

Tips and Tools for Registered Dietitians Working in
Interdisciplinary Primary Care



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DOCUMENT OVERVIEW

Dietetic practice is evolving in primary health care, as more Registered Dietitians (RDs) are being hired in a variety of settings, including team-based family medicine practices. While key aspects of dietetic practice are similar across all practice settings, family medicine-based practices present some unique opportunities and challenges. This Tips & Tools Guide has been developed for RDs interested in developing dietetic practice in this type of setting. It provides advice based on the results and the experiences of RDs during a Primary Health Care Transition Fund demonstration project in Ontario Family Health Networks*. A major goal of the demonstration project was to develop an interdisciplinary model for nutrition services for similar primary care practices. The model developed in the project still needs to be formally tested in a clinical trial, but is consistent with the current thinking on interdisciplinary services.

*FHNs are organizations of three or more family physicians and selected other health care professionals who provide 24-hours-a-day, seven-days-a-week access to primary care services, and are funded in a blended funding model, including capitation (population-based funding of health care services) and incentives for specific prevention activities, such as immunizations and disease screening. Under the FHN initiative, patients are encouraged to enrol as FHN members, but can opt to continue to see their physicians under a fee-for-service system. These family physicians may practice in one or multiple locations.

Document Viewing Instructions:

This document is best viewed using the Facing Pages layout option (select View/Page Layout/Facing) in the Adobe Acrobat Reader or Adobe Professional software programs.



TIPS AND TOOLS FOR REGISTERED DIETITIANS WORKING IN INTERDISCIPLINARY PRIMARY CARE

1. Philosophy and Approach

A well-defined interdisciplinary model of nutrition services with differing and complementary roles for various health care providers emerged from the project consensus process, as described in two documents (see Tool #1, Row 1). Under the proposed model, the RD is the team member responsible for the overall management of services, from needs assessment to program delivery and evaluation. The RD would be responsible for supporting all the other providers' activities around nutrition issues.

The RD would be responsible for the most in-depth nutrition counselling. In contrast to a traditional referral model, however, all providers would identify willing patients for nutrition counselling and would reinforce nutrition counselling goals with patients. In addition, under this model, physicians and nurse practitioners would provide nutrition advice, as needed, in the context of patient visits.

2. Assessing Needs For Nutrition Services

Program planning and needs assessment strategies developed in other health care sectors will be helpful for needs assessment in primary care organizations. In 2006, the Ontario Ministry of Health and Long-Term Care began publishing a series of tools for planning health services, called the Health Planners Tool Kit (1-4). These tools provide useful overviews.

Primary care organizations may or may not have accurate information on the health (and nutrition services) needs of the population served. Information on community needs, such as survey data from the Canadian Institute for Health Information, may be available from regional health authorities or other sources. It is important to assess the programs already available in the community to prevent an overlap of services.

While the nutrition needs of primary care populations may vary substantially, the demonstration project, key informant interviews (see Tool #1, Row 2) and other studies (5) have shown that obesity, cardiovascular issues, Type 2 diabetes, and various combinations of chronic diseases are the most common nutrition issues in many primary care practices. Organizations serving specific high risk populations may have different mixes of nutrition issues to address (e.g., HIV/AIDS, mental health issues, hepatitis, teenage pregnancy, etc.).

Physicians in the demonstration project indicated that nutrition was an issue in about one-fifth of all visits (see Tool #1, Row 3). The physicians usually advised patients directly on the issues, and referred a minority to the RD or another community program.

3. Nutrition Screening

Screening seeks to identify risk factors and pre-clinical diseases early in their progression in order to delay or prevent clinical disease. Screening is a major focus for preventive health care activities in primary care, along with childhood immunization and influenza vaccination. In considering roles for various providers, the consensus panel in the demonstration project agreed that physicians, nurse practitioners and nurses would screen for nutrition-related problems, as appropriate, as part of their practices. Social workers would screen for lifestyle and socio-economic issues pertinent to nutrition (see Tool #1, Row 1).

The consensus panel did not consider the form and content of such screening. Several types of nutrition-related screening may occur in primary care, depending on the focus and approach of each organization. For example, the premise of the "yearly physical" or periodic health examination is based on the idea that some conditions are best treated before they cause clinical symptoms. Such screening by physicians or other providers is only justified if early treatment maintains or improves health over the long term. Diet is one possible treatment for several common conditions; hence, as part of the demonstration project, the major screening guidelines for medical preventive care were reviewed (see Tool #1, Row 4).

Health behaviour screening tools (also termed health risk assessment tools) have become prominent in the primary care research literature in recent years, with a focus on eating behaviours such as fat and fruit and vegetable intake, cigarette smoking, stress, alcohol use and physical activity (6,7). Additional tools have also

been reviewed in the *Primary Health Care Pathway*, one of the topics in the Dietitians of Canada Practice-based Evidence in Nutrition (PEN) online resource (subscription required).

Specific nutrition screening tools for some vulnerable age groups have also been developed, such as tools for young children or the community-dwelling elderly. These tools may require adaptation in the primary care setting. Nutrition issues are also frequently identified with a few key screening questions in comprehensive tools to assess treatment needs in specific groups (e.g., the elderly, pregnant women).

Since nutrition screening in primary care is still at a developmental stage, RDs are encouraged to consult within their organizations to determine the screening focus and to work with the interdisciplinary team to develop appropriate programs.

4. Nutrition Referral Process

If nutrition issues are identified that require RD involvement, either in the course of care or through screening, each primary care practice will need to develop an agreed upon referral process, including methods for documentation. Such processes will vary and the tools developed in the demonstration project are meant to be illustrative only. The consensus panel recommended that any member of the health care team should be able to refer patients to the RD. The referring professional would be responsible for determining the patient's readiness to receive diet counselling and to determine the case's level of priority. Typically, other community services may be available and should be used, if possible, for efficiency (e.g., mental health programs, Diabetes Education Centres or Heart Healthy programs). A referral diagram (see Tool #3) may generate discussion on preferred processes of patient care.

Care in documenting referrals to the RD will ensure appropriate care and timely follow-up, and can promote interdisciplinary practice. Extraneous information should be avoided. A generic, paper-based referral form was developed for the demonstration project (see Tool #4). If an electronic health record (EHR) is established, then an electronic referral form could be used. Some referral forms now include allowed medical directives for each referred patient. Also see Section 14 on Medical Directives.

5. Nutrition Advice

The role of the RD in supporting the nutrition advice of other providers in primary care has received limited attention to date. RDs are encouraged to consult within their organizations to identify key issues that arise in the course of primary care visits. Numerous strategies can be envisioned to support the work of other providers, including in-service education, ongoing consultation, as well as the development and/or distribution of appropriate educational materials. Such support for other providers within the organization will increase RD credibility, and may improve the effectiveness of nutrition services. See Tool #2 for a list of nutrition resources developed by demonstration project RDs to support nutrition advice or nutrition counselling activities.

6. Nutrition Counselling

Numerous resources are available to support RD practice in primary care, including previously developed role documents (8,9). In addition, a systematic literature review of reviews was conducted as part of the demonstration project by the Evidence-based Practice Centre at McMaster University (see Tool #1, Row 5). Additional evidence is reviewed in *Primary Health Care Pathway*, the online DC PEN resource.

Chronic disease management is emerging as an important focus in primary health care and many patients have multiple conditions. Chronic disease management programs are typically consistent with RD practice, as they encourage a team approach, ongoing patient follow-up, coordination among providers and development of self-management skills. Innovative programs are being developed in Canada and have much to offer patients. Some are described in the *Key Informant Interviews* (see Tool #1, Row 2) and the evidence base is reviewed in *Primary Health Care Pathway*, the online DC PEN resource.

A typical nutrition counselling care process for an average patient from the demonstration project is described below:

Pre-Screening of Referrals

- Referrals are reviewed by the RD and stratified into group or individual counselling, as appropriate.
- The RD may refer to another RD, if appropriate (see Tool #3). For example, the RD will determine if



the patient has third-party insurance coverage to cover referral to a private practice RD and make the referral based on organization policy.

