



Quality Assurance/Quality Improvement (QA/QI) for Public Health Nursing Practice Manual 2017



<https://dph.georgia.gov/resourcesformsmanuals>

THIS PAGE IS INTENTIONALLY LEFT BLANK

TABLE OF CONTENTS

INTRODUCTION	6
PURPOSE	6
HISTORY AND BACKGROUND INFORMATION	6
QA/QI MODEL FOR PUBLIC HEALTH NURSING PRACTICE	8
PHN QA/QI SITE VISITS REVIEW GUIDELINES	9
STANDARDS AND TRAININGS.....	23
CORE COMPETENCIES FOR PUBLIC HEALTH NURSES.....	23
PROFESSIONAL LICENSURE	23
SCOPE OF PRACTICE	23
CREDENTIALING	24
LEADERSHIP COMPETENCY.....	26
CULTURAL COMPETENCY	28
EMERGENCY PREPAREDNESS	30
POPULATION HEALTH	34
PROGRAM STANDARDS AND TRAINING	39
CHILD HEALTH.....	51
DIABETES.....	59
HIV – INFECTED ADULT	61
HYPERTENSION	68
IMMUNIZATIONS.....	71
SEXUALLY TRANSMITTED DISEASE	95
TUBERCULOSIS.....	99
WOMEN’S HEALTH/FAMILY PLANNING	103
STANDARDS FOR THE CLINICAL SETTING AND OPERATIONS	110
CLINICAL OPERATIONS	110
MANAGEMENT OF ADVERSE MEDICATION REACTIONS	115
TRAINING AND EDUCATION FOR ORDERING AND DISPENSING MEDICATIONS	116
CUSTOMER SERVICE AND SATISFACTION	126
EMPLOYEE HEALTH AND SAFETY	126
EPIDEMIOLOGY SURVEILLANCE AND REPORTING.....	126

LIST OF ATTACHMENTS

ATTACHMENT 1: GLOSSARY	128
ATTACHMENT 2: ADDITIONAL RESOURCES	130
ATTACHMENT 3: SITE VISIT REPORT SUMMARY AND PLAN OF ACTION.....	135
ATTACHMENT 4: TOOL FOR EVALUATING EMPLOYEE HEALTH AND WORKPLACE SAFETY	136
ATTACHMENT 5: OVERVIEW OF QUALITY IMPROVEMENT	140
ATTACHMENT 6: PDCA PROCESS STEPS AND TOOLS	143
ATTACHMENT 7: QUALITY PRINCIPLES WORKSHEET	145
ATTACHMENT 8: QA SITE VISIT AREAS FOR IMPROVEMENT AND QI PROJECT TRACKER	146
ATTACHMENT 9: QA/QI MANUAL REVISIONS.....	147

ACKNOWLEDGEMENTS

We formally recognize the efforts of many individuals who were a part of the overall review and revision of the Quality Assurance/Quality Improvement for Public Health Nursing Practice Manual.

The State Office Nurse Consultants and others listed below provided expertise in developing the programmatic training content. To be as comprehensive as possible and to align with Standard Nurse Protocols for Registered Professional Nurses in Public Health and district efforts, they consulted others from the state office and districts in this process. We appreciate everyone's involvement and collaboration.

Kimberly Brown, BSN, RN STD Program Nurse Consultant
Jennifer Burkholder, RN, MSN, MPH Deputy Chief Nurse of Emerging Health Threats
Pamela Clark, RN, MSN Child Health Screening Clinical Coordinator
Michael (Mac) Coker, MSN, RN, ACRN HIV Care Program Nurse Consultant
Bonnie Cox, RN, MN Family Planning Nurse Consultant
Takieya Jones, BSN, RN, CLC CMS Clinical Coordinator
Marjorie McDermott, BSN, RN PHSO Nurse Consultant TB Prevention and Control Program
Janet McGruder, BSN, RN, MBA Immunization Program Nurse Consultant
Sandra Metcalf, RN, BSN, MPH Nurse Consultant – HIV Program
Jean O'Connor JD, DrPH, FACHE Chronic Disease Prevention Director
Shana M. Scott, JD, MPH – Health Systems Team Lead

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. In the spirit of QI, recognizing the areas of redundancy or clarification helped streamline the requirements and improve the ease of use. Thank you to the following people:

Tammy Burdeaux	Michael Hamilton	Carol Lumpkin
Kelli Clayton	April Harkins	Judy McChargue
Kay Davis	Cindi Hart	Catherine Palmer
Betty Dixon	Caroline Hawkins	Jennifer Riemann
Janet Eberhart	Cathy Henderson	Jennifer Sapp
Tori Endres	Leanna "Niki" Jones	Pam Smith
Christi Florence	Rebecca Kershner	Catharine Smythe
Terri Griffin	David Lankford	Stacey Upshaw

The Office of Nursing (OON) coordinates the development and revision of content in the QA/QI Manual. The guidance and perspective of the OON team members was essential to finalizing the manual. Thank you: Jennifer Burkholder, Kortney Floyd, Shannon Hall, MaDonna Johnson, Sara Kroening, and Meshell McCloud. The Deputy Chief Nurse for QA/QI in the OON is the primary point of contact for this manual.

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.

PURPOSE

The QA/QI manual provides the specific clinical orientation, training, and measurement tools necessary to function under standards and nurse protocols. In this way, we have a statewide, standardized and comprehensive QA/QI system that is used by public health at the local level to assure that Expanded-Role Nursing practice is 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 ensuring, evaluating and improving the quality of public health nursing practice in Georgia.

