

Mentorship for Quality in Nutrition and Dietetics

PROGRAM GUIDE

A Quality Management Committee Supported Program

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What is the Mentorship for Quality in Nutrition and Dietetics Program?

The Mentorship for Quality in Nutrition and Dietetics Program, is a nationwide mentorship program that supports credentialed practitioners in the process of developing and implementing continuous quality improvement projects, including the Global Malnutrition Composite Score and Nutrition Care Process in their facility.



Mentorship
for Quality
in Nutrition
& Dietetics

What is mentorship?

A mentoring relationship is one of support and guidance. There is a protected relationship in which the more experienced practitioner (mentor) can guide the professional development of another less experienced practitioner (mentee). This relationship occurs outside the normal manager and subordinate line management.

"The key to being a good mentor is to help people become more of who they already are, not to make them more like you." – Suze Orman

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Program Objectives

To guide and support any credentialed practitioner in every step related to process improvement, to develop skills and experience in quality improvement.

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Who Qualifies for the Program?

To be effective in the relationship of mentor and mentee, the below are the qualifications for either the mentor or the mentee role.

Mentor	Mentee
<ul style="list-style-type: none"> • Credentialed practitioner that has worked on at least one major quality improvement project, with the desire to help and support other practitioners 	<ul style="list-style-type: none"> • Credentialed practitioner who desires a subject matter expert to guide and support them in a process improvement project
<ul style="list-style-type: none"> • Advanced degree or certification or 5 years of experience with a focus in quality management 	<ul style="list-style-type: none"> • A process improvement project idea with the basic information defined and pre-approved by their leadership <ul style="list-style-type: none"> – Minimum basic information needed to be defined prior to submitting application: project title, project aim, 5 W's (what, why, where, who, when)
<ul style="list-style-type: none"> • Available at minimum via email, but preferably a combination of email, phone, and virtual meetings, at least monthly 	<ul style="list-style-type: none"> • Available at minimum via email, but preferably a combination of email, phone, and virtual meetings, at least monthly
<ul style="list-style-type: none"> • Available to respond to mentee within 7 days 	<ul style="list-style-type: none"> • Ability to wait a maximum of 7 days for the mentor response
<ul style="list-style-type: none"> • Ability to meet with mentee monthly, at minimum. The length of the meetings will be based on the needs 	<ul style="list-style-type: none"> • Ability to meet with mentor monthly, at minimum. The length of the meetings will be based on the needs • Ability to coordinate the monthly meetings, and develop an agenda as needed
<ul style="list-style-type: none"> • Ability to participate in a midpoint review meeting with CDR Staff for group feedback on the mentorship program and any needs to support the mentoring relationship 	<ul style="list-style-type: none"> • Ability to participate in a midpoint review meeting with CDR Staff for group feedback on the mentorship program and any needs to support the mentoring relationship
<ul style="list-style-type: none"> • Be able to support the mentor relationship for a minimum for 6 to 12 months. Once the 6 months timeline is met, further support will be based on needs and ability of mentor and mentee 	<ul style="list-style-type: none"> • Be able to support the mentor relationship for a minimum for 6 to 12 months. Once the 6 months timeline is met, further support will be based on needs and ability of mentor and mentee

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Benefits of Participating in the Program

We believe nutrition and dietetics practitioners can impact the quality outcomes of our patients. This program will support the progress of nutrition and dietetics professionals in the quality field by promoting effective process improvement.

Benefits to the Mentor

As a mentor, you will share your knowledge, skills, and best practices with other practitioners looking to implement process improvement projects in their facilities. Your guidance can make a significant difference in their careers and contribute to the success of our professional community.

Here are some key benefits being a mentor in our program can offer:

1. **Professional Development:** Mentoring can enhance leadership and communication skills, while guiding mentees through quality improvement processes and strategies. Being a mentor can also enhance expertise and reputation while enhancing the commitment to advancing the nutrition and dietetics profession and quality improvement initiatives.
2. **Networking Opportunities:** Mentors can expand their professional network by connecting with mentees, fellow mentors, and program organizers who share similar interests and goals in nutrition and dietetics.
3. **Personal Fulfillment:** Being a mentor provides the opportunity to share expertise and experiences and contribute to the growth and development of others. This can promote a sense of fulfillment and satisfaction in making a positive impact on someone else's career and the nutrition and dietetics profession itself.
4. **Learning and Growth:** Mentors often learn from their mentees as well. Engaging with mentees can provide new perspectives and insights, fostering continuous learning and growth.
5. **Demonstrating the value of the profession through quality improvement:** Mentoring allows individuals to leave a lasting impact on the healthcare field by empowering the next generation of nutrition and dietetics practitioners with a quality improvement focus, contributing to the demonstration of the value the nutrition and dietetics profession has in the long-term improvement of health services and patient outcomes.