Initial Visit (Assessment and Initial Advice)

- The initial visit may include the following elements, according to the type of condition and/or the applicability of each element to each patient:
 - Current health concerns (chronic diseases, allergies, bowel and dental problems)
 - Explanation of the relationship of diet to disorder(s) and disease(s) and the patient's role in self-management
 - Weight history (previous diet and weight changes)
 - For children, track previous growth using accepted standards
 - Food intake history or computer generated nutritional analysis
 - Medical history
 - Family medical history
 - Psychosocial history
 - Medication history and possible food/drug interactions
 - Review of laboratory results and/or order new tests if not available or not recent
 - Supplement/herbal/alternative medicine intake history
 - Anthropometric assessment (e.g., height, weight, BMI, waist circumference, bioimpedance testing if appropriate, mid-arm muscle circumference, head circumference in infants, blood pressure assessment if applicable)
 - Physical activity review and recommendations
 - Shopping and cooking patterns
 - Food security issues
 - Patient support networks
- Initial instruction, if assessment complete and/or appropriate
- RD may teach glucose monitoring to expedite the learning process and obtain blood glucose and dietary information at the same time
- Consent to share information with parent/guardian/partner, as applicable
- RD will refer to other team members for support, if appropriate (physician, nurse practitioner, registered nurse, social worker, occupational therapist, pharmacist, physiotherapist or psychologist)

Nutrition Planning/Treatment Visit

- This may be the second visit with the RD.
- Once the nutritional issues are determined and multiple conditions are prioritized, patients can identify preferences for goals and treatment using individualized counselling strategies.
- The RD will discuss treatment options from evidence-based clinical practice guidelines to address or improve the patient's lifestyle problems.
- One or all of the strategies below may be used according to patients' learning needs, readiness to change and time constraints for meal planning, shopping and food preparation:
 - Behaviour modification
 - Health education re: chronic conditions
 - Review of computerized three-day food record, if submitted
 - Meal plan for weight change, if applicable
 - Sample meal plan for special diet or multiple diet modifications
 - Sample menus
 - Recipes
 - Exercise plans
 - Shopping lists
 - Provision of printed materials
 - Referral to websites with reliable nutrition information
 - Recommendations for quality supplements
 - Provision of diet sheets and sample meal plan for food intolerances
- May refer to other team members for other problems.

Follow-up Visit(s)

- Follow-up schedules are established with patients based on their needs for follow-up and the rate of assimilation of information into daily routines.
- The purpose of follow-up appointments is to:
 - Review goals
 - Review food diary and other self-monitoring results, such as blood glucose levels, diet records, diabetes medication, exercise diary and possibly mood diary
 - Review of computer analysis of food intake
 - Review tolerance to new diet
 - Review blood pressure changes
 - Assess food intake in relationship to energy level
 - Monitor nutritional progress:
 - Portion control
 - Shopping patterns
 - Ingredient control in recipes
 - Meal quality
 - Motivation for change
 - Repeat anthropometrics
 - For children plot progress on growth charts or with z-score program
 - Repeat laboratory testing according to clinical practice guidelines
 - Add new areas of challenge:
 - Discuss eating-out
 - Food labels
 - Eating behaviours
 - Evaluate appropriateness of goals and re-write/edit diet instructions, if necessary

Coordination with Team

- The patient's care may be reviewed with applicable team members or referred to a team meeting if multiple problems are encountered in a patient's progress.
- Information important to the overall progress of the patient must be communicated to the appropriate team members (e.g., medication has run out, a high blood pressure result)
- When the patient is discharged they will be referred back to the referral source for regular review of health issues.

7. Health Promotion And Disease Prevention

Ideas for appropriate health promotion and disease prevention activities in primary care were considered by the consensus panel (see Tool #1, Row 1), the key informant survey (see Tool #1, Row 2) and in a paper prepared for the project titled *Health Promotion Strategies for Family Health Networks: A Discussion Paper* (see Tool #1, Row 6). Work to date outlines the need for cooperation and coordination across primary health care and public health organizations and outlines possible strategies for local action. There is a need to develop new approaches in primary care settings.

Ideas from the demonstration project included re-fresher classes for patients with Type 2 diabetes, and information sessions on blood pressure control, lowering cholesterol, cancer prevention and stress management. Information could be offered as part of clinics being held for other purposes, such as influenza vaccination. The team member with the most expertise in the topic area would lead the program and other team members may assist. The primary health care team will develop criteria for the providers regarding who should be involved, as well as the duration, content and evaluation of these sessions.

8. Interdisciplinary Team Collaboration

While interdisciplinary team practice is relatively new to family medicine, many RDs have substantial experience from other sectors that can be applied in the development of interdisciplinary practice in primary care. The consensus panel recognized the need to allocate resources for collaborative communication and regular meetings for health care teams to create a team approach to patient care, especially when providers work in separate offices. As part of this effort, all health care providers need to be educated about interdisciplinary processes and understand the roles of the other team members. Various role documents for



RDs in primary health care organizations have been developed (8,9). A one-page version that may be helpful was developed by the DC Central and Southern Ontario Primary Health Care Action Group and is available on the DC website, under Primary Health Care (see Tool #5).

9. Nutrition Services Accountability, Quality Improvement And Evaluation

Methods of accounting for nutrition services, quality improvement and evaluation activities should be carefully considered to ensure the collection of timely and accurate information that meets the needs of funding agencies and the primary care organization. For accountability purposes, an indication of the number of new referrals for episodes of care is preferred over detailed workload measurement. An episode of care in primary care is defined as “a health problem from its first encounter with a health care provider through completion or discharge of the last encounter related to that problem” (10,11). A more detailed template for accounting for activities is provided in the full report on human resources and costing (see Tool #1, Row 3).

10. Continuity And Access To Nutrition Services

To prevent duplication of services, RDs working in primary health care organizations will need to partner and coordinate nutrition services with RDs working in other organizations within the community. Numerous ideas for ensuring access to services emerged from the full consensus panel report (see Tool #1, Row 1). An example of a referral pathway is shown in Tool #3. During the demonstration project this pathway was useful for ensuring patients had access to needed services.

11. Governance And Organizational Structure

Governance in primary care organizations will vary depending on the particular model. RDs interested in these issues may wish to review the results of the consensus process, especially the full report (see Tool #1, Row 1). The consensus panel preferred a model with allied health professionals represented in the governance structure as one method of promoting interdisciplinary team practice.

12. Human Resources, Financial Management And Administrative Support

A variety of employment arrangements are possible, such as traditional salary with benefits, salary and payment in lieu of benefits, independent contract, and/or fee for service arrangements. If in doubt, RDs are encouraged to seek advice from knowledgeable sources on the best arrangement for their situation. The consensus report outlines some benefits RDs may wish to consider (see Tool #1, Row 1). Mechanisms for connecting to professional peers and maintaining competency through continuing education are particularly important. Resources for practice, such as computer software and food models, etc., are outlined in the human resources and costing report (see Tool #1, Row 3).

13. Information Technology And Health Records

The EHR is an important emerging tool for promoting interdisciplinary team practice. A number of clinical management solutions software packages are available and are being implemented by primary health care organizations. Such systems are designed to improve primary health care practice by:

- Integrating electronic medical records, scheduling and billing
- Keeping up-to-date, accurate and secure patient records
- Sharing integrated, legible patient information with colleagues
- Making better decisions by having access to the latest drug alerts and research
- Practicing pro-active preventive care
- Automating administration tasks

Problem identification in primary care has been very important in the past as the basis for fee-for-service billing. Within newer salaried- or roster-based organizations, problem identification is still important as it allows managers to better understand their patient population and service needs. EHR systems also allow researchers and others to compare patient characteristics, processes and health outcomes across different organizations. Problem identification frameworks have been developed for primary health care and are incorporated into software menus (12,13). For example, in Ontario Community Health Centres, the ENCODE-FM software program is used, while other vendors are also approved for Family Health Teams (14,15). Depending on the software program, RDs need to ensure they track episodes of care and identify problems according to their organizations' methods and the reporting requirements of oversight organizations.

