GEORGIA DEPARTMENT OF PUBLIC HEALTH

Quality Assurance/Quality Improvement (QA/QI) for Public Health Nursing Practice Manual

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We formally recognize the efforts of many individuals who participated in the biannual review and revision of the Quality Assurance/Quality Improvement for Public Health Nursing Practice Manual.

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The current members of the Statewide District Quality Improvement Council participated in the review of the manual and worked with others in their district to review program information as well as the overall manual. We appreciate their commitment to reviewing, revising and recommending best practices.

We recognize the following people for their participation on the QI project team to improve new nurse orientation and training: Jennifer Burkholder, Sara Kroening, Laura Layne, Meshell McCloud, Rebekah Chance-Revels and Adam Sanchez. This team, in collaboration with State Office Nurse Consultants, streamlined trainings and identified course objectives and competencies. They also developed an annual training calendar outlining available courses which is available on PHIL.

The Office of Nursing (OON) coordinates the development and revision of content in the QA/QI Manual. The Deputy Chief Nurse for QA/QI in the OON is the primary point of contact for this manual.

Please note that underlined content throughout the document are hyperlinks in the electronic version. Also, bold type represents recent revisions in the manual with additional details are listed in Attachment 7.

INTRODUCTION

The nurse protocol legislation (O. C. G. A. § 43-34-23) enacted in 1989, authorizes Registered Professional Nurses (RNs) and Advanced Practice Registered Nurses (APRNs) who are agents or employees of a county board of health or the Georgia Department of Public Health (DPH) and who are adequately prepared, to perform certain delegated medical acts under the authority of nurse protocol. Since the passage of this important legislation, DPH has provided direction and guidance relative to public health nursing practice under nurse protocol.

The Office of Nursing (OON) maintains the vision to advance public health nursing practice to assure the delivery of quality nursing care to improve the health and safety of all Georgians. The OON publishes the *Quality Assurance/Quality Improvement for Public Health Nursing Practice Manual* in collaboration with State Office programs and district nursing staff at all levels. Every two years, the OON coordinates the ongoing process of reviewing and revising the QA/QI Manual to be consistent with standards and best practices. Throughout that two-year cycle, the OON leads a continuous quality improvement process with guidance and approval from the PHN Executive Leadership team when revisions are necessary. All revisions and updates are maintained in Appendix 9.

PURPOSE

The Quality Assurance/Quality Improvement for Public Health Nursing Practice Manual provides the specific clinical orientation, training, and measurement tools necessary for a PHN to function under standards and nurse protocols. In this way, we have a statewide, standardized and comprehensive QA/QI system that is developed at the state level and implemented at the local level to assure that all PHNs (RNs and APRNs) practicing under the Nurse Protocol Statute are adequately trained, competent and provide care consistent with the Georgia Nurse Practice Act, all relevant rules and regulations, standards of care and best practices. In addition, it is a system for evaluating, improving and assuring the quality of public health nursing practice in Georgia.

PHNs must document preparation and competent performance specific to each medical act authorized by a nurse protocol, including ordering dangerous drugs, medical treatments or diagnostic studies. Prior to the PHN functioning under a nurse protocol, there should be written documentation that they have the training, preparation and/or orientation relative to each medical act authorized by the specific nurse protocol and can competently perform such acts. Documentation may include supervisory notes, orientation plans, direct observation of clinical performance, skills checklist(s) and/or performance appraisal(s).

HISTORY AND BACKGROUND INFORMATION

Accountability for nursing practice has significant roots in the history of nursing. Florence Nightingale, the founder of modern nursing, was one of the first to document the need for a systematic approach for reviewing the quality of nursing care. She identified the need to incorporate health data and statistics in quality assurance activities.[1]

Quality assurance models and processes for the health care system have grown since the 1970's. Quality assurance, by definition, provides confidence that *quality requirements* will be fulfilled and is performed during a project to make sure the product or service meets quality standards[2]. Models of quality assurance frequently incorporate three types of standards; outcome, process and structure. Outcome standards define expectations in terms of desirable and achievable benefit, either at the individual patient/patient level or at the community level. Process standards reflect expectations in terms of best practices, policies, procedures and interventions, which are evidence-based. Structure standards indicate the operational requirements, staffing characteristics, materials and/or space requirements necessary to provide quality services.

In the 1980's, the concept of total quality management (TQM) or continuous quality improvement (CQI) received considerable attention in the health care arena. TQM/CQI represents an all-encompassing management philosophy that permeates the organization's management infrastructure, policies and practices. Edward Deming, widely acknowledged as the leading quality management thinker (1900–1993), developed a set of management practices know as 14 Points for Total Quality Management. In these principles, he described TQM principles that call for a focus on the customer, an emphasis on systems, the use of data-driven decision-making, the active involvement of leaders and employees and continuously improving performance in all areas[3].

In the 1990's, the emphasis on accountability for public health began an important evolutionary process as part of the health system(s) within the community. This community-based process involves the selection of community indicators that can be used to measure the process and outcomes of intervention strategies for health improvement. Performance improvement should promote health improvement in a context of shared responsibility and accountability for achieving desired outcomes[4].

In 1997, DPH charged the OON with leading a coordinated QA/QI approach across health districts. In 1998, a model focusing on nursing practice under nurse protocol was developed and piloted in one site per district. This model evolved into a formal, agency wide QA/QI

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[1] Sheingold, B.H., and Hahn, J. (2014). The history of healthcare quality: The first 100 years 1860–1960. *International Journal of Africa Nursing Sciences,* 1: 18-22.

[2] American Society for Quality [ASQ], 2019. Available from https://asq.org/about-asq

[3] ASQ, 2019. Available from https://asq.org/quality-resources/total-quality-management/deming-points

[4] Institute of Medicine. National Academy of Sciences. Primary Care Americas Health in a New Era (1996).

initiative including the development of standards and tools for measurement of quality and opportunities for improvement. The statewide QA/QI Program for Georgia Public Health Nursing was launched in 1999 and since that time has undergone three major revisions (in 1999, 2001 and 2017) and is standard across all 18 health districts.
In 2002, as part of the QA/QI Program for Georgia Public Health Nursing, district and State Office program teams began making site visits to counties within their respective districts. They established a district process for quality assurance and formalized reporting site visit findings and recommendations for improvement. The site visits have continued over the years and standard guidance and tools are included in this manual. Currently, all districts conduct internal QA/QI site visits to each of the counties/sites within the district biannually.

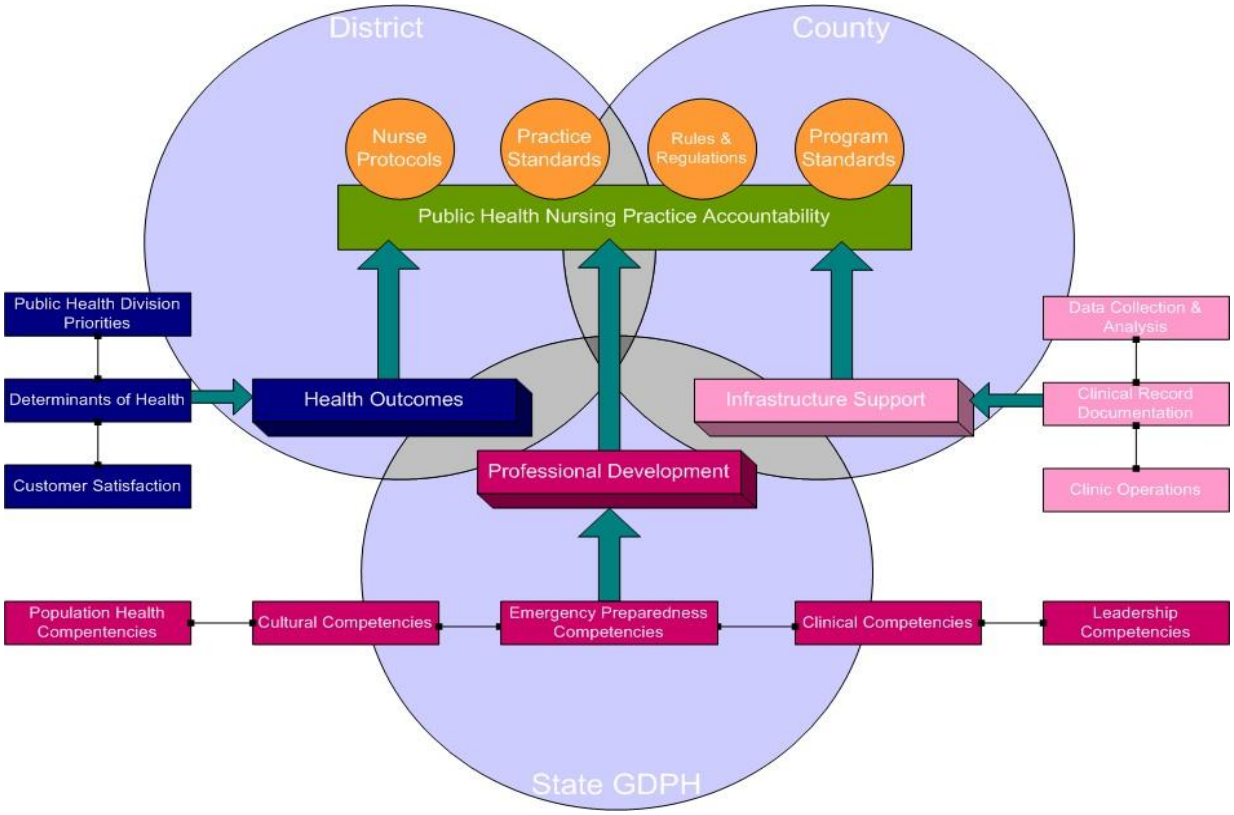
The system to collect and analyze workforce and training data has evolved over the years from the Public Health Nurse Database (2015) to Exceed Learning Management System (anticipated pilot in January 2020). Exceed offers a single point of entry for PHNs to access all trainings outlined in the QA/QI Manual and to collect and analyze real time workforce and training data. In this way, a standardized system is used to assure all PHNs practicing under nurse protocol meet the standards with a defined level of competency.

In March 2019, DPH earned national accreditation by the Public Health Accreditation Board (PHAB). This highlights the commitment at the state level to continuous quality improvement as an essential element of Public Health practice. The QA/QI Program aligns with DPH's overall commitment to foster a culture of quality.

QA/QI MODEL FOR PUBLIC HEALTH NURSING PRACTICE

The system wide efforts of the Georgia Department of Public Health, District Public Health Offices and the County Health Departments contribute to accountability in public health nursing. These three points of service for public health nursing practice converge to ensure accountability through infrastructure support, health outcomes, and professional development. According to the Quality Assurance/ Quality Improvement Model for Public Health Nursing Practice, infrastructure support fosters accountability through standardized methods for data collection and analysis, clinical record documentation, and clinical operations. The framework further demonstrates the influence of health outcomes on accountability through public health priorities, social determinants of health, and customer satisfaction. Finally, the influence of professional development on accountability is demonstrated through competencies in population health and emergency preparedness, as well as clinical and leadership competencies.

The Quality Assurance/Quality Improvement Model promotes understanding of the holistic nature of public health nursing practice accountability. Nurse Protocols, practice standards, rules and regulations, and program standards are rigorous system components that contribute to a robust public health nursing practice in Georgia. The model effectively represents how each system component is integrated and interrelated to assure accountability and quality nursing care.



QA/QI SITE VISITS REVIEW GUIDELINES

POLICY

The QA/QI Review of Public Health Nursing practice is based on the 2009 DPH Policy, Quality Assurance/Quality Improvement for Public Health Nursing, effective March 1, 2009.

PURPOSE

The following principles will help guide the site visit process and help assure consistency with the concepts of quality assurance and continuous quality improvement. Some points are adapted from the *DPH, Audit Readiness Toolkit, 2015.*

1. **Expect Excellence.** Use a positive approach and expect to find excellence. The site visit provides an opportunity to identify, acknowledge and/or share models of excellence, which may benefit other public health practice settings.

2. **Apply CQI Concepts.** Quality improvement is a process and a journey. Where there are opportunities for improvement, be constructive when suggesting alternative solutions.

3. **Respect People and the Environment.** Site visitors do not normally work at the site and need to be respectful and mindful of the site's policies and procedures, hours of operation, routines, wearing of proper identification and professional attire, etc. This includes respect for the integrity of the documents, reports and records being reviewed.

4. **Focus on Established Standards.** Site visits should be based on established standards.

5. **Build the Partnership.** Site visitors need to work side by side with staff from the site throughout the site visit. This provides an opportunity to discuss and/or clarify all findings in a collaborative manner.

AUTHORITY AND JUSTIFICATION

Article 1 of the O.C.G.A. § 43- 26-3, Georgia Nurse Practice Act for Registered Professional Nurses, states that the practice of nursing requires, among other things, "the substantial specialized knowledge of the humanities, natural sciences, social sciences and nursing theory as a basis for assessment, nursing diagnosis, planning, intervention, and evaluation (6)"[5]. The act's definition for the practice of nursing also includes "providing for safe and effective nursing care rendered directly or indirectly", as a Registered Professional Nurse O.C.G.A. § 43-26-3 (8) (E).

[5] Official Code of Georgia. Definitions. 2018. Available from https://law.justia.com/codes/georgia/2010/title-43/chapter-26/article-1/43-26-3/

NURSING OBEJCTIVES

The Public Health Nurse will systematically enhance the quality and effectiveness of nursing practice by:

a. Implementing new knowledge and performance improvement activities to initiate changes in public health nursing practice and in the delivery of care to populations.
b. Participating in the development, implementation and evaluation of procedures and guidelines to improve the quality of practice.
c. Participating in the scope of the performance improvement activities as appropriate to the nurse's position, education, and practice environment.
   Such activities may include:
   - Identification of aspects of practice important for quality monitoring.
   - Collection of data to monitor public health nursing practice, including availability, accessibility, acceptability, quality and effectiveness of policies, programs and services.
   - Analyzing the data to identify opportunities for improving nursing practice.
   - Formulation of recommendations to improve nursing practice or outcomes (ANA, 2007).

GENERAL PROVISIONS

1. A QA/QI site visit shall be conducted in each County by the District QA/QI team at least every 24 months using the standards and guidelines contained in the current edition of the *QA/QI for Public Health Nursing Practice Manual*. Site visits may be conducted more frequently, as deemed necessary by the District or State.
2. Since QA/QI activities are essential to the provision of safe and effective public health nursing services, Public Health leaders at the state, district and local level shall provide the structure to sustain a system of coordinated, integrated and user-friendly QA/QI activities at all levels.
3. Public Health leaders at the state, district and local levels shall collaborate and use a partnership approach to assure that a statewide system of QA/QI is ongoing.
4. QA/QI activities shall be an integral component of and linked to any system of Performance Improvement for Public
5. QA/QI activities shall respect and be consistent with the following principles:
   - Identify and foster best practices.
   - Identify realistic expectations that are achievable within each county.
   - Set realistic expectations of staff.
   - Use quality indicators as an integral part of QA/QI preparations for QA/QI review.

DISTRICT PREPARATIONS

Six (6) to Eight (8) Months Prior To Review:

- Select Multi-Disciplinary Core Team.
- Role of outside consultants:
    - Fully participate as a team member in the review process, including the preparation, planning, site visit and follow-up.
    - Do not lead the site visit process.
- Utilize conference calls, e-mail and fax communication as needed.
- Gather documents/forms that will be used.

Three (3) to Six (6) Months Prior To Review:

- Select sites.
- Decide timeline.
- Meet with each site to:
    - Review expectations.
    - Give copies of QA/QI Manual and tools.
    - Answer questions.

Thirty (30) Days Prior To Review:

- Send Memorandum to confirm site visit to County Nurse Manager or Site Supervisor

Conduct Review:

- Use written guidelines referring to site visit sample agenda.

Follow-Up:

- Preliminary findings are discussed in the exit interview.
- Written report on findings due back to the site within 30 days.
- The multi-disciplinary core team will meet and share site-visit report summary with the site.
- Identify a plan of action to address opportunities for improvement due within 30 days (draft during exit conference).
- Follow up to be done according to priority/urgency.
- Send copies of report to district staff as appropriate.

COUNTY PREPARATION

Six (6) to Eight (8) Months Prior To Review:

- Review the *QA/QI* for *Public Health Nursing Practice* manual.

Three (3) to Six (6) Months Prior To Review:

- Prepare reports for Review:
    - Evidence of nursing leaders' review, clarification and reinforcement of QA/QI standards and tools for Public Health Nursing Practice.
    - Population Health Competencies.
    - Leadership Competencies.

- Peer Review.
- Emergency Preparedness.
- Address customer satisfaction survey issues.

Conduct Review:

- Use written guidelines referring to site visit sample agenda.
- Provide QA/QI Review Team with reports listed above.

Follow-Up:

- Preliminary findings are discussed in the exit interview.
- Written report on findings due back to the site within 30 days. QA/QI Tool format will be used.
- The multi-disciplinary core team will meet and share Site Visit Report Summary with the site.
- Send plan of action to address opportunities for improvement to District QA/QI Coordinator within 30 days (draft during exit conference).
- Follow up to be done according to priority/urgency.
- Send copies of report to district.
- A full report should remain on file at the site.

SAMPLE METHODOLOGIES

- Environmental scan of people and processes
- Observations of clinical exams
- Conduct short structured interviews with patients and staff
- Review documents and other documents- can include patient records from an electronic health record or charting system or it may be other personnel files.
- Review and discuss previous reviews, if any

Sample agenda, memo and documentation guidelines are available on the following pages.

SAMPLE SITE VISIT AGENDA

DATE: _____ SITE: _____

AGENDA – DAY ONE

8:30 a.m. – 9:30 a.m. Introductions
Review purpose, agenda, and QA/QI Guiding Principles

9:30 a.m. – 12:00 p.m. Review Process:

1. Credentialing
2. Training/Education
3. Rules/Regulations
4. Immunizations/Vaccines
5. Clinical Record Reviews
6. Drug & Vaccine Storage and Handling
7. Management and Drug Reactions
8. Leadership Competencies
9. Cultural Diversity Competencies
10. Customer Satisfaction
11. Population Health
12. Clinical Operations
13. Emergency Preparedness Competencies

12:00 p.m. – 1:00 p.m. Lunch

1:00 p.m. – 5:00 p.m. Observation of Clinical Practice/Peer Review

AGENDA – DAY TWO

8:30 a.m. – 10:30 a.m. Complete the Review Process

10:30 a.m. – 12:00 p.m. Team Preparation (write report, prepare for exit conference)

12:00 p.m. – 1:00 p.m. Lunch

1:00 p.m. – 2:00 p.m. Exit Conference

2:00 p.m. Adjourn

SAMPLE MEMORANDUM

(DATE)

TO: County Nurse Manager or Site Supervisor

THROUGH: **_____(Name)_____**
District Health Director

FROM: **_____(Name)_____**

SUBJECT: Quality Assurance/Quality Improvement Site Visit

This confirms plans for the Quality Assurance/Quality Improvement Site Visit to your county/site on **_____(Date)_____**at**_____(Time)_____**. The site visit team will arrive on **_____(Date)_____**at **_____(Time)_____**at **_____(Site Location/Address)_____**.

An agenda and a list of documentation sources are enclosed. The QA/QI manual will be used as part of the review process.

PURPOSE

The purpose of the site visit is to recognize best practices and continue to strengthen the quality of public health nursing practice in relation to the standards and expectations outlined in the enclosed quality assurance tools and to assess leadership practices, cultural competencies, clinic operations, and selected health indicators.

STAFF PARTICIPATION

District and/or county staff are encouraged to join with members of the site visit team and play an active role throughout the site visit process. The enclosed agenda shows the specific times during which district/county participation will be important.

CLINCAL RECORDS

The number and type of records received may vary by the population served in the respective county/site.

POPULATION	NUMBER OF RECORDS		TOTAL
	OPEN	CLOSED	
HIV/AIDS	8	2	10
Child Health*	8	2	10
Women's Health	8	2	10
STD	5 female/male	5 female/male	10
Tuberculosis**	8	2	10
Perinatal Case Management (if applicable)	8	2	10

BreastTEST and MORE

4 abnormal screenings
1 record in which breast cancer is diagnosed and treated
1 record in which cervical cancer is diagnosed and treated
2 records in which the client refused diagnosis or treatment
2 records in which the client was lost to diagnostic or treatment follow-up
10 **TOTAL**

***CHILD HEALTH:**	0-6 months:	2	15 months to 2 years:	2
	5 years:	2	9 years:	2
	15-21 years:	2		

****TB:**	Cases:	5
	Latent Tuberculosis Infection (LTBI):	5

Please also have available the list of district approved abbreviations, acronyms and symbols used in clinical documentation.

QA/QI TEAM MEMBERS:

The members of the site visits team will include the following: (list specific names and titles of team members).

PEER REVIEW GUIDELINES

The site visitors will use the enclosed Peer Review Tool for conducting the direct observations of clinical nursing practice. This tool should be shared with the nurses who will be participating in the review process prior to the site visit.

Again, we appreciate the support of you and your staff with planning this quality assurance/ quality improvement site visit. Please do not hesitate to call if there are questions.

Thank you,

(NAME/ SIGNATURE)_____

EXIT CONFERENCE GUIDELINES

The purpose of the exit conference is to share a summary of the findings and to jointly develop continuous improvement recommendations. Tips for conducting the exit conference include:

- All staff who provide services at the site or have responsibilities for any of the services provided at the site should be encouraged to attend along with nursing leadership.

- There should be no surprises when the review findings are shared during the exit conference. Throughout the visit, and prior to the exit conference, all issues of concern are discussed with appropriate staff to clarify the findings and discuss strategies for improvement. All recommendations should be based on identifiable standards.

