs work	Staff turnover < 15% AND The organization has 2 innovative recruitment efforts to support optimal staffing within the department or team where CPs work	Staff turnover < 10% AND The organization has 3 or more innovative recruitment efforts to support optimal staffing within the department or team where CPs work

Supporting Evidence:

- Employer documentation of nutrition and dietetic services turnover rate for nutrition and dietetics staff for at least the past 2 years and no longer than 5 years
- Explanation and interpretation of fluctuations
- Documentation of organization's commitment to innovative recruitment efforts (i.e., sign-on bonuses, career pathways for interns, development of virtual positions, etc.)

Note: Provide primary source of data, if possible.

1.5 How does the organization/department strategic plan align with the Academy’s mission, vision, and strategic planning?

0 points	1 point	2 points	3 points
Department or organization strategic plan does not align with the Academy’s mission or vision	Department or organization strategic plan includes 1 initiative and/or foundational component that aligns with the Academy’s mission, vision, and/or strategic plan	Department or organization strategic plan includes 2 initiatives and/or foundational components that align with the Academy’s mission, vision, and/or strategic plan	Department or organization strategic plan includes 3 or more initiatives and/or foundational components that align with the Academy’s mission, vision, and/or strategic plan

Supporting Evidence:

- Department/organization strategic plan
- Documentation of policies and/or processes highlighting strategic plan implementation
- Explanation and interpretation of alignment with Academy’s mission, vision, and/or strategic plan

1.6 How does the organization support evidence-based research and/or practices in nutrition and dietetics?

0 points	1 point	2 points	3 points
The organization does not visibly support evidence-based research and/or practices in nutrition and dietetics	Practice: 1 protocol and/or policy and procedure incorporate evidence-based guidelines AND Access: The organization provides access to at least 1 evidence-based resource	Research: Organization supports research through staffing allocation; staff lead research activities with dissemination in posters, or presentations AND/OR Practice: 2 protocols and/or policies and procedures incorporate evidence-based guidelines AND Access: The organization provides access to at least 2 evidence-based resources	Research: Organization supports research through grants and staffing allocation, and/or partnerships; staff lead research activities with dissemination in publications AND/OR Practice: 3 or more protocols and/or policies and procedures incorporate evidence-based guidelines AND Access: The organization provides access to at least 3 evidence-based resources

Supporting Evidence:

- Department and/or organizational policies demonstrating access to current resources to support practice (i.e., facility-based library, access to journals, etc.)
- Department and/or organization policies with clear incorporation of research results/implications
- Evidence of alliances with other organizations promoting research
- Evidence of publications, posters, or presentations from professional meetings with department staff as author/presenter
- Documentation of access to evidence-based resources including journals and databases (i.e., Evidence Analysis Library, UpToDate, professional journals, etc.)

1.7 How does the organization empower nutrition and dietetic staff collaborations?

0 points	1 point	2 points	3 points
The organization has no/limited empowerment of CPs collaborations	Nutrition initiatives 1-2 years in existence with limited scope; >10% of staff participate in multidisciplinary team meetings; organization supports staff outreach services to the community	Nutrition initiatives 3-4 years in existence within department; 25% of staff participate in multidisciplinary team meetings; organization supports and recognizes staff outreach services to the community	Extensive nutrition initiatives 5+ years in existence with broad scope, including within other departments; 50% or more of staff participate in multidisciplinary team meetings; organization facilitates staff outreach services to other organizations in the community

Supporting Evidence:

- Organization wide committee roster and/or meeting minutes with evidence of RDN/NDTR participation
- Interprofessional nutrition initiatives within the organization (i.e., executive support statement, abstracts/manuscripts, changes in outcomes, etc.)
- Evidence of organization support of CP involvement in community partnerships
- Evidence of organization structure showing CPs in leadership roles throughout the organization

1.8 How autonomous are credentialed practitioners (CPs) in their nutrition and dietetics practice (i.e., ability to make high-level informed decisions and take course of action)?

