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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.
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| **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.*