Currently there are no EHR programs that include all nutrition indicators or information required for a full nutritional assessment. Although RDs can add templates for referrals and basic reporting formats, these tools do not interface with other software currently used by RDs, such as food intake analysis software, and other detailed assessment software packages. RDs can work with the software providers to add the interfaces they need. It is important to ensure that key outcome measures are incorporated into charting templates, such as BMI, laboratory measures, physical activity level, alcohol intake and possibly other behavioural indicators relevant to diet counselling and medical management. RDs in the demonstration project worked with local information technology managers to ensure that the EHR also had a separate location for entry of nutrition services and care.

All providers should have access to the patient record with the ability to document their actions in the paper chart or EHR. Sharing of patient information, goals and objectives via the paper chart or EHR is seen as an important tool for providing optimal care, especially for more difficult cases.

14. Medical Directives/delegated Acts

The consensus panel felt that RDs working in primary health care organizations, in principle, should have the ability to perform specific activities integral to delivery of nutrition services, which may be currently outside their scope of practice, using a delegation process. It is recommended that RDs explore this or similar approaches within their organizations and with the appropriate regulatory body. Processes across Canada may vary and RDs are encouraged to seek information on current practices and process within their own provinces.

During the demonstration project, medical directives were developed so RDs could implement specific laboratory tests to monitor clients' progress. The RDs considered this a very helpful resource to support client behaviour change.

Currently in Ontario, medical directives allowing RDs to order laboratory tests can take three forms. In the first approach, a directive from a physician to the RD authorizes the RD to select the patients for whom pre-written orders for laboratory tests are implemented. The RD does not have authority to "order" the laboratory tests, only the authority to implement a prearranged order for a specific group of clients. The physician remains accountable for managing the laboratory test results, including communicating them to the patient and addressing emerging issues. For example, if the RD implemented a request for blood glucose for a patient and it came back dangerously low, the physician would be responsible for managing the patient. Thus, management is no different than if the physician had personally sent the requisition for laboratory tests.

In the second approach, the medical directive includes both the directive to the RD and the directive to the laboratory to complete the laboratory tests. In this case, there are no pre-signed forms. The RD is accountable for selecting the appropriate tests and for managing the results. This approach allows the RD to assess which tests (within a specified range) are required and order accordingly for **one specific patient**. For teams just getting started with medical directives, this may be a reasonable compromise, as physicians may be more comfortable with transferring the authority to the RD on a case-by-case basis for a period of time. Approval can be incorporated into the Dietitian Referral Form (see Tool #4).

In the third approach, the RD is accountable as in the second approach, but has the authority to assess which tests (within a specified range) are required and order accordingly for an identified **group of patients**. In this approach, physicians only need to sign the medical directive, and they do not approve each case.

Setting up the second and third types of directive is more complicated, and requires an ongoing relationship between the primary care practice and the laboratory. The directive is set up both with the RD and medical laboratory, so the medical laboratory technician (MLT) has the authority required by law to do the test. An example of the second approach to development of a medical directive is reproduced in Tool #6.

As this is an emerging area of responsibility, RDs interested in developing medical directives are encouraged to consult the most up to date information provided by the Federation of Health Regulatory Colleges of Ontario at: <http://www.regulatedhealthprofessions.on.ca/index.htm> or the College of Dietitians of Ontario at: www.cdo.on.ca.



TOOLS

Tool #1 Description Of Demonstration Project Documents

Focus	Brief Description	Title
1. Developing an Interdisciplinary Team	<p>The papers describe the methods and results of the consensus process to develop the interdisciplinary nutrition services model.</p> <ul style="list-style-type: none"> • Short version focussed only on RD specific issues • Full report with both RD and generic interdisciplinary practice issues considered. Participant satisfaction with process. 	<p>Nutrition in Primary Health: Using a Delphi Process to Design New Interdisciplinary Services (16)</p> <p>Nutrition in Primary Health: Using a Delphi Process to Design New Interdisciplinary Services (full report) (17)</p>
2. Key Informant Survey	<p>Telephone survey with 14 people in 12 innovative PHC programs across Canada.</p> <p>Summary of the health promotion activities in the 12 PHC programs across Canada</p>	<p>Key Informant Interviews: Dietitian Service Programs (2005) (18)</p> <p>Health Promotion in Primary Health Care Programs: The Dietitian's Role (19)</p>
3. Human Resources and Costing of RD Services	<p>Population-based estimation of the need for RD services, workload measurement, as well as direct and indirect costs of adding a RD to a FHN in the first year of service.</p> <ul style="list-style-type: none"> • Short version with main results • Full report with all templates and questionnaires included. 	<p>Human Resources and Cost Estimates of Adding a Registered Dietitian to Ontario Family Health Networks (20)</p> <p>Estimation of Human Resource Needs and Costs of Adding Registered Dietitians to Ontario Family Health Networks (full report) (21)</p>
4. Screening Literature Review	<p>Review of nutrition-related periodic health examination screening recommendations from major agencies</p>	<p>Review of Guidelines of Screening for Nutrition-Related Conditions (22)</p>
5. Literature Review	<p>Systematic review of reviews for 1999-2004</p>	<p>The Effectiveness of Nutrition Interventions for Prevention and Treatment of Chronic Disease in Primary Care Settings (23)</p>
6. Health Promotion	<p>The paper outlines the potential role of existing public health programs and the need for development of new programs to address secondary care needs of patients</p>	<p>Health Promotion Strategies for Family Health Networks: A Discussion Paper (24)</p>

TOOL #2 Primary Health Care Nutrition Resource List

Background and Development

As the manager of nutrition services, the RD supports the roles of other health care providers on the interdisciplinary team. The RDs involved in the interdisciplinary nutrition services demonstration project developed the following list of nutrition-related resources to enable other team members to provide nutrition advice to patients. The list includes websites for obtaining pamphlets, software, free materials and materials with a cost. The resources are listed in alphabetical order by title. To search by subject area scan the far right (General Topic) column.

These resources may be made available on the intranet for the primary health care team or the Internet for the general patient population. The choice of what resources to use will be based on the knowledge, skills and interests of the team, and the general knowledge level of the patient population. The RD should educate team members about the use of the resources. It is the responsibility of the RD to keep the resource list up to date for the team.

Resources for Primary Health Care Dietitians

Resource Name in alphabetical order	How Acquired Electronic, Electronic Template, Photocopy, Order Through Company, Cost - yes	Media Tear sheet, CD, Booklet, Trifold Pamphlet, etc.	Purpose Health Promotion, Nutrition Advice, Nutrition Counselling, Illiteracy, Low Literacy, High Literacy, Reference
4 Steps to Stronger Bones	Order Through Company	Booklet	Nutrition Advice, Nutrition Counselling
A Matter of Fat	Order Through Company	Booklet	Health Promotion, Nutrition Advice
ABCs of Feeding Preschoolers	Electronic, Order Through Company	Booklet	Nutrition Advice, Nutrition Counselling
Are You At Risk?	Order Through Company	Tear Sheet	Nutrition Advice
Basic Carbohydrate Counting for Diabetes	Order Through Company	Tear Sheet	Nutrition Counselling
BC Health Files	Electronic	Tear Sheet	Health Promotion, Nutrition Advice, Nutrition Counselling
Beyond the Basics	Order Through Company @ \$1.25 each	Wall Chart	Nutrition Counselling
Blood Pressure Monitor	Order Through Company, Cost - yes	Equipment	Equipment
Building a Healthy Baby	Order Through Company	Tear Sheet	Nutrition Advice, Nutrition Counselling



The following criteria were used to select the resources:

1. Is the resource meant for nutrition advice, nutrition counselling or health promotion purposes?
2. Is the information useful for another provider who will provide nutrition advice?
3. Can patients understand the information if they are given it on their own time to read?
4. Does the information pose a potential problem for patients who may have a hidden health problem or multiple problems because an assessment is not complete?
5. Can the text be read at a certain literacy level for all to understand? Or is the resource meant for those with low literacy?
6. Is the resource printable in black and white in a downloadable format by a physician or a nurse practitioner for immediate handout to patients (1 page)?
7. Has the resource been reviewed in the last year; is it still current?
8. Is the information accurate and does it provide current evidence on the subject?
9. Does the resource require approval for dissemination?