0 points	1 point	2 points	3 points
Staff have no autonomy; leadership makes all the decisions	Staff have minimal autonomy; 1 example that demonstrates autonomy is provided	Staff have moderate autonomy; 2 examples that demonstrate autonomy is provided	Staff has maximal autonomy; 3+ examples that demonstrate autonomy is provided

Supporting Evidence:

- Department or organization policies specifying autonomy in course development, refinement, and other faculty activities
- Reporting structure of the organization/nutrition department
- Evidence of CPs serving in leadership positions across the organization
- Standard operating procedures demonstrating autonomy of CPs (i.e., flexibility and autonomy for decision making affecting the service, autonomy with scheduling, etc.)
- Emails or meeting minutes that provide evidence of leadership approval of autonomous work and expectations
- Job description of positions that allow flexibility and autonomy
- Privileging policy for CPs in clinical settings (i.e., order writing privileges for TPN, oral nutrition supplements and/or micronutrients)
- Policies and/or emails that demonstrate ability to make decisions related to budgets, use of budgeted accounts, independent initiative development and collaboration, etc.

1.9 How does the organization value the staff’s work-life balance?

0 points	1 point	2 points	3 points
Staffing models are rigid and fixed; unit coverage varies based on schedule; hours are pre-determined for staff without flexibility	Organization provisions allow minimal flexibility for staff to promote work-life balance; 1 example of an established policy or expectation that supports staff work-life balance, applicable to at least 50% of nutrition and dietetics staff, team, department and/or faculty	Organization provisions allow moderate flexibility for staff to promote work-life balance; 2 examples of established policies or expectations that support staff work-life balance, applicable to 50% of nutrition and dietetics staff, team, department and/or faculty	Organization provisions allow moderate flexibility for staff to promote work-life balance; 3+ examples of established policies or expectations that support staff work-life balance, applicable to 50% of nutrition and dietetics staff, team, department and/or faculty

Supporting Evidence:

- Anonymized schedule to demonstrate use of flexible scheduling
- Departmental policy or procedures relating to schedule benefits and expectations
- Emails or other communication methods that show prioritization of staff’s work-life balance

1.10 How well does the organization’s leadership support nutrition and dietetics staff/department/team/faculty with access to technology (i.e., systems, reporting, templates, artificial intelligence, etc.)?

0 points	1 point	2 points	3 points
No examples of new or enhanced technology	1 example of new or enhanced technology within the last 5 years	2 examples of new or enhanced technology within the last 5 years	3+ examples of new or enhanced technology within the last 5 years

Supporting Evidence:

- Narrative of how the available technology is being used at its full capacity
- Evidence of CP direct access to develop templates, reports, and/or workflows
- Reports showing improved productivity and communication while utilizing improved access to technology
- Meeting minutes with quality or research team with evidence of utilization of resources to support process improvement efforts
- Evidence of new or enhanced nutrition-specific technology, outcome management system(s), and/or research supported by the organization’s systems, such as EHR modifications/additions, nutrition-specific software, data collection and/or analysis tools, etc.

The organization provides quality nutrition and dietetics care and services utilizing CP professional expertise. CPs are identified as accountable leaders and provided resources for nutrition and dietetics practice. CP's provide quality nutrition and dietetics practice, which is safe, effective, timely, efficient, equitable, and customer centered.

Total possible score range: 0-21 points

Score required for excellence designation: 18 points

2.1 Does the organization integrate RDN and NDTR Scope and Standards of Practice (Scope and Standards)?

0 points	1 point	2 points	3 points
The organization does not integrate the Scope and Standards of Practice for RDNs nor NDTRs	Organization has 1 example of actively integrating the Scope and Standards of Practice for self-assessment, and/or professional development of CPs, and/or policies/standards	Organization has 2 examples of actively integrating the Scope and Standards of Practice for self-assessment, and/or professional development of CPs, and/or policies/standards	Organization has 3+ unique examples of integrating the Scope and Standards of Practice for staff assessment, professional development, and/or policies/standards

Supporting Evidence:

- Evidence of integration of Scope and Standards of Practice into one or more components of policies, procedures, standards, etc. (i.e., career ladder using the levels of practice, annual competency assessments, templates demonstrating the scope of work of CPs, etc.)
- Examples of ongoing CPEU's provided specific to Scope and Standards adherence. Share learning outcomes data, if possible

2.2 Does the organization support staff participation in continuing education or professional development programs to maintain or increase competency?