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 activities¹ (Sheingold and Hahn, 2014).

Since the 1970's, there have been a wide range of quality assurance and quality improvement models and processes developed by and for the health care system. Quality assurance was defined as a widely-accepted system that compares the care provided to institutionally held standards, evaluates data, identifies problems, plans and implements activities to alleviate the problems and determines whether the activities achieved the desired results² (Rowland & Rowland, 1987). 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 client/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

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 Rowland, H.S. & Rowland, B.L. (December 1987). The manual of nursing quality assurance. Aspen Publishers. Volume 1.

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. TQM principles 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 (Deming, 1986).

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 (IOM, 1996).

In 1997, DPH charged the OON with leading a coordinated approach to QA/QI across districts. In 1998 a model focusing on nursing practice under nurse protocol was developed and piloted in one site in each of the 19 districts. This model became a more formal QA/QI initiative including the development of standards and tools for measurement of quality and opportunities for improvement. In 2002, district teams were making site visits to counties within their respective districts and together with the State Office Programs reported findings and recommendations to improve the overall process and experience for improved coordination and integration of quality assurance and improvement.

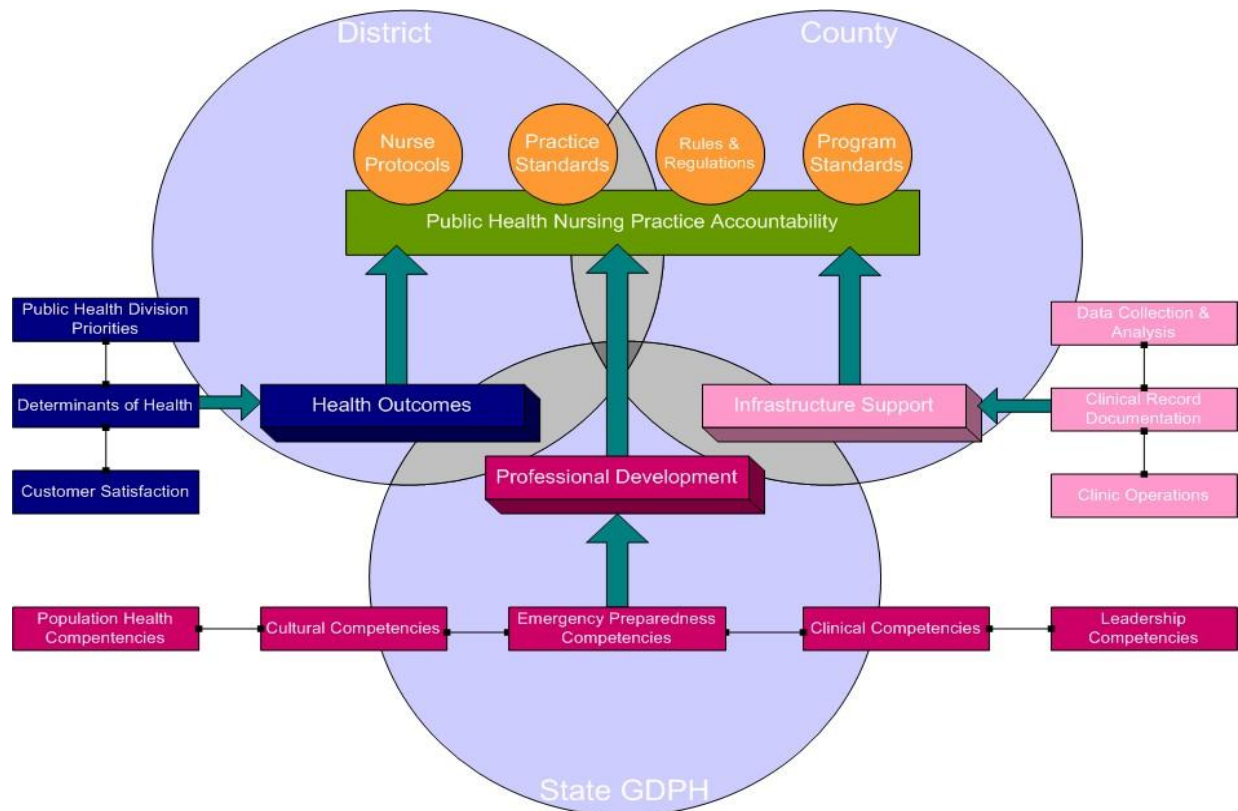
The OON maintains the vision to advance public health nursing practice to ensure the delivery of quality nursing care to improve the health and safety of all Georgians. Currently, all districts conduct their internal QA/QI site visits to each of the counties/sites within the district. The Public Health Nurse Database was developed in 2015-16 and is operational as a method of assuring that each nurse has completed the training consistent with practicing under Nurse Protocol. This adds a level of accountability as well as timely and accurate reporting of workforce data.

DPH is actively building a strong foundation for quality and promoting a culture of quality across the agency. On January 25, 2017 DPH submitted its formal intent to the Public Health Accreditation Board (PHAB) to apply for accreditation. This highlights the commitment at the state level to quality improvement as an essential element of Public Health practice.

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 & 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.



PHN QA/QI SITE VISITS REVIEW GUIDELINES

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.

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.