Specific Use	Year Year Produced, if available	Order info URL or Other Instruction	General Topic
For women during annual visits	2003	http://www.dairygoodness.ca/en/HealthProfessionals/home.htm	Women's Health, Teens, Calcium, Osteoporosis
General information or low fat diets for weight, cholesterol, gout or gallbladder	2004	www.beefinfo.org	General Nutrition, Dyslipidemia, Weight, Gout, Gallbladder, Low Fat
Preschoolers	2004	http://www.beststart.org/resources/nutrition/index.html	Preschool Nutrition
Teaching for patients at risk of metabolic syndrome, impaired glucose tolerance	2005	www.diabetes.ca	Diabetes Prevention
Introduction to carbohydrate counting	2005	1-800 BANTING www.diabetes.ca	Diabetes Complication Prevention
Range of uses - also in different languages	2006	http://www.bchealthguide.org/healthfiles/index.stm	Many different topics
Official Diabetic Exchange diet from CDA	2005	1-800 BANTING, www.diabetes.ca	Diabetes
For RDs to monitor blood pressure at patient visits, and to encourage home use (self management) for patients	N/A	Most drug stores. Order large and smaller cuffs. Ensure the monitor has been evaluated for accuracy for home use (i.e. OMRON HEM-711).	Blood Pressure Monitoring
Pregnant women	2003	http://www.hc-sc.gc.ca/fnih-spni/pubs/famil_e.html#preg-gros	Aboriginal, Prenatal

Resource Name in alphabetical order	How Acquired Electronic, Electronic Template, Photocopy, Order Through Company, Cost - yes	Media Tear sheet, CD, Booklet, Trifold Pamphlet, etc.	Purpose Health Promotion, Nutrition Advice, Nutrition Counselling, Illiteracy, Low Literacy, High Literacy, Reference
Building Healthy Babies	Order Through Company	CD documents	Reference
Calcium - Do you get enough?	Order Through Company	Trifold Pamphlet	Health Promotion, Nutrition Advice
Calcium for Life	Order Through Company	Booklet	Nutrition Advice, Nutrition Counselling
Canada's Food Guide	Order Through Company	Tear Sheet	Health Promotion
Canada's Food Guide for Toddlers	Electronic	Sheet	Health Promotion, Nutrition Advice, Nutrition Counselling
Canada's Food Guide Preschoolers	Electronic	Sheet	Nutrition Advice, Health Promotion, Nutrition Counselling
Centers for Disease Control and Prevention Growth Charts	Electronic	Sheet	Reference
Chart for the Health of You and Your Baby	Order Through Company	Wipe off board	Nutrition Advice
Chocolate Milk	Order Through Company	Trifold Pamphlet	Health Promotion, Nutrition Advice
Cholesterol Clues	Order Through Company	Booklet	Nutrition Advice
Client Education Handouts from DC - CURRENTLY BEING REVISED!	Electronic, Cost - yes	Sheet	Nutrition Advice, Nutrition Counselling
Canadian Medical Association Journal email alerts	Electronic	Email	Reference
Coping with Cholesterol	Order Through Company, Electronic	Booklet	Nutrition Counselling



Specific Use	Year Year Produced, if available	Order info URL or Other Instruction	General Topic
For use by the RD to plan programs	2003	http://www.hc-sc.gc.ca/fnih-spni/pubs/famil_e.html#preg-gros	Aboriginal, Prenatal, Breastfeeding
Awareness of calcium intake		http://www.dairygoodness.ca/en/HealthProfessionals/home.htm	Calcium
Calcium intake, osteoporosis		http://www.dairygoodness.ca/en/HealthProfessionals/home.htm	Women's Health, Calcium, Osteoporosis
Use in lobby, offices or for Nutrition Advice	1997	http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html	General Nutrition
Use in lobby, offices or for Nutrition Advice	2005	http://www.pdhu.on.ca/pdf/cfgfor~2.pdf	General Nutrition
Use in lobby, offices or for Nutrition Advice	2005	http://www.pdhu.on.ca/pdf/cfgfor~1.pdf	General Nutrition
	2000	http://www.cdc.gov/growthcharts/	Teens, School Children, Preschool, Toddler, Infant
Pregnant women		http://www.dairygoodness.ca/en/HealthProfessionals/home.htm	Prenatal
	2003	http://www.dairygoodness.ca/en/HealthProfessionals/home.htm	General Nutrition, Calcium
Elevated cholesterol		www.eggs.ca	Dyslipidemia
	2001	www.dieteticsatwork.com - BUT MAY BE THROUGH PEN LATER THIS YEAR	Many topics
Sign up to have CMAJ send table of contents with hyperlinks for each new issue to your email address. Free.	2006	http://www.cmaj.ca/subscriptions/etoc.shtml	Many topics
	2004	http://www.peakperformance.on.ca/services/coping.htm	Dyslipidemia, Heart Disease

Resource Name in alphabetical order	How Acquired Electronic, Electronic Template, Photocopy, Order Through Company, Cost - yes	Media Tear sheet, CD, Booklet, Trifold Pamphlet, etc.	Purpose Health Promotion, Nutrition Advice, Nutrition Counselling, Illiteracy, Low Literacy, High Literacy, Reference
Daily Chart for Breastfeeding Moms	Order Through Company	Slide Card	Nutrition Advice
Dash Diet - the Remarkable Benefits	Order Through Company	Tear Sheet	Nutrition Advice, Nutrition Counselling
Dem Bones, Dem Bones!	Order Through Company	Trifold Pamphlet	Nutrition Advice, Nutrition Counselling
Diabetes Food Guide	Order Through Company, Cost \$0.50 per sheet	Sheet	Nutrition Advice, Low Literacy
Dial a Dietitian Site Map	Electronic	Sheets	Nutrition Counselling
Dietary Fats and Your Heart	Order Through Company	Booklet	Nutrition Advice
Do You Know Your Diabetes ABCs	Order Through Company	Small Card	Nutrition Advice
Eat Well for Less	Electronic	Booklet	Nutrition Advice Nutrition Counselling
Eating Edge Challenge	Order Through Company, Cost - yes	Tear Sheet	Nutrition Counselling
Egg Allergy - the Facts	Order Through Company	Booklet	Nutrition Advice, Nutrition Counselling
Exel Spreadsheets for Nutrition Calculations	Electronic templates	Spreadsheets and Templates	Reference
Facts about Trans Fat	Order Through Company	Tear Sheet	Nutrition Advice, Nutrition Counselling
Facts on Snacks	Order Through Company	Booklet	Health Promotion, Nutrition Advice
Fat Scoreboard for Adults	Electronic	Sheet	Nutrition Counselling
Feeding Your Child Age 2 - 5	Order Through Company	Booklet	Nutrition Advice
Fibre Scoreboard for Adults	Electronic	Sheet	Nutrition Counselling



Specific Use	Year Year Produced, if available	Order info URL or Other Instruction	General Topic
For breastfeeding moms or ready to give birth	1999	http://www.dairygoodness.ca/en/HealthProfessionals/home.htm	Breastfeeding
Hypertension	2001	http://www.dairygoodness.ca/en/HealthProfessionals/home.htm	Hypertension
Osteoporosis prevention, menopause	2003	http://www.dairygoodness.ca/en/HealthProfessionals/home.htm	Women's Health, Calcium, Osteoporosis
Altered Canada's Food Guide for people with diabetes	1998	http://www.centretownchc.org/About%20us.htm	Diabetes
		http://www.dialadietitian.org/sitemap/sitemap.html	Many Topics
Elevated cholesterol	2004	www.becelcanada.com	Dyslipidemia
Any time	2005	www.diabetes.ca	Diabetes
	2005	http://www.pdhu.on.ca/pdf/eatwel~1.pdf	General Nutrition, Family Health
	2000	http://www.dairygoodness.ca/en/HealthProfessionals/home.htm	Teens, Weight, General Nutrition
To be given to a patient or parents when there is a diagnosis (or suspicion) of egg allergy	2003	www.eggs.ca or www.aaia.ca	Allergy
To be used by RDs to speed up calculations for energy, protein, BMI, etc. Some handout templates also available	2006	muskoka.nutrition@sympatico.ca	Calculations
	2005	www.becel.ca	General Nutrition, Dyslipidemia
Can be given to anyone, or used in the waiting room	2004	http://www.dairygoodness.ca/en/HealthProfessionals/home.htm	General Nutrition
	2004	http://www.cancer.ca/vgn/images/portal/cit_86751114/29/30/195119325cw_fatscoreboard_en.pdf	General Nutrition, Low Fat, Cancer
For parents of pre-schoolers		http://www.dairygoodness.ca/en/HealthProfessionals/home.htm	Family Health, Preschool
Anyone	2004	http://www.cancer.ca/vgn/images/portal/cit_86751114/29/31/195119339cw_fibrescoreboard_en.pdf	General Nutrition, Fibre, Cancer