0 points	1 point	2 points	3 points
Organization does not actively support staff’s continuing education or professional development programs	Organization has 1 example of actively supporting staff continuing education or professional development	Organization has 2 examples of actively supporting staff continuing education or professional development	Organization has 3+ examples of actively supporting staff continuing education or professional development

Supporting Evidence:

- Payment policies showing incentives for specialist and/or advanced certifications
- Evidence of CP participation in continuing education/Professional Development Portfolio (PDP) programs (percentage of staff)
- List of credentialed practitioners with specialist credentials or certifications, as well as the calculation of percentage of department/area employees with such specialist credentials or certifications (i.e., NFPE training or NFPE trainer, Obesity Certificate Course, Food as Medicine certifications, etc.)
- Policies stipulating time allotment and/or financial incentives for education, credentialing, and/or specialty/advanced certifications. This can include tuition reimbursement programs, paid time off for education, etc.
- Evidence of organization’s/department’s budget directed towards RDN and NDTR professional development

2.3 Are organization’s CP staff involved in policy and advocacy specific to nutrition and dietetics?

0 points	1 point	2 points	3 points
The organization’s staff are not actively involved in policy and advocacy	Staff (1 or more) are involved in public policy and other advocacy activities on a local/community level to promote nutrition, wellness, and practice	Staff (1 or more) are involved in public policy and other advocacy activities on a state level to promote nutrition, wellness, and practice	Staff (1 or more) are involved in public policy and other advocacy activities on a national and/or international level to promote nutrition, wellness, and practice

Supporting Evidence:

- Communications between department leader and/or staff and legislator related to nutrition initiatives
- Examples of participation in public policy activities within federal and state and/or community on nutrition-related topics addressing needs of the organization’s client population (may include work outside of employer)
- Documentation of organization volunteer support at nutrition related policy and advocacy events
- Documentation of organizational support for the Academy’s work related to policy and advocacy

2.4 Are organization’s CP staff involved in leading or supporting research activities within the past 5 years?

0 points	1 point	2 points	3 points
Organization staff are not actively involved in research activities and scientific publications	Staff have presented QI projects or research within the organization AND/OR Staff have assisted in data collection for research	Staff have presented QI projects or research within local and state level AND/OR Staff have assisted in data analysis and prepared reports on results of research	Staff have presented QI projects or research within the national level AND/OR Staff have published research or assisted in publications (must be peer-reviewed)

Supporting Evidence:

- Abstracts/posters/manuscripts/presentation outlines and/or evidence of acceptance at meetings
- Percentage of staff participating in any research activities within the past 5 years
- Staff-prepared reports or summaries of completed projects within the past 5 years

2.5 How does the organization and staff utilize resources from professional organizations?

0 points	1 point	2 points	3 points
Organization does not utilize professional organizations’ resources	1 example of organization utilizing Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or other professional organization resources to create protocols, tools, and/or resources	2 examples of organization utilizing Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or other professional organization resources to create protocols, tools, and/or resources	3+ examples of organization utilizing Evidence Based Practice (EBP) guidelines, Code of Ethics, and/or other professional organization resources to create protocols, tools, and/or resources

Supporting Evidence:

- Evidence of inclusion of professional guidelines (i.e., CDR’s Scope and Standards, ADA’s Standards of Care, ASPEN’s Critical Care Guidelines, etc.)
- Department and/or organization policies, job descriptions, career ladders, and/or succession plans with highlighted language based on professional organization resources

2.6 How does the organization support Quality Improvement (QI) and Process Improvement (PI) within the nutrition and dietetics staff/department/team/faculty?

0 points	1 point	2 points	3 points
Organization CPs do not participate in QI and/or PI efforts	CP staff participate in QI activities within the department that positively impact programs and initiatives that support quality client services	CP staff lead QI activities within the department and are provided with resources, training, and support for QI initiatives	CP staff lead QI inter-departmental activities with established outcomes and changes in practice, policies, and/or standards

Supporting Evidence:

- Project charter, meeting minutes, and/or other documentation showing CP’s participation in QI activities within the department and/or organization
- Documentation of CP’s role(s) in QI/PI projects
- Documentation of department and/or organization’s policies and procedures highlighting support for QI/PI
- Documentation of organization-wide standards of practice or policies integrating the recommended processes from QI/PI projects
- Provide outcomes of RDN/NDTR led PI/QI, if applicable

2.7 Do organization’s CP staff engage in internal or external partnerships to promote nutrition and dietetics practice?

0 points	1 point	2 points	3 points
Organization staff do not actively engage in internal or external partnerships	1-2 examples of actions or projects by RDN/NDTR acting as nutrition and dietetics staff representative in one or more internal or external partnerships to promote nutrition, wellness and CP services	3-4 examples of actions or projects by RDN/NDTR acting as nutrition and dietetics staff representative in one or more internal or external partnerships to promote nutrition, wellness and CP services	5-6 examples of RDN/NDTR acting as nutrition and dietetics staff representative in one or more internal or external partnerships representing nutrition, wellness and CP services

Supporting Evidence:

- Evidence of CP partnership(s) with internal departments and/or outside organizations
- List with supporting evidence of CPs engaging in internal or external partnerships to promote nutrition, wellness, and CP services (partnerships with internal departments to improve reporting, template development and data collection; support for the organization’s employee or student wellness; work with other teams in improving workflow and supporting practices)

Note: Does not include examples of partnerships required for the daily operations of the team/staff/department/faculty.

