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| --- | --- |
| **Date:** | **Home:** |
| **Signature:** | |
| **To be completed by Executive Director / Administrator or Delegate** | |
| **Staff Dietitian On Site Services** | |
| * RD services are provided on site at 30 minutes per resident per month as per FLTCA 2021. * In certain circumstances and with the approval of the Administrator / Executive Director, the RD will be permitted to work virtually if all other options have not been successful * Circumstances that would be considered for approval of virtual RD support (illness, inclement weather, HR shortages) * Back Up Plan for onsite support:  1. RD to adjust scheduled on site days 2. A secondary RD to support home staff RD absence    1. Name of Coverage RD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    2. Days/Hours On Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Virtual Dietitian Services** | |
| * If this plan of on site support is not successful, virtual RD support can be approved. * **RD Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Scheduled virtual support period** (specify dates/time frame): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * **Reason for inability to be onsite:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * **Authorizer** (Administrator, Executive Director or Delegate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Virtual RD support will utilize video and/or phone consultation with staff of the home as required if assistance with a resident is needed. * **Staff contact for virtual RD support:** onsite Registered Staff or delegate (i.e. Nutrition Manager). Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * RD to contact the home for consultation regarding resident assessments as required. * Documentation by virtual RD should include the consultation with designated staff as part of progress note. | |
| **Additional Comments:** | |

**Documentation for Virtual Dietitian:**

When documenting virtually, the RD should include the following statement at the start of each chart note:  
*Virtual assessment/review completed. RD collaborated with \_\_\_\_\_\_\_\_\_ (note any staff member position, resident and/or family) on \_\_\_\_\_\_\_ (date) to obtain required information and observations.*