Benefits to the Mentee

Being a mentee can offer numerous benefits that can contribute to personal and professional growth, skill development, and career advancement in the field of nutrition and dietetics, and process improvement.

Here are some key benefits being a mentee in our program can offer:

1. **Skill Development:** Mentees can develop practical skills in quality improvement and communication through the support of experienced mentors.
2. **Access to Expertise:** Mentees gain access to the knowledge, experience, and insights of nutrition and dietetics professionals in the areas of quality improvement, who provide valuable guidance and mentorship tailored to their mentee learning needs and goals.
3. **Career Advancement:** Participation in a mentorship program can enhance mentees' abilities and skills, hence advancing their professional development for new career opportunities.
4. **Networking Opportunities:** Mentees can expand their professional network by connecting with mentors and program organizers who share similar interests and goals in quality improvement, fostering valuable connections and collaborations.
5. **Confidence Building:** Mentees gain confidence in their abilities to lead quality improvement initiatives, make data-driven decisions, and effectively communicate their ideas and findings to stakeholders, empowering them to take on greater responsibilities in their careers.
6. **Professional Recognition:** Participation in a mentorship program supports the ability of the mentees to demonstrate commitment to professional growth and excellence in the nutrition and dietetics field, and more specifically the area of quality improvement, enhancing credibility and visibility.

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What this Program is Not

We believe nutrition and dietetics practitioners can impact the quality outcomes of our patients. This program will support the progress of nutrition and dietetics professionals in the quality field by promoting effective process improvement.

As much as this program is looking to support credentialed nutrition and dietetics practitioners actively working on process improvement projects, the below clarify what this project is not intended to do. This program is:

- NOT intended to be a live Q&A
- NOT intended for spontaneous conversations only
- NOT intended for people with no knowledge about quality improvement
 - The mentee should at least have a basic understanding of what quality improvement is
 - The mentor is expected to have a minimum experience in quality and process improvement
- NOT intended for newly credentialed practitioners (<1 year experience)

Ground Rules for the Mentee and Mentor Relationship:

- Respect mentee and mentor's time -
 - Follow expected turnaround times and minimum standards for meetings
- Define the goal and purpose of mentorship for the process improvement project
 - What is the goal of participating in this relationship?
 - Set the benefits for both participants
 - How mentee and mentor will measure progress
- Keep the relationship at a professional level
 - Unless otherwise discussed, keep confidentiality
- Remain flexible and adaptable to change
 - How will each participant respond to new perspectives?
- Encourage discussions on differences
 - Respond with curiosity and openness to learn, not judge
- Both mentor and mentee will remain open to giving and receiving feedback
 - Mentors should listen first to understand, then respond
 - Leverage resources and networks to remain beneficial to both parties
- Express appreciation

Expectations of the Mentoring Relationship:

Mentor	Mentee
<ul style="list-style-type: none"> • Completion of all required documents pre and post participation in the program (see section 7 - Application and Post-Selection Processes for additional information) 	<ul style="list-style-type: none"> • Completion of all required documents pre and post participation in the program (see section 7 - Application and Post-Selection Processes for additional information)
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<ul style="list-style-type: none"> • Available at minimum via email, but preferably a combination of email, phone, and virtual meetings, at least monthly 	<ul style="list-style-type: none"> • Available at minimum via email, but preferably a combination of email, phone, and virtual meetings, at least monthly
<ul style="list-style-type: none"> • Understanding that the mentee is not expected to follow all suggestions offered 	<ul style="list-style-type: none"> • Understanding that the mentor may not be able to provide solutions to all needs for the project and the mentee may need to look for resources outside of the mentorship program
<ul style="list-style-type: none"> • Ability to meet with mentee a minimum of once a month, and with CDR staff a minimum of once for a midterm review 	<ul style="list-style-type: none"> • Ability to meet with mentor a minimum of once a month, and with CDR staff a minimum of once for a midterm review <ul style="list-style-type: none"> – Establish the meeting dates and agenda for the mentor meetings, unless otherwise agreed upon between the mentor and mentee
<ul style="list-style-type: none"> • Understanding that the program lasts 6 to 12 months. Any needs past 12 months, will be based on agreement between mentor and mentee 	<ul style="list-style-type: none"> • Understanding that the program lasts 6 to 12 months. Any needs past 12 months, will be based on agreement between mentor and mentee

