



### **Remote Work from home guidelines - COVID 19:**

The novel coronavirus COVID-19 has affected virtually every aspect of society on a global scale. This country's nutrition and dietetics practitioners are no exception, both in serving our patients and clients and as residents of our communities. Living in and serving one of the most susceptible populations, in one of the country's hardest-hit areas, my hope is that everyone will use reasonable and rational thinking to protect the greater good.

Times like these are when we often see the best in humanity, as many reach out to help others. In all cases, calm minds must prevail. Take care of those you love and those you serve. Respect and respond to those who protect you.

Dietary Solutions nutrition consultants will only be permitted to work remote from home during this time if they are part of an at risk group, have been screened out as ineligible to come into their facilities at the door, are facing child care issues they cannot work around, or with express permission from facility administrators and their Dietary Solutions supervisors. We continue to be considered essential staff for the wellbeing of our residents.

### **If you are approved to work remotely the following best practices should be utilized:**

1. Communication between our nutritional professionals and the facility, especially the Directors of Food and Nutrition Services and Clinical Nursing Team, is vitally important:
  - a. Call/e-mail DFNS and/or DON/MDS nurse at the beginning of your day to find out if there are resident concerns or issues that need to be addressed, ordered nutrition consults, menu changes that need approved etc.
    - i. When a resident is admitted, DFNS should explain to residents the clinical nutrition professional is working from home to minimize facility traffic and ask for a phone number to reach the resident if a nutrition consult is needed – this could be included on the preference form in PCC.
    - ii. Nutrition consultants working from home should attempt to contact the resident via phone if counseling is needed or to discuss any nutrition related concerns. If the resident does not provide personal phone number, call into the facility.
  - b. Daily reports should continue to be completed including the Consultant Report and Nutrition Recommendations Report. These can be completed electronically or on paper but must be provided to the facility at the end of the day. As with completing on site visits, these reports should include each resident record you reviewed, what recommended changes were made or are recommended to be made, if MD was made aware etc. (Nutritional Recommendations Report) This report will be provided to the DFNS, Admin, DON /MDS Nurse for the duration of the time working from home.
  - c. Nutritional Professionals are expected to participate in resident review meetings weekly. If risk meetings are held in your facility, please call in for these meetings. With the discontinuation of dining room service in many facilities, changes in snack delivery and reduced ability for family to visit and bring favorite items from

home, our residents are more at risk than ever for decreased intake and malnutrition.

- i. Residents with significant weight changes and altered skin status should be reviewed and dietary interventions revised as needed
  - ii. Communicate with the IDT via phone – work with facility so a phone with speaker capability is in the room during the meeting if possible. Or ask the DFNS to use their cell phone with speaker.
  - iii. Establish a method to communicate with your SLP's so you are aware of any dysphagia related concerns.
2. When documenting remotely be clear how resident and facility communication took place. If you were not in the facility your documentation should not suggest that you were.
3. If all necessary information for completing nutrition documentation is not available through the EMR:
  - a. If able to go to the facility for a short time- prepare ahead and have a list of information you need to collect or residents with specific questions you need to ask in order to minimize the amount of time you are in the facility.
  - b. If unable to visit the facility- email or call your main contact person at the facility with the list of information you need to have obtained by someone in the facility;
  - c. If you need to speak directly with a resident or family member while in the facility, please consider:
    - i. Asking minimal questions to limit exposure time with the resident: changes in appetite, changes in weight, usual body weight prior to illness.
    - ii. When able, utilize a phone call to the resident or family member in place of face to face conversation.
    - iii. Maintain social distancing guidelines of 6 feet. We do not recommend hands on physical nutrition focused assessment at this time .
    - iv. Follow proper hand washing techniques.
4. Coordinate with your facility to ensure your recommendations have been approved with orders written as appropriate. Establish with your facility the best way to achieve this- secured messaging, nursing to write orders based on your recommendation sheets etc.
5. Be extra vigilant about HIPAA, protection of personal information remains important.

If this seems like a lot of extra work, it is. Working from home is not a benefit, it is a significant burden to continue to provide resident centered, appropriate nutritional care when you cannot physically be in the building and we appreciate your continued support during this difficult time. Communication with the facility is key to successful remote work in order to provide the best nutrition care for the residents we serve. Your expertise continues to be key to maintaining and improving the health of our residents. Please do not hesitate to contact us with specific questions or needs for your facilities.