- The review findings will highlight the points of excellence and opportunities for improvement. The exit conference will be focused and conducive to open dialogue.

GUIDANCE FOR DOCUMENTING THE QUALITY REVIEW SITE VISIT

PURPOSE

These guidelines are to be used in developing the written reports of the Quality Assurance/Quality Improvement site visits conducted in the districts and counties to assess the quality of public health nursing practice.

SELECTION OF CLINICAL RECORDS

The number and type of clinical records to be reviewed should be communicated to the site in written or electronic format. (See sample memo for confirmation of site visit included in this section). The records should be selected in a randomized manner.
NOTE: Entries should be specific and measurable, including positive findings as well as constructive recommendations. Examples include:

Findings:

1. Five of the ten X program records documented drugs ordered which were not covered by the nurse protocol.
2. Mock emergency drills were documented annually for the past 3 years.

Recommendations:

1. Revise the X nurse protocol for X condition and review with staff the importance of following the nurse protocol.
2. Commend staff for the annual mock emergency drills.

AREAS FOR REVIEW AND DOCUMENTATION SOURCES USED DURING QUALITY REVIEW SITE VISITS

The following documentation sources are essential elements of the QA/QI process and should be reviewed by the QA/QI team during the site visit. Share this list of documentation sources with the county staff as well as members of the site visit team prior to the site visit.

Area for Review	Documents
Credentialing	1. Secretary of State website to verify license 2. Personnel/Supervisory files 3. Documentation of successful completion of health assessment course
Training/Education for Nurse Protocols	1. Personnel/Supervisory files
Population Health	1. Documentation of completion of a population health course once initially 2. Written plan for addressing training needs
Customer Satisfaction	1. Examples of Site Customer Satisfaction surveys 2. Evidence of Customer Satisfaction survey report to County Board of Health, staff and customers. 3. Plans for addressing negative and positive survey responses
Cultural Competencies	1. Personnel/Supervisory files 2. Cultural competency assessment under standards and tools
Drug Dispensing and Ordering	1. District Nurse Protocol Manual 2. Nurse drug orders within clinical records 3. Dispensary sign out sheet
Clinical Practice	1. Peer Review Tool for the Registered Nurse in Public Health 2. Peer Review Tool for APRNs without prescriptive authority
Management of Drug Reactions	1. Standard Nurse Protocols for Registered Professional Nurses in Public Health, Emergency Guidelines, District Policies & Procedures 2. District Policy and Procedure Manual
Clinic Operations	1. Patient Flow Analysis 2. Evidence of evaluation reported to staff 3. Plans to address identified areas for improvement
Assessment (peer review)	**1.** Only if direct observation of nurses' clinical practice is made during the site visit. If no direct observation, then do not complete. **2.** The Peer Review Tool or other assessment tool may be used to complete this process.

QUALITY REVIEW REPORTS

The site visit preliminary findings are discussed during the exit conference. A final report will be prepared by the site visit team within 30 days of the site visit. Documentation of a formal review with the site will be added to the final report and action steps for quality improvement will be outlined. Attachment 5 in this manual explains the QI process including Plan-Do-Check-Act (PDCA) tools and other project tracking documents to work through any identified areas for improvement.

Quality Assurance/Quality Improvement for Public Health Nursing Practice Manual

Standards and Trainings

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STANDARDS AND TRAININGS

This section includes core competencies for all PHNs and programmatic training requirements to assure that PHNs practicing under the authority of Nurse Protocol statute are prepared and competent to provide quality care.

PROFESSIONAL LICENSURE

Each RN and APRN is currently licensed/authorized by the Georgia Board of Nursing. Documentation shall include verification of an active license(s) through the GA Board of Nursing.

SCOPE OF PRACTICE

A Public Health Nurse working under nurse protocol in Georgia Public Health must complete specialized training and meet all statutory, regulatory, and training requirements to practice under a nurse protocol agreement, as delegated by a physician licensed by the Georgia Composite Medical Board. Prior to beginning the initial training outlined in this manual to work under a specific nurse protocol, a PHN must provide written documentation, such as a transcript to verify completion of a Health Assessment course at the baccalaureate level. If this is not part of the RNs baccalaureate program, they must complete a Health Assessment course which includes a competency demonstration. To assure competency after completion of the baccalaureate level Health Assessment course, all nurses must complete a Health Assessment clinical preceptorship. Due to the timing of different programmatic training opportunities, a District Nursing and Clinical Director (DND) may determine based on an individual assessment of the nurses' educational background, experience, and clinical skills that the nurse may take a Health Assessment course concurrently with initial training course offerings. Understanding that education and training is unique for each nurse, it may be necessary for a DND in consultation with the Deputy Chief Nurse for QA/QI, State Office Nurses, and/or the Chief Nurse if necessary to review and make a decision on a case by case basis for a nurse if the timeline and/or process does not align with the above requirements. The Health Assessment course requirement must be on file for all nurses.

CORE COMPETENCIES FOR PUBLIC HEALTH NURSES

Core competencies outlined in the table below are required for all Public Health Nurses (RNs and APRNs) whether or not they are working under nurse protocol. The core competencies include standard expectations for public health nursing practice, cultural competency, emergency preparedness, and population health. If the RN or APRN is not practicing under nurse protocol statute he/she may omit core competencies 1- 4. Note: in an emergency or disaster response it may be required for the RN or APRN to complete nurse protocol and drug dispensing procedure just in time training

PHN CORE COMPETENCIES

PHN core competencies are foundational requirements for public health nursing practice in Georgia. It assures all PHNs meet a defined level of competency to provide independent and quality care. These requirements must be completed initially unless otherwise noted.

Core Competency Expectation	Description and objectives	Course Duration	Quad Council Competencies Domain(s)	Date Completed
1. Nurse Protocol Statute (O.C.G.A. § 43-34-23). Georgia Composite Medical Board O.C.G.A. Article 2. Medical Practice. Delegation of authority to nurse or physician assistant.	Understand the foundation of PHN practice in Georgia	30 mins	6: Public Health Science Skills 8: Leadership and Systems Thinking Skills	
2. Review the following sections of Standard Nurse Protocols for Registered Professional Nurses in Public Health – posted on Office Of Nursing website • Introduction • Nurse Protocol Process • Guidelines	Understand the foundation of PHN practice in Georgia	30 mins	6: Public Health Science Skills 8: Leadership and Systems Thinking Skills	
3. Orientation to Nurse Protocol training (Nurse Protocol 101) available on Exceed in the catalogue under Office of Nursing. Must achieve at least 80% on the State Public Health "Quiz on Nurse Protocol Statute"	Nurse Protocol 101 is a brief training that provides an overview of information related to Nurse Protocol Statute and expanded role	45 mins	6: Public Health Science Skills 8: Leadership and Systems Thinking Skills	

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	nurses' roles and responsibilities			

CORE COMPETENCIES CONT.

Core Competency Expectation	Description and objectives	Course Duration	Quad Council Competencies Domain(s)	Date Completed
4. Review the Standard Nurse Protocols for Registered Professional Nurses – Drug Dispensing Procedure	The following procedure is for the proper procurement, storage, record keeping, labeling and handling of drugs and/or devices by authorized agents or employees of DPH and County Boards of Health.	30 mins	6: Public Health Science Skills 8: Leadership and Systems Thinking Skills	
5. Dispensing of Medications under Authority of a Nurse Protocol. Rules and Regulations of the State of Georgia website. Rules of Georgia State Board of Pharmacy. Chapter 480-30-.01.	This course includes: • Rule 480-30-.01 Definitions • Rule 480-30-.02 General Requirements • Rule 480-30-.03 Labeling • Rule 480-30-.04 Packaging • Rule 480-30-.05 Storage • Rule 480-30-.06 Inspection of Records • Rule 480-30-.07 Submission of Dispensing Procedure for Board Review	1 hour	6: Public Health Science Skills 8: Leadership and Systems Thinking Skills	

CORE COMPETENCIES CONT.

Core Competency Expectation	Description and objectives	Course Duration	Quad Council Competencies Domain(s)	Date Completed
6. Guidelines for Standard Precautions and Bloodborne Pathogen Occupational Exposure Control. Department of Public Health, February 2015 located on PHIL.	Course description: to assist employees in handling potentially infectious body fluids and materials; to minimize the danger of transmission to themselves or others; and to assist in developing local bloodborne pathogen exposure control plans.	1 hour	1: Analytic and Assessment skills 3: Communications Skills 6: Public Health Science Skills 8: Leadership and Systems Thinking Skills	
7. All personnel performing laboratory testing are required to meet the minimal CMS Rules and Regulations requirements of competency for each type of test they perform as outlined in the CMS Rules and Regulations. The DPH CLIA Toolkit (2019) available on the DPH/Office of Nursing website offers additional guidance based on district laboratory testing complexity.	It offers guidance related to the standards, requirements and processes involved in being and staying in compliance with Centers for Medicare & Medicaid Services (CMS), CLIA Rules and Regulations.	1 hour	1: Analytic and Assessment skills 2: Policy Development/Program Planning Skills 3: Communications Skills 6: Public Health Science Skills	

			8: Leadership and Systems Thinking Skills	

CORE COMPETENCIES CONT.

Core Competency Expectation	Description and objectives	Course Duration	Quad Council Competencies Domain(s)	Date Completed
8. Packing and Shipping Division 6.2 Materials: What the Laboratory Professional Should Know 2016. CDC Laboratory Training (2-hour online course, offers CE) OR Georgia Public Health Laboratory Packaging and Shipping and Training course in-person training through the Georgia Public Health Laboratory. Certification and appropriate training for nursing personnel is determined at the district level based on compliance with and type of CLIA certification.	In order to be certified (or recertified) to ship laboratory materials you must complete training on the hazardous materials regulations as well as some facility specific training. Objectives provided during online course.	2 hours online or schedule in-person training	1: Analytic and Assessment skills 2: Policy Development/Program Planning Skills 3: Communications Skills 6: Public Health Science Skills 8: Leadership and Systems Thinking Skills	
9. Review the Guidelines for Mandatory Reporting of Suspected Child Abuse (current version available on PHIL under Forms and Policies). Official Code of Georgia Annotated: • O.C.G.A § 19-7-5 Reporting of Child Abuse • O.C.G.A. § 16-6-3 Statutory Rape	Guidance for PH employees to identify and report suspected child abuse. This meets the mandate of the Georgia Child Abuse Reporting Law, Official Code of Georgia Annotated O.C.G.A. § 19-7-5. Public Health employees are mandated reporters which	Course duration to review the DPH guidelines and 2018 Georgia code links: 2.5 hours	1: Analytic and Assessment skills 2: Policy Development/Program Planning Skills 3: Communications Skills 5: Community Dimensions of Practice	

• O.C.G.A. § 16-6-22 Incest • O.C.G.A § 16-12-100 Sexual Exploitation of Children	includes but is not limited to, physical abuse, neglect, emotional abuse, sexual abuse or sexual exploitation O.C.G.A. § 19-7-5 (b).		6: Public Health Science Skills 8: Leadership and Systems Thinking Skills	

CORE COMPETENCIES CONT.

Core Competency Expectation	Description and objectives	Course Duration	Quad Council Competencies Domain(s)	Date Completed
10. Mantoux TB Skin Test, CDC (current version) and Tuberculin Skin Test Certification (required initially and then every 2 years – see TB Program training requirements)	Learn how to evaluate people for latent TB infection with the Mantoux tuberculin skin test. This podcast includes sections on administering and reading the Mantoux tuberculin skin test, the standard method for detecting latent TB infection since the 1930s	29 minutes	1: Analytic and Assessment skills 3: Communications Skills 6: Public Health Science Skills 8: Leadership and Systems Thinking Skills	
11. **Leadership Competency:** Review Quad Council Core Competencies for Public Health Nursing Practice (April 13, 2018).	Nurses will increase the knowledge, skills, and behaviors necessary to master competent practice.	30 mins	1: Analytic and Assessment skills 2: Policy Development/Program Planning Skills 3: Communications Skills 4: Cultural Competencies Skills 5: Community Dimensions of Practice 6: Public Health Science Skills 7: Financial Planning and Management Skills	

			8: Leadership and Systems Thinking Skills	

CORE COMPETENCIES CONT.

Core Competency Expectation	Description and objectives	Course Duration	Quad Council Competencies Domain(s)	Date Completed
12. CPR/AED for the healthcare professional (every 2 years)	CPR is an emergency lifesaving procedure performed when the heart stops beating. Immediate CPR can double or triple chances of survival after cardiac arrest.	4 hours	1: Analytic and Assessment skills 3: Communications Skills 6: Public Health Science Skills 8: Leadership and Systems Thinking Skills	

CULTURAL COMPETENCY

Cultural Competency is a foundational requirement for public health nursing practice in Georgia. It is dynamic in nature and PHNs are continually developing knowledge and skills to provide quality public health services to people of all cultures, special population groups and people with sensitive health and social issues. The expectation is to complete one of the options outlined below annually.

Core Competency Expectation	Description and objectives	Course Duration	Quad Council Competencies Domain(s)	Date Completed
Choose one of the options listed below: 1. Culturally Competent Nursing Care: A Cornerstone of Caring Offered by HHS, Office of Minority Health Course I: Delivering Culturally Competent Nursing Care 2. Cultural Competency: Closing the Gap Between Providers and Patients Speaker: Rosa Dunkley, MA, Education Coordinator, Culture Connect 3. Region IV Public Health Training Center (PHTC) offers competency-based trainings for public health professionals throughout the region and nation. Search the Training Database under Cultural	The overall goals include: ● Continually improve the PHNs' ability to understand the dynamic forces contributing to cultural diversity ● Gain knowledge, strategies and techniques to sensitively, efficiently and professionally communicate with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds, and persons of all ages and lifestyle preferences ● Human trafficking training provides a basic overview of adult and child trafficking, including definitions, risk factors, possible indicators,	1 hour	4: Cultural Competencies Skills	

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Available from https://dph.georgia.gov/resourcesformsmanuals

Competency Skills and choose any of trainings from the list. 4. Children's Healthcare of Atlanta (CHOA) Human Trafficking Webinar Series: • Human Trafficking Meets Healthcare: An Opportunity for Intervention. • Additional human trafficking and child exploitation webinars available on the CHOA website.	and recommendations for responding to suspected trafficking.			

NOTE:

- Training options will change as the needs of the population changes and this section will be updated frequently. Please check the DPH, OON website for the most up to date information.
- If there are topic areas that are important to your district and not represented on this list, please contact the Point of Contact in the Office of Nursing, DPH.
- Most trainings offer continuing education credit.

EMERGENCY PREPAREDNESS

Public Health Nurses (PHNs) play an essential role in emergency preparedness, planning and response. It is important that PHNs understand their role and how they fit into the larger structure of Emergency Preparedness within their district and beyond. Each district has an emergency preparedness training team, who in conjunction with district nursing leadership, may customize how and when these trainings are offered for PHNs. The checklist below is an all-hazards guide to ensure emergency preparedness competency for every PHN.

Core Competency Expectation	Description and objectives	Course Duration	Quad Council Competencies Domain(s)	Date Completed
EP 101: Have and up-to-date Family Readiness Plan.	1. Gather disaster supplies/equipment consistent with personal/family plan 2. Describe methods for enhancing personal resilience, including physical and mental health and well-being, as part of disaster preparation and planning	n/a	8: Leadership and Systems Thinking Skills	
EP 102: Work with Nursing Leadership and the Emergency Coordinator to understand the PHN role/responsibility during an emergency relevant to: serious Communicable Diseases, Strategic National Stockpile (SNS), Mass Care Emergency Support Function (ESF) 6 and 8, Non-Pharmaceutical Countermeasures (ex. Isolation and Quarantine) and Continuity of Operations.	1. Describe the public health nursing role in disaster preparedness and response 2. Explain PHN's role(s) within the incident management hierarchy and the agency's chain of command	n/a	3: Communications Skills 8: Leadership and Systems Thinking Skills	

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Available from https://dph.georgia.gov/resourcesformsmanuals

EMERGENCY PREPAREDNESS CONT.

Core Competency Expectation	Description and objectives	Course Duration	Quad Council Competencies Domain(s)	Date Completed
EP 103: Understand the platforms and methods for disseminating information and communicating during an emergency. This should include an orientation to the public health agency chain of command, use of communication devices, and expectations during emergency alert and notification.	1. Identify authoritative sources for obtaining and sharing information during a mass care event 2. Explain principles of crisis and emergency risk communication to meet the needs of all ages and populations in a shelter 3. Identify strategies for appropriate documentation and sharing of information, including health protected data 4. Identify cultural issues and challenges in the development and dissemination of risk communication in a disaster or public health emergency	1 hour	3: Communications Skills 8: Leadership and Systems Thinking Skills	
EP 104: Participate in annual emergency preparedness drills, or as directed by Emergency Coordinator and District Leadership.	1. Facilitate readiness to respond during an emergency/disaster. 2. Practice one's personal professional disaster plan in regular exercises and drills	1 hour	3: Communications Skills 8: Leadership and Systems Thinking Skills	

EMERGENCY PREPAREDNESS CONT.

Core Competency Expectation	Description and objectives	Course Duration	Quad Council Competencies Domain(s)	Date Completed
EP 105: Describes his/her role in emergency response and demonstrates role effectively during drills including basic therapeutic interventions, basic 1st aid skills, safe administration of vaccines and use of personal protection and safety equipment.	1. Describe the public health nursing role in disaster preparedness and response 2. Describe common public health interventions to protect the health of shelter residents 3. Discuss basic lifesaving and support principles and procedures that can be utilized during emergencies	n/a	3: Communications Skills	
EP 106: If applicable, participate in local, regional, and state preparedness planning efforts (i.e. Healthcare coalitions, work groups)	1. Describe the public health nursing role in disaster preparedness and response	n/a	3: Communications Skills 8: Leadership and Systems Thinking Skills	
EP 107: Complete the Georgia National Incident Management System (NIMS) training requirements based on your Public Health position. See graph below.	1. Understand the concepts and principles of NIMS. 2. Describe the NIMS management characteristics that are the foundation of the ICS.	Varies	8: Leadership and Systems Thinking Skills	

Georgia NIMS Training Guidelines – ICS Trainings for Public Health Nurses: The Department of Homeland Security requires that all public safety agencies that request federal grant funds use the National Incident Management System (NIMS). Developed by communications and disaster experts, the system provides a systematic structure that enables communication and coordination among agencies that don't typically work together outside of an emergency. All PHNs should be familiar with the incident command structure and basic terminology used during disasters. Nurses who interface with the command center and are more likely to be decision-makers in disasters may require advanced application of ICS to perform their duties. The chart below reflects the position-specific training through FEMA Emergency Management Institute.[6]

		* IS-800.C: National Response Framework, an Introduction
		* IS-700.B: An Introduction to the National Incident Management System
		IS-200.C: Basic Incident Command System for Initial Response
	IS-100.C: Introduction to the Incident Command System	IS-100.C: Introduction to the Incident Command System
Baseline	**All PHNs**	**Nursing Leadership**

*Complete in accordance with District Emergency Preparedness ICS MIMS requirements.

[6] FEMA, Emergency Management Institute. 2019. Available from https://training.fema.gov/emi.aspx

Note: NIMS 300 and 400 are in-person courses. The ESF 8 Coordinator in each district can provide information if it is necessary for you to attend.

POPULATION HEALTH

A strong foundation in population health is essential for Public Health Nursing practice. Population-based services are designed with a broad perspective to protect the public. Examples of population-based services include inspecting restaurants, identifying and controlling diseases, preparing for emergencies and promoting healthy behaviors. To build public health nursing capacity, various options for population health courses are available in the table below. Other population health training options may be approved for Public Health Nurses; contact the Point of Contact in the OON, DPH.

The Population Health QA/QI standard is to complete one of the course options listed in the table (next page) during initial training if it was not previously completed as part of a BSN or master's degree program.

POPULATION HEALTH COURSE OPTIONS

Core Competency Expectation (choose one option below)	Description and objectives	Course Duration	Quad Council Competencies Domain(s)	Date Completed
Public Health 101 Region IV Public Health Training Center Trainings Database	• Discuss the history and philosophies of public health • Describe principles of population health, the ten essential public health services and the characteristics of a population-based health • Identify the basic public health services and sources of public health data and describe how these data are used • Describe who makes up the public health workforce, where they are employed and the need for a diverse public health workforce • Describe the role of governmental and non-governmental organizations in the delivery of public health services • Recognize and discuss current and ongoing public health issues and needs	5 hours	1: Analytic and Assessment skills 2: Policy Development/Program Planning Skills 3: Communications Skills 4: Cultural Competencies Skills 5: Community Dimensions of Practice 6: Public Health Science Skills 8: Leadership and Systems Thinking Skills	

POPULATION HEALTH COURSE OPTIONS CONT.

Core Competency Expectation (choose one option below)	Description and objectives	Course Duration	Quad Council Competencies Domain(s)	Date Completed
Public Health Nurse (PHN) Ready School of Public Health, University at Albany - Center for Public Health Continuing Education (CPHCE)	Public Health Nurse Ready (PHN Ready) is an online certificate program for RNs working in public health or desiring to know about how public health works. LPNs and other RNs may find the certificate of interest as well.	10 hours	1: Analytic and Assessment skills 2: Policy Development/Program Planning Skills 3: Communications Skills 4: Cultural Competencies Skills 5: Community Dimensions of Practice 6: Public Health Science Skills 8: Leadership and Systems Thinking Skills	
Orientation to Public Health School of Public Health, University at Albany -Center for Public Health Continuing Education (CPHCE)	A web-based course that provides learners with a basic understanding of the mission and functions of public health. Course consists of two parts. Part One introduces the mission and six obligations of public health and Part Two explains the ten essential services.	1 hour	1: Analytic and Assessment skills 2: Policy Development/Program Planning Skills 3: Communications Skills 4: Cultural Competencies Skills 5: Community Dimensions of Practice 6: Public Health Science Skills	

Quality Assurance/Quality Improvement for Public Health Nursing Practice Manual

Program Standards and Trainings

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PROGRAM STANDARDS AND TRAINING

Introduction to Nurse Protocol and Training

The standard Nurse Protocols were developed to serve populations in women's health, children's health, as well as populations affected by sexually transmitted disease, HIV/AIDS, tuberculosis, hypertension, diabetes, and other infectious diseases. RNs and APRNs who are agents or employees of a county board of health or the Georgia Department of Public Health are among those authorized to practice under nurse protocol (O.C.G.A. § 43-34-23). Under this authority, a physician may delegate the performance of certain medical acts to RNs and APRNs to order and dispense dangerous drugs, order medical treatments and/or diagnostic studies for more than 100 health conditions outlined in the nurse protocol manual.