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Application and Selection Process

Each applicant will be expected to complete an electronic application form, available in the *Mentorship for Quality in Nutrition and Dietetics Program* section of the Commission on Dietetic Registration's Quality Management page at www.cdrnet.org/quality. Unless otherwise specified, all communication will be conducted electronically. Submission of an application does not guarantee selection.

Applications will be reviewed by members of the Quality Management Committee (QMC) and Commission on Dietetic Registration (CDR) staff to identify the best matches between mentors and mentees. Selection will be based on the availability of mentors and mentees, areas of need, expertise, and additional relevant criteria.

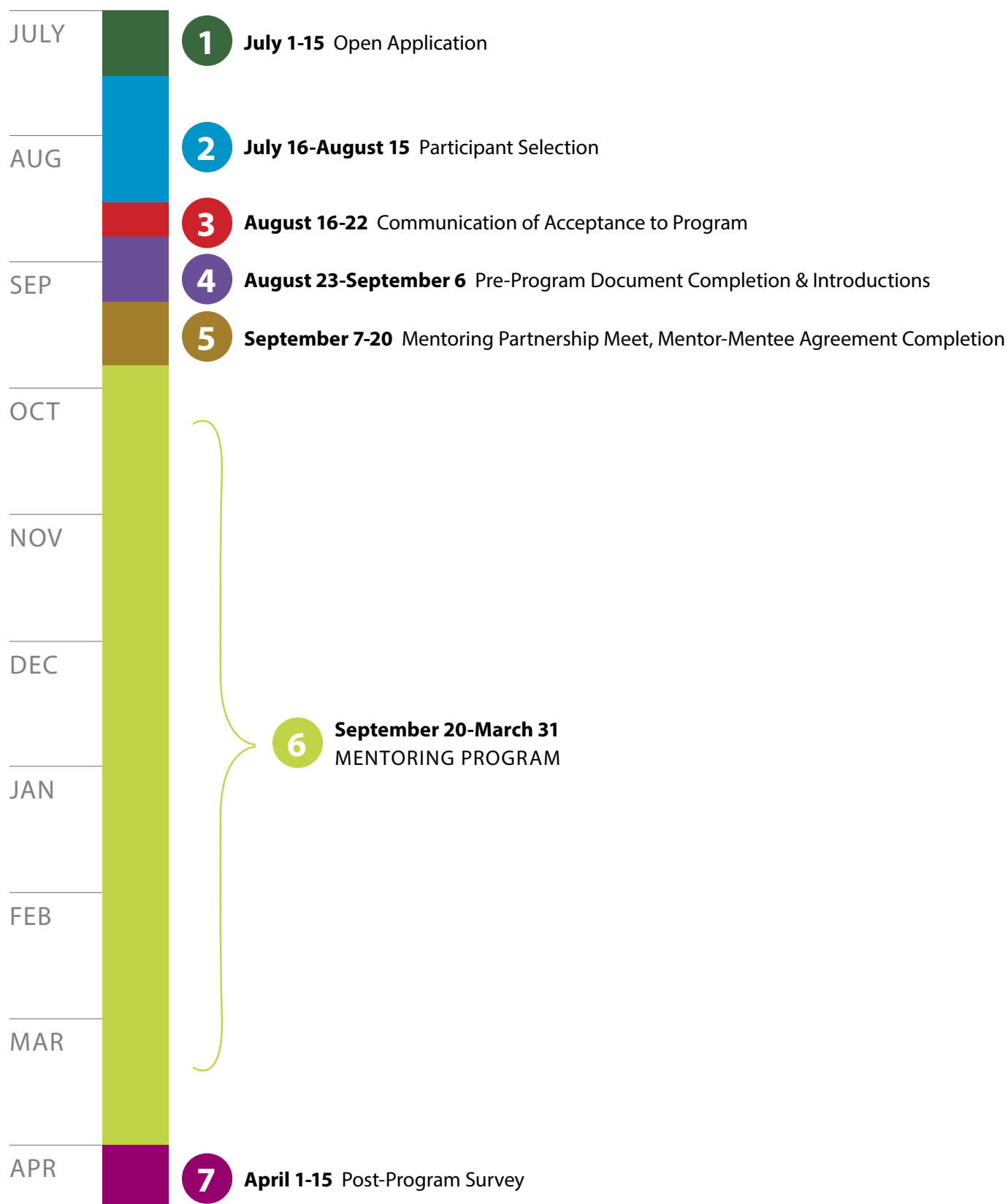
Once selected, participants will have a designated timeframe, to complete an Initial Contract to confirm their participation. After submission of the Initial Contract, mentoring teams will be formally introduced. The expectation is that the mentor and mentee will schedule an initial introductory meeting during the introductory period. It is the responsibility of the mentee to initiate this meeting. Participants may also be asked to complete a pre-program survey.