Resource Name in alphabetical order	How Acquired Electronic, Electronic Template, Photocopy, Order Through Company, Cost - yes	Media Tear sheet, CD, Booklet, Trifold Pamphlet, etc.	Purpose Health Promotion, Nutrition Advice, Nutrition Counselling, Illiteracy, Low Literacy, High Literacy, Reference
Fibre Scoreboard	Electronic	Sheet	Nutrition Advice, Nutrition Counselling
Food Group - Bannock, Breads and Cereals	Order Through Company	Tear Sheet	Health Promotion, Nutrition Advice, Nutrition Counselling
Food Group - Berries Fruits and Vegetables	Order Through Company	Tear Sheet	Health Promotion, Nutrition Advice, Nutrition Counselling
Food Group - Meats and Alternatives	Order Through Company	Tear Sheet	Health Promotion, Nutrition Advice, Nutrition Counselling
Food Group - Milk and Other Calcium Sources	Order Through Company	Tear Sheet	Health Promotion, Nutrition Advice, Nutrition Counselling
Food Group - Other Foods	Order Through Company	Tear Sheet	Health Promotion, Nutrition Advice, Nutrition Counselling
Food Medication Interaction Software and Books	Order Through Company, Electronic, Cost - yes	CD - Program	Reference
Food Smart	Electronic, Order Through Company, Cost - yes	CD - Program	Nutrition Counselling, Reference
Foods and Blood Sugars	Electronic Template	Sheet	Nutrition Counselling
For the Health of You and Your Baby	Order Through Company	Booklet	Nutrition Advice
Gluten Free Diet	Electronic	Booklet	Nutrition Counselling, High Literacy, Reference
Guidelines for Nursing Mothers	Order Through Company, Electronic	Fridge Magnet	Nutrition Advice
HandBase 3.5 Relational Database for most handheld devices	Download, Cost - yes at ~ \$30 US	Program	Reference
Health Canada Nutrition Fact Sheets	Electronic, Order Through Company	Sheet	Health Promotion, Nutrition Advice, Nutrition Counselling
Healthy Eating for a Healthy Baby	Electronic, Order Through Company, Cost - yes	Booklet	Nutrition Advice, Nutrition Counselling
Healthy Eating is in Store for You	Electronic	Sheets	Nutrition Advice, Nutrition Counselling
Healthy Living	Order Through Company	Trifold Pamphlet	Health Promotion



Specific Use	Year Year Produced, if available	Order info URL or Other Instruction	General Topic
Anyone		http://www.pdhu.on.ca/pdf/fibres~1.pdf	Fibre
Prenatal nutrition for aboriginal groups or individuals	2003	http://www.hc-sc.gc.ca/fnih-spni/pubs/famil_e.html#preg-gros	Aboriginal, Prenatal
	2003	http://www.hc-sc.gc.ca/fnih-spni/pubs/famil_e.html#preg-gros	Aboriginal, Prenatal
	2003	http://www.hc-sc.gc.ca/fnih-spni/pubs/famil_e.html#preg-gros	Aboriginal, Prenatal
	2003	http://www.hc-sc.gc.ca/fnih-spni/pubs/famil_e.html#preg-gros	Prenatal, Aboriginal
	2003	http://www.hc-sc.gc.ca/fnih-spni/pubs/famil_e.html#preg-gros	Aboriginal, Prenatal
	2005	http://www.foodinteractions.com/	Food/Nutrient Interactions
Diet nutrient and recipe analysis	2006	www.food-smart.com	Nutrient Analysis
Shows varying blood sugars in response to meal components	2006	muskoka.nutrition@sympatico.ca	Diabetes, Reactive Hypoglycemia
Prenatal		http://www.dairygoodness.ca/en/HealthProfessionals/home.htm	Prenatal
	2000	http://www.celiac.ca/EnglishCCA/egfdiet.html	Celiac Disease
For pregnant or early nursing mothers		www.beststart.org	Infant Breastfeeding
For RDs to use to track time, do calculations, keep charts if needed. HIPPA Compliant	2004	http://www.ddhsoftware.com/handbase.html	
		http://www.hc-sc.gc.ca/fn-an/pubs/index_e.html#4	Many topics
	2004	http://www.beststart.org/resources/nutrition/index.html	Prenatal
	2003	http://www.healthyeatingisinstore.ca/	Shopping, Labelling
CFG and Activity Guide together	2006	www.eatwellbeactive.gc.ca Health Canada: 613-954-5995	Activity, General Nutrition

Resource Name in alphabetical order	How Acquired Electronic, Electronic Template, Photocopy, Order Through Company, Cost - yes	Media Tear sheet, CD, Booklet, Trifold Pamphlet, etc.	Purpose Health Promotion, Nutrition Advice, Nutrition Counselling, Illiteracy, Low Literacy, High Literacy, Reference
Healthy Start for Life	Electronic	Website	Nutrition Counselling, Reference
How Much Fat Do You Eat?	Order Through Company	Booklet	Health Promotion, Nutrition Advice
How to Build a Healthy Preschooler	Electronic, Order Through Company Cost – yes	Booklet	Nutrition Advice, Nutrition Counselling
How to Feed Your Growing Child	Electronic, Order Through Company, Cost - yes	Tear Sheet	Nutrition Advice, Health Promotion
Insulin - Things You Should Know	Order Through Company	Booklet	Nutrition Advice
Iron... Get Rich!	Order Through Company	Booklet	Health Promotion, Nutrition Advice
Iron... Teen Girls	Order Through Company	Trifold Pamphlet	Health Promotion, Nutrition Advice
Iron... 9 Month Old Baby	Order Through Company	Trifold Pamphlet	Health Promotion, Nutrition Advice
Iron... Are You Getting Enough?	Order Through Company	Trifold Pamphlet	Health Promotion, Nutrition Advice
It's Your Health - Caffeine	Electronic	Sheet	Nutrition Advice, High Literacy
Joy of Soy	Electronic	Sheet	Nutrition Advice, Nutrition Counselling
Just the Basics	Order Through Company, Free	Booklet	Nutrition Advice
Lactose Intolerance Guide to Milk Products	Order Through Company	Tear Sheet	Nutrition Advice, Nutrition Counselling
The Facts about Lactose Intolerance	Order Through Company	Trifold Pamphlet	Nutrition Advice
Lowering Your Blood Cholesterol	Order Through Company	Booklet	Nutrition Advice