The delegated medical acts must be performed by the RN or APRN in accordance with a current nurse protocol, which has been signed by the RN or APRN and the delegating physician, and in accordance with a drug dispensing procedure. In addition, the RN or APRN practicing under a nurse protocol agreement must comply with all rules and regulations established by the Georgia Board of Nursing and the Georgia Pharmacy Board.

Note: If the APRN is working under nurse protocol, they need to follow the training requirements outlined in the QA/QI Manual. Their training should be individualized as much as possible according to their scope of practice, background, and experience as assessed at the district level. For an APRN with prescriptive authority, guidance specific to their practice and supervision is available in the Prescriptive Authority for Advance Practice Registered Nurses Toolkit published by the DPH, Office of Nursing.

The QA/QI training standards which are delineated in this manual serve two purposes. First, the training standards may be used as part of an overall quality review in a public health setting. This provides an opportunity to assure that each nurse working under a nurse protocol agreement adheres to the standards of the agreement and to identify excellence in practice, as well as opportunities for improvement. Also, they are used to document the training completed by individual nurses as part of the preparation for practicing under nurse protocol.

PHN orientation includes both the general orientation given to all new public health employees and more specific clinical orientation and training necessary to function under standards and nurse protocols. The "initial required" and "annual required" training practice standards are used to document the training(s) completed by a PHN as part of the preparation for practicing under nurse protocol. The Office of Nursing has the responsibility to coordinate training and practice standards in accordance with the most current research and evidence-based practice identified by subject matter experts in each program. The extent to which the standards are implemented is determined by those who govern the day-to-day activities of public health programs and services at the local level.

GUIDANCE FOR PRECEPTORSHIP

The purpose of a supervised preceptorship is to observe and validate clinical competency for practicing under nurse protocol. A preceptor should be a top performer with proven proficiency of skills and able to discern competency of the nurse who is in training. If at any time any nurse should need a review of performance competency, the observation of performance should be performed by a qualified preceptor.

Note: It is understood that nurses are hired with a variety of education and practice experiences. Therefore, the duration of a preceptorship may vary based on the nurse's determined level of competency. However, there shall be documentation that the nurse satisfactorily meets all program requirements and performs the required clinical skills prior to signing the nurse protocol(s) and practicing under nurse protocol(s).

GUIDANCE FOR PEER REVIEW

Peer review is a process to assess and evaluate a clinician's work with a patient or group of patients, by a clinician in the same field who has similar training, experience and expertise. An Advanced Practice Registered Nurse (APRN), when available or an experienced **RN practicing under Nurse Protocol who** has completed a BSN level Health Assessment Course should observe a RN performing in the field for review. If the nurse is an APRN, the review should be provided by another APRN or a physician. If the pool of practitioners is too small within the district, external peer reviews may be utilized to meet this standard.

The major components of peer review include; observation, feedback, and strategizing. Direct observation of the clinician gives the peer reviewer genuine and detailed information needed to direct and support the clinician's skills. Feedback and strategizing create an interactive environment in which skill enhancement develops from the open dialogue between the clinician and the peer reviewer's as does case conferencing and chart review. These methods aid the clinician in creating his/her own solutions for improving performance with the support of the peer reviewer.

The District Nursing Director, County Nurse Manager, and/or Nursing Supervisor shall have the discretion to determine which program areas are appropriate for annual peer review based on the following criteria:

- Predominate program of practice for each PHN
- PHN recently assigned to a different program area
- Significant changes in program policies

Annual assessment of clinical skills by peer, supervisor or physician are required of each PHN as follows:

1. The first 2 years of practice
2. On an as needed basis dependent upon satisfactory performance in the first 2 years and ongoing satisfactory performance in the clinic area as supported by patient satisfaction, peer chart review and/or case conferencing.
3. Direct observation should continue if the PHN fails to demonstrate satisfactory performance in the first two years or other concerns are raised that, in the judgment of the District Nursing Director or County Nurse Manager, require the process to continue.
4. Annual peer chart review is required and maintained if the PHN practices in a program area.

A sample of the Peer Review Tool for the Registered Nurse in Public Health, Peer Review Tool for the Advance Practice Registered Nurse in Public Health, and APRN Evaluation tool along with guidance for completing each section is available on the next pages. This tool can be used as a standard or adapted locally. It can be applied more frequently than indicated above if a need arises (e.g. competency improvement or change of job assignment).

Note: While APRNs practice with minimal supervision, the APRN maintains a relationship of collaboration with the delegating physician. Annual performance evaluations are required and must be performed by the APRN's Delegating Physician or another APRN.

PEER REVIEW TOOL FOR THE REGISTERED NURSE IN PUBLIC HEALTH

Peer feedback for (RN name):
Peer Reviewer Name
Program for Review
Review Date

DIRECTIONS

- Peer Reviewer indicates "A, B, C, or D" as appropriate in the last column of each row
- Peer Reviewers should support their views with specific and objective comments
- Additional information for each section of the tool is available below.

Review tool:
A = Excellent performance
B = Meets the standard of care
C = Needs improvement in a specific aspect of clinical skills or knowledge
D = Does not meet the standard of care and needs an improvement plan

Peer Review of Expanded-Role RN Clinical Skills & Knowledge				
A	**B**	**C**	**D**	**Peer Reviewer should designate appropriate level below**
Review of Patient #				
Initial Interaction demonstrates appropriate interpersonal skills				
Ascertains Health History and pertinent Family History				
Performs Physical Exams				
Performs Laboratory Assessment				
Assessment, Diagnosis, and Determines Management Plan				
Implements Management Plan				
Provides Appropriate, Patient-Centered Counseling and Education				
Documentation is appropriate				

PEER REVIEW TOOL FOR THE REGISTERED NURSE IN PUBLIC HEALTH CONT.

Please provide your input regarding opportunities for personal and/or professional growth
Specific and objective comments
Signature of RN / Date
Signature of Peer Reviewer / Date

ADDITIONAL INFORMATION FOR COMPLETING THE PEER REVIEW

INITIAL INTERACTION

- Cordially greets patient
- Introduces self and observer
- Is wearing a clearly visible I.D. badge
- Assesses reason for visit
- Determines chief complaint
- Ascertains description of symptoms

OBTAINS HEALTH HISTORY

- General Health
- Childhood Health
- Adult Illnesses
- Psychosocial
- Injuries
- Operations
- Hospitalizations
- Allergies
- Immunizations
- Risky Behaviors
- Medications
- Diet
- Sexual Activity
- Females: Reproductive history/contraception use/current pregnancy status
- Pertinent family history

PERFORMS PHYSICAL EXAM

Based on chief complaint –could be a comprehensive physical exam or focused exam.

PERFORMS LABORATORY ASSESSMENT

- Orders medically necessary tests
- Orders appropriate screening tests
- Collects/labels specimens correctly
- Uses infection control precautions/procedures
- Uses microscope correctly
- Uses other equipment correctly

DETERMINES ASSESSMENT/DIAGNOSIS AND DEVELOPS TREATMENT PLAN

- Identifies specific problems
- Determines the correct assessment/diagnosis based on history and clinical findings
- Develops treatment plan consistent with programmatic standards and nurse protocols
- Involves patient in developing treatment plan

IMPLEMENTS TREATMENT PLAN

- Orders/dispenses medication with correct labeling and record-keeping
- Administers medication/immunization(s) consistent with programmatic standards and Nurse Protocols
- Consults with physicians/other health care providers as indicated per Nurse Protocol
- Makes appropriate referrals per Nurse Protocols
- Schedules follow-up visits as indicated per Nurse Protocols

PROVIDES APPROPRIATE PATIENT-CENTERED COUNSELING AND EDUCATION

- Informs patient of assessment/diagnosis
- Gives risk-reduction messages
- Gives medication and other treatment as indicated
- Provides other appropriate written materials
- Ascertains patient's understanding of information provided
- Invites questions from patient
- Uses simple terminology to give appropriate answers

DEMONSTRATES APPROPRIATE INTERPERSONAL SKILLS

Reviewer should comment on the Clinician's interpersonal skills demonstrated during any part(s) of the interaction with patient.

PRODUCES APPROPRIATE DOCUMENTATION:

Medical record is thoroughly completed

- Writing is legible
- Medical record is signed
- Signed consent forms are included with record Utilizes standard abbreviations, acronyms, symbols and dosage designations as adopted by the Health District and as required by the State Standard Abbreviations Policy.

PEER REVIEW TOOL FOR THE APRN WITHOUT PRESCRIPTIVE AUTHORITY IN PUBLIC HEALTH

Medical Record # _____

APRN/ Reviewer _____ **Date** _____

STANDARDS	Yes	No	Partial	N/A
Clinical Records Documentation				
1. Record is legible.				
2. Entries are dated, signed and indicate title.				
3. Signature must include APRN who ordered the drug.				
Assessment				
4. History is relevant.				
5. Physical exam based on history and age.				
Diagnosis				
6. Assessment/diagnosis is appropriate and based on history, physical exam and clinical findings.				
7. Health risks and needs are identified.				
Plan				
8. Plan is prioritized according to chief complaint, history and physical examination.				
9. Appropriate diagnostic tests are ordered.				
10. Diagnostic tests results are addressed.				
11. Appropriate pharmacological treatments are ordered.				
12. Non-pharmacologic treatments are identified.				
13. Formulates/documents patient education.				
14. Consultations/referrals are made when appropriate.				

PEER REVIEW TOOL FOR THE APRN WITHOUT PRESCRIPTIVE AUTHORITY IN PUBLIC HEALTH CONT.

15. Follow-up interval is appropriate.				
16. Health care goals and outcomes are documented.				
Legal Requirements of Nurse Protocol Agreements				
17. Nurse Protocol Agreement defines the scope of practice for the APRNs and the specific district and county location.				
18. Nurse Protocol Agreement specifies parameters under which delegated acts may be performed. Therefore, the written agreement must specify the medications that may be ordered to treat and manage acute and chronic health conditions. These medications may be included in specified classes of drugs (e.g., Beta blocker) NOTE: A statement which excludes controlled substances should be included in the APRNs' Agreement.				
19. Nurse Protocol Agreement specifies the text(s), written guidelines, and or other reference documents, which will be used by the APRN relative to his/her scope of practice.				
20. Nurse Protocol Agreement specifies conditions that warrant physician consultation or referral.				
21. Nurse Protocol Agreement specifies how services will be documented, including what forms will be used and how follow-up to referrals will be documented.				
22. Nurse Protocol Agreement is signed and dated by each APRN using these protocols and each delegating physician.				
23. Nurse Protocol Agreement is reviewed at least annually and re-dated appropriately.				
24. Nurse Protocol Agreement includes a schedule for quarterly review of patient records by the delegating physician.				

EVALUATION OF THE PEER REVIEW PROCESS BY THE APRN WITHOUT PRESCRIPTIVE AUTHORITY IN PUBLIC HEALTH

Date: _____ Name of Peer Reviewer: _____

Name of APRN Reviewed: _____

Instructions: This is a tool for evaluating the peer reviewer and process. Please rate the characteristics of your peer reviewer using the Likert Scale and questions below.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Objective and Fair	1	2	3	4	5
2. Resourceful/knowledgeable	1	2	3	4	5
3. Communicated effectively	1	2	3	4	5
4. Supportive	1	2	3	4	5
5. Respectful	1	2	3	4	5
6. Listened to my comments/concerns	1	2	3	4	5
7. Patient	1	2	3	4	5
8. Demonstrated understanding of the clinician role	1	2	3	4	5

Did you receive information from the peer review about your performance that you found helpful? ___ Yes ___ No

Did the peer reviewer suggest resources to you that will aid in improving your job performance? ___ Yes ___ No

What aspects of the peer review do you feel will benefit your job performance?

_____

_____

Please make any suggestions for improvement in the evaluation approach of the peer reviewer.

_____

_____

DOCUMENTATION OF TRAINING AND PROFESSIONAL DEVELOPMENT

Guiding principles for effective documentation of training:

1. Each RN and APRN is responsible for documenting examples of their professional growth and development (e.g., workshops, seminars, community/professional meetings).

2. Documentation of all training to demonstrate preparation and competency to practice under Nurse Protocol(s)s for one or more specific programs and should be maintained on file for five years at the district office and by the individual nurse.

3. Training files must be made available for review by RNs and APRNs during QA/QI reviews.

The PHN Database was formerly the primary tool for capturing training dates for the initial and annual training. In February 2019, the PHN Executive Leadership voted to support the statewide learning management system, Exceed, as the primary system for workforce and training data for public health nurses in Georgia. Roll out for completing QA/QI required trainings in Exceed is expected in January 2020.

CHILD HEALTH

Learning Expectations – Initial Training The nurse must complete the following prior to practicing under nurse protocol:	**Documentation**		**Training Objectives**
	Yes	**No**	
	Date & Initials	Explain	
SELF-STUDY TRAINING COURSES			
CH101: Read Georgia Department of Public Health, Maternal and Child Health Programs Course duration: 1 hour			Description: overview of the various programs within the MCH section. Objective: nurses will be familiar with various MCH Programs: -Children First -Newborn Screening -EHDI -CYSHCN -Autism QUAD Council Competency: 2
CH102: Read the Newborn Screening Policy & Procedure Manual and watch the collection video Course duration: 2 hours			Description: this section includes information on Blood Screening, EHDI-Hearing Screening, and CCHD-Critical

			Congenital Heart Disease. Objectives: a) after watching the NBS collection video, nurses will be able to collect adequate NBS specimens b) After reviewing the NBS Policy & Procedure Manual, nurses will be able to obtain more information regarding the importance of NBS for babies during the newborn period. QUAD Council Competencies: 1,3,5, 6
CH103: a) Review the CDC's article Blood Lead Levels in Children and the 'Additional Resources' noted below the article b) Review DPH Resources: * Guidelines in Screening and Reporting Elevated Blood Lead Levels			Description: This section includes information on guidelines in screening, reporting and managing blood levels in children.

* Childhood Lead Poisoning Prevention Program Case Management Guidelines * Medicaid Screening Childhood Lead Poisoning (PowerPoint Presentation) c) Watch the following videos: ✓ Mission Unleaded: How to test Children for lead with Maximum Accuracy ✓ Reduce the Risk: Preventing Childhood Lead Poisoning in Georgia Course duration: 1 hour, 30 minutes			Objectives: a) perform adequate lead blood screening b) educate parents on ways to reduce or eliminate dangerous lead sources in the environment QUAD Council Competencies: 1,2,3,5,6
CH104: Complete general review of pharmacology of drugs most commonly used to treat child health conditions listed in Child Health Nurse Protocols Course duration: 1 hour			Description and objective: Nurse will be familiar with the classification, dosage, routes of administrations, and side effects of medications used to treat conditions in the child health protocols QUAD Council Competency: 1
CH105: Review the Policy and Procedure for EPSDT Services – Health Check Program manual Course duration: 2 hours, 30 minutes			Nurses will be able to: a.) List all the components required for a health check service

			b.) Know how to adequately perform a health check visit based on the various components QUAD Council Competencies: 1-4
CH 106: Review the ***Bright Futures Tool and Kit Resource Kit*, 2nd Edition** including: * Bright Futures Previsit Questionnaires * Bright Futures Visit Documentation Forms * Bright Futures Parent/Patient Educational Handouts Course duration: 1 hour			Description and objectives: a.) Identify the AAP recommended services required to be performed from newborn to adolescence b.) Utilize the tools found within the Bright Futures guidelines to perform services adequately. QUAD Council Competencies: 1-4
CH107: Review HemoCue Hemoglobin Procedure package insert for your individual district. Example package description Course duration: 10 minutes			Description and objective: Nurse will be able to adequately perform a HemoCue hemoglobin test

			QUAD Council Competency: 1
CH 108: Review information related to Georgia DPH Form 3300 Course duration: 30 minutes			Description: This section contains the form needed to complete a Certificate of Vision, Hearing Dental, and Nutrition Screening Objective: Nurse will be able to understand the components that are needed to obtain a complete screening certificate QUAD Council Competency: 1, 3
CH 109: Complete Modified Checklist for Autism in Toddlers – Revised Follow-up (MCHAT-R/F) Screening Tool Training on EXCEED. Watch the video and review the screening tool Course duration: 1 hour			Description: Course reviews early screening for autism, use of the M-CHAT R/F screening tool, and referral for further evaluation. Objectives: a.) Articulate why screening for autism is important

			b.) Know when & how to screen for autism c.) Implement use of the M-CHAT screening tool d.) Know the parameters for when to refer children for further evaluation QUAD Council Competencies: 1, 3, 4
CH 110: Complete the Georgia Public Health Hearing Screening Program Training Curriculum on EXCEED a) INFANTS: follow-up screening for newborn hearing screening programs (infants up to 3 months of age who did not pass both ears before hospital discharge) b) CHILDREN: Hearing Screening Beyond the Newborn Period Course duration: 2 hours, 45 minutes			Description: reviews importance of early identification of hearing loss, implications of hearing loss, how to complete a hearing screening in a PH clinic setting for different age groups, and instruction on how to refer to audiology for further testing if the hearing screening is not passed. Objectives: a.) Recognize the importance of

			ensuring every baby receives timely and appropriate follow-up when the hearing screening is not passed for both ears b.) Implement & conduct hearing screenings in the PH setting QUAD Council Competencies: 1, 3, 5, 6
CH111: Complete Oral Health Screening and other Oral Health Considerations for the School Nurse and the Public Health Nurse on EXCEED Course duration: 30 minutes			Description: reviews normal oral structure, common dental problems and how to complete the dental section of form 3300. Objectives: a.) Assess oral cavity to identify normal/abnormal oral structures b.) Identify common dental problems QUAD Council Competencies: 1-4

CH112: Complete Dyslipidemia Screening in Children and Iron Deficiency Anemia in Children Protocol Training on EXCEED Course duration: 2 hours			Description: This course gives an overview of Iron deficiency anemia and Dyslipidemia, discusses causes, treatment and management. This activity has been approved for 1.5 contact hours CNE until 6/24/21. This course also offers a second training video on proper venipuncture technique. Objectives: a.) Describe causes & treatment of anemia and dyslipidemia b.) Identify the normal hemoglobin & lipid blood levels c.) Perform a venipuncture blood collection on pediatric patients QUAD Council Competencies: 1, 4

DIDACTIC / CLASSROOM TRAINING COURSES (prerequisite self-study courses)			
CH 201: Attend Ages and Stages Questionnaires (ASQ-3 and ASQ:SE) provided by certified ASQ-3 and ASQ:SE Trainer **NOTE:** 9/1/19 - *State office paid training on hold due to budget cuts; District can elect to provide locally via district funding if desired. Contact MCH for ASQ trainer information.* Course duration: 8 hours			Description: Tool used to assess psychomotor, neuro and emotional development of children ranging in age from newborn to six years. Objectives: a.) Identify child's strengths b.) Determine if early intervention services are needed based upon results of the screening QUAD Council Competency: 1, 3, 4
CH202*: a) Complete "Vision Screening Part 1" on EXCEED (mandatory for all) b) if the district utilizes PlusOptix automated vision screeners complete "Vision Screening Part 2" on Exceed c) Complete the GA Maternal & Child Health Program's Vision Screening Procedures Validation Form with a PH nurse **who** has a current certification. **Forms are located on Exceed in Vision Screening**			Description: Training course reviews common eye problems, how to implement vision screening in a PH office setting, and instruction on how to complete a vision screen using charts and automated vision screeners.

Part 1 under section "Validation Forms and Vision Procedures". * Recertification required every 3 years Course duration: 3 hours			Objectives: a) Recognize signs of vision problems b) Implement & conduct vision screening in a public health setting QUAD Council Competencies: 1, 3, 5, 6

CH203: Complete Scoliosis Screening Training Program for Healthcare Professionals. **Two options available to satisfy training requirement:** a.) View *Scoliosis Curve Check* training video on EXCEED Course duration: 1 hour **OR** b.) Take in-person training (available free from Children's Healthcare of Atlanta- Contact: Betty Warnock, RN Betty.Warnock@choa.org) **In-person scoliosis training has two options:** **Option 1**: Individual district can schedule CHOA nurse to provide onsite group training for multiple PH nursing staff if needed **Option 2**: MCH state office can coordinate a centrally located training for multiple districts if needed in a training quarter. Course duration: 3 hours			Description and objectives: a.) Adequately perform a scoliosis screening b.) Identify children with abnormal curvatures of the spine QUAD Council Competencies: 1-4

CH204: Attend Pediatric Physical Assessment Training <u>Two Day Course</u>: • Day 1 (9am - 4pm) - Pediatric physical assessment (normal/abnormal variations, developmental considerations, nutrition) • Day 2 (9am - 4pm) - Pediatric physical assessment **NOTE:** 9/1/19 - *State office paid training on hold due to budget cuts; District can elect to provide locally via academic partner if district funding available.* Course duration: 12 hours			Description: provides knowledge and skills to assess and document findings on pediatric and adolescent population. Objective: Identify common physical findings, deviations and signs of distress when performing a pediatric physical assessment QUAD Council Competency: 1, 3, 4
Preceptorship (prerequisites self-study and didactic courses)			
A preceptor will observe the nurse performing clinical procedures on: • infants (less than 1 year old) • toddlers (1 year through 2 years of age) • preschool and school-age children (3 years through 10 years of age) • adolescents (11 through 19 years of age)			
Child Health Procedures should include, but not limited to, the following (as applies to items below, include when procedures are age-appropriately indicated):			
1. Complete History (family, personal, social development and medication)			
2. Physical Assessment			

3. Hearing Screening			
4. Vision Screening - skills validation component of vision screening of children three years of age and older is completed and current MCH Certificate of Completion on file			
5. Newborn Screening for Metabolic and Sickle Cell Disorders (include when indicated to be performed in public health and how to find screening results)			
6. Lead Screening			
7. Dental Examination			
8. Immunization			
9. Scoliosis Screening			
10. Ages and Stages Questionnaires (ASQ-3 and ASQ:SE)			
11. Nutrition Screening			
12. Hemoglobin Screening			

CHILD HEALTH CONT.