During the introductory meeting, mentors and mentees are encouraged to discuss the structure and expectations of their relationship. The Mentor-Mentee Contract must be completed and submitted to CDR staff by the deadline to continue participation in the program. Additional processes to support the mentoring relationship will be determined collaboratively by each mentoring team. CDR staff and QMC members will provide guidance and support as needed. Communication should be directed to quality@eatright.org.

The mentoring relationship is designed to continue for the duration required to complete the mentee's process improvement project, not to exceed 6 months. Upon completion of the project or the mentoring program—whichever occurs first—the mentee should notify CDR staff at quality@eatright.org. At that time, both the mentor and mentee will receive a post-program survey.

All important dates related to the program are outlined in the Program Timeline below.

Program timeline



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Suggested Meeting Schedule and Resources

Suggested Schedule for Monthly Meeting Topics

These are the suggested topics for the monthly meetings for up to 6-months. Participants can agree to follow these or establish their own topics. The goal is that once the relationship is at the 3-month mark, there is active work on the process improvement project and meeting topics will be based on the project's direction at the time.

Meeting Number	Topic	Person Suggested
	Mentee SelfIntroduction <ul style="list-style-type: none"> • Name, title, position, place of work, prior experience • Expectations and goals for the end of the program Mentor Self-Introduction <ul style="list-style-type: none"> • Name, title, position,. place of work • Experience in quality improvement projects (examples) 	Mentee and Mentor
1	Basics of quality improvement <ul style="list-style-type: none"> • Preferred methods and techniques • Best practice recommendations 	Mentor
	Basics of the quality project working on <ul style="list-style-type: none"> • Topic, goals, 5 W's, approvals obtained, data gathered, team members, general status of the project 	Mentee
2	Deep discussion of the process improvement project <ul style="list-style-type: none"> • Problem, goals, data collected, and team members • Status of the project including barriers and data needed • Possible next steps 	Mentee with Mentor Feedback
3	Project status update <ul style="list-style-type: none"> • Discussion on advancing project to completion* 	Mentee with Mentor Feedback
4	Project status update <ul style="list-style-type: none"> • Discussion on advancing project to completion* 	Mentee with Mentor Feedback
5	Project status update <ul style="list-style-type: none"> • Discussion on advancing project to completion* 	Mentee with Mentor Feedback
6	Discussion of ideas for future nutrition and dietetics related process improvement projects	Mentee with Mentor Feedback

If Mentorship is needed to continue further than the six months, focus on addressing barriers and issues affecting the completion of the quality project

- The following questions can be used to prompt the discussion, as needed.
- What strategies have been attempted? What were the outcomes?
- Who are the project supporters?
- Who needs to be approached further for support?
- What are some suggestions to continue the progress of the project?
- What has worked, what has not worked, and what are lessons learned?

List of Suggested Questions to Ask Mentors

Being prepared to gain the most from the opportunity is key to success! The below are suggested questions to get the conversation started between the mentee and mentor.