Specific Use	Year Year Produced, if available	Order info URL or Other Instruction	General Topic
Website with lots of info for pediatric nutrition	2006	http://www.dietitians.ca/healthystart/	Pediatric, Families
Adult women	2000	http://www.dairygoodness.ca/en/HealthProfessionals/home.htm	General Nutrition, Low Fat, Dyslipidemia, Weight, Gout, Gallbladder, Women's Health
	2004	http://www.beststart.org/resources/nutrition/index.html	Preschool
	2004	http://www.beststart.org/resources/nutrition/index.html	Preschool
Diabetes teaching - can be given when pts come for HbA1c tests	2006	www.diabetes.ca	Diabetes
	2004	www.beefinfo.org	Family Health, General Nutrition, Iron
Teen girls	2002	www.beefinfo.org	Teens, Iron
	2002	www.beefinfo.org	Infant, Iron
Adult females	2003	www.beefinfo.org	Women's Health, Iron
	2006	http://www.hc-sc.gc.ca/iyh-vsv/alt_formats/cmcd-dcmc/pdf/caffeine_e.pdf	Family Health, Caffeine
		www.pdhu.on.ca/pdf/thejoy~1.pdf	General Nutrition
Tips for diabetes healthy eating, diabetes management and prevention - can be given when people come in with IFG or IGT or diagnosis of diabetes	2005	www.diabetes.ca	Diabetes Prevention
Lactose intolerance	2002	http://www.dairygoodness.ca/en/HealthProfessionals/home.htm	Lactose Intolerance
Determining the difference	1989	http://www.dairygoodness.ca/en/HealthProfessionals/home.htm	Allergy, Lactose Intolerance,
Elevated cholesterol		www.eggs.ca	Activity, Dyslipidemia,

Resource Name in alphabetical order	How Acquired Electronic, Electronic Template, Photocopy, Order Through Company, Cost - yes	Media Tear sheet, CD, Booklet, Trifold Pamphlet, etc.	Purpose Health Promotion, Nutrition Advice, Nutrition Counselling, Illiteracy, Low Literacy, High Literacy, Reference
Making the Most of You	Order Through Company	Booklet	Nutrition Advice, Nutrition Counselling
Manitoba Homecare Handouts	Electronic	Sheets	Nutrition Advice, Nutrition Counselling, Low Literacy
Menu Planner	Order Through Company	Wipe off board	Health Promotion, Nutrition Advice
Milk and Adults	Order Through Company	Booklet	Health Promotion
Mission 5522	Order Through Company	Booklet	Nutrition Advice
Northern Ontario Virtual Library	Electronic		Reference
Nutribase Clinical Nutrient Analysis Program	Electronic, Order Through Company, Cost - yes	CD - Program	Nutrition Counselling, Reference
Nutribase Intake Module	Electronic	CD - Program	Nutrition Counselling, High Literacy
Nutrient Value of Some Common Foods	Electronic, or Order Through Company, Cost - yes	Booklet	High Literacy, Reference
Nutrition Facts	Order Through Company	Tear Sheet	Health Promotion, Nutrition Advice
Nutrition Facts - Aboriginal version	Order Through Company	Tear Sheet	Health Promotion, Nutrition Advice
Feeding Your Baby	Electronic	Sheet	Nutrition Advice, Nutrition Counselling
Nutrition, Diet and IBD	Electronic	Booklet	Nutrition Counselling, Reference
Obesity Education Initiative Slide Sets	Electronic	CD - documents	Reference, Nutrition Counselling



Specific Use	Year Year Produced, if available	Order info URL or Other Instruction	General Topic
General nutrition, weight reduction	2002	http://www.dairygoodness.ca/en/HealthProfessionals/home.htm	General Nutrition, Women's Health, Teens, Weight
Many topics	1999	http://www.gov.mb.ca/health/nutrition/resources.html#homecare	Many topics
	2004	http://www.dairygoodness.ca/en/HealthProfessionals/home.htm	General Nutrition, Family Health
Adults		http://www.dairygoodness.ca/en/HealthProfessionals/home.htm	Milk
Game to promote healthy eating in children		http://www.dairygoodness.ca/en/HealthProfessionals/home.htm	School kids, Family Health, General Nutrition
Free access to online medical library, including medical journals for RDs in Northern Ontario	2006	http://www.novl.ca/	All
Nutrient analysis program -can be used in conjunction with Nutribase Intake Module	2006	www.nutribase.com	Nutrient Analysis
Burn program onto CD to give to clients to install on their own computers so they can track intake and return info to RD	2006	www.nutribase.com	Many uses
	1997	http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html	General Nutrition, Food Composition
To be used in a waiting room or given to people wanting more info on food labels	2003	www.healthcanada.ca/nutritionlabelling	Shopping, Food Labels
To be used in waiting room or given to people wanting more info on food labels	2003	http://www.hc-sc.gc.ca/fn-an/label-etiquet/nutrition/education/index_e.html	Aboriginal, Shopping, Food Labels
		http://www.pdhu.on.ca/pdf/feedin~1.pdf	Infant
		http://www.cffc.ca/English/info/brochures/NutritionEnglish.pdf	Inflammatory Bowel Disease
Portion sizes	2005	http://hp2010.nhlbihin.net/oei_ss/menu.htm#sl2	Weight

Resource Name in alphabetical order	How Acquired Electronic, Electronic Template, Photocopy, Order Through Company, Cost - yes	Media Tear sheet, CD, Booklet, Trifold Pamphlet, etc.	Purpose Health Promotion, Nutrition Advice, Nutrition Counselling, Illiteracy, Low Literacy, High Literacy, Reference
On the Go - Good Food Action Tips	Order Through Company	Booklet	Health Promotion
Ontario Public Health Units	Electronic	Handouts	Health Promotion, Nutrition Advice, Nutrition Counselling
Physical Activity Book: Adults	Order Through Company	Booklet	Nutrition Counselling, Nutrition Advice
Physical Activity Book: Older Adults	Order Through Company	Booklet	Nutrition Advice, Nutrition Counselling
Physical Activity Guide for Adults	Order Through Company	Tear Sheet	Health Promotion, Low Literacy, Nutrition Advice
Physical Activity Guide for Children	Order Through Company	Booklet	Health Promotion, Nutrition Counselling, Nutrition Advice
Physical Activity guide for Families of Children	Order Through Company	Booklet	Health Promotion, Nutrition Counselling, Nutrition Advice
Physical Activity Guide for Families of Youth 10 - 14	Order Through Company	Booklet	Health Promotion, Nutrition Counselling, Nutrition Advice
Physical Activity Guide for Youth 10 - 14	Order Through Company	Booklet	Health Promotion, Nutrition Counselling, Nutrition Advice
Physical Activity Guide for Older Adults	Order Through Company	Tear Sheet	Health Promotion, Low Literacy, Nutrition Advice
Physical Activity Teacher Guide for Youth 6 - 9	Order Through Company	Booklet	Nutrition Counselling, Reference
Physical Activity Teacher Guide for Youth 10 - 14	Order Through Company	Booklet	Nutrition Counselling, Reference
Revised Recommendations for Breastfed Infants	Electronic, Order Through Company	Tear Sheet	Health Promotion, Nutrition Advice
Skinfold Calipers	Order Through Company, Cost - yes	Equipment	Equipment
Small Changes Make a Big Difference	Order Through Company	Small Card	Nutrition Advice



Specific Use	Year Year Produced, if available	Order info URL or Other Instruction	General Topic
Can be used for anyone or to give out in the office waiting room	1997	http://www.dairygoodness.ca/en/HealthProfessionals/home.htm	General Nutrition, Shopping, Eating Out
Various topics	Varies	http://www.alphaweb.org/health_units.asp .	Many topics
	2002	www.paguide.com	Activity
	2002	www.paguide.com	Seniors, Activity
	2002	www.paguide.com	Activity
	2002	www.paguide.com	School Children, Activity
	2002	www.paguide.com	Family Health, School Children, Activity
	2002	www.paguide.com	Family Health, Teens, School Children, Activity
	2002	www.paguide.com	School Children, Teens
	2002	www.paguide.com	Seniors, Activity
	2002	www.paguide.com	
	2002	www.paguide.com	
To give to breastfeeding moms	2004	http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html	Breastfeeding, Infant
To estimate fat and muscle mass		http://www.amgmedical.com/site/our_products_results.asp?trouv1=116-780	Anthropometrics
Diabetes teaching - any time	2005	www.diabetes.ca	Diabetes Complication Prevention, Diabetes, Activity