Learning Expectations – Annual Training The Nurse must complete the following annually or as otherwise indicated while practicing under nurse protocol:	**Documentation**		**Comments/Notes**
	Yes	**No**	
	Date & Initials	Explain	
Self-Study			
Remain current on policies and procedures/manuals regarding all Child Health services and nurse protocols with special attention to any revisions and pharmacology of any new drugs as determined by child health program			
Didactic/Classroom Training			
Participation in at least one training per year to remain current on policies and procedures concerning Child Health or Child Health Protocol updates provided by the Medical Consultant or other designated trainer.			

Vision Screening of Children Three Years of Age and Older (training available on Exceed under MCH in the training catalogue) *Complete every three years (recertification).			

Clinical/Peer Review			
1. The supervisor or peer shall observe and review the nurses' satisfactory performance in an encounter			

with an infant (less than one year old), a child (one year through 10 years old) and an adolescent (11 years through 19 years old) health assessment, work-up and client counseling session.			
2. Every three years, skills validation component of Vision Screening of Children Three Years of Age And Older is completed and current Maternal and Child Health Certificate of Completion on file.			

Additional resources for the Child Health program are listed in Attachment 2.

DIABETES

Learning Expectations – Initial and Annual Training	Description and objectives	Course Duration	Quad Council Competencies Domain(s)	Date Completed
Self-Study				
DM 101: Georgia Department of Public Health – Diabetes website	Objectives: • Nurses will explain the disease burden of diabetes in Georgia. • Nurses will locate statistics on diabetes in Georgia to assist them in working with patients.	10 mins	1: Analytic and Assessment skills	
DM 102: US Preventive Services Task Force – Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening	Nurses will identify patients who should be screened for type 2 diabetes.	10 mins	1: Analytic and Assessment skills 2: Policy Development/Program Planning Skills	
DM 103: Georgia Department of Public Health – Standard Nurse Protocol for Diabetes Mellitus in Adults	Nurses will describe the process and guidelines for managing Type 2 diabetes.	1 hour	1: Analytic and Assessment skills 2: Policy Development/Program Planning Skills	
DM 104: Pharmacology for Diabetes. Training available on Exceed under the Health Promotion and Chronic Disease Prevention section.	Nurses will identify appropriate medications used in the treatment of diabetes.	1 hour	1: Analytic and Assessment skills	

DM 105: Management of Blood Glucose with Noninsulin Therapies in Type 2 Diabetes, *Am Fam Physician.* 2015 Jul 1;92(1):27-34.	Nurses will utilize standards of care for type 2 diabetes management.	30 mins	1: Analytic and Assessment skills 2: Policy Development/Program Planning Skills	
DM 106: Diabetes Self-Management and Education (DSME) Webinar (training available on Exceed under Health Promotion and Chronic Disease Prevention)	Nurses will identify and refer patients to DSME program.	33 mins	1: Analytic and Assessment skills 3: Communications Skills 5: Community Dimensions of Practice 6: Public Health Science Skills	
Didactic / Classroom				
DM 201: Physical examination of patient with focus on clinical documentation (2016) *Recording facilitated by Dr. Paul Wallach – Medical College of Georgia at Augusta University* - available on Exceed.	Objectives: • Nurses will perform a complete physical assessment. • Nurses will demonstrate skills for an accurate blood pressure measurement and ECG placement.	1 hour	1: Analytic and Assessment skills s 4: Cultural Competencies Skill	

DM 202: Hypertension and Diabetes Nurse Protocol Workshop (2-day workshop) at the Medical College of Georgia at Augusta University (Augusta, GA). Emails regarding workshop offerings are sent out as workshops are available (approximately 3 times per year). Registration and course schedule are on Exceed.	Objectives: • Nurses will be able to list the risk factors, diagnosis, and complications of diabetes. • Nurses will be able to differentiate primary and secondary hypertension. • Nurses will be able to collaborate with the delegating physician to provide care for patients with diabetes and hypertension including pharmacologic and non-pharmacologic management.	12 hours	1: Analytic and Assessment skills 2: Policy Development/Program Planning Skills 3: Communications Skills 5: Community Dimensions of Practice 6: Public Health Science Skills	
Preceptorship				
A supervisor or selected peer shall review the nurse providing complete diabetes-related care including chief complaint, history of present illness, medical, surgical and social history, preventive services (e.g. mammogram, pap smear, colorectal screening, and immunizations), complete physical exam, counseling and motivational interviewing, lab work, and ordering/dispensing/ administering medications under protocol.				

Additional resources for the Diabetes program are listed in Attachment 2.

HIV

HIV disease management is rapidly evolving. Public Health Nurses are expected to utilize the most up-to-date HIV-related guidelines within this tool and resources such as U.S. Department of Health and Human Resources, Stanford University HIV Drug Resistance Database, and AIDS Education and Training Center as they become available. Listed trainings focus on the current Standard Nurse Protocols for the HIV-infected adult, but additional references and information are available for situations beyond the current protocols in Attachment 2.

Learning Expectations – Initial Training	Description and objectives	Course Duration	Quad Council Competencies Domain(s)	Date Completed
Self-Study				
HIV 101: U.S. Department of Health and Human Services (DHHS), Review of the Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV • Introduction • Baseline Evaluation • Laboratory Testing for Initial Assessment and Monitoring of Patients with HIV Receiving Antiretroviral Therapy • Viral Load and CD4 Monitoring • Drug Resistance Testing • HLA-B* 5701 Screening	The primary goal is to provide HIV care practitioners with recommendations based on current knowledge of antiretroviral drugs (ARVs) used to treat adults and adolescents with HIV in the United States. These guidelines represent current knowledge regarding the use of ARVs. Because the science of HIV evolves rapidly, the availability of new agents and new clinical data may change therapeutic options and preferences. Objective: Introduce a public health nurse to the national guidelines related to ARVs and to become familiar with the sections related to the HIV nurse protocols:	8 hours	1: Analytic and Assessment skills 4: Cultural Competencies Skills 6: Public Health Science Skills 8: Leadership and Systems Thinking Skills	

• Treatment Goals • Adherence to the Continuum of Care • Antiretroviral Drugs Not Recommended	Laboratory Testing for Initial Assessment and Monitoring of HIV-Infected Patients on Antiretroviral Therapy, Treatment Goals, Adherence to Antiretroviral Therapy, and Antiretroviral Regimens Not Recommended.			
HIV 102: U.S. Department of Health and Human Services (DHHS), Review of the Guidelines for the Prevention and Treatment of Opportunistic Infections (OI) in Adults and Adolescents with HIV Adult and Adolescent Opportunistic Infection – sections related to protocols, e.g., Disseminated Mycobacterium avium Complex Disease, Varicella-Zoster Virus Disease, Mucocutaneous Candidiasis, Herpes Simplex Virus, Pneumocystis Pneumonia, Toxoplasma gondii Encephalitis and Tables 1 – 8. • Introduction • Mycobacterium avium Complex Disease • Pneumocystis Pneumonia • Varicella-Zoster Virus Disease • Toxoplasma gondii Encephalitis • Candidiasis (Mucocutaneous)	Description: Review of the national guidelines for the prevention and treatment of opportunistic infections (OI's). Objectives: Provide basic information and guidance to HIV public health nurses on the optimal prevention and management of HIV-related OI's for adults and adolescents in the United States.	8 hours	1: Analytic and Assessment skills 6: Public Health Science Skills 8: Leadership and Systems Thinking Skills	

• Bacterial Enteric Infections • Herpes Simplex Virus • Recommended Immunization Schedule for Adults and Adolescents with HIV Infection				
HIV 103: Review AIDS Education and Training Center Program Successful completion of the topics listed below: a. Course introduction b. Screening and Diagnosis Overview ▪ Topic 4 – Acute and Recent HIV Infection ▪ Topic 5 – Linkage to HIV Care c. Basic HIV Primary Care Overview • Topic 1 – Initial Evaluation • Topic 2 – Oral Manifestations • Topic 3 – Cutaneous Manifestations • Topic 4 – Immunizations in Adults • Topic 5 – Primary Care Management • Topic 8 – Retention in HIV Care	Description: Comprehensive educational self-study course to introduce a public health nurse to basic HIV/AIDS: screening, diagnosis, primary care, ART, and co-occurring conditions. Objectives: It is the goal of the National HIV Curriculum to provide ongoing, up-to-date information needed to meet the core competency knowledge for HIV prevention, screening, diagnosis, and ongoing treatment and care to healthcare providers in the United States. **Note**: you can earn up to 32 nursing CEUs if complete all course modules.	3 - 8 months (varies by daily and weekly commitment)	1: Analytic and Assessment skills 2: Policy Development/Program Planning Skills 3: Communications Skills 4: Cultural Competencies Skills 5: Community Dimensions of Practice 6: Public Health Science Skills 7: Financial Planning and Management Skills 8: Leadership and Systems Thinking Skills	

d. Antiretroviral Therapy Overview • Topic 1 – Antiretroviral Medications and Initial Therapy • Topic 2 – Adverse Effects of Antiretroviral Medications • Topic 3 – Drug Interactions with Antiretroviral Therapy Medications • Topic 4 – Switching or Simplifying Antiretroviral Therapy Medications • Topic 5 – Evaluation and Management of Virologic Failure e. Co-occurring Conditions (when available)				
HIV 104: HRSA Guide for HIV/AIDS Clinical Care, April 2014 edition or current edition. Section 5: Diarrhea, pp. 281-286 **and 289-294**	Description: This course provides information on diarrhea assessment and treatment for people living with HIV/AIDS. Objective: To allow public health nurses to gain knowledge and competency of diarrhea management in people living with HIV using the Subjective, Objective, Assessment, and Plan (SOAP) model.	1 hour	1: Analytic and Assessment skills 6: Public Health Science Skills	
HIV 105: Food Safety for People with HIV/AIDS, U.S. Department of Agriculture, FDA	Description:	2 hours	1: Analytic and Assessment skills	

	This course provides information on food safety for people living with HIV/AIDS. Objective: The objective of this course is to provide practical guidance on how to reduce risk of foodborne illness in patients living with HIV.		4: Cultural Competencies Skills 6: Public Health Science Skills	
Didactic / Classroom				
HIV 201: Overview of Adult HIV Care course (as available), such as: • AIDS Education and Training Center (AETC) HIV 101 • GA DPH, HIV update/nurse protocol training Note: this course is not currently offered live, though this is subject to change. If it becomes available all self-study courses are prerequisites prior to registration. **OR** An equivalent training which includes an introduction to the following topics: • HIV emerging trends, pathogenesis and acute infection • Antiretroviral therapy and viral resistance	Description: Comprehensive educational self-study course to introduce a public health nurse to basic HIV/AIDS: screening, diagnosis, primary care, ART, and co-occurring conditions. Objectives: It is the goal of the National HIV Curriculum to provide ongoing, up-to-date information needed to meet the core competency knowledge for HIV prevention, screening, diagnosis, and ongoing treatment and care to healthcare providers in the United States.	Duration 8 hours	1: Analytic and Assessment skills 3: Communications Skills 4: Cultural Competencies Skills 6: Public Health Science Skills	

• Symptomatic HIV/AIDS and opportunistic infections • Medical complications in HIV management • HIV and oral health • Viral hepatitis co-infections **OR** Completion of the requirements listed under Self-Study. A live course in addition to the Self-Study requirements is preferred, if available.				
HIV 202: TB 101 or TB Intensive course included in QA/QI for PHN Practice Manual Standards and Tools for Tuberculosis.	Description of each course/module and objectives are provided at the beginning of course training.	6- 8 hours	1: Analytic and Assessment skills 6: Public Health Science Skills	
HIV 203: STD 101 or STD Intensive course included in QA/QI Manual for PHN Standards and Tools for Sexually Transmitted Diseases.	Objective: Nurses will understand medications used in the treatment of STDs Additional resources on pharmacology stocked in clinics: • Nursing 2019 Drug Handbook (Nursing Drug Handbook) Thirty-Ninth Edition • Davis's Drug Guide for Nurses 16th Edition	2 hours	1: Analytic and Assessment skills 6: Public Health Science Skills	

HIV 204: PrEP Training – contact Dr. Felzien to schedule in-person training Gregory.Felzien@dph.ga.gov	The initial discussion will cover; an outline of the current Georgia STI landscape, summary of STI prevention modalities, discussion on the current PrEP guidelines and a review of potentially new STI prevention modalities. Presentations can be tailored in meeting the needs of the requesting agency. This training is available in-person or webinar training with continued support in answering questions related to STI prevention, including PrEP.	1-3 hours in person or webinar	1: Analytic and Assessment skills 4: Cultural Competencies Skills 5: Community Dimensions of Practice 6: Public Health Science Skills	
Preceptorship				
Complete HIV/clinic orientation with supervisor, peer and delegating physician or medical physician consultant				
Nurse will observe preceptor utilizing protocol to assess, evaluate, educate and order medications as appropriate for HIV-infected patients.				
Preceptor will observe nurse utilizing protocol to assess, evaluate, educate and order medications as appropriate for HIV-infected patients.				

HIV ANNUAL TRAINING

Learning Expectations – Annual Training	Description and objectives	Course Duration	Quad Council Competencies Domain(s)	Date Completed
Self-Study				
1. Review HIV-Infected Adult Standard Nurse Protocols for updates and changes				
2. Review updates including, but not limited to: DHHS and HRSA Guidelines for HIV/AIDS Clinical Care.				
Didactic / Classroom				
Annually, obtain a minimum of 10 contact hours of HIV/AIDS education through any method (Must include HIV/AIDS-related medication update/pharmacology). Suggested resources for continuing education include, but are not limited to the websites to follow and the resources list at the end of this tool: • HIV Management, Hepatitis Management, The Miami Course				

• HIV Update, Contemporary Issues in Management • IDWeek • IAS-USA, International Antiviral Society-USA				
Clinical / Peer Review				
Annual assessment of nurse utilizing Nurse Protocol to assess, evaluate, educate and order medications as appropriate for HIV-infected patients by peer, supervisor or physician.				
Annual chart review by supervisor or physician to assess appropriate usage and documentation of protocol.				

Additional resources for the HIV program are listed in Attachment 2.

HYPERTENSION

Learning Expectations – Initial and Annual Training	Description and objectives	Course Duration	Quad Council Competencies Domain(s)	Date Completed
Self-Study				
HTN101: Georgia Department of Public Health – High Blood Pressure Control	1. Nurses will explain the disease burden of high blood pressure in the state of Georgia. 2. Nurses will locate statistics on high blood pressure to assist them in working with patients.	10 mins	1: Analytic and Assessment skills	
HTN 102: US Preventive Services Task Force – High Blood Pressure in Adults: Screening	1. Nurses will be able to define normal and abnormal blood pressure results. 2. Nurses will be able to identify patients who should be screened for hypertension	10 mins	1: Analytic and Assessment skills 2: Policy Development/Program Planning Skills	
HTN 103: Blood Pressure Fundamentals webinar - Training available on Exceed.	Nurses will be able to accurately measure blood pressure	75 mins	1: Analytic and Assessment skills	
HTN 104: Georgia Department of Public Health – Standard Nurse Protocol Nurse	Nurses will learn the process and guidelines for managing hypertension.	1 hour	1: Analytic and Assessment skills	

Protocol for Primary Hypertension in Adults			2: Policy Development/Program Planning Skills	
HTN 105: The Eighth Joint National Committee (JNC 8) Hypertension Guideline Algorithm	Nurses will utilize standards of care for hypertension management	15 mins	1: Analytic and Assessment skills 2: Policy Development/Program Planning Skills	
HTN 106: Pharmacology for Hypertension - Training available on Exceed.	Nurses will identify medications used in the treatment of hypertension	33 mins	1: Analytic and Assessment skills	
Didactic / Classroom				
HTN 201: Recorded complete physical examination of patient with focus on clinical documentation (2016). *Recording facilitated by Dr. Paul Wallach – Medical College of Georgia at Augusta University*). Training available on Exceed	1. Nurses will perform a complete physical assessment. 2. Nurses will demonstrate skills for an accurate blood pressure measurement and ECG placement.	1 hour	1: Analytic and Assessment skills 4: Cultural Competencies Skill	
HTN 202: Hypertension and Diabetes Nurse Protocol Workshop (2-day workshop) at the Medical College of Georgia at Augusta University (Augusta, GA). Emails regarding workshop offerings are sent out as workshops are available (approximately 3 times per year); registration and course schedule	1. Nurses will be able to list the risk factors, diagnosis, and complications of diabetes. 2. Nurses will be able to differentiate primary and secondary hypertension.	12 hours	1: Analytic and Assessment skills 2: Policy Development/Program Planning Skills	

are on Exceed.	3. Nurses will be able to collaborate with the delegating physician to provide care for diabetes and hypertension patients including pharmacologic and non-pharmacologic management.		3: Communications Skills 5: Community Dimensions of Practice 6: Public Health Science Skills	
Preceptorship				
A supervisor or selected peer shall review the nurse providing complete hypertension-related care including chief complaint, history of present illness, medical, surgical and social history, preventive services (e.g. mammogram, pap smear, colorectal screening and immunizations), complete physical exam, counseling/ motivational interviewing, lab work and ordering/dispensing /administering medications per Nurse Protocol.				

Additional resources for the Hypertension program are listed in Attachment 2.

IMMUNIZATIONS

INTRODUCTION

The Georgia Immunization Program, within the Georgia Department of Public Health produces an Immunization Program Manual based on the Advisory Committee on Immunization Practices (ACIP) recommendations that outline the recommended Policies and Procedures for administering vaccines by Registered Nurses and for providing immunization services. An advisory committee consisting of District Immunization Coordinators and Pediatricians, a State Pharmacist and the Immunization Program management team, review and update the manual on an ongoing basis. All public health locations that provide vaccine services will utilize the current edition of the Georgia Department of Public Health Immunization Program (GIP) Manual as outlined in the Standard Nurse Protocol for Childhood and Adult Immunizations located at https://dph.georgia.gov/nurse-protocols. Each district is responsible for having written policies and procedures for the administration of travel vaccines that have been reviewed and signed annually by the health director or their designee if applicable.

PURPOSE

The purpose of this QA/QI tool is to document the training/education expectations and the parameters of clinical practice for immunization services. Use of this tool will help promote consistency in practice across programs on a statewide basis and provide an opportunity to identify excellence in practice, as well as opportunities for improvement. The components of this tool may be used to conduct QA reviews of training programs and administration of vaccines by registered nurses. These reviews may be done by Public Health staff from either the local or state level. The credentialing, training and education expectations as well as the parameters of clinical practice for Licensed Practical Nurses in immunization services are in Chapter 13 of the Georgia Immunization Program Manual. This tool may be used when evaluating immunization services provided by Licensed Practical Nurses.