Administrative items related to the mentorship program

(Basic administrative questions or items that we encourage discussion about, to ensure both mentor and mentee get the most out of this experience)

- Preferred means of communication
- Time commitment: preferred frequency and length of meetings, time zone, preferred days/times for the meetings
- Area of expertise
- Time limit mentor/mentee are able to accommodate (frequency, length of meetings, etc.)
- Mentee to offer examples of prior projects they have worked on

Suggested Quality Related Questions for Mentors

(Please, read all the questions thoroughly. Highlight those that will be of more benefit and plan/schedule to ask them through the meetings)

- Are there any certifications to complete to improve knowledge or understanding of quality improvement?
- Is there a process improvement you would recommend I develop my skills in?
- What is one or two steps in process improvement that you believe are key to a well-developed project?
- [Once you brief the mentor on your project] What would you suggest to ensure the success of this project?

Suggested Professional Development Related Questions for Mentors

(Please, read all the questions thoroughly. Highlight those that will be of more benefit and plan/schedule to ask them through the meetings)

- What is the most meaningful aspect of your position?
- Which career accomplishments have led to either professional success or personal satisfaction?
- What are the most important words of wisdom you wish someone had told you?
- What is your strongest character trait and how has it helped you in your career growth? Weakest?
- What are the strategies you have developed to establish a work/life balance?

Suggested Leadership Related Questions for Mentors

(Please, read all the questions thoroughly. Highlight those that will be of more benefit and plan/schedule to ask them through the meetings)

- What are the most important leadership skills to develop?
- If you were to embrace a new skill to develop, what would it be?
- How do you prepare for leadership or managerial meetings to engage in promotional development or wage increases?
- What do you feel is the most productive way to leverage leadership and/or team 'buy-in' in building projects or education programs?
- What do you feel is the most beneficial impact of Academy affiliation on professional or career development?

After multiple sessions and/or networking on a project

- What might I do to improve the outcomes?
- What areas may be seen as weaknesses and how might I turn these to strengths?
- How can I become more effective with communication?
- Is there anything I might improve to best reach the goals we have discussed?

If any of the stipulated items in this guide are not followed by the mentor or mentee, the Quality Management Committee (QMC) encourages the participant to communicate with the Commission on Dietetic Registration (CDR) staff member via email at quality@eatright.org. CDR staff will support resolution of any issues or dissolve the mentoring relationship if needed. Additional mentoring opportunities for either mentor or mentee will be based on needs, available program participants and reason for discontinuation of the mentoring relationship.

By participating in this mentorship program, both participants acknowledge that the program organizers, mentors, and mentees, shall not be held liable for any damages, losses, or injuries that may occur because of participating in the program. Participants are responsible for their own actions and decisions. Participation in the program is voluntary. Participants should be aware of not sharing any confidential information with the other.

The program organizers make no guarantees regarding the outcomes of the mentorship relationships and do not assume responsibility for any advice or guidance provided by mentors. Participants are encouraged to use their own discretion and seek professional advice when necessary. By agreeing to participate in this program, participants agree to indemnify and hold harmless the program organizers, mentors, and mentees from any claims, damages, or liabilities arising from their participation in the program.

Resources

All of these links can be found on the Commission on Dietetic Registration webpage www.cdrnet.org, specifically under the Demonstrate Quality Care tab.

- Quality basics (www.cdrnet.org/quality)
 - Quality Improvement (QI) 101 Education Package
 - Careers in Quality
 - Quality Resource Collection
 - Quality-Focused Practice Tips
- Global Malnutrition Composite Score (www.cdrnet.org/gmcs)
- Nutrition Care Process and Terminology (www.cdrnet.org/nutrition-care-process-and-terminology)
- Interoperability (www.cdrnet.org/interoperability-health-information-standards)
- Standards of Excellence Recognition Program (www.cdrnet.org/excellence)

Quality Improvement Related Suggested Reading Materials

- Blankenship J, Blancato RB, Kelly R. Quality Improvement as the Foundation for Health Care Advancement. J Acad Nutr Diet. 2019 Sep;119(9 Suppl 2):S15-S17. doi: 10.1016/j.jand.2019.05.026. PMID: 31446939.
- Commission on Dietetic Registration. Definition of Terms. September 2023. <https://www.cdrnet.org/vault/2459/web//20230906%20Definition%20of%20Terms%20List-September%202023.pdf>.
- Doley J, Phillips W. Coding for Malnutrition in the Hospital: Does It Change Reimbursement? Nutr Clin Pract. 2019 Dec;34(6):823-831. doi: 10.1002/ncp.10426. Epub 2019 Oct 24. PMID: 31650622.
- Marjoua Y, Bozic KJ. Brief history of quality movement in US healthcare. Curr Rev Musculoskelet Med. 2012 Dec;5(4):265-73. doi: 10.1007/s12178-012-9137-8. PMID: 22961204; PMCID: PMC3702754.

