Positive nutritional outcomes have always required effective communication and teamwork to manage the complexities of medical nutrition therapy, including preparing and serving safe food. Providing nutrition services is not the responsibility of just one department. It encompasses many departments working together to deliver person-centered care. In addition, effective teamwork is not only required internally, it also involves external team coordination with food distributors, families, and communities.

In 2020 the world faced the COVID-19 crisis, and for healthcare food service, nearly every component of how we provided care changed. Group dining vanished overnight, and infection control became the focal point. Obtaining food and dining supplies became a challenge as many items were not in stock, and substitutions were often unavailable or limited.

Initially, nutritional services for those at risk or diagnosed with COVID-19 were determined based on clinical assessments that lacked clear evidence-based best practice recommendations. Nutrition interventions were implemented using current best practice, and keeping up with new recommendations and findings coming out almost daily. Currently there continues to be varying recommendations regarding specific nutrients and their role in prevention and management of COVID-19. We are also seeing the nutritional effects of social isolation and depression as residents and patients are not able to visit and spend time with their friends and family.
The pandemic continues to be a crisis. The World Health Organization reported 15,860,675 confirmed cases and 295,406 deaths from COVID-19 in the United States as of December 14, 2020. Some relief is now in sight as the Food and Drug Administration (FDA) authorized the first COVID-19 vaccine for emergency use in the United States on December 11, 2020. This relief will not come overnight, and it will take months to see this pandemic under control. Needless to say, nutritional care will continue to require effective teamwork for success.

In the Jan-Feb 2019 Nutrition & Foodservice Edge, I authored an article titled “Successful Food and Nutrition Outcomes Require Teamwork.” That article remains applicable in today’s world, however some additional components are required for success during a crisis such as the current pandemic. This article will include consideration of some key components seen with effective nutrition teams in health care during a crisis.

**Members of the Nutrition Care Team**

The Nutrition Care Team usually includes core members such as the Registered Dietitian Nutritionist (RDN), the Nutrition and Dietetics Technician, Registered (NDTR), and the Certified Dietary Manager, Certified Food Protection Professional (CDM, CFPP). Additional members include allied healthcare professionals working together to provide person-centered nutritional care and services.

**Registered Dietitian Nutritionist (RDN)**

An RDN is a food and nutrition expert who has met academic and professional requirements approved by the Academy of Nutrition and Dietetics’ Accreditation Council for Education in Nutrition and Dietetics (ACEND). ACEND is the accrediting agency for education programs that prepare dietetics practitioners and is recognized by the U.S. Department of Education. RDNs must pass a national exam administered by the Commission on Dietetic Registration (CDR) and then earn continuing professional education to maintain registration.

**Nutrition and Dietetics Technician, Registered (NDTR)**

An NDTR is a nationally credentialed food and nutrition technical practitioner who has met the following education criteria: Completed a dietetic technician program accredited by ACEND that includes 450 hours of supervised practice experience and completed at least a two-year associate degree at a U.S. regionally accredited college or university. Or, they must have completed coursework in an ACEND accredited didactic program or coordinated program in dietetics and completed at least a bachelor’s degree at a U.S. regionally accredited college or university.

They must then pass the Registration Examination for Dietetic Technicians, a national credentialing exam administered by the CDR, and earn continuing professional education to maintain registration.

NDTRs work under the supervision of an RDN when in direct patient/client nutrition care in practice areas such as hospitals, clinics, nursing homes, and other healthcare settings. NDTRs gather data and perform assigned tasks to assist RDNs in providing medical nutrition therapy. NDTRs may work independently in providing general nutrition education to healthy populations in a variety of settings.

**Certified Dietary Manager, Certified Food Protection Professional (CDM®, CFPP®)**

A CDM, CFPP has the education, training, and experience to competently perform the responsibilities of a dietary manager and has proven this by passing the nationally-recognized CDM Credentialing Exam and

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fulfilling the requirements needed to maintain certified status. CDM, CFPPs work together with Registered Dietitian Nutritionists to provide quality nutritional care in a variety of non-commercial settings, and perform a myriad of specialized tasks and roles within a foodservice operation.

CDM, CFPPs are experts at managing foodservice operations and ensuring food safety. They are responsible for implementation of menus, foodservice purchasing, and food preparation. They apply nutrition principles, document nutrition information, manage work teams, and much more.

A CDM, CFPP has achieved defined competencies in five key areas:

- Nutrition
- Foodservice
- Personnel and Communications
- Sanitation and Safety
- Business Operations

Each member of a successful nutrition team must work within their individual scope of practice, which refers to the range of roles, activities, and regulations within which that healthcare professional is to perform. The RDN, NDTR, and CDM, CFPP must continually self-assess their skills, education, training, and knowledge, as well as their autonomy, responsibility, and accountability in the practice of nutrition and dietetics.