IMMUNIZATIONS

Learning Expectations – Initial Training	Description and objectives	Course Duration	Quad Council Competencies Domain(s)	Date Completed
Self-Study				
IM 101: Epidemiology and Prevention of Vaccine-Preventable Diseases View online CDC Pink Book webinar series * *Resources* • *Pink Book Epidemiology & Prevention of Vaccine Preventable Diseases-CDC* *+ • *General Best Practice Guidelines for Immunization**+ • *Manual for the Surveillance & Reporting of Vaccine Preventable Diseases Manual, CDC**+ • *Georgia Notifiable Disease Fact Sheets+ (Georgia Immunization Program Manual) Chapter 6- Surveillance and Reporting*	a. Nurse will be able to describe the difference between active and passive immunity. b. Nurse will be able to locate resources regarding vaccine preventable diseases and vaccinations that prevent them. c. Nurse will be able to locate resources relevant to current immunization practice.	24 hours	1: Analytic and Assessment Skills 2: Policy Development/Program Planning Skills 3: Communications Skills 6: Public Health Science Skills 7: Financial Planning and Management Skills	
IM 102: Vaccine Storage and Handling View and print certificate of completion for the CDC's "Keys to Storing and Handling Your Vaccine Supply" and	a. Nurse will be able to describe elements of proper vaccine storage and handling.	3 hours	1: Analytic and Assessment Skills 2: Policy Development/Program Planning Skills	

complete the "You Call the Shots: Vaccine Storage and Handling Module" **OR** Attend a Vaccine Storage & Handling training presentation provided by the GA Immunization Program and complete and pass posttest "How to Protect Your Vaccine Supply" with a score of 80% (See attachments A and B) * + ***Resources*** • ***Georgia Immunization Program Manual*** ***+ • ***Routine and Emergency Vaccine Handling Plans*- (Georgia Immunization Program Manual) Chapter 9-Vaccine Distribution and Storage***	b. Nurse will be able to list three components of vaccine inventory management. c. Nurse will be able to identify two instances when storage and handling training is needed for staff. d. Nurse will be able to describe recommended equipment for proper storage and handling of vaccines.		4: Cultural Competencies Skills 6: Public Health Science Skills 7: Financial Planning and Management Skills	
IM 103: Vaccine Administration Techniques Attend a Vaccine Administration Techniques training session +* Contact GA Immunization Regional Consultant (IRC) to schedule presentation **OR** View the Immunization Techniques DVD+* purchased from Immunization Action Coalition or complete the CDC Vaccine Administration e-learn course. Complete and pass the Vaccine Administration Techniques posttest with	a. Nurse will be able to define steps for proper vaccine administration. b. Nurse will be able to recognize the recommended routes and sites for vaccine administration. c. Nurse will be able to describe best practices to prevent vaccine administration errors.	3 hours	1: Analytic and Assessment Skills 2: Policy Development/Program Planning Skills 3: Communications Skills 4: Cultural Competencies Skills 6: Public Health Science Skills 7: Financial Planning and Management Skills	

a score of 80% following either training (see attachments C, D, E, and F) ***Resources*** • ***General Best Practice Guidelines for Immunization*****+** • ***Pink Book Epidemiology & Prevention of Vaccine Preventable Diseases-CDC*** ***+** • ***Georgia Immunization Program Manual*** ***+** • ***Health District Policies & Procedures for Administration of Travel Vaccines* (If district administers travel vaccines)***				
IM 104: Review and instruct on how to access Immunization forms, reports, & records (refer to Immunization Program Manual) a. Patient Immunization Record (written and computerized) b. Vaccine Information Statements * c. Forms for childcare and school attendance • Certificate of Immunization (Form 3231) ** • Religious Objections (Form 2208) ** • Chapter 5- Requirements of School / Childcare Law	a. Nurse will be able to access and review immunization forms, reports and records.	16 hours	1: Analytic and Assessment Skills 2: Policy Development/Program Planning Skills 4: Cultural Competencies Skills 6: Public Health Science Skills	

d. VFC Provider Agreement-Determination of Coverage and Fees** Chapter 9- Vaccines for Children & Adults Vaccine Program Policies and Procedures e. Informed Consent** Chapter 3- Informed Request Policy f. Vaccine Adverse Event Reporting System (VAERS)** Chapter 4–Adverse Events Following Immunizations g. Tracking and Follow-up Moved or Gone Elsewhere (MOGE)** Chapter 8 – Recall of Patients h. Notifiable Disease Reports /Vaccine Preventable Disease (VPD) fact sheets ** Chapter 6 – Surveillance and Reporting i. Immigration Forms* (USCIS Form I-693 available online) j. District Immunization documentation forms and charting process * k. Georgia Registry of Immunization Transactions & Services (GRITS) • Access and query for an existing immunization record to determine current immunization status and need for vaccination				

• Recall process and related forms and letters (GRITS Website) l. Clinical Assessment Software Application (CASA) report* (Contact District Immunization Regional Consultant for training instructions) m. Current Georgia Immunization Studies ***Resources*** ***District Immunization Coordinator, District Immunization Regional Consultant (IRC), and the Georgia Immunization Program "On-Call" resource phone line***				
Didactic / Classroom				
IM 201: GA Requirements for School and Child Care Attendance Attend a training session on GA Requirements for School and Child Care Attendance (Can be provided by a district "Certified Trainer" or an Immunization Regional Consultant)	a. Nurse will be able to describe Georgia immunization law and DPH rules and regulations for Georgia immunization certificates. b. Nurse will be able to describe standards for issuing and filing certificates of immunization.	2 hours 30 mins	1: Analytic and Assessment Skills 2: Policy Development/Program Planning Skills 3: Communications Skills 4: Cultural Competencies Skills 6: Public Health Science Skills	

IMMUNIZATION CONT.

Preceptorship/ Clinical	
The extent and duration of the preceptorship/clinical may vary according to the needs of each individual nurse. However, there shall be documentation that the nurse can satisfactorily perform the required clinical skills on the attached check list (see Attachment G) and that the preceptor has observed the required encounters prior to the nurse being allowed to administer vaccines without direct supervision. The minimum number of observed encounters should be two per age group indicated (infants, children/adolescents and adults) +	

IMMUNIZATIONS ANNUAL TRAINING

Learning Expectations – Annual Training	Description and objectives	Course Duration	Quad Council Competencies Domain(s)	Date Completed
Didactic / Classroom				
Complete an annual update for the following training: (training sessions can be live, webcast, or recorded for self-study from GIP or the CDC National Center for Immunization and Respiratory Diseases-Immunization Services) * • Vaccine Administration and Safety • Immunization Schedule Updates (Review of the Recommended Immunization Schedule) • Vaccine Storage and Handling (see initial training VFC requirements) • International/ Travel Vaccines (if applicable)				
Clinical / Peer Review				
A supervisor or peer shall document that the nurse can satisfactorily perform the required clinical skills on the attached check list (see attachment G) +				

+ Additional resources for the Immunization program are listed in Attachment 2.
* Most current version
** Chapter reference refers to the Georgia Immunization Program Manual

IMMUNIZATION RESOURCES AND FORMS

ATTACHMENT – A: VACCINE SUPPLY POST TEST

"How to Protect Your Vaccine Supply"

Please mark one correct answer for each question. Each question counts 10 points.
A passing score is 80%.

1. What type of refrigerator/freezer does CDC recommend for vaccine storage units?

   A. Purpose-built units designed to either refrigerate or freeze
   B. Dormitory type refrigerator with small hanging freezer inside
   C. Dormitory type refrigerator and separate dormitory type freezer

2. Which vaccine(s) are stored in the freezer?

   A. IPV & DtaP
   B. Td, Hib
   C. Varicella, HZV
   D. DT and Pneumococcal

3. The temperature in the refrigerator and freezer should be checked:

   A. Once a day
   B. Twice a day
   C. Once a week
   D. Once a month

4. To stabilize temperature in the refrigerator it is helpful to keep the following in there:

   A. All vaccine diluents
   B. Large plastic containers filled with water
   C. Lunch

5. Vaccine should never be stored in which part of the refrigerator?

   A. Floor
   B. Door
   C. Lower right-hand corner

6. Which of the following should **NOT** be stored in your vaccine storage unit?

   A. vaccines, diluents, and sodas
   B. vaccines, diluents, and water bottles
   C. HPV, MMR, Td

7. When storing varicella-containing vaccines in a freezer unit:

   A. Keep between -58˚F and +5°F until reconstitution and administration
   B. Always store in original packaging with lids closed until ready for administration
   C. Discard reconstituted vaccine if not used within 30 minutes.
   D. All of the above

8. The expiration date on the vial of vaccine you are holding is today's date. This vaccine is ok to use.

   A. True
   B. False

9. When rotating the vaccine stock:

   A. Use short dated vaccine first.
   B. Use the longest date vaccine first as this is the "freshest."
   C. Rotating stock is not that important as long as you don't use anything outdated.
   D. Always over-order to make sure nothing out dates.

10. You should have a sign on your refrigerator/freezer plug to prevent accidental unplugging.

    A. True
    B. False

ATTACHMENT – B: VACCINE SUPPLY POST TEST ANSWERS

"How to Protect Your Vaccine Supply"

1. What type of refrigerator/freezer does CDC recommend for vaccine storage units?

   A. Purpose-built units designed to either refrigerate or freeze
   B. Dormitory type refrigerator with small hanging freezer inside
   C. Dormitory type refrigerator and separate dormitory type freezer

2. Which vaccine(s) are stored in the freezer?

   A. IPV & DtaP
   B. Td, Hib
   C. Varicella, HZV
   D. DT and Pneumococcal

3. The temperature in the refrigerator and freezer should be checked:

   A. Once a day
   B. Twice a day
   C. Once a week
   D. Once a month

4. To stabilize temperature in the refrigerator it is helpful to keep the following in there:

   A. All vaccine diluents
   B. Large plastic containers filled with water
   C. Lunch

5. Vaccine should never be stored in which part of the refrigerator?

   A. Floor
   B. Door
   C. Lower right-hand corner

6. Which of the following should **NOT** be stored in your vaccine storage unit?

   A. vaccines, diluents, and sodas
   B. vaccines, diluents, and water bottles
   C. HPV, MMR, Td

7. When storing varicella-containing vaccines in a freezer unit:

   A. Keep between -58˚F and +5°F until reconstitution and administration
   B. Always store in original packaging with lids closed until ready for administration
   C. Discard reconstituted vaccine if not used within 30 minutes.
   D. All of the above

8. The expiration date on the vial of vaccine you are holding is today's date. This vaccine is ok to use.

   A. True
   B. False

9. When rotating the vaccine stock,

   A. Use short dated vaccine first.
   B. Use the longest date vaccine first as this is the "freshest."
   C. Rotating stock is not that important as long as you don't use anything outdated.
   D. Always over-order to make sure nothing out dates.

10. You should have a sign on your refrigerator/freezer plug to prevent accidental unplugging.

    A. True
    B. False

ATTACHMENT – C: ADMINISTRATION OF I.M. VACCINES

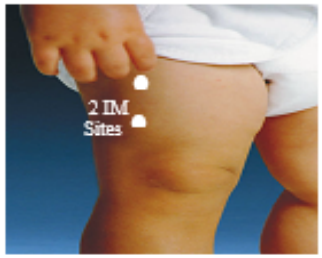
Administer these vaccines via I.M. (intramuscular) route: DTaP, DT, Td, Tdap, Hib, Hepatitis A, Hepatitis B, Influenza, Pneumococcal Conjugate (PCV), Meningococcal Conjugate (MCV4), and Human Papillomavirus Vaccine (HPV). Administer IPV & Pneumococcal Polysaccharide (PPV) either IM or subQ.

When you administer these vaccines, follow the age recommendations indicated in the current Advisory Committee on Immunization Practices (ACIP) schedules.

Patient's Age	Site (see illustrations below) **	Needle Size*	Needle Insertion
Infants (birth to 12 months of age)	Vastus lateralis muscle in anterolateral aspect of middle or upper thigh	5/8" (0-28 days of age) 1" needle (1-12 months of age) 22-25 gauge	Use a needle long enough to reach deep into the muscle. Insert needle at an 80° to 90° angle to the skin with a quick thrust. Retain pressure on skin around injection site with thumb and index finger while needle is inserted. The 2006 Red Book (p.21) states the following regarding the need to aspirate. "Aspiration before injection of vaccines or toxoids (i.e., pulling back on the syringe plunger after needle insertion, before injection) is not required because there are no large blood vessels at the preferred injection sites." Multiple injections given in the same extremity should be separated as far as possible (preferably 1" to 1½" with minimum of 1" apart). Multiple vaccines should not be mixed in a single syringe unless specifically licensed and labeled for administering in one syringe.
Toddlers (12 to 36 months of age)	Vastus lateralis muscle preferred until deltoid muscle has developed adequate mass (approximately age 36 months)	5/8" for deltoid 1" needle for vastus lateralis 22-25 gauge	
Toddlers (>36 months of age) **Children and Adults**	Densest portion of deltoid muscle – above armpit and below acromion **For the above vaccines, the gluteus maximus (buttocks) is not a recommended site for any age.	1" to 2" needle 22-25 gauge	

80°-90° angle

IM Site For Infants and Toddlers (birth to 36 months of age)



Insert needle at 80°-90° angle into vastus lateralis muscle in anterolateral aspect of middle or upper thigh.

IM Site For Older Toddlers, Children and Adults.

Needle size and site: Decide on the needle size and site of injection based upon each patient's:

- age
- volume of material to be administered
- the size of the muscle
- and the depth below the muscle surface into which the material is to be injected.

Needle size and site: The needle length should depend on the patient's weight:

- 1 1/2" for Males ≥ 118 kg (260 lbs)
- 1" for Males 60-118 kg (130-260 lbs)
- 1 1/2" for women ≥ 90 kg (200 lbs)
- 1" for women 60-90 kg (132-198 lbs)

(The Red Book, 2006, American Academy of Pediatrics)

Insert needle at 80°-90° angle into densest portion of deltoid muscle above armpit and below acromion.

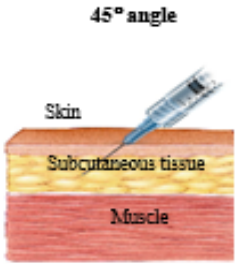
* References: 2006 Red Book, American Academy of Pediatrics, 27th edition; Morbidity and Mortality Weekly Report (MMWR), "General Recommendations on Immunization", December 1, 2006, Vol. 55/No. RR-15
Adapted from the MN and CA Departments of Health Vaccine Administration charts, June 2001. (This information is intended for the education of licensed medical personnel.)

ATTACHMENT – D: ADMINISTRATION OF SUBCUTANEOUS VACCINES

Administer these vaccines via subQ (subcutaneous) route: MMR, Varicella, MMRV, Meningococcal Polysaccharide (MPSV4), and zoster vaccine. Administer IPV & Pneumococcal Polysaccharide (PPV) either subQ or IM.

When you administer these vaccines, follow the age recommendations indicated in the current Advisory Committee on Immunization Practices (ACIP) schedules.

Patient's Age	Site (see illustrations below)	Needle Size	Needle Insertion
Infants (birth to 12 months of age) **and** **Toddlers** (12 to 36 months of age)	Fatty area of the thigh or outer aspect of upper arm	5/8" to 3/4" needle 23-25 gauge	Insert needle at 45° angle to the skin. Pinch up on subQ tissue to prevent injection into muscle. The 2006 Red Book (p.21) states the following regarding the need to aspirate: "Aspiration before injection of vaccines or toxoids (i.e., pulling back on the syringe plunger after needle insertion, before injection) is not required because there are no large blood vessels at the preferred injection sites." Multiple injections given in the same extremity should be separated as far as possible (preferably 1" to 1½" with minimum of 1" apart). Multiple vaccines should not be mixed in a single syringe unless specifically licensed and labeled for administering in one syringe.
Children and Adults	Outer aspect of upper arm	5/8" to 3/4" needle 23-25 gauge	



SubQ Site for Infants and Toddlers (birth to 36 months)

Insert needle at 45° angle into fatty area of anterolateral thigh or outer aspect of upper arm. Make sure you pinch up on subQ tissue to prevent injection into muscle.

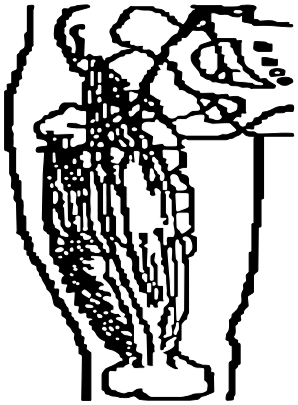
SubQ Site for Children and Adults

Insert needle at 45° angle into outer aspect of upper arm or fatty area of the thigh. Make sure you pinch up on subQ tissue to prevent injection into muscle.

* References: 2006 Red Book, American Academy of Pediatrics, 27th edition; Morbidity and Mortality Weekly Report (MMWR), "General Recommendations on Immunization", December 1, 2006, Vol. 55/No. RR-15

Adapted from the MN and CA Departments of Health Vaccine Administration charts, June 2001. (This information is intended for the education of licensed medical personnel.)

ATTACHEMENT – E: POST TEST



1. Indicate the site for (**a**) an intramuscular, and (**b**) a subcutaneous immunization on an adult.

2. Please mark the site for an infant or toddler's **DTaP** immunization.

3. Please indicate above with arrows the angle of the needle used for (**a**) an intramuscular and (**b**) a subcutaneous

4. If the following three vaccines were to be administered simultaneously to an adult, which site(s) and method(s) of immunization would be used for each:

Type of Vaccine	**Route(s) of Injection/administration**	**Site(s)**
Influenza	_____	_____
Pneumococcal	_____	_____
Td/Tdap	_____	_____

5. What factors should be considered when determining the needle size and site for an intramuscular injection?
   a. Patient's age
   b. Volume of material to be administered
   c. Size of the muscle
   d. Depth below muscle surface into which the material is to be injected
   e. All of the above

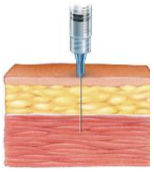
6. Circle the site which is **never** recommended for immunizations.
   a. Deltoid b. Vastus Lateralis
   c. Anterolateral Thigh d. Gluteus Maximus

7. Check the pediatric vaccines which may be given to a child on the same visit as a TB skin test:
   __Varicella __ DtaP __ Hib __MMR

8. Vaccines can be mixed in a single syringe when:
   a. Vaccines are licensed and labeled to be mixed
   b. There is need to decrease the number of injections to be given
   c. Giving all live or all inactivated vaccines.

9. Which of the following is not a route of vaccine administration?
   a. IM
   b. IT
   c. SC
   d. Nasal

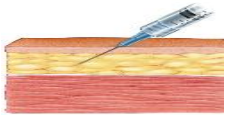
10. Which type of injection is this?
    a. SL
    b. SC
    c. IM
    d. IV



11. When administering intranasal influenza vaccine it is necessary to re-administer vaccine if patient sneezes immediately following administration?
    a. True b. False

12. You must re-administer rotavirus if the infant spits or regurgitates following administration.
    a. True b. False

13. The needle angle is correct for an SC injection.
    a. True b. False



14. Never recap or clip needles prior to disposal.
    a. True b. False

15. If both hepatitis A and B vaccines are indicated, it is acceptable to mix the two vaccines together in one syringe.
    a. True b. False

16. When more than two IM vaccines are given to an infant at one visit, the gluteal (buttock) muscle should be used.
    a. True b. False

17. A new needle and syringe must be used for each vaccination.
    a. True b. False

18. MMR and varicella vaccines are both given subcutaneously.
    a. True b. False

19. The proper needle length for an SC injection in a child or adult is 5/8inch.
    a. True b. False

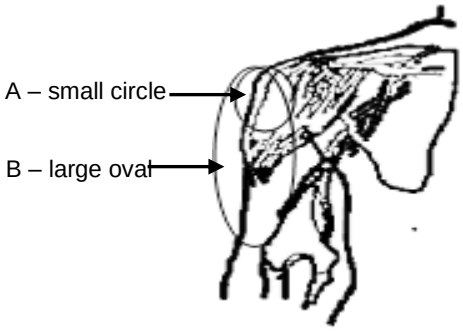
20. No vaccine should be injected unless epinephrine is immediately available.
    a. True b. False

Name:_____ Date:_____ Score:_____

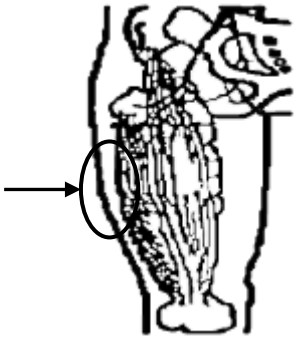
ATTACHMENT – F: POST TEST ANSWER KEY

Vaccine Administration Techniques

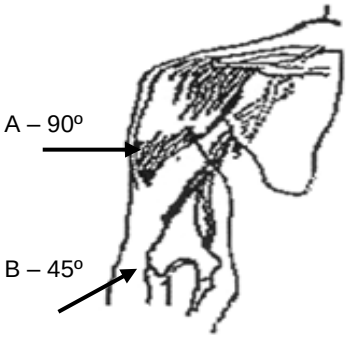
Score 5 points for correct answers. Passing score = 80%



1. Indicate the site for (**a**) an intramuscular, and (**b**) a subcutaneous immunization on an adult.



2. Please mark the site for an infant or toddler's **DTaP** immunization.



3. Please indicate above with arrows the angle of the needle used for (**a**) an intramuscular and (**b**) a subcutaneous

4. If the following three vaccines were to be administered simultaneously to an adult, which site(s) and method(s) of immunization would be used for each:

Type of Vaccine	Route(s) of Injection/administration	Site(s)
Influenza	**IM, ID, Intranasal**	**IM**, **ID** deltoid*, nostrils
Pneumococcal	Either **SC** or **IM**	**SC** upper arm; **IM** deltoid*
Td/Tdap	**IM**	Either deltoid*

***Note: Different arms preferred. Separate sites required.**

5. What factors should be considered when determining the needle size and site for an intramuscular injection?
   a. Patient's age
   b. Volume of material to be administered
   c. Size of the muscle
   d. Depth below muscle surface into which the material is to be injected
   e. All of the above

6. Circle the site which is **never** recommended for immunizations.
   a. Deltoid
   b. Vastus Lateralis
   c. Anterolateral Thigh
   d. Gluteus Maximus

7. Check the pediatric vaccines which may be given to a child on the same visit as a TB skin test:
   ☒Varicella ☒ DtaP ☒ Hib ☒MMR

8. Vaccines can be mixed in a single syringe when:
   a. Vaccines are licensed and labeled to be mixed
   b. There is need to decrease the number of injections to be given
   c. Giving all live or all inactivated vaccines.

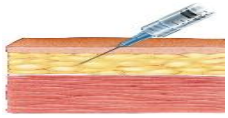
9. Which of the following is not a route of vaccine administration?
   a. IM
   b. IT
   c. SC
   d. Nasal

10. Which type of injection is this?
    a. SL
    b. SC
    c. IM
    d. IV

11. When administering intranasal influenza vaccine it is necessary to re-administer vaccine if patient sneezes immediately following administration?
    a. True b. False

12. You must re-administer rotavirus if the infant spits or regurgitates following administration.
    a. True b. False

13. The needle angle is correct for an SC injection.
    a. True b. False



14. Never recap or clip needles prior to disposal.
    a. True b. False

15. If both hepatitis A and B vaccines are indicated, it is acceptable to mix the two vaccines together in one syringe.
    a. True b. False

16. When more than two IM vaccines are given to an infant at one visit, the gluteal (buttock) muscle should be used.
    a. True b. False

17. A new needle and syringe must be used for each vaccination.
    a. True b. False

18. MMR and varicella vaccines are both given subcutaneously.
    a. True b. False

19. The proper needle length for an SC injection in a child or adult is 5/8inch.
    a. True b. False

20. No vaccine should be injected unless epinephrine is immediately available.
    a. True b. False

ATTACHMENT – G: CLINICAL SKILLS CHECKLIST

Clinic site _____

Name and title of person being reviewed _____

Program/type of patient visit_____Date_____Time_ _____

Reviewer

To assure the quality of patient services, this form is used to record the findings from observation of a nurses' performance. For each line, use the rating code that most closely fits the consistency of the nurses' performance with programmatic standards and policies and procedures. A minimum of two observations per age group are required for completion of initial preceptorship. A minimum of one observation per age group is required annually. Document comments and plan of action in Summary section. Comments must be specific and objective.