The organization measures nutrition-focused outcomes to document performance, value, and satisfaction, and uses the outcomes to refine its continuous PI plans. The organization values excellence and continuously strives to measure and improve performance of CPs in delivering safe and timely nutrition and dietetics services that are effective in producing positive outcomes for the population served.

Total possible score range: 0-15 points

Score required for excellence designation: 13 points

3.1 What is the nutrition and dietetic services/staff/department/faculty’s approach to reporting QI/PI outcomes?

0 points	1 point	2 points	3 points
Nutrition and dietetics services do not routinely collect and/or report QI/PI outcomes	Nutrition and dietetics services collect and support reporting QI/PI outcomes data at the organization or system level for 3 years or more	Nutrition and dietetics services collect and support reporting QI/PI outcomes data at the state level for 3+ years	Nutrition and dietetics services collect and supports reporting outcome data at the national level for 3+ years

Supporting Evidence:

- Reports with data for individual CPs, department/units, or services, that demonstrate improvements in nutrition-related process indicators and/or aggregate client or service outcomes
- Documentation of report submission of nutrition and dietetics outcomes data, such as:
 - A hospital reporting on the Malnutrition Care Score at the organization, system, or national level
 - A university or college with an internship program that collects and reports survey data
 - A food bank reporting data to local, state, or national organizations
 - Collecting and reporting food service patient satisfaction scores

3.2 How does the monitoring of data inform procedural changes that improve services and enhance the CP’s area of practice?

0 points	1 point	2 points	3 points
Process measures/ outcomes are not routinely measured or are not used to enhance the staff area of practice or operations	1 example of staff participation in quality improvement/research with outcomes utilized to enhance the staff area of practice or operations	2 examples of staff participation in quality improvement/research with outcomes utilized to enhance the staff area of practice or operations	3+ examples of staff participation in quality improvement/research with outcomes utilized to enhance the staff area of practice or operations

Supporting Evidence:

- Documentation of utilization of Performance Improvement Plan (PIP) to enhance program offerings
- Summary of data collected/submitted demonstrating positive impact on client/patient outcomes
- Evidence of QI initiatives and relevant outcomes impacting practice
- Documented evidence to support implementation of QI outcomes or inclusion of processes into policies and procedures

3.3 Has the nutrition and dietetics staff demonstrated improved, sustained outcomes within the past 5 years?

0 points	1 point	2 points	3 points
There are no improved outcomes demonstrated	The service, staff, department and/or faculty have 1 example of improved outcomes that have been sustained	The service, staff, department and/or faculty have 2 examples of improved outcomes that have been sustained	The service, staff, department and/or faculty have 3+ examples of improved outcomes that have been sustained

Supporting Evidence:

- Documentation of sustainment of improved outcomes (i.e. reports, dashboards, project documentation with sustainability steps, etc.)
- Key Performance Indicator (KPI) reports on the history of collection and/or scope of impact demonstrating improvement
- Historical reports on metrics and a brief analysis of results
- Reports on outcomes after implementation of QI efforts

Note: Provide specific examples, outcomes, and data. Individual projects can have more than one sustainable outcome.

3.4 How has measurement of nutrition and dietetics related outcomes resulted in change within the organization?

0 points	1 point	2 points	3 points
No significant organizational changes resulting from nutrition and dietetics related outcomes	1 example of organizational changes resulting from nutrition and dietetics related outcomes	2 examples of organizational changes resulting from nutrition and dietetics related outcomes	3+ examples of organizational changes resulting from nutrition and dietetics related outcomes

Supporting Evidence:

- Documentation of organizational policies and/or procedure changes after outcome analysis
- Evidence of how QI efforts have shaped the organization’s services, including dates of implementation and outcomes
- Documentation of QI results, implementation of QI efforts, and results from follow-up data collection utilized to support organizational programs

3.5 Does organization leadership support the sustainability of QI/PI processes within the nutrition and dietetics services/staff/department/faculty?