INTRODUCTION/BACKGROUND

For decades, Public Health Nurses have participated in Quality Assurance/Quality Improvement (QA/QI) activities as an integral part of nursing practice. In 1999, a new statewide QA/QI program for Georgia Public Health Nursing was launched. Since the pilot was conducted in January 1999, this QA program has undergone two major revisions (i.e. 1999, 2001), and a third revision is in process. The QA/QI program is available in all 18 Public Health Districts and offers training guidance for PHNs and site visits review guidance for districts. The current manual, *Quality Assurance/Quality Improvement for Public Health Nursing Practice*, produced by the OON, DPH is available at <http://dph.georgia.gov/resourcesformsmanuals>.

AUTHORITY AND JUSTIFICATION

According to the Georgia Nurse Practice Act for Registered Professional Nurses³ (Georgia Secretary of State, 2017) 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", O.C.G.A. § 43- 26-3 (6). 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).

The *Public Health Nursing Scope and Standards* published by the American Nurses Association (2007), one of the professional performance standards covers Quality Practice and calls for the Public Health Nurse to systematically enhance the quality and effectiveness of nursing practice with the following measurement criteria:

The Public Health Nurse:

- a. Implements new knowledge and performance improvement activities to initiate changes in public health nursing practice and in the delivery of care to populations.
- b. Participates in the development, implementation and evaluation of procedures and guidelines to improve the quality of practice.
- c. Participates 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.

³ Georgia Secretary of State, Rules and Regulations of the State of Georgia (August 16, 2017).
<http://rules.sos.ga.gov/home.aspx>

-
- 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.

According to the national movement toward voluntary accreditation of public health entities, having a sustainable and effective Quality Assurance/Quality Improvement program in place will facilitate preparation for and transition to accreditation.

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 Quality Assurance/Quality Improvement 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 Quality Assurance/Quality Improvement activities at all levels. Compliance with the QA/QI standards shall be monitored through district use of an electronic reporting mechanism developed in SENDSS.
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. Quality Assurance/Quality Improvement activities shall be an integral component of and linked to any system of Performance Improvement for Public Health.
5. Quality Assurance/Quality Improvement 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. QA/QI tools format will be used.
- 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
- Document and chart review- 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 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 | 7. Management and Drug Reactions |
| | 2. Training/Education | 8. Leadership Competencies |
| | 3. Rules/Regulations | 9. Cultural Diversity Competencies |
| | 4. Immunizations/Vaccines | 10. Customer Satisfaction |
| | 5. Clinical Record Reviews | 11. Population Health |
| | 6. Drug & Vaccine Storage and Handling | 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. – 9:30 a.m. | Assessment of Leadership Competencies |
| 9:30 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, which will be used as part of the review process, should be shared with the site staff prior to the visit.

PURPOSE

The purpose of the site visit is to recognize 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.

CLINICAL 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 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, conducive to open dialogue and as succinct as possible.

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.

DOCUMENTATION SOURCES TO BE 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. Prior to the site visit, this list of documentation sources should be shared with the site staff as well as members of the site visit team.

Area for Review	Documents
Credentialing	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. Personnel/Supervisory files
Leadership	<ol style="list-style-type: none"> 1. Written reports (e.g., meeting minutes, E-mail, memoranda) 2. Leadership Competency assessment under standards and tools
Population Health	<ol style="list-style-type: none"> 1. Documentation of completion of a population health course once initially 2. Written plan for addressing training needs
Customer Satisfaction	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. Personnel/Supervisory files 2. Cultural competency assessment under standards and tools
Drug Dispensing and Ordering	<ol style="list-style-type: none"> 1. District Nurse Protocol Manual 2. Nurse Drug Orders within Clinical Records 3. Dispensary sign out sheet
Clinical Practice	<ol style="list-style-type: none"> 1. Peer Review Tool for the Registered Nurse in Public Health
Management of Drug Reactions	<ol style="list-style-type: none"> 1. Standard Nurse Protocols for Registered Professional Nurses in Public Health, Emergency Guidelines, Policies, Procedures and Protocols section 2. District Policy and Procedure Manual
Clinic Operations	<ol style="list-style-type: none"> 1. Patient Flow Analysis 2. Evidence of evaluation reported to staff 3. Plans to address identified areas for improvement

PEER REVIEW TOOL FOR THE RN/APRN IN PUBLIC HEALTH

Peer review documents for RNs and APRNs should be completed only if direct observations (peer review) of clinical practice are made with a nurse while conducting the visit. A sample Peer Review Tool for RNs and APRNs with guidance is included in this manual and may be used to complete this process. Completed forms should be submitted to the County Nurse Manager or site Nursing Supervisor at the end of the site visit.

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 8 in this manual offers an example of a QI project tracking form to work through any identified areas for improvement.

Quality Assurance/Quality Improvement for Public Health Nursing Practice Manual

Standards and Trainings

THIS PAGE IS INTENTIONALLY LEFT BLANK

STANDARDS AND TRAININGS

CORE COMPETENCIES FOR PUBLIC HEALTH NURSES

This section outlines the core competencies for Public Health Nurses. It includes requirements for professional licensure, scope of practice, credentialing as well as competencies in leadership, cultural competency, emergency preparedness, and population health.

PROFESSIONAL LICENSURE

Each RN and APRN is currently licensed/authorized by the Georgia Board of Nursing. Documentation shall include verification of license(s) through the GA Board of Nursing website (www.sos.state.ga.us).