The Clinical Skills Checklist is available on the next page.

IMMUNIZATION – CLINICAL SKILLS CHECKLIST

RATING CODE: 1- Unsatisfactory 2- Needs Improvement 3- Satisfactory 4- Not Applicable						
STANDARDS	**Infant**		**Child/Adolescent**		**Adult**	
Clinical Skills, Techniques, and Procedures	Infant-1	Infant-2	Child-1	Child-2	Adult-1	Adult-2
A. Patient/Parent Education						
Welcomes patient/family, establishes rapport, and answers questions						
Explains what vaccines will be given and which type(s) of injection will be done						
Accommodates language or literacy barriers and special needs or patient/parents to help make them feel comfortable and informed about the procedure						
Provides and/or verifies that patient/parents received the Vaccine Information Statements for indicated vaccines and had time to read them and ask questions						
Screens for contraindications and precautions (allergies, fever, immunocompetence, previous reactions, blood products, etc.)						
Reviews comfort measures and after care instructions with patients/parents, inviting questions						

IMMUNIZATION CLINICAL SKILLS CHECKLIST CONT.

Demonstrates appropriate knowledge of where to find information pertaining to true contraindications and precautions when assessing and administering vaccines						
Assists in evaluating immunizations from computer and or personal immunization record and accurately determines immunizations needed. Demonstrates basic knowledge of GRITS including accessing, querying, and reviewing records						
B. Administration Techniques						
Uses immunization resources appropriately (Georgia Immunization Program Manual, District Policies and Procedures, CDC's Recommendations for Travel, CDC's Epidemiology and Prevention of Vaccine Preventable Diseases, The Red Book etc.) to assess and administer vaccine indicated for age						
Utilizes current recommended schedule and recommendations and district policies and procedures to assess and administer adult and childhood vaccines; utilizes accelerated vaccination schedule when appropriate						
Checks expiration date and lot number of each vaccine prior to drawing up						
Shakes vaccine vial and/or reconstitutes and mixes using the diluent supplied. Inserts vial and draws up correct dose of vaccine. Rechecks vial label						

IMMUNIZATION CLINICAL SKILLS CHECKLIST CONT.

Demonstrates knowledge of proper vaccine storage and handling, e.g. protects MMR from light, logs refrigerator temperature						
Follows universal precautions and appropriate hand washing techniques during immunization administration						
Appropriately prepares site for administration						
Uses appropriate needle length and gauge for type of injection						
Uses appropriate route of administration for each vaccine (IM, Subcutaneous, PO, ID, intranasal). Uses correct technique for administering injectable, oral, intranasal and intradermal vaccines.						
Administers vaccine in appropriate site						
Utilizes appropriate positioning techniques to administer vaccine						
C. Documentation:						
Documents according to P&P, the type of vaccine administered, date of administration, manufacturer, lot number, site, route, nurse's' name/initials, and VIS publication date						

IMMUNIZATION CLINICAL SKILLS CHECKLIST CONT.

Demonstrates ability to use GRITS to update immunization history and accurately documents date next immunization due on clinic record and patient personal immunization record						
Demonstrates knowledge of VAERS (Vaccine Adverse Event Reporting System) reporting system according to Georgia Immunization Program regulations						
Provides patient/parent with the appropriate immunization certificate in accordance with Georgia laws and rules and regulations for school and child care attendance						
D. Counseling/Education						
Informs patient/parent of any immunization problem (delinquent immunization status, screening for private provider use/MOGE status) under supervision of preceptor.						
Assists with scheduling follow-up as indicated (return visit coordinated with other clinics, labs, voucher pick-ups, etc.)						
Demonstrates knowledge of procedure for referrals (to private providers, Children First, CMS, etc.)						
Other (specify)						
DATE						
REVIEWER INITIALS						

IMMUNIZATION CLINICAL SKILLS CHECKLIST CONT.

SUMMARY

Description of Nurse Performance/ Plan of Action

_____
_____
_____
_____
_____

Signature of Nurse being reviewed: _____ Signature of Observer/Clinician: _____

Date: _____ Date: _____

If more than 1 Reviewer or Review Date:

Signature of Nurse being reviewed: _____ Signature of Observer/Clinician: _____

Date: _____ Date: _____

OTHER INFECTIOUS DISEASES

Learning Expectations – Initial and Annual Training	Description and objectives	Course Duration	Quad Council Competencies Domain(s)	Date Completed
Self-Study				
OID101: 1) *Georgia Public Health Laboratory Services Manual*, pp 50-53 and 97-98. **2)** Read *Pertussis: Specimen Collection and Shipping Instructions*	a) The nurse will demonstrate proper technique for collecting stool specimens and nasopharyngeal swabs. b) The nurse will correctly package and ship specimens to the lab.	10 mins	1: Analytic and Assessment skills 3: Communications Skills 6: Public Health Science Skills	
OID102: Watch Stool Specimen Collection video NOTE: the video was produced by a lab not used by DPH but the instructions on specimen collection are accurate	The nurse will educate patients on proper collection technique.	3 mins 20 seconds	1: Analytic and Assessment skills 3: Communications Skills 6: Public Health Science Skills	
OID103: Watch Venipuncture video	The nurse will demonstrate correct venipuncture technique.	5 mins	1: Analytic and Assessment skills 3: Communications Skills 6: Public Health Science Skills	

OID104: Watch video on Nasopharyngeal swab specimen collection	**The nurse will demonstrate correct collection technique.**	4 mins 12 seconds	1: Analytic and Assessment skills 3: Communications Skills 6: Public Health Science Skills	
OID105: Watch Penicillin IM Administration video	**The nurse will demonstrate correct injection technique.**	2 mins 33 seconds	1: Analytic and Assessment skills 3: Communications Skills 6: Public Health Science Skills	
OID 106: Surveillance of Vaccine Preventable Disease Course – view the recording and associated files: Session I and II available on CDC website	• Identify 3 levels of the national surveillance system for VPDs • Describe the concept of surveillance indicators • Discuss the importance of surveillance and case identification • Describe appropriate mechanisms for surveillance • Describe the appropriate application of case definitions, clinical descriptions, and case classifications	3 hours	1: Analytic and Assessment skills 3: Communications Skills 5: Community Dimensions of Practice 6: Public Health Science Skills	

	• **List the most appropriate pathogen-specific laboratory test(s) for surveillance** • **List epidemiologically important data to collect for surveillance**			
Didactic / Classroom				
OID 106 (IM 201): GA Requirements for School and Child Care Attendance Attend a training session on GA Requirements for School and Child Care Attendance (Can be provided by a district "Certified Trainer" or an Immunization Regional Consultant)	• Nurse will be able to describe Georgia immunization law and DPH rules and regulations for Georgia immunization certificates. • Nurse will be able to describe standards for issuing and filing certificates of immunization.	2 hours 30 mins	1: Analytic and Assessment Skills 2: Policy Development/Program Planning Skills 3: Communications Skills 4: Cultural Competencies Skills 6: Public Health Science Skills	
Preceptorship				
Review OID Protocol for any protocol updates initially and annually and demonstrated competence through return – demonstration observed by the preceptor through peer reviewer.				

SEXUALLY TRANSMITTED DISEASE

Learning Expectations – Initial Training	Description and objectives	Course Duration	Quad Council Competencies Domain(s)	Date Completed
Self-Study				
STD 101: Review STD protocol to understand pharmacology of drugs used to treat STDs	Objective: Nurses will understand medications used in the treatment of STDs Additional resources on pharmacology stocked in clinics: • Nursing 2019 Drug Handbook (Nursing Drug Handbook) Thirty-Ninth Edition • Davis's Drug Guide for Nurses 16th Edition	2 hours	1: Analytic and Assessment skills 6: Public Health Science Skills	
STD 102: 340B University OnDemand Complete the following modules: • Welcome to 340B University OnDemand • Introduction to the 340B Drug Pricing Program • 340B Stakeholder Perspectives • Eligibility Overview • Compliance Cornerstones	Provides and overview of the compliance cornerstones of the 340B program, including diversion/patient definition, duplicate discounts, GPO Prohibition, and orphan drug exclusion. Objectives:	4 hours	2: Policy Development/Program Planning Skills 7: Financial Planning and Management Skills	

	• Describe the history, intent, and statutory principles of the 340B program. • Describes the major stakeholders and their roles in the 340B program. • Outlines the types of 340B-eligible organizations and eligibility and compliance requirements for covered entities.			
STD 103: Watch DPH female and male STD exam videos (these were sent to each District) or the following videos: Female* https://youtu.be/ULTGgl8ODAk Male* https://youtu.be/hxwcD0-uJw0 https://youtu.be/lB5HnVdAbMc https://youtu.be/OQN5jpFvq1o https://youtu.be/nFTl0MmVD78 *links may become unavailable, if so use DPH STD exam videos.	Objective: Nurses will describe how to exam patients for STDs Resources stocked in clinics on physical examination: • Guide to Physical Examination, Barbara Bates, M.D. (or similar text) • Seidel's Guide to Physical Examination: An Interprofessional Approach • Mosby's Guide to Physical Examination,9th Edition	30 minutes	1: Analytic and Assessment skills 3: Communications Skills 4: Cultural Competencies Skills 6: Public Health Science Skills	
STD 104: CDC self-study modules (available on CDC website with CE credit)	Objectives: • Summarize the epidemiology • Describe the microbiology, life cycle, and transmission	7 hours	1: Analytic and Assessment skills 4: Cultural Competencies Skills	

	• Discuss the clinical manifestations in men, women, and children. • Compare the common laboratory diagnostic methods used to diagnose. • State routine screening recommendations for different patient populations. • List the CDC-recommended treatment regimens. • Summarize counseling and education messages.		5: Community Dimensions of Practice 6: Public Health Science Skills	
Didactic / Classroom				
STD 201: **STD 101 Face to face training OR equivalent** (must be approved by the by the STD Unit.)*	Objectives: • Describe how to take a sexual history • List the diagnostic methods used to diagnose • Summarize the intent of 340B program. • Discuss the use of STD Approval Codes • State routine chlamydial screening recommendations for different patient populations.	8-24 hours	1: Analytic and Assessment skills 4: Cultural Competencies Skills 5: Community Dimensions of Practice 6: Public Health Science Skills	
Preceptorship (pre-requisites all self – study and didactic trainings.				

The preceptor assures that a supervisor or skilled clinician verifies that the nurse has observed and performed physical exams on both male and female patients (e.g., symptomatic and asymptomatic, positive screening tests, STD exposure). The number may vary based upon the evaluation of the nurse's competency and performance.	
The preceptor assures that the nurse observes and performs all laboratory tests for which he/she is responsible; demonstrating knowledge of Clinical Laboratory Improvement Amendments requirements and proper infection control procedures while handling specimens (e.g., wet mount, gram stain, dark field exam, HIV, HSV-I, HSV-II, RPR, Chlamydia and Gonorrhea Specimen Collection). **Nurses who desire additional information on microscope procedures may take the Basic Microbiology Curriculum on EXCEED**	
Preceptor observes the nurse ordering/dispensing/administering drugs.	

***** GCSU Women's Health course **was offered through December 2017. The GCSU Women's Health course** may **have been** taken to meet the training requirements for the STD 101 course, Contraceptive Technology I and II, Microscope, and The Women's Health Exam and Issues Affecting Women through the Ages (formerly Breast and Pelvic Training).

STD ANNUAL TRAINING

Learning Expectations – Annual Training	Description and objectives	Course Duration	Quad Council Competencies Domain(s)	Date Completed
Self-Study				
Annual review of Nurse Protocols for STD with special attention to any revisions and pharmacology updates.				
Annual review of the Hepatitis, Adolescent & Adult Sections of the GIP Manual and ACIP.				
Didactic / Classroom				
Every 2 years participate in a webinar or training containing STD related content. For example: CDC STD Modules, STD Update, Syphilis Case Management course, in-service programs or professional conferences.				
Clinical / Peer Review				
A supervisor or skilled clinician shall observe and review the nurse providing complete STD-related care including history, physical exam, counseling, completing lab work, and ordering/ dispensing/ administering drugs for a male and female patient. The number of observed exams may vary based upon the evaluation of the nurse's competency and performance.				

TUBERCULOSIS

Learning Expectations – Initial Training The nurse must complete the following prior to practicing under nurse protocol:	**Documentation**		**Comments/Notes**	**Est Time**	**Domain**
	Yes	**No**			
	Date & Initials	Explain			
Self-Study					
TB101: CDC's TB 101 for Healthcare workers: https://www.cdc.gov/tb/webcourses/TB101/intro.html			Series of TB educational modules. Objectives: Description of each course or module objectives are provided at the beginning of course training.	1-2 hours	6 Public Health Science Skills 1 Assess & Analytic
TB102: CDC's Interactive Core Curriculum on Tuberculosis: What Clinicians Should Know, current edition and/or CDC's Self Study Modules on Tuberculosis. Current edition (CE credit offered through CDC for both). Available: https://www.cdc.gov/tb/education/corecurr/index.htm			Series of TB educational modules. Objectives: Description of each course or module objectives are provided at the beginning of course training.	6-8 hours	6 Public Health Science Skills 1 Assess & Analytic
TB103: Georgia Tuberculosis Program Policy and Procedure Manual, current edition. https://dph.georgia.gov/sites/dph.georgia.gov/files/Final%20Policy%20%26%20Procedures%20Manual%202016_0.pdf			Objectives: Describes the GA DPH TB program procedures, policies, guidelines and recommendations to support TB program services.	6 hrs	1 Assess & Analytic 6 PH Science skills
TB104: Georgia TB Reference Guide, current edition. http://dph.georgia.gov/tb-publications-reports-manuals-and-guidelines			Objectives: Describes GA DPH TB Program mission and objectives. Provides TB information on screening and evaluation of clients for TB or LTBI with treatment goals and objectives towards completion of evaluation and adequate treatment.	3 hrs	1 Assess & Analytic 6 PH Science Skills

TUBERCULOSIS CONT.

Didactic/Classroom Training				Est Time	Domain
TB201: TB Update & Tuberculin Skin Test Certification Workshop provided by State TB Office/District TB Coordinator/Certified Instructor. Contact TB Coordinator or State Office Nurse. Can access training schedule and registration forms on: https://dph.georgia.gov/tb-educational-and-training-opportunities-georgia			Objectives: 1. Identify 3 factors whether TB is transmitted. 2. Explain the difference between LTBI and active TB disease 3. Recognize and list the symptoms of Pulmonary TB 4. List 5 steps for TB screening 5. Demonstrate the proper method of TST administration, measurement of induration and interpretation of results.	6 hrs	1 Assess & Analytic 5 Community Dimension
TB202: TB program updates (to include medication updates) provided by State, District or local staff.			Objective: GA DPH TB program provides support to Districts TB program through real time evaluation of patient's treatment progress, contact investigations and Directly observed therapy and Video Directly Observed therapy towards achieving stated GA TB mission.	1 – 2 hours	1 Assess & Analytic 5 Community Dimension
TB203: Tuberculin Skin Test Certification renewal (every two years) and view CDC video Mantoux TB Skin Test (current version)			To continue TB education and Tuberculin Skin Testing skills validation.	1 hour	1 Assess & Analytic
TB204: TB Case Management class (once initially) offered by the State TB office. Can access training schedule and registration forms on: https://dph.georgia.gov/tb-educational-and-training-opportunities-georgia **OR** online interactive TB Case Management Course through the Southeastern National TB Center: https://sntc.medicine.ufl.edu/Book.aspx#Training			1. Define and outline the goals of case management. 2. Relates the tasks of case management to the National TB Indicator goals. 3. Summarize the process of patient assessment, medical evaluation and treatment plan. 4. Compare the initial phase and continuation phase of TB treatment.	8 hours OR 32 hours	1 Assess & Analytic 4 Cultural Competencies

			5. Perform DOT Dose Counting to ensure adequate completion of treatment. 6. Formulate a case management plan for a case study.		
TB205: TB Contact Investigation/Directly Observed Therapy class (once initially). Can access training schedule and registration forms on: https://dph.georgia.gov/tb-educational-and-training-opportunities-georgia			Objectives: 1. Defines an index case. 2. Identify 6 index case characteristics used in in determining the priority of an investigation. 3. List 4 factors used to decide the priority of a contact. 4. Discuss the time frame in which high and medium priority contacts should be screened. 5. Demonstrate open-ended questions.	8 hours	3 Communication Skills 4 Cult Comp 5 Communicating Dimension

Preceptorship				Est Time	Domain
1. Skills Validation component of the Skin Test Certification has been completed after attending the TB Update & Tuberculin Skin Test Certification Workshop, documented by supervisor and returned to the State TB Office.			Objectives: Upon completion of TB Update of Skin Test Certification Class, the participant demonstrates mastery and competence in the placement, reading and analyzing tuberculin skin testing.	2 hours	1 Assess & Analytic
2. Ongoing chart reviews and consultation by the District and/or the State Office.			Objectives: Provides real time evaluation of TB cases and suspects in collaboration with districts TB staffs of patients treatment progress, contact investigation and Directly observed therapy to meet GA stated recommendations.	3 – 4 hours	5 Community Dimension 6 PH Science 3 Communication Skills
3. Nurse observes preceptor in clinical setting followed by the preceptor observing the nurse perform TB services of initial and ongoing health assessment (to include TB screening), initial and monthly evaluation of LTBI and active TB cases, ordering & dispensing				4 – 8 hours	1 Assessment & Analytic

and/or administration of drugs, patient education/counseling, DOT & Contact Investigation as available in the county.					5 Community Dimension 4 Cult Comp

TUBERCULOSIS ANNUAL TRAINING

Learning Expectations – Annual Training	**Documentation**		**Comments/Notes**	**Est time**	**Domain**
The Nurse must complete the following annually or as otherwise indicated while practicing under nurse protocol:	**Yes**	**No**			
	Date & Initials	Explain			
Clinical/ Peer Review					
Annually, a supervisor or peer shall observe and review the nurse performing TB services such as initial & ongoing health assessment (to include TB screening), initial or monthly evaluation of LTBI and active TB cases, contact investigation, ordering and dispensing and/or administration of drugs, patient education/counseling and Directly Observed Therapy (DOT).				4 hours	1 Assess & Analytic, 5 Communicat Dimension 4 Cult Competency 6 PH Science Skills

Additional resources for the Tuberculosis program are listed in Attachment 2.