Other allied health professionals such as physicians, physician extenders, nurses, pharmacists, therapists, etc., are also important participants working with the core team to provide person-centered nutrition care.

COMPONENTS OF A SUCCESSFUL HEALTHCARE TEAM

In addition to understanding the education, skills, competencies, and scope of practice for each team member, other recommendations for a successful team in today’s healthcare environment include:

- Maintain a strong team focused on serving immediate needs with hyperagility (agility on steroids). During times of crisis, such as the current pandemic, the team must be agile like never before while also being fully aligned and following the same goals. This requires being open to reprioritizing goals focused on serving the essential and immediate needs.

- Respect each other with unity of purpose. Know the mission and vision for your organization and define your desired outcomes (i.e., improve satisfaction scores for food and nutrition services, no unexpected weight loss for clients, prevent and manage infection control, budget parameters, etc.).

- Carry out your respective duties and work with others to solve problems. Trust develops in a cohesive team, increasing confidence in your team partners, knowing they will fulfill their duties (i.e., timely and accurate documentation, follow-through on respective areas, etc.).

- Bring your expertise to the table. Keep current in “best practices” (i.e., person-centered care, infection control, wound management, food and nutrition systems, food safety, etc.). Use evidence-based credible resources to assist in decision-making such as ANFP, the Academy of Nutrition and Dietetics, Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services (CMS), etc.
• Work together to solve problems with integrative thinking (i.e., look for all relevant factors, solve the problem as a whole and not just as a “piece,” generate innovative ideas). Incorporate with a Quality Assurance and Performance Improvement (QAPI) mindset using data to manage the constant change. Remember that in managing change there must be a balance of both cultural and functional change.

• Influence the team so that members do their collective best for the clients. This motivates every individual to act in the interests of the team and the desired objectives. The goal is to create a positive group dynamic. An example might be reducing the use of commercial supplements when the team is working towards use of “real food” to support improved quality of life, while also resulting in financial savings to the organization.

• Establish clear communication working toward coordinated goals. Not only does this help in overall team communication, but the clients also experience greater clarity about their nutritional care and services.

CONCLUSION

Leadership and successful teamwork are critical for effective quality nutritional care in today’s healthcare environment. Effective collaboration and hyperagility with the nutrition team of the RDN, NDTR, and CDM, CFPP provides many benefits including—but not limited to—improved person-centered care and outcomes, reduction in inefficiencies and healthcare costs, and enhanced staff relationships and job satisfaction.

Now is the time to assess your nutrition team to make sure you proactively respond to client needs. An effective nutrition team is critical in helping its organization and clients be successful during these challenging times. E

REFERENCES

• Association of Nutrition & Foodservice Professionals - www.ANFPonline.org
• Certifying Board for Dietary Managers - www.CBDMonline.org
• Academy of Nutrition and Dietetics - www.eatrightpro.org
1. The Nutrition Care Team usually includes these core members ______, with additional allied healthcare professionals working together.
   A. RN, OT, and CDM, CFPP
   B. CDM, CFPP and CNA
   C. RDN, NDTR, and CDM, CFPP

2. NDTRs work under the supervision of a/an ______ when in direct client nutrition care in practice areas such as hospitals, clinics, nursing homes, and other healthcare settings.
   A. Director of Nursing
   B. RDN
   C. Director of Operations

3. A CDM, CFPP has achieved defined competencies in these five key areas:
   A. Nutrition, Foodservice, Personnel and Communications, Sanitation and Safety, Business Operations
   B. Nutrition, Foodservice, Infection Control, Regulatory Compliance, Customer Relations
   C. Nutrition, Foodservice, Personnel and Communications, Sanitation and Safety, Customer Operations

4. Each member of a successful nutrition team must work within their individual ______, which refers to the range of roles, activities, and regulations within which that healthcare professional is to perform.
   A. Job description
   B. Facility assessment
   C. Scope of practice

5. During times of crisis, such as a pandemic, the nutrition team must be agile like never before, referred to as ______, while also being fully aligned and following the same goals.
   A. Open-minded
   B. Operability
   C. Hyperagility

6. The successful nutrition team should function using a Quality Assurance and Performance Improvement (QAPI) mindset using ______ to manage the constant change.
   A. Data
   B. Opinions
   C. Current procedures

7. To manage change effectively, the nutrition team needs to balance both ______ and functional change.
   A. Descriptive
   B. Basic
   C. Cultural