SCOPE OF PRACTICE

The nurse protocols are consistent with the DPH's Scope of Practice Guidelines for Expanded-Role RNs and APRNs.

Written documentation, such as a transcript which verifies completion of a Health Assessment course at the baccalaureate level, must be on file for all nurses. If this is not part of the RNs baccalaureate program, they must complete a Health Assessment course. A baseline assessment of clinical skills and, if necessary, a clinical preceptorship with competency demonstration must be completed and documented prior to practicing under nurse protocols for RNs and APRNs.



EXPANDED-ROLE NURSE

An Expanded-Role Nurse is a Registered Professional Nurse in Georgia Public Health who has completed 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.

CREDENTIALING

The credentialing core competencies are essential for Public Health Nursing practice in Georgia to assure a defined level of competency. They are required initially unless otherwise noted and completed by self-study programmatic requirements.

1. Georgia Composite Medical Board O.C.G.A. Article 2. Medical Practice. Delegation of authority to nurse or physician assistant. Nurse Protocol Statute (O.C.G.A. § 43-34-23).
2. Orientation to Nurse Protocol (2017). Register on SABA under Office of Nursing category – (Orientation to Nurse Protocol 00004088)
3. Department of Public Health Document, Guidelines for RNs Practicing Under Nurse Protocol. Achieve at least 80% on the State Public Health “Quiz on Nurse Protocol Statute” (available on PHIL under District and County Operations or use this link Orientation to Public Health Nursing Practice Under Protocol). If unsuccessful on first attempt, may repeat quiz once after a brief review of initial quiz results.
4. Georgia Secretary of State. Rules and Regulations of the State of Georgia. Rules of Georgia Board of Nursing. Chapter 410-11, Regulation of Advanced Practice Registered Nurses.
5. Rules and Regulations of the State of Georgia. Rules of Georgia State Board of Pharmacy. Chapter 480-30, Dispensing of Medications under Authority of Job Description or Nurse Protocol.
6. Department of Public Health, Guidelines for Standard Precautions and Bloodborne Pathogen Occupational Exposure Control, February 2015 located on PHIL.
7. Georgia Public Health Laboratory Packaging and Shipping and Training course in-person OR Packing and Shipping Division 6.2 Materials: What the Laboratorian Should Know 2016 (2 hour online course, offers CE) available from the CDC’s website:
https://www.cdc.gov/labtraining/cdclabtrainingcourses/packing_shipping_62_materials.html
Certification and appropriate training is determined at the district level based on compliance with and type of CLIA certification.
8. Georgia laws regarding statutory rape, incest, sexual, exploitation of children and child abuse. Official Code of Georgia Annotated:
 - a. O.C.G.A. § 16-6-3 Statutory Rape
 - b. O.C.G.A. § 16-6-22 Incest
 - c. O.C.G.A. § 16-12-100 Sexual Exploitation of Children
 - d. O.C.G.A. § 19-7-5 Reporting of Child Abuse

Review the <u>Guidelines for Mandatory Reporting of Suspected Child Abuse</u> (current version available on PHIL under Forms and Policies)
9. Tuberculin Skin Test Certification and view CDC video “Mantoux TB Skin Test” (current version) (required initially)
10. CPR/AED (every 2 years)

LEADERSHIP COMPETENCY

Continuing to develop leadership skills is essential for public health nursing practice in the diverse settings and environments where PHNs work. In 2010, The Quad Council⁴ revised the “Core Competencies for Public Health Nursing” to align with the revisions of the “Core Competencies for Public Health Professionals.” Each of the 8 domains below can be assessed at an individual level and provides a continuum of evolving PHN practice roles, responsibilities, and functions (tiers 1, 2, and 3). The domains are listed below and can be found at: [Quad Council Competences for Public Health Nurses \(Summer, 2011\)](#).

Tier 1 Quad Council Public Health Nursing Competencies	Tier 2 Quad Council Public Health Nursing Competencies	Tier 3 Quad Council Public Health Nursing Competencies
Tier 1 Core Competencies apply to generalist public health nurses who carry out day-to-day functions in state and local public health organizations, including clinical, home visiting and population-based services, and who are not in management positions. Responsibilities of the PHN may include working directly with at-risk populations, carrying out health promotion programs at all levels of prevention, basic data collection and analysis, field work, program planning, outreach activities, programmatic support, and other organizational tasks. Although the CoL competencies and the Quad Council competencies are primarily focused at the population level, public health nurses must often apply these skills and competencies in the care of individuals, families, or groups. Therefore, Tier 1 competencies reflect this practice.	Tier 2 Core Competencies apply to PHNs with an array of program implementation, management and/or supervisory responsibilities, including responsibility for clinical services, home visiting, community-based and population-focused programs. For example, responsibilities may include: implementation and oversight of personal, clinical, family focused, and population-based health services; program and budget development; establishing and managing community relations; establishing timelines and work plans, and presenting recommendations on policy issues.	Tier 3 Core Competencies apply to PHNs at an executive/senior, management level and leadership levels in public health organizations. In general, these competencies apply to PHNs who are responsible for oversight and administration of programs or operation of an organization, including setting the vision and strategy for an organization and its key structural units, e.g., a public health nursing division. Tier 3 professionals generally are placed at a higher level of positional authority within the agency/organization, and they bring similar or higher level knowledge, advanced education and experience than their Tier 2 counterparts.

