



SECTION: Nutrition Services 821
SUBJECT: **NUTRITION EDUCATION: TELEPHONE CONTACTS
FOR HIGH RISK PARTICIPANTS WITH THE RD**
DATE: June 7, 2011 (*Reviewed*)

POLICY: Telephone contacts may be used to provide second nutrition education (NE) to high risk participants who are unable to come to the clinic due to medical reasons and to high risk participants who have missed the original scheduled face-to-face appointment with the RD and rescheduling the appointment is not possible.

PURPOSE: To provide guidance for high risk nutrition education over the telephone when circumstances require it.

RELEVANT REGULATIONS: ASM 06-24—WIC Nutrition Education Guidance

OREGON WIC PPM REFERENCES:

- ◆450—Confidentiality
- ◆506—Exceptions for Mailing Food Instruments
- ◆601—Physical Presence at Certification
- ◆661—Competent Professional Authority: Appropriate Counseling for Risk Levels
- ◆820—Nutrition Education: Participant Contacts
- ◆830—Nutrition Education: Documentation

PROCEDURE: 1.0 When a participant misses an original face-to-face high risk second NE appointment with the RD and rescheduling is not possible or the participant is unable to come to the clinic due to medical reasons, telephone contacts are an optional delivery method.

- 1.1 Contact the participant in advance to schedule the appointment for the high risk telephone contact when it is determined that rescheduling the original face-to-face appointment is not possible.
- 1.2 The RD will review recent information collected in the participant's record before the telephone contact.
- 1.3 Provide appropriate informational reinforcements such as pamphlets or brochures to the participant by mail or e-mail before or after the telephone contact is made.

Standards 2.0 Telephone contacts should occur in an environment that promotes effective communication between the RD and the participant and ensures that both are actively involved in the interaction and confidentiality of participant information is protected.

- 2.1 Telephone contacts should occur at a time when the participant is available and has time to talk. If the participant is not available at the designated time, attempt to reschedule the contact.
- 2.2 If the telephone contact is long distance, the WIC program will pay for the telephone call.

NUTRITION EDUCATION: TELEPHONE CONTACTS FOR HIGH RISK PARTICIPANTS, *cont.*

Appropriate use of telephone contacts

3.0 Appropriate situations for using telephone contacts to provide second NE to high risk participants who have missed a scheduled appointment with the RD include:

- Limited RD availability and long distance to travel to the RD
- Rural areas

Example 1: A high risk participant misses her follow up appointment with the RD (appointment type “FD”). She is not able to be rescheduled for this month because WIC RD services are not offered at this site for the remainder of the month and the participant does not have transportation to drive 45 miles to the other WIC clinic on the day the RD has open appointments. The RD contacts the participant to conduct the FD appointment over the telephone. After the contact occurs, the RD includes documentation in the high risk care plan that the contact was held over the telephone.

Example 2: A high risk participant has been put on bed rest due to complications with her pregnancy. She calls to let the staff know she cannot come to the clinic for her FD appointment with the RD. The RD contacts the participant to conduct the appointment over the telephone. After the contact occurs, the RD includes documentation in the high risk care plan that the contact was held over the telephone.

Inappropriate use of telephone contacts

4.0 Telephone contacts shall not be used as a substitute for scheduled face-to-face appointments with the RD.

Example: A WIC program receives a caseload increase. Instead of increasing the RD’s work hours proportional to the caseload increase, the program would rather have the RD conduct high risk counseling over the phone. Telephone contacts should not be used since the original face-to-face appointment was never made.

4.1 Telephone contacts shall not be used when current data needed to make an accurate assessment is not available (such as weight, height, hemoglobin or hematocrit values).

Example: A high risk participant misses the FD appointment with the RD for her child. At this appointment the child’s current height and weight measurements were to be collected. This data has not been collected since the participant was in the clinic 2 months ago. A telephone contact shall not be used in this situation.

NUTRITION EDUCATION: TELEPHONE CONTACTS FOR HIGH RISK PARTICIPANTS, *cont.*

Document in participant's record 5.0 Each nutrition education telephone contact must be documented in the participant's record using the same criteria as a face-to-face high risk nutrition education contact, including a high risk care plan. Documentation shall also include that nutrition education was provided over the phone. See ♦830.

Example: An appointment schedule with pseudo staff "Telephone RD" is used for the high risk telephone contact. The appointment type for the high risk telephone contact is FD. After the high risk telephone contact is completed, the appointment status is changed to "Show." The RD documents the high risk care plan in the "Progress Notes" and includes a statement that the appointment was held over the telephone.

Required local procedure 6.0 Local WIC programs must have a written procedure in place for using telephone contacts for high risk nutrition education. This written procedure must be submitted to the state WIC office for review and approval ***prior to*** implementation and must be made available during the biennial WIC review. This procedure should include:

- Name(s) of the RD who will provide the high risk follow up over the telephone,
- How the telephone contact appointment will be identified,
- Where documentation that the contact was made over the telephone will be entered in the participant's record, and
- How food instruments will be issued to the participant, if necessary.

Request for waiver 7.0 Local WIC programs may request a waiver to this policy if participants must travel significant distances to reach a rural clinic site. A waiver allows the original, high risk second nutrition education contact with the RD to be provided over the telephone. Submit a waiver request to the assigned state WIC nutrition consultant for review and approval ***prior to*** implementation. ★

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