Resource Name in alphabetical order	How Acquired Electronic, Electronic Template, Photocopy, Order Through Company, Cost - yes	Media Tear sheet, CD, Booklet, Trifold Pamphlet, etc.	Purpose Health Promotion, Nutrition Advice, Nutrition Counselling, Illiteracy, Low Literacy, High Literacy, Reference
Stat Growth-BP program for Palm OS device	Electronic	CD - Program	Reference
Stay Healthy	Order Through Company	Sheet	Nutrition Advice
Staying Healthy with Diabetes	Order Through Company	Booklet	Nutrition Advice
Stethoscope	Order Through Company, Cost – yes	Equipment	Equipment
Sugars and Sweeteners	Electronic	Sheet	Nutrition Counselling, Reference
Tape Measure – large ¾ inch curved metal	Order Through Company, Cost - yes	Equipment	Equipment
Tape Measure – small ¼ inch metal non-curved	Order Through Company, Cost - yes	Equipment	Equipment
Teaching Tools for Prenatal Nutrition	Electronic, Order Through Company, Cost - yes	Sheet	Nutrition Counselling
The Food Guide & Activity Slide	Order Through Company	Slide Card	Nutrition Advice, Nutrition Counselling
The Glycemic Index	Order Through Company	Sheet	Nutrition Advice
The Heart Healthy Shopper	Order Through Company	Booklet	Health Promotion, Nutrition Advice
Type 2 Diabetes - the Basics	Order Through Company	Booklet	Nutrition Advice



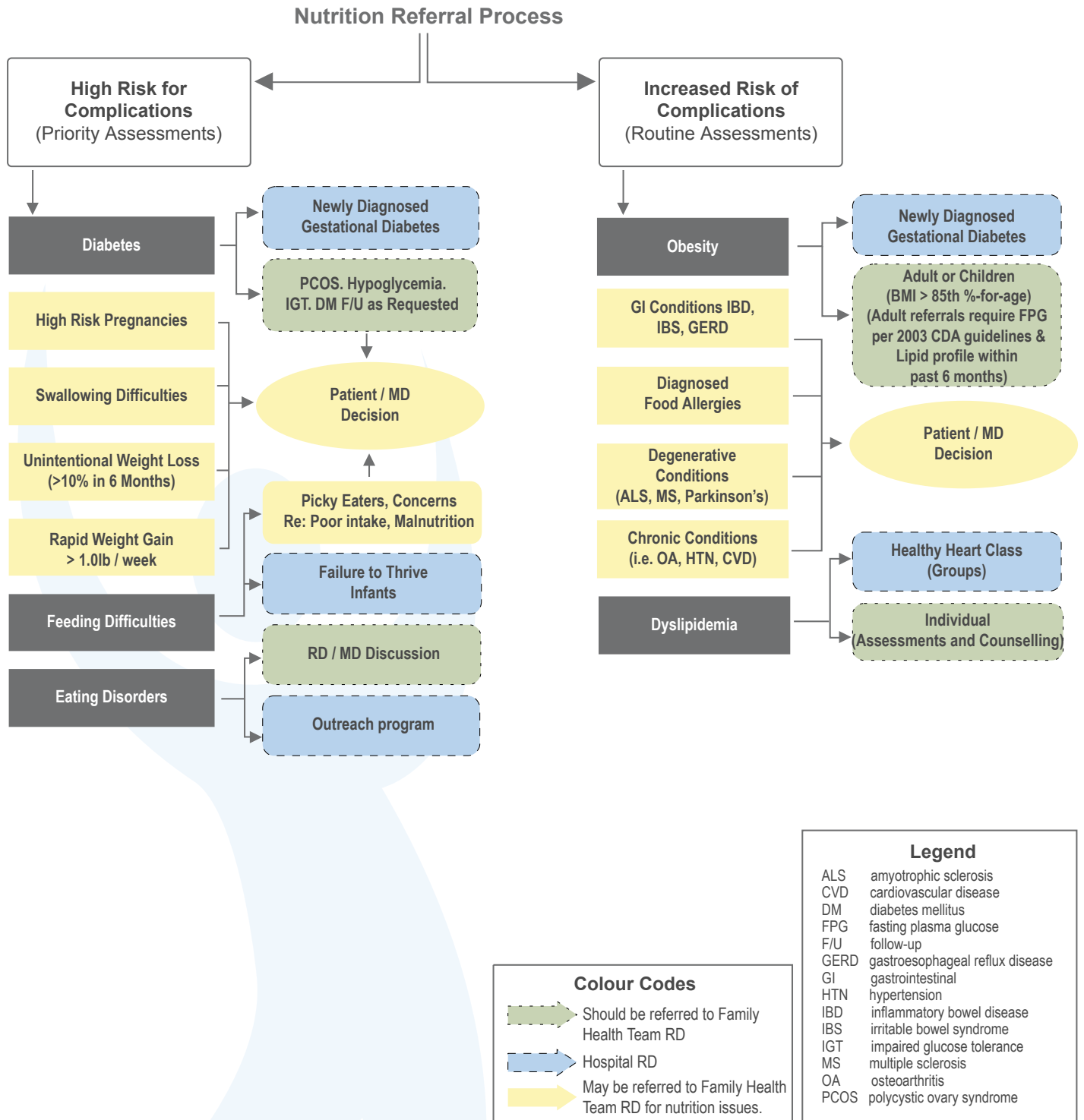
Specific Use	Year Year Produced, if available	Order info URL or Other Instruction	General Topic
Access to 2000 CDC growth charts and BP in adolescent info	2000	www.statcoder.com	Teens, School Children, Preschool, Toddler, Infant
Preventing diabetes and its complications	2005	www.diabetes.ca	Diabetes Prevention, Aboriginal
Diabetes advice re: complications	2005	www.diabetes.ca	Diabetes Complication Prevention
For RDs to conduct chairside swallowing evaluations, including auscultation		http://www.amgmedical.com/site/our_products_results.asp?trouv1=108-180 or most drug stores!	Chairside Swallowing Evaluations
	2003	www.diabetes.ca	Diabetes
For measuring height if accurate stadiometer is not available – mark a vertical surface (wall) with a removable mark or post-it using a right angle against the patient’s head and wall. Measure from the floor to the mark.		Hardware store	Anthropometrics
For measuring waist circumference or upper arm anthropometrics – can use another non-stretching tape as well		Canadian Tire sells the small metal ones with the magnet on the back.	Anthropometrics
	2004	http://www.beststart.org/resources/nutrition/index.html	Prenatal
Give to people wanting more structure re: food and activity	1998	http://www.dairygoodness.ca/en/HealthProfessionals/home.htm	General Nutrition, Activity
Diabetes teaching - any time	2006	www.diabetes.ca	Diabetes, Diabetes Prevention
Waiting room, quiz, or to go with Unscrambling Cholesterol	2003	www.becelcanada.com	Shopping, Food Labels, Dyslipidemia
Teaching for Type 2 diabetes - can be given when people come for the HbA1c	2005	www.diabetes.ca	Diabetes

Resource Name in alphabetical order	How Acquired Electronic, Electronic Template, Photocopy, Order Through Company, Cost - yes	Media Tear sheet, CD, Booklet, Trifold Pamphlet, etc.	Purpose Health Promotion, Nutrition Advice, Nutrition Counselling, Illiteracy, Low Literacy, High Literacy, Reference
Unscrambling Cholesterol	Order Through Company, Electronic	Tear Sheet	Nutrition Advice
USDA Nutrient Data for PALM OS	Electronic	Program	Reference
Using the Food Guide	Order Through Company	Booklet	Nutrition Advice
Vegetarian Food Guide	Electronic	Sheet	Nutrition Counselling
Weigh Scales – platform with remote readout.	Order Through Company, Cost - yes	Equipment	Equipment
White Pea Bean Recipes	Electronic	Booklet	Nutrition Advice, Nutrition Counselling
World Health Organization Child Growth Standards	Electronic	CD - Program	Reference, Nutrition Counselling
You Are At Risk	Order Through Company	Tear Sheet	Nutrition Advice