Domain 1: Analytic and Assessment skills

Domain 2: Policy Development/Program Planning Skills

Domain 3: Communications Skills

Domain 4: Cultural Competencies Skills

Domain 5: Community Dimensions of Practice

Domain 6: Public Health Science Skills

Domain 7: Financial Planning and Management Skills

Domain 8: Leadership and Systems Thinking Skills

⁴ The Quad Council of Public Health Nursing Organizations is comprised of the Association of Community Health Nurse Educators (ACHNE), the Association of State and Territorial Directors of Nursing (ASTDN), the American Public Health Association Public Health Nursing Section (APHA) and the American Nurses Association's Congress on Nursing Practice and Economics (ANA).

THE LEADERSHIP COMPETENCY STANDARD

The leadership competency standard aligns with the DPH Public Health Nursing Career Track⁵ in which PHNs are encouraged to enhance their professional career development and advance in their public health nursing career. It offers PHNs a framework for documenting their continued leadership development. This is not a requirement for additional training, rather an opportunity for the PHN to recognize and document areas of demonstrated leadership ability. In addition, Public Health Nurse Executive Leaders should have written evidence that demonstrates that they define, review, clarify, reinforce, and communicate the leadership competencies and performance measurement criteria to staff (e.g. meeting minutes, memoranda, E-mail). How each nurse fulfills the leadership competency will differ based on the individual nurse's backgrounds, job responsibilities, and years of experience.

1. Each year the PHN should be instructed to review the 8 domains of the Quad Council and complete the column with the heading "Provide examples (Quantitative and/or Qualitative) of how the leadership competency is met." This is the opportunity to list specific events, plans, data, collaborations, responses from staff, input from outside organizations, etc. that show how the competency was met.
2. The standard is for each PHN to meet the criteria for two of the leadership competency domains each year. If any area needs improvement, a follow-up plan for meeting the criteria should be established.
3. The information provided on the tool should give the nurse evaluator specific information with which to discuss leadership.

Leadership Competency (Domain)	Provide Examples (quantitative or qualitative) of how the leadership competency is met	Criteria Met? YES/NO	Follow-Up Plan (if necessary)
1.			
2.			

⁵ Georgia Public Health Nursing Career Track (2016).

https://dph.georgia.gov/sites/dph.georgia.gov/files/related_files/site_page/GA%20PH%20Nursing%20Career%202016%20one-pager%20web_11%2023%2016.pdf

CULTURAL COMPETENCY

Cultural competency is dynamic in nature and PHNs are always learning and growing in our self-awareness and competency to serve people of all cultures, special population groups and people with sensitive issues. 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](#).

The overall goals for this competency 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

THE CULTURAL COMPETENCY STANDARD

The requirement for cultural competency is to complete one of the options outlined below every two years and retain documentation or a certificate to validate completion. **NOTE:** Training options will change as the needs of the population changes and this section will be updated frequently. Please check the website for the most up to date information <http://dph.georgia.gov/resourcesformsmanuals>.

1. Culturally Competent Nursing Care: A Cornerstone of Caring
Offered by HHS, Office of Minority Health
Course I: Delivering Culturally Competent Nursing Care
https://ccnm.thinkculturalhealth.hhs.gov/Content/Course1/Module2/Module1_2_1.asp?
2. Cultural Competency: Closing the Gap Between Providers and Patients
Speaker: Rosa Dunkley, MA, Education Coordinator, Culture Connect
One hour video. Available from:
<https://www.healthtecdl.org/cultural-competency-closing-the-gap-between-providers-and-patients/>
3. Region IV Public Health Training Center (PHTC) offers competency-based trainings for public health professionals throughout the region and nation (<http://www.r4phtc.org/training-overview/>). Most trainings are free and many offer continuing professional education credits. The PHTC's trainings for professionals consist of webinars (live and archived), interactive lectures (includes satellite, archived, and in-person), and skill-based trainings (virtual and in-person). You may search the Training Database under "Cultural Competency Skills" and choose any of the trainings or follow this link http://www.r4phtc.org/trainings-database/list/?tribe_paged=1&tribe_event_display=past&tribe_tags%5B%5D=54
4. Human Trafficking and Domestic Violence Training. Tapestri, Inc. This training was offered in person June 6, 2017 and recorded via telehealth for future viewing. To schedule a date/time to view the recording, contact dph-gphvn@dph.ga.gov or 855-

PHvideo. Tapestri can accommodate in person training requests. Please see their website and contact information-

<http://www.tapestri.org/programs/anti-human-trafficking-program/>

5. Child Sex Trafficking Webinar Series www.choa.org/csecbts
Access any of the archived modules by visiting www.choa.org/csecbts. A user has immediate access to the recording after registering on the CHOA website. These modules are free and once you complete the training, post test and evaluation you can download the appropriate certificate. Any of the modules will fulfill the Public Health Nursing requirement.

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.