Nutrition and Care Process and Terminology Related Suggested Reading Materials

- Academy of Nutrition and Dietetics. The Nutrition Care Process Model. Published 2017. Accessed June 12, 2023. <https://www.ncpro.org/pubs/2020-encpt-en/ncp-model>
- Lamers-Johnson E, Kelley K, Sánchez DM, et al. Academy of Nutrition and Dietetics Nutrition Research Network: Validation of a Novel Nutrition Informatics Tool to Assess Agreement Between Documented Nutrition Care and Evidence-Based Recommendations. *J Acad Nutr Diet*. Apr 23 2021; doi:10.1016/j.jand.2021.03.013
- Lewis SL, Miranda LS, Kurtz J, Larison LM, Brewer WJ, Papoutsakis C. Nutrition Care Process Quality Evaluation and Standardization Tool: The Next Frontier in Quality Evaluation of Documentation. *J Acad Nutr Diet*. Mar 2022;122(3):650-660. doi:10.1016/j.jand.2021.07.004
- Lewis SL, Wright L, Arikawa AY, Papoutsakis C. Etiology Intervention Link Predicts Resolution of Nutrition Diagnosis: A Nutrition Care Process Outcomes Study from a Veterans' Health Care Facility. *J Acad Nutr Diet*. Sep 2021;121(9):1831-1840. doi:10.1016/j.jand.2020.04.015
- Lövestam E, Vivanti A, Steiber A, et al. Barriers and enablers in the implementation of a standardised process for nutrition care: findings from a multinational survey of dietetic professionals in 10 countries. *J Hum Nutr Diet*. 2020;33(2):252-262. doi:<https://doi.org/10.1111/jhn.12700>
- Maduri C, Sabrina Hsueh PY, Li Z, Chen CH, Papoutsakis C. Applying Contemporary Machine Learning Approaches to Nutrition Care Real-World Evidence: Findings From the National Quality Improvement Data Set. *J Acad Nutr Diet*. Dec 2021;121(12):25492559 e1. doi:10.1016/j.jand.2021.02.003
- Middeke J, Palmer K, Lovestam E, et al. Predictors of nutrition care process knowledge and use among dietitians internationally. *J Hum Nutr Diet*. Jun 2022;35(3):466-478. doi:10.1111/jhn.12961 · Nutrition Care Process and Terminology. <https://www.cdrnet.org/nutrition-care-process-and-terminology> Accessed August 28, 2023.
- SNOMED Nutrition and Dietetics Clinical Reference Group. <https://confluence.ihtsdotools.org/display/NDCRG/Nutrition+and+Dietetics+Clinical+Reference+Group>. Accessed August 28, 2023. · SNOMED International Browser. <https://browser.ihtsdotools.org/>. Accessed August 28, 2023.
- Swan WI, Pertel DG, Hotson B, et al. Nutrition care process (NCP) update part 2: Developing and using the NCP terminology to demonstrate efficacy of nutrition care and related outcomes. *J Acad Nutr Diet*. 2019;119(5):840-855. doi:10.1016/j.jand.2018.10.025
- Thompson KL, Davidson P, Swan WI, Hand RK, Rising C, Dunn AV, Lewis N, Murphy WJ. Nutrition care process chains: the "missing link" between research and evidencebased practice. *J Acad Nutr Diet*. 2015 Sep;115(9):1491-8. doi: 10.1016/j.jand.2015.04.014. Epub 2015 Jun 11. PMID: 26072420
- Writing Group of the Nutrition Care Process/Standardized Language Committee. Nutrition Care Process and Model Part I: The 2008 Update. *J Am Diet Assoc*. 2008;108(7):1113-1117. doi:10.1016/j.jada.2008.04.027