WOMEN'S HEALTH/FAMILY PLANNING

See end of document for APRN requirements

Learning Expectations – Initial Training	Description and objectives	Course Duration	Quad Council Competencies Domain(s)	Date Completed
Self-Study				
WH 101: Hatcher, Robert, *Contraceptive Technology* (current edition) the following chapters: • Choosing a Contraceptive: Efficacy, Safety and Personal Considerations • Fertility Awareness-Based Methods • Pregnancy Testing and Assessment of Early Normal and Abnormal Pregnancy	*Description and objectives*: Introduction to the availability of contraceptive methods (including hormonal and nonhormonal options) and pregnancy testing to expand the understanding of the Public Health Nurse. At the completion of the training, the nurse will be able to understand the basic concepts of pregnancy testing and describe the efficacy of contraceptive methods from least effective to most effective.	1 hour 15 minutes	1: Analytic and Assessment skills 6: Public Health Science Skills	
WH 102: Georgia's Family Planning Services Manual (current edition): Each Health District's Women's Health Coordinator has copy for review.	*Description and objectives*: Introduction to the Georgia Family Planning Program (including the program's goals, principles, and priorities) to increase the knowledge of the Public Health Nurse. At the completion of the training, the nurse will be able to	1 hour	1: Analytic and Assessment skills 2: Policy Development/Program Planning Skills 3: Communications Skills	

	list the primary goal of the Georgia Family Planning Program and identify core services provided.		4: Cultural Competencies Skills 5: Community Dimensions of Practice 6: Public Health Science Skills 7: Financial Planning and Management Skills 8: Leadership and Systems Thinking Skills	
WH 103: BCCP Breast Procedure Manual (current edition) and BCCP Cervical Procedure Manual (current edition)	*Description and objectives*: Summary of the Georgia BCCP Program including a review of the available clinical services for breast and cervical assessment. At the completion of the training, the nurse will be able to explain the routine pap smear screening criteria and describe normal versus abnormal clinical breast exam findings.	3 hours	1: Analytic and Assessment skills 2: Policy Development/Program Planning Skills 3: Communications Skills 4: Cultural Competencies Skills 5: Community Dimensions of Practice 6: Public Health Science Skills	
WH 104: CDC Contraceptive Guidance for Health Care Providers:	*Description and objectives*: Introduction to the concepts of contraceptive guidance using evidence-based recommendations and the relation of those concepts	4 hours	1: Analytic and Assessment skills 2: Policy Development/Program Planning Skills	

• Providing Quality Family Planning Services • U.S. Medical Eligibility Criteria for Contractive Use, 2016 • U.S. Selected Practice Recommendations for Contraceptive Use, 2016	to Public Health Nursing practice. At the completion of the training, the nurse will be able to discuss the components of a Women's Health assessment and the use of contraceptive methods in patients with identified health risks or medical conditions.		4: Cultural Competencies Skills 6: Public Health Science Skills 8: Leadership and Systems Thinking Skills	
WH 105: Review Georgia laws regarding minors and reproductive health services (contraception; pregnancy related care; abortion; STD and HIV care; drug and alcohol care) • Minors Access to Contraceptive Services • Your Rights as a Minor in Georgia	*Description and objectives*: Overview of Georgia laws regarding minors and the relation of those laws to the delivery of Women's Health clinical services. At the completion of the training, the nurse will be able to explain a minor's access to Women's Health services.	15 mins	1: Analytic and Assessment skills 2: Policy Development/Program Planning Skills 3: Communications Skills 5: Community Dimensions of Practice	
WH 106: Human Trafficking in the Family Planning Setting presented by the Family Planning National Training Center. OR *Child Sex Trafficking Webinar Series: The Fundamentals of Child Sex Trafficking* presented by the Governor's Office for Children and Families and Children's Health	*Description*: The webinars address how to know when someone is a victim of human trafficking and the best ways to respond to her/him. Case studies and resources are presented, along with an interactive question-and-answer session with the presenters *Objectives*: a) Recognize the signs that indicate a human trafficking	1 hour 30 mins	1: Analytic and Assessment skills 2: Policy Development/Program Planning Skills 3: Communications Skills 5: Community Dimensions of Practice	

Care of Atlanta. Check website for dates. OR Human trafficking for healthcare professionals online, self-paced 1-hour training module.	victim is in a family planning setting b) Describe steps to respond to and assist victims of human trafficking when they present in a family planning setting			
WH 107: Contraceptive Technology I available on Exceed OR GCSU Women's Health Course*:	*Description and objectives*: this course consists of 10 modules related to contraceptive technology. In order to successfully complete this course, the nurse will need to pass each module with at least 80% proficiency.	10 hours, 30 minutes	1: Analytic and Assessment skills 6: Public Health Science Skills	
WH 108: Contraceptive Technology II available on Exceed OR GCSU Women's Health Course*	*Description and objectives*: CT II consists of ten modules. In order to successfully complete this course, the nurse will need to pass each module with at least 80% proficiency.	10 hours	1: Analytic and Assessment skills 6: Public Health Science Skills	
Didactic / Classroom				
WH 201: The Women's Health Exam and Issues Affecting Women through the Ages (formerly Breast and Pelvic Training Course). Registration available through EXCEED. **OR**	*Description and objectives*: At the completion of the course, nurses will be able to identify two physical assessment techniques for each body system assessed as part of the Women's Health Assessment. The nurse will correctly	2 days	1: Analytic and Assessment skills 3: Communications Skills	

GCSU Women's Health Course*	demonstrate – through return demonstration using MammaCare breast model and Pelvic Mentor device – the correct technique and skill of correctly completing a clinical breast exam and pelvic exam.		5: Community Dimensions of Practice 6: Public Health Science Skills 8: Leadership and Systems Thinking Skills	
WH 202 (STD 202): Attend the STD 101 face-to-face training. OR Attend the STD three-day intensive course coordinated through the Alabama/North Carolina STD/HIV Prevention Training Center (when available), or equivalent which must be approved by the by the STD Unit* OR GCSU Women's Health Course* (meets the WH 202 requirement).	Description and objectives can be found in the course	2 days	1: Analytic and Assessment skills 3: Communications Skills 5: Community Dimensions of Practice 6: Public Health Science Skills 8: Leadership and Systems Thinking Skills	
Preceptorship				
The nurse must demonstrate competency in physical assessment and management of at least 10 patients. This includes the following: complete history, breast and pelvic exam, performing or ordering lab tests as indicated, patient management, patient education, dispensing contraceptive methods and documentation. The extent and duration of the preceptorship will vary according to the competency of each individual nurse.				

WOMEN'S HEALTH/FAMILY PLANNING – ANNUAL TRIANING

Learning Expectations – Annual Training	Description and objectives	Course Duration	Quad Council Competencies Domain(s)	Date Completed
Self-Study				
Any program related policy, procedure, manual or guideline updates/revisions as determined by Family Planning Program				
Didactic/ Classroom				
Update(s) provided by the program's Medical Consultant or other designated trainer (via Exceed) or other webinar, E-learning (archived webinars, on-line courses, self-paced learning modules) as determined annually by the Family Planning Program				
Clinical / Peer Review				
The preceptor must observe the RN in performing a complete history, physical assessment and laboratory tests (as indicated) and contraceptive management.				

Additional information for APRNs practicing under the Women's Health nurse protocol:

APRNs providing services to family planning patients should complete the following self-study areas: Chapters in Hatcher/Contraceptive Technology, GA Family Planning Services Manual, BCCP Breast and Cervical Manuals, GA Laws regarding minors, human trafficking, STD Protocols, CDC Contraceptive Guidance for Health Care Professionals (3 documents), Contraceptive Technology I & II. The APRN's specialty certification as well as the APRN's education, professional experience and clinical skills will determine the need for other training/education (e.g., **The Women's Health Exam class,** STD self-study, STD classes, breast and pelvic exams) and the need for observed exams

***** GCSU Women's Health course **was offered through December 2017. The GCSU Women's Health course** may **have been** taken to meet the training requirements for the STD 101 course, Contraceptive Technology I and II, Microscope, and The Women's Health Exam and Issues Affecting Women through the Ages (formerly Breast and Pelvic Training).

Additional resources for the Women's Health/Family Planning program are listed in Attachment 2.

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Quality Assurance/Quality Improvement for Public Health Nursing Practice Manual

Standards for the Clinical Setting and Operations

STANDARDS FOR CLINICAL OPERATIONS

CLINICAL OPERATIONS

The criteria for clinic operations are:

1. The health center maintains written standards for all aspects of clinic operations

2. Measurement tools are utilized in the process to measure standards

3. An evaluation of clinic operations to evaluate progress towards meeting standards and to identify areas needing improvement is conducted at least once every two years.

4. Evidence of the application of continuous quality improvement principles.

The Clinic Operations Review Tool outlined below is useful to demonstrate that written standards of clinic operations are in place, there is a process to measure the standards, and improvement is ongoing[7]. Guidance for completing each area of the tool is available below. This tool can be used or one designed/adapted locally.

[7] Adapted from the CDC, Sexually Transmitted Disease Clinical Practice Guidelines

ANNUAL EVALUATION OF CLINICAL OPERATIONS

Health Center
Reviewer Name
Date

DIRECTIONS:

- Reviewer should indicate "A, B, C, or D" as appropriate in the last column of each row
- Reviewers should support their views with specific and objective comments.

REVIEW TOOL:

- **A = Optimal**
- **B = Somewhat or sometimes**
- **C = Needs improvement in a specific area**
- **D = Needs overall improvement**

TOOL FOR EVALUATING CLINIC OPERATIONS				
A	**B**	**C**	**D**	**Reviewer should document appropriate level below**
1) Accessibility of Site and Services				
2) Clinic Environment				
3) Patient Registration				
4) Clinic Flow				
5) Clinical Records				
6) Clinic Management				
7) Laboratory Management				
8) Emergency Procedures				

TOOL FOR ANNUAL EVALUATION OF CLINICAL OPERATIONS CONT.

Specific and objective comments
Quality Improvement Plan (if scoring a B, C, or D on any standard above) Note: To reach the standard of optimal clinical operations (scoring A), all the criterion listed on pages 129-130 must be met. If scoring a B, C, D there must be an improvement plan.
Signature of RN / Date

GUIDANCE FOR EVALUATING EACH SECTION OF THE CLINIC OPERATIONS TOOL

Note: for Optimal performance all the standards below each criterion must be met. If scoring a B, C, D there must be an improvement plan.

ACCESSIBILITY OF SITE AND SERVICES

- Clinic hours are flexible to meet the needs of the working community, such as extended hours, weekends, evenings, etc.
- Clinic hours of operation are adequate for the number of requests for services.
- Clinic is accessible to available public transportation.
- Clinic telephone number and address is easy to locate in the telephone directory.
- Clinic service fees are on a sliding fee scale and prominently displayed.
- Clinic policy does not deny service because of inability to pay.
- Clinic displays poster regarding non-discrimination policy.
- Clinic meets the American Disabilities Act (ADA) requirements.
- Clinic has plans for oral and/or written interpretation for patients who do not speak English as their primary language.
- Clinic displays and complies with Health Insurance Portability and Accountability Act (HIPAA) policies.

CLINIC ENVIRONMENT

- Waiting areas should be clean with adequate seating.
- Education pamphlets and information regarding services should be readily available, including translated versions as appropriate for setting.
- Examination rooms should be clean, private and adequately equipped.

PATIENT REGISTRATION

- Registration personnel should gather only demographic and financial information from patients to verify financial eligibility.
- Patients should be registered in an efficient manner with minimal time (less than 30 minutes) between registration and face-to-face contact with a health care provider.
- Confidentiality and privacy should be assured.
- Clinic staff should be trained in cultural diversity.

CLINIC FLOW

- Clinician coverage should be available to allow for a combined appointment and walk-in system.
- Clinic flow is designed so that patient assessment points/stops are kept to a minimum (3 or less).
- A fast-track system should be used to handle acute care problems.

CLINICAL RECORDS

- Clinical records will contain sufficient clinical information to allow for prompt evaluation and interpretation of assessment and clinical findings.

- Clinical records will be stored in files that are secure and inaccessible to unauthorized persons.
- Electronic clinical records will have rigorous access protection procedures and a back-up filing process.
- Clinic site will have a written procedure for retaining and destroying medical records according to Georgia Archives[9] retention schedule.

CLINIC MANAGEMENT

- Job qualifications for clinic staff should include specific clinical and/or personnel management skills.
- Job duties of clinic management staff include personnel and clinical services supervision, staff training and implementation of QA/QI process.
- Current policy and personnel manuals, medical/nurse protocols and current reference books should be available at the clinic site.
- A current *Official Notice Bill of Rights for the Injured Worker, Worker's Compensation Fraud Notice* and *Workers Compensation Reporting Instructions* must be posted in prominent places at each work location. Information can be obtained from the Office of Human Resources Management (OHRM) at 404-656-4588.

LABORATORY MANAGEMENT

- Clinic staff standard should follow precautions for all specimen collection and handling.
- Disposable syringes and needles are placed in puncture-resistant containers for disposal.
- Laboratory must meet CLIA and/or state licensure requirements.
- Clinic will comply with Georgia Department of Public Health, HIV Policy, Chapter I. Bloodborne Pathogens, Infection Control Guidelines and Exposure Control Plan (current edition).

EMERGENCY PROCEDURES

- Clinic site has a written emergency management protocol.
- Clinic site has equipment, supplies and medications needed to manage acute medication reactions.
- Clinic staff has current certification in cardio-pulmonary resuscitation.
- After-hours emergency care provider's phone number and address is prominently displayed on the front door, and appropriate after-hours information is provided on the Clinic's voicemail or answering machine.

MANAGEMENT OF ADVERSE MEDICATION REACTIONS

This tool helps assure the clinical setting can successfully manage an adverse reaction to a medication and must be assessed annually for compliance and improvement.

Health Center
Reviewer Name
Date

	Documentation		
Expectations	**Yes**	**No**	**Comments**
1. Site maintains a Nurse Protocol for managing anaphylactic (allergic) reactions.			
2. Site has appropriate emergency equipment; supplies are readily available as determined in the Guidelines for Emergency Kits/Carts in Public Health Clinic Sites in the Nurse Protocol Manual.			
3. Site has an emergency alert communication system that is known by all staff.			
4. Local emergency telephone numbers (i.e., EMS, hospital, etc.) and the Georgia Poison Control number are posted for easy access.			
5. Each RN has participated in training updates as needed and in mock emergency drills at least once a year. There must be at least one annual mock emergency drill which includes infants, children and adults.			
6. Copies of records on anaphylactic reactions are distributed as follows • Sent with patient to emergency room, if applicable • Retained by the clinic for patient record • Sent to District Office with incident report			

EVALUATION TOOL FOR ORDERING AND DISPENSING MEDICATIONS

This tool may be used to review an individual RN's compliance with nurse protocol statute. A copy may be placed in the RN's personnel supervisory file. It may also be used to review the training and preparation of a group of RNs who are practicing under nurse protocol.

	Documentation		
Standards	**Yes**	**No**	**Comments/Notes**
Standard Nurse Protocols are consistent with the Nurse Protocols for Registered Professional Nurses in Public Health with respect to clinical and laboratory diagnostic criteria and drugs and therapeutic criteria.			
Are available upon request in the setting where the RN/APRN functions under nurse protocols.			
Bear a current review date.			
Are signed by the licensed delegating physician(s).			
Are signed by the RN/APRN practicing under the protocol(s).			
Specify parameters under which delegated medical acts may be performed.			
Include a schedule for quarterly review of patient records by the delegating physician(s).			
Are reviewed, revised or updated annually.			
Include a provision for immediate consultation with the delegating physician(s) or designee.			

TRAINING AND EDUCATION FOR ORDERING AND DISPENSING MEDICATIONS CONT.

	Documentation		
Standards	**Yes**	**No**	**Comments/ Notes**
Medication Orders must meet the following criteria based on the authority of Nurse Protocol Statute. Fully documented in chart: (Example: Metronidazole 500 mg 1 tablet p.o. bid x 7 days, dispensed 14 tablets) as follows: • Patient name • Generic name or actual brand name of medication • Strength of medication • Dose • Dosage form • Route of administration • Frequency • Duration of therapy • Quantity dispensed/provided • Date Ordered • Signature of RN/APRN who ordered the drug Note: Medications ordered by an RN/APRN in accordance with a Nurse Protocol require a patient assessment at each visit (i.e., term “refill” not used).			

TRAINING AND EDUCATION FOR ORDERING AND DISPENSING MEDICATIONS CONT.

	Documentation		
Standards	**Yes**	**No**	**Comments/ Notes**
Medications ordered and dispensed in accordance a nurse protocol and drug dispensing procedure are documented on a “Medication Dispensing Sign Out Sheet” or equivalent electronic document and signed by the ordering RN/APRN. The RN/APRN who is authorized under nurse protocol to order the medication is the same RN/APRN who dispenses the medication.			
A policy and procedure is in place to assure that when medication order(s) are written by an RN/APRN under authority of nurse protocol statute, it is communicated verbally or otherwise to the Public Health Pharmacist or the non-public health Pharmacist that the medication order is not a written prescription from the RN/APRN.			
Medication orders written by a physician and dispensed by a physician are documented on a “Medication Dispensing Sign Out Sheet” or equivalent electronic document and signed by the physician ordering and dispensing the medication.			
Medication orders written by a physician and dispensed by a pharmacist or written by a physician and dispensed by a physician are clearly distinguishable from medications ordered and dispensed by the RN/APRN under authority of the nurse protocol statute.			

TRAINING AND EDUCATION FOR ORDERING AND DISPENSING MEDICATIONS CONT.

	Documentation		
Standards	**Yes**	**No**	**Comments**
Information on the medication label and components of the patient counseling are in accordance with the Medication Dispensing Procedure as follows: ● Name, address and phone number of the health district/health department/health center ● Date and identifying number (at a minimum, 3-digit county code) ● Full name of patient ● Name (brand or generic) and strength of medication and strength ● Directions for use (i.e. Take 1 tablet by mouth twice a day, at 8 am and 8pm) ● Name of RN/APRN or delegating physician or initials ● Expiration date of medication ● Patient received counseling on medications in accordance with Medication Dispensing Procedure ● Counseling on medications is documented ● Written medication information and counseling provided			
Prescription Pads: For MDs and APRNs with prescriptive authority, blank prescription pads are secured and stored when not in use.			

TRAINING AND EDUCATION FOR ORDERING AND DISPENSING MEDICATIONS CONT.

	Documentation		
Standards	**Yes**	**No**	**Comments**
Medication Samples: Since there is no legal authority for RN/APRNs working under the Nurse Protocol statute to possess and distribute medication samples, there should be a policy and procedure for handling these samples, which is signed by a Pharmacist and Physician in accordance with the State Medication Dispensing Procedure. The Professional Medical Device and Drug Sample Policy for Public Health Clinics is available on the Office of Pharmacy website.			

CLINICAL RECORD DOCUMENTATION AND RETENTION STANDARDS

Objectives for Clinical Record Documentation[8]

- Describe the general components or guidelines for clinical record documentation
- Discuss how these documentation principles apply under the Nurse Practice Act and to PHN practice under protocols
- Identify laws applicable to health care documentation and their implications for public health
- Describe potentially volatile events or situations in Clinical Practice that could lead to potential litigation or legal action.

Clinical Record Documentation Standards:

1. Contents of a clinical record must meet all regulatory, accrediting and professional organization standards. Common requirements specific to nursing documentation include, but are not limited to:
   a. The nursing assessment and care provided;
   b. Informed consent for procedures;
   c. Teaching provided either to the patient directly or to his/her family; and
   d. Response and reaction to teaching.
2. Determine and assure adequate security measures for the entire documentation system, electronic and/or paper.
3. Record the patient's name on every page.
4. Record the date and time on all entries.
5. Sign every entry with full name and initials of professional and educational titles (e.g., RN, APRN, and FNP)

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[8] AHIMA e-HIM Work Group on Maintaining the Legal HER. "Update: Maintaining a Legally Sound Health Record – Paper and Electronic." Journal of AHIMA 76, no. 10 (November-December 2005): 64A-L.

"Principles for Documentation," American Nursing Association, Silver Spring, 2005. http://www.nursingworld.org/principles

Medicaid Documentation for Medical Professionals. July 2014. https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/docmatters-medicalprof-factsheet.pdf

Georgia Archives, State Agency Specific Retention Schedules, Georgia Department of Public Health. http://www.georgiaarchives.org/records/agency_view/127

Clinical Record Documentation Standards Cont.

6. Entries by students, interns, and residents should indicate title (e.g., SN: Student Nurse) and be countersigned by the licensed professional supervising their training.

7. Make sequential entries only on approved forms and in approved locations on the patient's record.

8. Make all entries permanent. For handwritten entries, use only blue or black non-erasable ink. Do not alter the character of a record with "white-out", highlights, scratching or other markings. Do not attempt to erase, obliterate or "white-out" a handwritten error. If errors are made, write "error" and initial/date the line.

9. Assure that entries are legible, with no blank spaces left on a line or in any area of documentation. Draw a line through blank spaces to the end of a line or use diagonal lines to mark through an area. (In a lawsuit, an effective case may be made for a sloppy record to suggest sloppy care).

10. Use only standard, approved or accepted list of abbreviations, acronyms, symbols and dose designations as outlined in the current policy on standard abbreviations. (A current list of statewide medical abbreviations for PHNs is available on the DPH website).

11. Write entries specifically and completely, using objective data from one's own observation, assessment and treatment of the patient. Avoid language that is ambiguous, vague or speculative.

12. Make all entries promptly and within appropriate time periods, given the patient's condition and diagnosis.

13. Late entries or entries made at a day/time other than when care was provided should be clearly indicated with the current day/time and the words "late entry".

14. Write objectively and with extreme care when making entries that describe an adverse episode and subsequent interventions.

15. Have patient sign to indicate that interpretation services are needed, and they authorize the designated person to act as their interpreter.

16. Document all counseling and education given to the patient. Be specific, including patient's reactions and responses.

17. Specify when a patient fails to comply with recommended self-care regimen or refuses to accept recommended diagnostics and/or treatment.

Clinical Record Documentation Standards Cont.

18. Record the date, time and content of all telephone communications. If messages are left for a patient, document the name/relationship of the person taking the message.

19. To assure continuity of care for patients, all clinical health information pertaining to an individual patient should be stored in one clinical record, which includes clinical data from any single service, encounter, and/or program.

20. Use current International Classification of Diseases (ICD) codes and Current Procedural Terminology (CPT) codes for maximum reimbursement.

Nursing documentation must be reviewed annually. A sample Clinical Record Review tool is on the next page.

CLINICAL RECORD REVIEW TOOL

Health Department: _____ **Date Reviewed:** _____

Provider: _____ **Type of Record:** _____

Chart/ID Number: _____ **DOB:** _____

	Documentation		
	Yes	**No**	**N/A**
Reason for visit			
History of present illness			
Allergies			
Medications			
Patient History of Present Illness			
Social			
a. Sexual			
b. Smoking			
c. Street Medications/ Alcohol			
d. Dietary and Exercise			
e. Occupation			
Mental health			
a. Depression or anxiety			
b. Intimate partner violence			

CLINICAL RECORD REVIEW TOOL CONT.

Past Medical History			
a. Chronic illnesses			
b. Childhood diseases			
c. Immunizations			
d. Gynecologic Reproductive			
Family Past Medical History			
Review of Systems			
Vital signs (if indicated)			
Height, weight and BMI			
Physical/exam as indicated			
Findings clearly described			
Results of laboratory & diagnostic tests			
Diagnosis correlates with history, exams, lab & diagnostics findings			
Identified problems recorded on problem list			
Education/Counseling documented			
a. Treatment correlates with diagnostic studies result			
b. Appropriate referrals completed			
c. Follow-up plans included			

RECORD RETENTION STANDARDS

The record retention standards specify the appropriate time to retain paper and electronic records. DPH also has a Record Retention Officer to assist us with this. The link to the record retention schedules specific for DPH are found on Georgia Archives, University System of Georgia website.

CUSTOMER SERVICE AND SATISFACTION

Improving the quality of care for the patient in public health is ultimately the goal of all quality improvement activities. Our efforts to improve processes internally should focus on how it will benefit the customer and raise their level of satisfaction. To this end, collecting, analyzing, monitoring and evaluating customer service data is essential to establish a baseline for any improvement. The method for evaluating customer service and satisfaction can be determined locally and there are many tools for this. It should be ongoing but at least conducted annually. The objective is to assure methodology is in place to assess the customer's satisfaction. In addition, the clinic must have a written procedure for monitoring and analyzing data to improve identified weaknesses. If you would like resources please contact the Point of Contact in the Office of Nursing, DPH.