Emergency Preparedness Competency Checklist

Name: _____ Health Department: _____

EP Competency	Initials and/or date
1. Have completed a Family Readiness Plan that is up-to-date.	
2. Work with Nursing Leadership and the Emergency Coordinator to best understand the PHN role/responsibility during an emergency and ask questions about state, district, and county plans relevant to: <ul style="list-style-type: none"> • Serious Communicable Diseases (ex. Pan Flu, Ebola, Zika) • Strategic National Stockpile (SNS) • Mass Care Emergency Support Function (ESF) 6 and 8 • Non-Pharmaceutical Countermeasures (ex. Isolation and Quarantine) • Continuity of Operations and other Emergency Base Plans 	
3. 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.	
4. Participate in annual emergency preparedness drills, or as directed by Emergency Coordinator and District Leadership.	
5. 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.	
6. If applicable, participate in local, regional, and state preparedness planning efforts (i.e. Healthcare coalitions, work groups)	

<p>7. Completed the Georgia National Incident Management System (NIMS) training requirements based on your Public Health position (i.e. IS100, IS200, IS700, etc.) (See Georgia NIMS training guidelines below).</p> <p>Check all that apply:</p> <p>Completed ICS – 100</p> <p>Completed ICS – 200</p> <p>Completed ICS – 300</p> <p>Completed ICS – 400</p> <p>Completed ICS – 700</p> <p>Completed ICS – 800</p>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
---	--

Georgia NIMS Training Guidelines - ICS Trainings for Public Health Nurses: The Department of Homeland Security has revised the structure of the National Incident Management System (NIMS) and has required its use for all public safety agencies that request federal grant funds. 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 (FEMA, Emergency Management Institute. Dec, 2016. <https://training.fema.gov/emi.aspx>)

		*IS-800.B: National Response Framework, an Introduction.
		*IS-700: National Incident Management System (NIMS), An Introduction
		ICS/IS-200: ICS for Single Resources and Initial Action Incidents.
	ICS/IS-100: Introduction to Incident Command System. System.	ICS/IS-100: Introduction to Incident Command System.
Baseline	All PHNs	Nursing Leadership

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

REFERENCES FOR NIMS COURSES

- NIMS 100.b: <http://www.training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=1S-100.b> (under revision)
- NIMS 700.a: <http://www.training.fema.gov/is/courseoverview.aspx?code=IS-700.a>
- NIMS 200.b: <http://www.training.fema.gov/is/courseoverview.aspx?code=IS-200.b>
- NIMS 800.b: <http://www.training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=1S-800.b> (under revision)
- 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 intended to protect the public, as opposed to an individual patient. Examples of population-based services include inspecting restaurants, identifying and controlling diseases, preparing for emergencies and promoting healthy behaviors. To strengthen the Public Health capacity in this area, 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](#). Any PHN may complete a population health course for continued professional development or as part of leadership training or advancement through the Public Health Nursing career track⁶. The QA/QI standard is for each nurse to complete one of the course options identified in the table below during initial training if he/she has not previously completed it as part of their BSN or Master's degree program.

⁶ Georgia Public Health Nursing Career Track (2016).

https://dph.georgia.gov/sites/dph.georgia.gov/files/related_files/site_page/GA%20PH%20Nursing%20Career%202016%20one-pager%20web_11%2023%2016.pdf

POPULATION HEALTH COURSE OPTIONS

Options for Population Health Course						
	Course Title	Cost	Available Online – Yes or No	Certificate and/or CE's	Website	Notes
Empire State Public Health Training Center	Public Health Nurse Ready (PHN) Ready	No cost	Yes	Certificate and CE credit	http://www.empiestatephtc.org/CertificatePrograms/default.cfm	Online certificate program for RNs working in public health. Self-paced and on-line, with most courses providing continuing education credits. The certificate consists of 8 required CORE online courses (which should take roughly 11.5 hours to complete) and 9 ELECTIVE courses (from which you may choose an additional 4 hours of education). Pro: also offers CEs. Self-paced. Cons: it encompasses more than just population health. Has a broader scope of PH.
Empire State Public Health Training Center	Orientation to Public Health	No cost	Yes	Certificate of completion	http://www.empiestatephtc.org/learning/packages/catalog/	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. It is estimated that the course takes one hour to complete.
Georgia Department of Public Health - Learning Management System (SABA)	Introduction to Public Health in Georgia	No cost	No (in development)	Certificate of completion	http://learning-development.dph.ga.gov/SABA/Web/Cloud	Three (3) hour instructor-led course that provides an overview of the public health discipline in Georgia. This course will present the history, core functions, essential services, responsibilities, structure and workforce of public health in Georgia.

POPULATION HEALTH COURSE OPTIONS CONT.

School of Public Health, University at Albany	Foundations of Public Health	No cost	Yes	Certificate of completion and CE Credits	http://www.albany.edu/sph.cphce/certificate.s.html	Online certificate program that provides learners with basic knowledge and principles related to Public Health. The certificate program addresses Tier 1 competencies in each of the 8 domains of the Council on Linkages Core Competencies for Public Health Professionals. The certificate includes 11 self-paced, online courses and takes approximately 11 - 14 hours to complete. Individual courses provide continuing education credit for nurses, physicians and certified health education specialists.
Coursera	Introduction to Population Health	No cost	Yes	Certificate of completion	https://www.coursera.org/course/population	6 weeks of 1-2 hours/week. Pro: High quality instructor led course. Con: Offered at varying intervals and may not always be available.
Elsevier	Community/ Public Health Nursing Online for Stanhope and Lancaster, Public Health Nursing, 9th Edition.	\$125 for online book and online course	Yes	BSN course credit	None	14 modules. Case scenarios, videos, photos, learning activities, assessment quiz in every module. Pro: Very comprehensive as if you're in a BSN course at the University level. Con: may participants will need some technology/computer skills to be successful in navigating and submitting assignments. Cost and time commitment.