Global Malnutrition Composite Score Related Suggested Reading Materials

- Arensberg MB, Saal-Ridpath K, Kerr K, Phillips W. Opportunities to Improve Quality Outcomes: Integrating Nutrition Care Into Medicare Advantage to Address Malnutrition and Support Social Determinants of Health. *Inquiry*. 2022 Jan-Dec; 59: 469580221081431. doi: 10.1177/00469580221081431. PMID: 35255728; PMCID: PMC8908402.
- Bechtold ML, Nepple KG, McCauley SM, Badaracco C, Malone A. Interprofessional implementation of the Global Malnutrition Composite Score quality measure. *Nutr Clin Pract*. 2023 Oct;38(5):987-997. doi: 10.1002/ncp.11033. Epub 2023 Jul 11. PMID: 37431796.
- Doley J, Phillips W. Accurate Coding Impacts the Geometric Length of Stay for Malnourished Inpatients. *J Acad Nutr Diet*. 2019 Feb;119(2):193-198. doi: 10.1016/j.jand.2017.10.023. Epub 2018 Feb 21. PMID: 29429855.
- Guenter P, Abdelhadi R, Anthony P, Blackmer A, Malone A, Mirtallo JM, Phillips W, Resnick HE. Malnutrition diagnoses and associated outcomes in hospitalized patients: United States, 2018. *Nutr Clin Pract*. 2021 Oct;36(5):957-969. doi: 10.1002/ncp.10771. Epub 2021 Sep 6. PMID: 34486169.
- Marshall S. Why Is the Skeleton Still in the Hospital Closet? A Look at the Complex Aetiology of Protein-Energy Malnutrition and Its Implications for the Nutrition Care Team. *J Nutr Health Aging*. 2018;22(1):26-29. doi: 10.1007/s12603-017-0900-9. PMID: 29300418.
- Quartarolo J, Dolopo A, Richard B. Multidisciplinary effort to improve the diagnosis of malnutrition in hospitalized patients. *Nutr Clin Pract*. 2021 Oct;36(5):1068-1071. doi: 10.1002/ncp.10644. Epub 2021 Apr 5. PMID: 33821499.
- Schuetz P, Fehr R, Baechli V, Geiser M, Deiss M, Gomes F, Kutz A, Tribolet P, Bregenzer T, Braun N, Hoess C, Pavlicek V, Schmid S, Bilz S, Sigrist S, Brändle M, Benz C, Henzen C, Mattmann S, Thomann R, Brand C, Rutishauser J, Aujesky D, Rodondi N, Donzé J, Stanga Z, Mueller B. Individualised nutritional support in medical inpatients at nutritional risk: a randomised clinical trial. *Lancet*. 2019 Jun 8;393(10188):2312-2321. doi: 10.1016/S0140-6736(18)32776-4. Epub 2019 Apr 25. PMID: 31030981.
- Shepherd E. Malnutrition coding and reimbursement in the hospital setting. *Nutr Clin Pract*. 2022 Feb;37(1):35-40. doi: 10.1002/ncp.10779. Epub 2021 Sep 29. PMID: 34587310.
- Skipper, A.; Coltman, A.; Tomesko, J.; Charney, P.; Porcari, J.; Piemonte, T.A.; Handu, D.; Cheng, F.W. Reprint of: Position of the Academy of Nutrition and Dietetics: Malnutrition (Undernutrition) Screening Tools for All Adults. *J Acad Nutr Diet*. 2022; 122: S50-S54. doi: 10.1016/j.jand.2022.07.013.
- Sriram K, Sulo S, VanDerBosch G, et al. Nutrition-Focused Quality Improvement Program Results in Significant Readmission and Length of Stay Reductions for Malnourished Surgical Patients. *JPEN J Parenter Enteral Nutr*. 2018;42(6):1093-1098. doi:10.1002/jpen.1040
- White J V., Guenter P, Jensen G, Malone A, Schofield M. Consensus Statement: Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition. *Journal of Parenteral and Enteral Nutrition*. 2012;36(3):275-283. doi:10.1177/0148607112440285
- Wills-Gallagher J, Kerr KW, Macintosh B, Valladares AF, Kilgore KM, Sulo S. Implementation of malnutrition quality improvement reveals opportunities for better nutrition care delivery for hospitalized patients. *Journal of Parenteral and Enteral Nutrition*. 2022;46(1):243-248. doi:10.1002/jpen.2086 27.