EMPLOYEE HEALTH AND SAFETY

A checklist for evaluating *Employee Health and Safety in the Workplace* is outlined in Attachment 4. This checklist can be used as a standard or adapted locally. It offers a set of indicators to conduct a review of workplace safety. The objective is to assure methodology is in place to assess workplace safety and improve any weakness or need that arises.

EPIDEMIOLOGY SURVEILLANCE AND REPORTING

It is essential that each health department has a written procedure related to surveillance and reporting of infectious diseases and child abuse.

- Clinic has a written procedure for tracking and reporting infectious diseases, performing contact identification and disease intervention.
- Clinic has a written procedure for reporting suspected child maltreatment and abuse and adult sexual, emotional and physical abuse to the county Department of Family and Children's Services (DFCS).
- Staff have access to Guidelines for Mandatory Reporting of Suspected Child Abuse by Public Health Personnel (Feb 2017). Access this from PHIL under forms and policies.

Quality Assurance/Quality Improvement for Public Health Nursing Practice Manual

Attachments

ATTACHMENT 1: GLOSSARY

Assessment: The regular and systematic collection, analysis, and dissemination of information on the health of the community or population, including statistics on health status, community health needs, and epidemiological and other studies of health problems.
American Nurses Association (ANA, 2013). Public Health Nursing: Scope and Standards of Practice, 2nd Edition.

Assurance: Making certain that services necessary to achieve agreed-upon goals are provided, by encouraging actions by other entities (public or private), by requiring such action through regulation, or by providing services directly.
American Nurses Association (ANA). (2013). Public Health Nursing: Scope and Standards of Practice, 2nd Edition.

Competency: The combination of observable and measurable knowledge, skills, abilities and personal attributes that contribute to enhanced employee performance and ultimately result in organizational success. Core competencies include individual skills desirable for the delivery of Essential Public Health Services. Community/Public Health Nursing [C/PHN] Competencies (Quad Council Coalition, April 2018).

Continuous Quality Improvement (CQI): An ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, outcomes. These efforts can seek "incremental" improvement over time or "breakthrough" improvement all at once. Among the most widely used tools for continuous improvement is a four-step quality model, the Plan-Do-Check-Act (PDCA) cycle. See also performance management. Centers for Disease Control "National Public Health Performance Standards Acronyms, Glossary, and Reference Terms.

Cultural Competence: A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enable the system, agency or professionals to work effectively in cross-cultural situations.

Cultural Diversity: The coexistence of different ethnic, gender, racial, and socioeconomic groups.
American Nurses Association (ANA). (2013). Public Health Nursing: Scope and Standards of Practice, 2nd Edition.

Evidence-Based Practice: involves making decisions based on the best available scientific evidence, using data and information systems systematically, applying program-planning frameworks, engaging the community in decision making, conducting sound evaluation, and disseminating what is learned.
Public Health Accreditation Board Acronyms and Glossary of Terms Version 1.5

Nurse Protocol: written document mutually agreed upon and signed by a registered nurse and a licensed physician, by which document the physician delegates to that nurse the authority to perform certain medical acts pursuant to subsection 9b) of this Code section, and which acts shall include, without being limited to, the administering and ordering of any drug. O.C.G.A. 43-34-23 (Georgia Code, 2017)

Performance Improvement: A process that considers the organizational context, describes desired performance, identifies gaps between desired and actual performance, identifies root causes, selects interventions to close the gaps, and measures changes in performance with the goal of achieving desired results or outcomes. American Nurses Association (ANA). (2013). Public Health Nursing: Scope and Standards of Practice, 2nd Edition.

Plan-Do-Check-Act (PDCA): A four-step process designed to carry out changes for continuous quality improvement. PDCA offers a data-based framework based on the scientific method. This simple yet powerful format drives continuous and ongoing efforts to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community
National Association of City and County Health Officials (NACCHO)

Population-focused: An approach to health care that addresses the population level of the ecological model. American Nurses Association (ANA). (2013). Public Health Nursing: Scope and Standards of Practice, 2nd Edition.

Public Health Quality: The degree to which policies, programs, services and research for the population increase desired health outcomes and conditions in which the population can be healthy. (HHS, 2016).

Quality Assurance: The planned and systematic activities implemented in a quality system so that quality requirements for a product or service will be fulfilled.
(Developed by the Accreditation Coalition Workgroup and approved by the Accreditation Coalition June 2009) Defining Quality Improvement in Public Health, Riley, M. et al (2010). Journal of Public Health Management and Practice 181 (1) 5-7.

Quality Improvement: "is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability and outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community."
(Developed by the Accreditation Coalition Workgroup and approved by the Accreditation Coalition, June 2009) Defining Quality Improvement in Public Health, Riley, M. et al (2010). *Journal of Public Health Management and Practice*. 181(1) 5-7.

ATTACHMENT 2: ADDITIONAL RESOURCES

DISPENSING PROTOCOL

Professional Medical Device and Drug Sample policy for Public Health Clinics – DPH, Office of Pharmacy Website

LEADERSHIP

The Community/Public Health Nursing competencies provide the knowledge, skills, and behaviors necessary to master competent practice. Quad Council Competencies for Public Health Nurses (April 13, 2018).

CULTURAL COMPETENCY

To effectively combat human trafficking, each of us needs to have a clear understanding of what human trafficking is. If you would like more information on this topic the National Human Trafficking Resource Center (HHTRC) offers many resources.

CHILD HEALTH

1. Ongoing access to current reference materials in initial training.
2. Nurse Protocols for Child Health, (current).
3. Control of Communicable Diseases Manual, Heymann, D., (current edition).
4. Red Book-Report of Committee on Infectious Diseases, American Academy of Pediatrics (current edition).
5. Georgia WIC Program Procedures Manual (current edition).
6. Pediatrics Dosage Handbook, Taketomo, C.K., Hodding, J.H., Kraus, D.M. (current edition) **OR** other current pharmacology/medication references, such as Lexi-Comp Drug Information, available at www.lexi.com/online (for districts who have purchased subscriptions).
7. The Epidemiology & Prevention of Vaccine Preventable Disease “Pink Book” CDC (current edition).

8. Georgia Tuberculosis Program Policy and Procedure Manual, DPH current edition
9. J.R. Hagan, J.S. Shaw, P. Duncan, (eds.), American Academy of Pediatrics, Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, Third Edition. Pocket Guide. Elk Grove Village, IL, 2008. Available at: http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html

10. "The Silent Epidemic: Lead Poisoning" – PowerPoint presentation from the Georgia Healthy Homes and Lead Poisoning Prevention Program. (PowerPoint available upon district request)

HYPERTENSION

1. American Heart Association, High Blood Pressure. (2019).

2. Million Hearts Tools & Protocols (2016).

3. Georgia Clinical Transformation Team (GCT²) Webinar Series. (2016).

4. Hypertension and Diabetes Nurse Protocol Question and Answer Session with workshop facilitators at the Augusta University Regional Clinical Campuses (in-person session or video conference from health district).

HIV

1. U.S. Department of Health and Human Services. AIDSInfo.

2. The latest versions of the U.S. Department of Health and Human Services (DHHS) HIV-related Guidelines, which are considered "living documents," are available online on the AIDSinfo website.

   - Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents.
   - Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents

3. AIDS Education and Training Center Program. AETC National HIV Curriculum.

4. HRSA, Clinical Care Guidelines and Resources.

5. Georgia Immunization Program Manual (current edition).

6. Georgia Care and Prevention (CAPUS) Resource Hub

7. Georgia Department of Public Health (DPH) Hepatitis C Testing Toolkit for Primary Care Providers

8. American Association for the Study of Liver Diseases and Infectious Diseases Society of America, HCV Guidance: Recommendations for Testing, Managing, and Treating Hepatitis C

9. AIDS InfoNet

10. The American Academy of HIV Medicine, Supporting the HIV Care Provider and the Profession

11. Current online drug reference, including alternative/herbal therapies and online lab references such as:
    - Lexicomp
    - Stanford University HIV DRUG RESISTANCE DATABASE, https://hivdb.stanford.edu/ and https://hivdb.stanford.edu/hivdb/by-mutations/
    - *Drug Interactions Checker,* Drugs.com
    - University of Liverpool, *HIV Drug Interactions*
    - University of Maryland Medical Center, *Drug Interaction Tool*
    - Antiretroviral Management, HIV InSite
    - Laboratory reference:
        - https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv-guidelines/3/tests-for- initial-assessment-and-follow-up
        - http://www.questdiagnostics.com/testcenter/TestCenterHome.action
        - https://www.labcorp.com/test-menu/search
        - https://dph.georgia.gov/lab

IMMUNIZATIONS

1. GA Registry of Immunization Transactions & Services (GRITS)

2. District Policies and Procedures for Administration of Vaccines (if separate from the GA Immunization Program Manual)

3. Health District's policies and procedures for Administrating Travel vaccines (If applicable)

4. GA Immunization Program Manual

5. ACIP Recommendations, CDC

6. Epidemiology & Prevention of Vaccine Preventable Diseases (The Pink Book). CDC (current version)

7. Red Book, AAP (current version) (at least one copy at district)

8. General Best Practice Guidelines for Immunization, CDC

9. Current year drug reference (refer to current Nurse Protocol Manual, Drug Dispensing Procedure, for list of acceptable drug references)

10. VAERS Reporting Form

11. GA Notifiable Disease Fact Sheets

12. Vaccine Package Inserts

STD

Websites:

- CDC STD Treatment Guidelines

Webinars:

- CDC STD Webinars

Manuals:

- Microscopy for Public Health Nurses Manual (copy received when course was completed) currently there is no manual given at completion of the online course.

- Guidelines for Standard Precautions and Bloodborne Pathogen Occupational Exposure, DPH. (Feb, 2015).

- Georgia Immunization Program Manual - Chapter 7 Hepatitis.

TB

1. CDC's Self Study Modules on Tuberculosis

2. Georgia Tuberculosis Program Policy and Procedure Manual

3. The latest versions of the CDC/ATS Guidelines, which are considered "living documents" and are available in print or online at CDC Division of Tuberculosis Elimination website

4. Tuberculosis, CDC.

5. Southeastern TB Conference information

6. National Tuberculosis Controllers Association

WOMEN'S HEALTH/ FAMILY PLANNING

1. Current Pharmacology references – Lexicomp

2. Current Physical assessment references. (Ex. Seidel, Henry. Mosby's Guide to Physical Assessment, current Edition).

3. Hatcher, Robert, Contraceptive Technology (current edition)

4. Zieman, Mimi and Hatcher, Robert, Managing Contraception on the Go (current edition)

5. Joellen Hawkins et al., Protocols for Nurse Practitioners in Gynecologic Settings (current edition)

QUALITY IMPROVEMENT

1. CQI For Public Health: The Fundamentals. Ohio State University's Center for Public Health Practice – online courses for understanding and conducting continuous quality improvement in public health.

2. Institute for Health Improvement (IHI). Quality Improvement online courses: QI 100, 200, & 300 level courses.

3. American Society for Quality (ASQ) – PDCA Cycle Webcasts

4. Center for Public Health Continuing Education. School of Public Health, University of Albany. The Basics of Quality Improvement for Public Health Practitioners.

5. Go Lean Six Sigma – White Belt Training

ATTACHMENT 3: SITE VISIT REPORT SUMMARY AND PLAN OF ACTION

SITE VISIT SUMMARY

STRENGTHS

OPPORTUNITIES FOR IMPROVEMENT

PLAN OF ACTION

ATTACHMENT 4: EMPLOYEE HEALTH AND WORKPLACE SAFETY CHECKLIST

Employee Health and Workplace Safety Checklist

Health Department or Site: _____

YES	NO	N/A	Employee Health & Well Being - *Section 1*
New hires are trained within 5 days of hire on CBOH policies and procedures regarding:			
			Employee Health
			Blood-borne Pathogens
			Occupational Exposures
			Workplace Violence
			Reporting Accidents
			Sexual Harassment in the Workplace
YES	**NO**	**Date Reviewed**	**Employee Health & Well Being –** *Section 2*
			Annual review of CBOH Policies including Standards of Conduct, Visitors in Workplace, and Suspicious Package & Bomb Threat Policy
			If work location has 50 or more employees, a committee is in place to oversee the implementation and management of the prevention of workplace violence plan
			Anaphylaxis protocol reviewed annually with drills as required by Immunization Program Guidelines.
			Annual review of Employee Health & Blood-borne pathogens exposure control plan, to include but not limited to: • Handwashing • Personal Protective Equipment • Biohazardous Waste Management • Environmental Controls • Sharps Injury Protection

EMPLOYEE HEALTH AND WORKPLACE SAFETY CHECKLIST CONT.

			Conduct Health Department Risk Assessment yearly (TB)
			Conduct TB screening for employees, new hire and annually
			Offer vaccination to employees upon hire & annually according to Employee Health Manual.
			CBOH has a written safety guidelines and procedures in place to ensure safety of personnel during home visits.
			CBOH maintains an employee file for personnel so emergency contact can be reached and/or it can be shared with authorities in case of emergency.
YES	**NO**	**Date Reviewed**	**Current Review of Facility & Grounds**
			Emergency telephone numbers are posted where they can be readily found
			All work areas are adequately illuminated
			There are separate clean and dirty work areas and a “dirty-to-clean” workflow is used
			Non-employees are excluded access to clinical service areas
			All aisle ways clear of slip and trip hazards
			Areas around equipment clean and free of materials that could cause slips or falls
			Trash removed on a regular basis
			Facility, both public areas and private offices, including bathrooms, are kept clean and cleared of trash, and furniture is in good repair
			Electrical power cords in good condition and properly grounded if necessary
			Electrical cabinets kept closed and properly labeled as to purpose and voltage

EMPLOYEE HEALTH AND WORKPLACE SAFETY CHECKLIST CONT.

YES	NO	Date Reviewed	Current Review of Facility & Grounds Cont.
			Electrical panels easily accessible, the front of each panel clear of obstruction
			Appropriate signage in place to indicate circuits to refrigeration units, so vaccines and medications can be properly handled in case of interruptions of power
			All exits and aisle ways clearly marked and clear of encumbrances
			All exits, and routes to all exits, clearly marked
			All exit doors clear of obstruction and functioning properly
			All exits adequately illuminated and all exit signs lighted
			All stairs supplied with required handrails
			All floor and stairwell openings properly guarded and identified
			Fire extinguishers checked regularly for proper charge and cylinder test date
			Clear, easy access to each fire extinguisher
			Fire extinguishers hung at proper intervals and heights
			All flammable liquids identified, and their use strictly controlled
			Oxygen cylinders separated from flammable gas cylinders by at least 25 feet or a fire wall
			All cylinders chained in upright position when full
			Cap guards on all cylinders when not in use
			All containers clearly labeled per requirements
			Location of emergency cart clearly labeled and clear of encumbrances which would prohibit access
			Maintain supplies in the emergency anaphylaxis protocol
			Heating and air units are operational and filters clean
			Handwashing facilities and products are readily accessible to employees
			Toilets and sinks are operational without leaks or other evidence of malfunction

EMPLOYEE HEALTH AND WORKPLACE SAFETY CHECKLIST CONT.

YES	NO	Date Reviewed	Current Review of Facility & Grounds Cont.
			Sharps containers are clearly marked and located convenient to the workstation
			Sharps containers are replaced routinely and not allowed to overfill
			Full biohazard containers are properly stored until removed by licensed disposal company
			PPE is readily accessible in a variety of sizes
			PPE is cleaned, laundered, repaired, or disposed of appropriately
			Parking lot is highly visible and well-lit
			Parking is available close to building or work site
			Parking is available near the main entrance
			Emergency phones or panic button are available
			There is video surveillance of the parking lot
			Process in place to assure security patrols available as needed for the parking lot and/or escorts employees to parking lot after hours

Document any "NO" answers below as an area for improvement. Identify person(s), resources and timeline for making improvement.

Reviewer's Signature: _____Date: _____

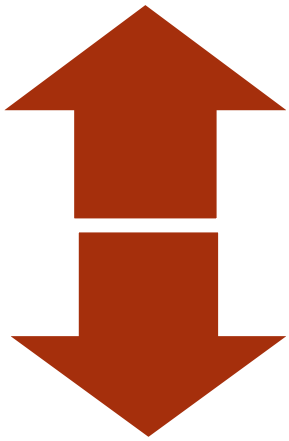
This tool is based on the February 2015 DPH Quality Assurance/Quality Improvement for PHN Practice adapted by Northwest Georgia Public Health District 1-1 as a QA/QI Self-Assessment tool.

ATTACHMENT 5: OVERVIEW OF QUALITY IMPROVEMENT AND PDSA

Quality improvement is improving HOW we do WHAT we do to meet the ne ed and expectations of the customer.

Principles of Quality Improvement:

- Principle 1: Customer focus
- Principle 2: Improvement is an ongoing process that emphasizes prevention and problem solving
- Principle 3: Improvement involves all employees and it requires teamwork
- Principle 4: Decision making is based on facts and data



- **Effectiveness**
- **Outcomes**
- **Customer satisfaction**
- **Employee morale**
- **Learning & knowledge**

- **Mistakes**
- **Waste & Rework**

Traditional Organization Culture	Quality Improvement Culture
Moving away from:	**Moving toward:**
➢ Internal focus ➢ Quantity ➢ Product ➢ Opinion ➢ Crisis management ➢ People as commodities ➢ Autocratic decision making ➢ Trial & error ➢ Seat-of the Pants	➢ Customer focus ➢ Quality ➢ Process ➢ Data, Facts ➢ Continuous improvement ➢ People as resources ➢ Empowered Teams ➢ Scientific method ➢ Rational problem-solving

The Plan Do Study Act (PDSA) Process[9]

The PDSA process is a four-step process designed to carry out changes for continuous quality improvement.

PLAN

- Identify the opportunity for improvement
- Define the problem. ("I observe that…")
- Study the current process steps and gather evidence
- Hypothesize as to the cause of the problem. ("I think it's because…")
- Examine baseline data
- Identify a solution. ("So, I plan to…")
- Plan a change to test, including what data to collect to measure effects associated with the changes ("…. Which I think will result in…")

DO

- Test the change by carrying out a small-scale study i.e. implement the intervention
- Collect data as you test the change

STUDY

- Review the data you collected
- Analyze the results and what you've learned

ACT

- Act based on what you learned
- Adopt, Adapt, Abandon (set aside)

REPEAT… REPEAT… REPEAT…

Plan – Do – Study – Act Cycle

[9] Ohio State University College of Public Health. Continuous Quality Improvement for Public Health: The Fundamentals. Module 2 Problem-Solving PDSA. Available from https://osupublichealth.catalog.instructure.com/courses/phqi-0001

ATTACHMENT 6: PDCA PROCESS AND TOOLS

This tool is a guide for gathering evidence to inform each step in the process[10]**.**

	PROBLEMS SOLVING STEPS	**TOOLS/TECHNIQUES**
PLAN		
Step 1	Identify and select problem • Review the background information • Gather data, if necessary • Develop an “as is” statement • Develop a “desired state” statement	Flow chart Check sheet Pareto chart Brainstorming Nominal group technique Affinity diagram
Step 2	Analyze the Problem • Understand the process • Talk to customers/Benchmark • Identify potential causes • Gather data to identify causes • Analyze data	Flow chart Fishbone diagram Check sheet Run chart Histogram Pareto chart Scatter diagram
	Analyze causes to discover root cause • Identify the causes of the causes • Identify the root cause	Brainstorming Control chart Five whys
Step 3	Identify & evaluate possible solutions • Review information • Ensure understanding of causes • Brainstorm potential solutions • Clarify potential solutions	Brainstorming Force field analysis Run chart Control chart Criteria rating grid Weighted voting

[10] Ohio State University College of Public Health. Continuous Quality Improvement for Public Health: The Fundamentals. Module 2 Problem-Solving PDSA. Available from https://osupublichealth.catalog.instructure.com/courses/phqi-0001

PDCA PROCESS AND TOOLS CONT.

Step 4	Select & Plan test solution • Evaluate solutions • Develop an improvement theory • Develop implementation plan and measures to evaluate effectiveness	New flowchart Run chart Control chart Gantt chart Tree diagram

DO		
Step 5	Implement test • Collect data using key measures	
STUDY		
Step 6	Study the results • Evaluate your test • Ask those affected how the change is working • Refine your improvement	Pareto chart Histogram Run chart/Control chart
ACT		
Step 7	Fully implement successful solution & standardize • If the change is not working well, start the cycle over, refine the problem, test another solution • Develop a monitoring system • Celebrate!	New Flow chart Control chart Histogram Gantt chart Tree diagram
	Repeat cycle for continuous improvement	

ATTACHMENT 7: QA/QI FOR PUBLIC HEALTH NURSING PRACTICE MANUAL REVISIONS

Date	Short description and rationale for revision	Person/District/ State Office Responsible for Initiating Revision	Program or Section in Manual	Page Number	Approval Date by PHN Executive Leadership
2/10/2020	Basic Microbiology Curriculum removed from didactic section.	Kimberly Brown	STD	111	
2/10/2020	STD 201: removed courses that are no longer available	Kimberly Brown	STD	112	
2/10/2020	Annual self study: removed STD manual	Kimberly Brown	STD	113	
2/27/2020	Added TB 101, CDC's modules for healthcare workers, changing the course numbers for other self-study courses	Marjorie McDermott	TB	114	

All approved changes to this manual will be listed here for ongoing reference. The most current manual revisions will also be identified in bold text within the document. With each subsequent change, the previous bolding will be removed to only reflect the most recent change.