Quality Assurance/Quality Improvement for Public Health Nursing Practice Manual

Program Standards and Trainings

THIS PAGE IS INTENTIONALLY LEFT BLANK


PROGRAM STANDARDS AND TRAINING

INTRODUCTION TO NURSE PROTOCOLS 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. Public Health Nurses are able to order and dispense medications, order medical treatments and/or diagnostic studies for more than 100 health conditions in these areas.

The QA/QI training standards which are delineated in this manual serve two purposes. First, the training standards may be used as part of the overall review of quality in a public health setting. This provides an opportunity to assure standards are being adhered to per Nurse Protocol 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.

Orientation and training of Public Health Nurses 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 an individual RN as part of the preparation for practicing under nurse protocol. DPH, OON 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.



The orientation and training should be individualized as much as possible according to the expertise of the nurse. The duration of the preceptorship may vary based on competency determined and documented by the preceptor. 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 PRECEPTORSHIP

The purpose of a supervised preceptorship is to observe and validate clinical competency. A preceptor should be a top-performer with proven proficiency of skills. It is understood that nurses may be hired with a variety of education and career experiences. The preceptor should be skilled with the ability 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.

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 Expanded-Role RN who has completed a BSN level Health Assessment Course should observe a Registered Nurse 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 and needed 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 creates 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.

Annual peer reviews are required for each program. 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 with guidance for completing each section is available on the next page. 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).

Annual assessment of clinical skills of the ARPN provided by another APRN or a physician is required of each APRN annually a part of their performance evaluation. Guidelines for Utilization of Nurse Practitioners is available in the Standard Nurse Protocols for Registered Professional Nurses in Public Health and the [Peer Review Tool for the Advance Practice Registered Nurse in Public Health](#) with an evaluation component are available on the following pages.

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				
Ascertains Health History and pertinent Family History				
Performs Physical Exams				
Performs Laboratory Assessment				
Assessment, Diagnosis, and Determines Management Plan				
Implements Management Plan				

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

Provides Appropriate, Client-Centered Counseling and Education	
Demonstrates appropriate interpersonal skills.	
Documentation is appropriate	
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 client
- 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 client 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 CLIENT-CENTERED COUNSELING AND EDUCATION

- Informs client of assessment/diagnosis
- Gives risk-reduction messages
- Gives medication and other treatment as indicated
- Provides other appropriate written materials
- Ascertains client's understanding of information provided
- Invites questions from client
- 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 client.

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 ADVANCED PRACTICE REGISTERED NURSE 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 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

Date: _____ Name of Peer Reviewer: _____

Name of APRN Reviewed: _____

Instructions: This is an optional form to be completed by the APRN who is reviewed by a peer. Please rate the characteristics of your peer reviewer using the Likert Scale below and then answer the following questions. We appreciate your time in completing the evaluation.

This completed form should be given to your direct supervisor.

	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?

What were the strengths of the peer reviewer?

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 that demonstrates RNs and APRNs are prepared to practice under Nurse Protocols for one or more specific programs and should be maintained on file for five years at the district office (or in the PHN Database) 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 is the primary tool for capturing training dates for the initial and annual training. This database serves as a comprehensive and meaningful source for information about the public health nursing personnel in the State of Georgia. It is electronically available and accessible through the State Electronic Notifiable Disease Surveillance System (SENDSS) and is continuously monitored by the Office of Nursing. The Registration and Login Manual and the Quick Start User Guide for the database are available on PHIL under District and County Operations or using the links below.

[PHN Registration and Login Manual](#)

[PHN Database Quick Start User Guide](#)

CHILD HEALTH

Learning Expectations – Initial Training The nurse must complete the following prior to practicing under nurse protocol:	Documentation		Comments/Notes
	Yes	No	
	Date & Initials	Explain	
Self-Study			
1. Georgia Department of Public Health, Maternal and Child Health Programs http://dph.georgia.gov/maternal-and-child-health-section			
2. Georgia Newborn Screening (Blood Screening, EHDI-Hearing Screening, CCHD-Critical Congenital Heart Disease). Review the policy & procedure manual in the provider section of the Newborn Screening website: http://dph.georgia.gov/newborn-screening-nbs			
3. Georgia Immunization Program Manual and Advisory Committee on Immunization Practices Recommendations www.cdc.gov/vaccines/pubs/ACIP-list.htm			
4. Screening Young Children for Lead Poisoning, CDC (current) http://www.cdc.gov/nceh/lead/publications/screening.htm			
5. Review pharmacology of drugs used to treat child health conditions listed in Child Health Nurse Protocols			

CHILD HEALTH CONT.

6. Part II-Policies and Procedures for EPSDT Services – Health Check Program (Current manual from Georgia Dept. of Community Health, Division of Medicaid) https://www.mmis.georgia.gov/portal/portals/0/staticcontent/public/all/handbooks/epsdt%20services_health%20check%20program%2020170705150029.pdf OR https://www.mmis.georgia.gov/portal/			
7. Bright Futures References for review: a. Performing Preventive Services: A Bright Futures Handbook American Academy of Pediatrics, 2010 • -Vision: pages 155-157 • -Hearing: pages 129-136 b. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents- American Academy of Pediatrics (current edition) c. Bright Futures (Appendix C) - Recommendations for Preventive Pediatric Health Care d. Bright Futures Tool and Resource Kit online (available on Saba)			
8. Preschool Vision Screening for Healthcare Professional, American Academy of Pediatrics (Dec 1, 2004)			
9. HemoCue Hemoglobin Procedure			
10. Review Georgia Department of Public Health Form 3300 (Certificate of Vision, Hearing Dental, and Nutrition Screening)			

CHILD HEALTH CONT.