0 points	1 point	2 points	3 points
Organization leadership does not offer support for nutrition and dietetics QI/PI processes	1 example of organizational leadership support and action towards accomplishing QI/PI goals	2 examples of organizational leadership support and action towards accomplishing QI/PI goals	3+ examples of organizational leadership support and action towards accomplishing QI/PI goals

Supporting Evidence:

- Documentation of communication from leadership demonstrating support and action for the QI/PI needs of the nutrition and dietetics staff
- Evidence of organizational support towards providing resources to promote improved outcomes (i.e., addition of staff or financial resources, allocation of other department’s staff, time, and resources)
- Documentation of leadership promoting and allowing flexibility in staff roles outside of job description to obtain outcomes and develop programs

The organization values the education, skills, knowledge, and applied judgment that CPs bring to the leadership of the organization. Quality of Leadership includes leadership within the organization (including other departments or areas such as safety, quality, project management, etc.) and the profession, volunteer leadership, individual honors and awards, transformational leadership, and mentorship.

Total possible score range: 0-21 points

Score required for excellence designation: 18 points

4.1 Does the organization demonstrate valuing CPs by employing them in leadership positions?

0 points	1 point	2 points	3 points
CPs do not hold leadership positions in the organization	A CP holds a supervisory (e.g., supervisor, coordinator, manager) position in the department or organization	A CP holds a middle level position (e.g., director, multi-department leader, program chair) in the department or organization	A CP holds a regional or senior-level management position (e.g., Vice President, Chief Officer, Dean, Provost, Chancellor) in the department or organization

Supporting Evidence:

- Organizational chart indicating positions held by CPs both inside and outside of the nutrition services department or nutrition program
- Current job description of CP leader(s) outside the nutrition and dietetics services/staff/department/faculty

4.2

Has the nutrition and dietetics leader fostered an innovative work environment within the last 5 years?

0 points	1 point	2 points	3 points
The nutrition and dietetics leader does not foster an innovative work environment	1 example of the leader(s) identifying and addressing trends AND/OR Fostering collaboration and recognition of innovative staff contributions AND/OR Supporting and sustaining new ideas, technologies, and processes to improve outcomes and satisfaction	3 examples of the leader(s) identifying and addressing trends AND/OR Fostering collaboration and recognition of innovative staff contributions AND/OR Supporting and sustaining new ideas, technologies, and processes to improve outcomes and satisfaction	5+ examples of the leader(s) identifying and addressing trends AND/OR Fostering collaboration and recognition of innovative staff contributions AND/OR Supporting and sustaining new ideas, technologies, and processes to improve outcomes and satisfaction

Supporting Evidence:

- Descriptions of completed initiatives and impact(s) on staff/organization
- Employee engagement survey results showing how the manager fosters an innovative work environment
- Examples of historical documents or communication from staff or senior leadership that support meeting the criteria (i.e., thank you notes or emails, congratulatory messages, etc.)
- Innovation-focused abstracts, presentations, or journal articles supported and/or submitted by the leader
- Documentation of leadership identifying and addressing trends and new models of service
- Documented implementation of new programs, workflows, or technology that improve outcomes or staff experience

4.3 Does the organization or department leader mentor nutrition and dietetics staff?

0 points	1 point	2 points	3 points
Department/unit leaders do not mentor staff	The leader occasionally mentors, but efforts are inconsistent; the leader has 1 example of a process that supports staff mentorship	Informal organization or department level mentoring is in place; the leader has 3+ unique examples of processes that support staff mentorship	A structured organization or department level mentorship program is in place; official documentation of mentorship program is available

Supporting Evidence:

- Examples of historical documents or communication that demonstrate mentorship support
- Documentation of communication and examples of delegation of tasks between the CP leader and staff
- Succession planning or career ladder documentation developed by leader
- Documentation of mentorship program in place
- Meeting minutes or other form of communication demonstrating mentoring goals of leader
- Documentation of completed mentoring contracts and/or schedules
- Description of how employees benefit from mentorship in the organization

Note: For this criterion, mentorship is defined as a relationship focused on the mentees long-term career growth and professional development through shared experiences, wisdom, and guidance.