Specific Use	Year Year Produced, if available	Order info URL or Other Instruction	General Topic
Can be given when someone's cholesterol (or a family member's) is first found to be high	2004	www.canadaegg.ca or www.eggs.ca	Dyslipidemia
For RDs to look up nutrient data (U.S. info) quickly on a palm device	2005	http://www.nal.usda.gov/fnic/foodcomp/srch/search.htm	Nutrient Data
Anyone wanting more info than Canada's Food Guide to Healthy Eating	1997	www.hs-sc.gc.ca/nutrition 613-954-5995	General Nutrition
	2003	http://www.dietitians.ca/news/downloads/vege_guide(EN).pdf	General Nutrition, Vegetarian
Ensure that it weighs up to at least 400 lbs. The remote read-out allows very large patients to stand on it without touching the post and elderly people using walkers can "wheel" over it. Nice to have one in your own office for patient privacy.		http://www.davco.bc.ca/wb100.html Also, many office supply store sell similar shipping scales.	Anthropometrics
		http://www.ontariobeans.on.ca/resources.php	General Nutrition, Family Health
Can be used as the downloaded pdf sheets or as the program for Windows PCs	2006	http://www.who.int/childgrowth/en/	
Aboriginal people who are at high risk of Type 2 diabetes	2005	www.diabetes.ca	Aboriginal Diabetes Prevention

TOOL #3 Example of a Referral Chart





TOOL #4 Example Dietitian Referral Form

Dietitian Referral Form

Dietitian's Name _____

Address _____

To book appointment: _____

Phone: _____ or _____

Fax referral to: _____

Patient: _____

Address: _____

Home Phone: _____ Work Phone: _____

DOB : _____
Day Month Year

The main medical condition or reason for referral:

Record relevant lab data or fax relevant lab data to the above fax number (e.g. A1C, FBS, Lipid Profile, Hgb, ferritin, B12, microalbumin, creatinine etc.) Results should have been taken in the previous 3 months
Attached () To follow () Please order as per Medical Directive ()

Most Recent Blood Pressure: _____

Is this referral urgent? (to be seen within 2 weeks of referral)	Yes	No
Has this referral been discussed with patient?	Yes	No
Is patient aware of diagnosis?	Yes	No

Referral Initiated by:
Please Circle Family Nurse Pharmacist Dietitian Other: _____
 Physician

Name of Referring Professional _____

Signature _____ Referral Date : _____
 Day Month Year

TOOL #5 RD Role Description

Registered Dietitian: An Essential Member of Your Primary Health Care Team

Prepared by: Primary Health Care Action Group, Central and Southern Ontario, Dietitians of Canada

Primary health care reform in Ontario is evolving, presenting opportunities for the addition of Registered Dietitians (RDs) to the interdisciplinary team of providers. Below is a brief summary outlining the expertise and contribution RDs can make to the team. Individuals requiring further information are encouraged to contact their local RD or Dietitians of Canada.

Who are Registered Dietitians?

RDs are regulated health professionals who are uniquely trained to advise on diet, food and nutrition.

They support the nutritional health of the population through health promotion, disease prevention, treatment, support and rehabilitation. For example, they bring the following perspectives and skills to the primary health care team:

- Dietitians translate the science of nutrition into practical information that supports people in making healthy food choices throughout the lifecycle.
- Dietitians bring evidence-based decision-making to their practice and adhere to nationally established standards of practice, monitored by provincial regulatory bodies.
- Dietitians are skilled at working with communities to identify capacities and facilitate community action by applying strong communication, negotiation and problem-solving skills to address nutrition and health-related issues.
- Dietitians are skilled educators in promoting behaviour change relative to food choices, eating behaviour and preparation methods to optimize health.
- Dietitians develop plans based on comprehensive needs assessments. They monitor progress, provide the needed ongoing supports and evaluate outcomes.
- Dietitians act as a resource within the health care team and provide training to other team members and peer support workers.

Credentials of Registered Dietitians include:

- Undergraduate degree from an accredited university in Canada, or equivalent educational preparation in other countries and an approved internship program, two-year practicum, graduate degree program or program of practical experience.
- Registration by the College of Dietitians of Ontario (www.cdo.on.ca).
- Eligible for membership in Dietitians of Canada



TOOL #6 Sample Medical Directive for Ordering of Laboratory Tests¹

Note: It is essential to have a lead health care provider who will assume responsibility for managing the process and any issues and concerns that may arise.

Title: Permitting Registered Dietitians (RDs) to decide when to implement lab orders for serum lipids, and permitting medical laboratory technologists (MLTs) to analyze samples.

Activation Date: _____ **Review Date:** _____

Sponsoring/Contact Person(s) (name, position, contact particulars):

Registered Dietitian Contact Information

Order and/or Procedure:

This section describes the process the RD follows to assess a client's need for blood work to measure serum lipids and to communicate this order to the implementing laboratories. It describes the implementation of the lab procedure by the medical laboratory technicians and how they communicate the results to the responsible physician and RD. Lipid profile is defined as the sum of the assessments of serum cholesterol, triglycerides (TG), low density lipoprotein (LDL), and very low density lipoprotein (VLDL).

Recipient Patients:

- Male and female clients over age 25 with known dyslipidemias referred for nutrition assessment and management
- (The electronic dietitian referral contains a note for each patient re: this directive and is signed electronically by the referring physician for each individual patient.)

Authorized Implementers:

- RDs in FHT with demonstrated competence in the nutritional management of dyslipidemias

Co-Implementers²:

- MLTs in referral laboratories

Indications:

- Client has not had blood work drawn for a complete assessment of lipid profile in previous 3 months
- Billing processes with the referral laboratory have been approved for the medical directive

Contraindications:

- Client has additional requirements for phlebotomy and these assessments would result in excess blood loss for the client without a coordinated plan for lab work
- Client has had incomplete assessment of lipid profile in the past 3 months and some of these assessments would be redundant
- Client has known condition that requires additional lab work to correctly interpret the results e.g. hypercalcemia, hypoproteinemia etc.
- Consent has not been obtained
- Client is not able to access the participating laboratories

Guidelines for Implementing the Order/Procedure:

- Established FHT procedure for nutritional assessment will be followed
- RDs will use prepared requisitions
- Established FHT/laboratory procedure for communicating the results to the team will be followed
- Clients must agree to have lab work done only at participating laboratories

Documentation/Communication:

- Nutrition intervention will be documented according to standards
- Documentation of implementation in the medical orders includes:
 - Name and number of the directive implemented
 - Signature of the implementer, including credentials
 - Name of the implementer and specific physician/authorizer responsible for the directive/patient
- Client is informed of the choice of laboratories that will accept the requisition
- Appropriate follow up will be arranged

Quality Monitoring Guidelines:

- In the event there are issues associated with the directive, particularly if there are untoward or unanticipated outcomes contact _____
- Medical directive will be reviewed annually by participating laboratories and FHT

Administrative Approvals (as applicable):**Approving Physician³(s)/Authorizer⁴(s):**

- List names of all MDs and/or RN(EC) for whose patients the medical directive will be applied
- List of Laboratory Services Physicians of participating laboratories

Similar Medical Directives

Directive	Diagnostic population
1	Dyslipidemia: lipid profile only
2	Diabetes: fasting glucose and A1C
3	Diabetes mellitus and Hyperlipidemia: lipid profile, fasting glucose and A1C
4	Obesity and at risk for heart disease and diabetes: lipid profile, fasting glucose & A1C
5	Iron deficiency anemia: hemoglobin and ferritin

(Footnotes)

¹ Adapted from the Federation of Health Regulatory Colleges of Ontario Interprofessional Guidelines - Authorizing Mechanisms - Draft September, 2006. For updates see The FHRCO website at: <http://www.regulatedhealthprofessions.on.ca/index.htm> or contact the College of Dietitians of Ontario at: www.cdo.on.ca.

² Co-implementers are those performing the procedure upon implementation of the directive by another, e.g. MLTs taking and/or analyzing blood specimens using requisition completed by RD authorized by medical directive from physician.

³ If a medical directive is being used to authorize performance of the procedure, all physicians/authorizers responsible for patients who may receive the procedure must agree and sign off on the directive, and only those with a professional relationship with the patients can authorize the directive being implemented.

⁴ Affected MDs/authorizers include those who may also be involved and have a stake in how the procedure is performed, e.g. Specialists in Emergency Departments, Laboratory Services Physicians, Radiologists, Midwives, RN(EC)s .



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