4.4 Does the leader value advancement of practice and professional growth by empowering nutrition and dietetics staff?

0 points	1 point	2 points	3 points
The leader does not empower nutrition and dietetics staff	1 example of the leader empowering nutrition and dietetics staff in the advancement of practice and professional growth	2 unique examples of the leader empowering nutrition and dietetics staff in the advancement of practice and professional growth	3+ unique examples of the leader empowering nutrition and dietetics staff in the advancement of practice and professional growth

Supporting Evidence:

- Documentation demonstrating staff’s autonomy in developing professional relationships, tools, or processes that improve their work environment
- Documentation of cross-training or support for advanced degrees or certifications
- Evidence of leadership coaching communication and constructive feedback towards staff
- Documentation of policies or communication of leaders supporting professional growth (i.e. career laddering policies, etc.)

4.5

Does nutrition and dietetics leadership support CP involvement in nutrition-related organizations or other professional associations (within the last 5 years)?

0 points	1 point	2 points	3 points
Organization leadership does not allow staff to participate in volunteer activities or perform volunteer work during paid hours	Staff are elected or hold appointed positions at the local level or have at least 1 member of staff with leadership responsibility in nutrition-focused association at local or regional events/activities AND The organization allows staff to perform a limited amount of volunteer work during paid hours	Staff are elected or hold appointed positions at the state level or at least 1 member of staff holds a volunteer leadership position at the state level or higher and/or has advanced a major initiative at the regional level AND The organization allows staff to perform a limited amount of volunteer work during paid hours	Staff are elected or hold appointed positions at the national level or at least 1 member of staff holds a volunteer position at the national level and/or has advanced a major initiative at the national level AND The organization allows staff to perform a limited amount of volunteer work during paid hours

Supporting Evidence:

- List of total nutrition and dietetics staff highlighting involvement in nutrition-specific organizations or professional associations
- Documentation of staff and their elected/appointed positions within nutrition-centric associations, including the term(s) served
- Documentation of policies that support paid time to do elected or appointed work
- Documentation of leadership supporting workload reduction or providing time to support participation in professional organizations
- Documentation of flexible scheduling and/or professional development plans that support or include involvement in nutrition-specific organizations or professional associations

4.6

Does nutrition and dietetic leadership demonstrate strong communication skills?

0 points	1 point	2 points	3 points
The nutrition and dietetics leadership does not demonstrate strong communication skills	1 example of leadership demonstrating strong communication skills	2 unique examples of leadership demonstrating strong communication skills	3+ unique examples of leadership demonstrating strong communication skills

Supporting Evidence:

- Explanation from leader that describes the communication tools that are being used
- Documentation and evidence of different communication methods the leader has implemented (i.e. daily huddles, communication boards, frequent staff meetings, 1:1 availability)
- Meeting minutes that demonstrate leadership’s communication of nutrition and dietetics needs and initiatives to other teams/departments

Note: When evaluating leadership’s communication skills, consider their ability to bridge communication between diverse clinical and non-clinical teams, promote respect and understanding, facilitate clear handoffs and transitions in service. To demonstrate strong communication skills, leaders should be able to show clarity, active listening, transparency, empathy, consistency, approachability, respectfulness, and adaptability.

4.7

Does the leader acknowledge, value, and implement staff’s innovative ideas to improve the service?

0 points	1 point	2 points	3 points
Leader rarely solicits or considers staff ideas related to nutrition and dietetics service improvement	<p>1 example of leadership acknowledging innovative ideas for enhancing nutrition and dietetics services and providing feedback</p> <p>AND</p> <p>1 example of leadership engaging with staff to actively support the implementation of an innovative idea</p>	<p>2 unique examples of leadership acknowledging innovative ideas for enhancing nutrition and dietetics services and providing feedback</p> <p>AND</p> <p>2 unique examples of leadership engaging with staff to actively support the implementation of an innovative idea</p> <p>AND</p> <p>There is an informal process for staff to bring forth innovative ideas to leadership</p>	<p>3 unique examples of leadership acknowledging innovative ideas for enhancing nutrition and dietetics services and providing feedback</p> <p>AND</p> <p>3 unique examples of leadership engaging with staff to actively support the implementation of an innovative idea</p> <p>AND</p> <p>There is a formal process for staff to bring forth innovative ideas to leadership</p>

Supporting Evidence:

- Documentation of communication between the leader and staff that demonstrates acknowledgment of an innovative idea and support for staff to explore
- Documentation of the organization’s strategic plan or leadership philosophy includes staff engagement, innovation, or shared governance as key principles
- Minutes from staff meetings, town halls, or innovation committees showing the leader discussing, endorsing, or acting on staff ideas
- Documented examples of projects or process improvements that originated from frontline staff and were supported by leadership
- Results from employee engagement or culture of innovation surveys demonstrate that staff feel their ideas are valued and acted upon