Didactic/ Classroom Training			
1. Surveillance of Vaccine Preventable Disease Course - Available online at CDC website: http://www.cdc.gov/vaccines/ed/surv/index.html			
2. Ages and Stages Questionnaires (ASQ-3 and ASQ:SE) provided by certified ASQ-3 and ASQ:SE Trainer			
3. *Vision Screening of Children Three Years of Age and Older: <u>Step 1:</u> Complete online training on Saba (under Maternal & Child Health section of catalog) entitled: "Vision Screening Part 1 and Part 2" <u>Step 2:</u> Complete the GA Maternal & Child Health Program's Vision Screening Procedures Validation Form with a PH nurse that has a current certification (see skills validation component listed under preceptorship) <u>CEU on vision screening (optional):</u> Best Practice Standards for Vision Screening in the Preschool and School Aged Child, Presenter-Laurie Irby, Vice President Prevent Blindness Georgia (2.36 contact hours); Webinar available at: https://attendee.gotowebinar.com/recording/4339723293542473220 *recertification required every 2 years			

CHILD HEALTH CONT.

<p>4. Georgia Public Health Hearing Screening Program Training Curriculum:</p> <ul style="list-style-type: none"> • *For infants: Newborn Hearing Screening Training Curriculum found at: http://infanthearing.org/nhstc/index.html • *For older kids: Hearing Screening Beyond the Newborn Period, Presenter- Kelly Dundon, Au (0.75 contact hours); Webinar found at: https://attendee.gotowebinar.com/recording/9015274444869094659 			
<p>5. Complete online training titled- Dental Screening Form 3300</p> <ul style="list-style-type: none"> • Online training available on Saba (under District Training catalog 			
<p>6. Scoliosis Screening Manual, Training Program for Healthcare Professionals (<i>CHOA nurse available to provide onsite group trainings for PH nursing staff if needed</i>)</p> <p>*Training &/or materials available free from Children's Healthcare of Atlanta- Contact: Wendy Johnson, RN, 404-785-6753, Email: Wendy.Johnson@choa.org (Contact information up-to-date as of August, 2017)</p>			

CHILD HEALTH CONT.

Preceptorship			
1. A nurse will observe the preceptor 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) and adolescents (11 through 19 years of age).			
2. 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) and 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. 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)			

CHILD HEALTH CONT.

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			
1. Annual review of nurse protocols for Child Health with special attention to any revisions and pharmacology of any new drugs.			
2. Remain current on policies and procedures/manuals regarding Child Health services, including but not limited to: Health Check, developmental screening, Immunization and Advisory Committee on Immunization Practices Recommendations, TB, Nutrition/WIC, Child Abuse/Neglect, Vision, Hearing, Metabolic, Sickle Cell, Scoliosis, Lead Screenings and Maternal and Child Health Programs.			
Didactic/Classroom Training			
1. Participation in at least one training per year to remain current on policies and procedures concerning Child Health such as Health Check, Immunizations, TB, Nutrition/WIC, Breastfeeding, Child Abuse, Maternal & Child Health Programs under Children & Youth with Special Health Care Needs (Babies Can't Wait, Children's Medical Services, Children First, Georgia Newborn Screening, Early Hearing Detection and Intervention).			

CHILD HEALTH CONT.

2. Vision Screening of Children Three Years of Age and Older (training available on Saba) *Complete every two 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 two 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 *NOTE: The nurse must complete the following training prior to and at least annually thereafter, where applicable while practicing under nurse protocol.	Documentation		Comments/Notes
	Yes	No	
	Date & Initials	Explain	
Self-Study			
1. Georgia Department of Public Health – Diabetes: https://dph.georgia.gov/diabetes			
2. Georgia Department of Public Health – Standard Nurse Protocol for Diabetes Mellitus in Adults (current)			
3. Management of Blood Glucose with Noninsulin Therapies in Type 2 Diabetes: http://www.aafp.org/afp/2015/0701/p27.html			
4. Diabetes Self-Management Education – Webinar. SABA (<i>Health Promotion and Chronic Disease Prevention</i>): http://167.195.79.9/Saba/Web/Cloud			
Didactic/ Classroom Training			
1. 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 conducted via Saba.			

DIABETES CONT.

2. Pharmacology for Diabetes. SABA (<i>Health Promotion and Chronic Disease Prevention</i>): http://167.195.79.9/Saba/Web/Cloud			
3. Recorded complete physical examination of patient with focus on clinical documentation. 2016. <i>Recording facilitated by Dr. Paul Wallach - Medical College of Georgia at Augusta University. SABA (Health Promotion and Chronic Disease Prevention course # 00004108).</i>			
4. US Preventive Services Task Force – Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes			
Clinical/Peer Review			
A supervisor or selected peer shall review the nurse providing complete diabetes-related care including chief complaint, history of present illness, medical history, surgical history, 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 – INFECTED ADULT

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 The nurse must complete the following prior to practicing under nurse protocol:	Documentation		Comments/Notes
	Yes	No	
	Date & Initials	Explain	
Self-Study			
a. U.S. Department of Health and Human Services (DHHS), https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-treatment-guidelines/0/ Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents – sections related to the protocols, i.e., 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 – INFECTED ADULT CONT.

<p>b. U.S. Department of Health and Human Services (DHHS), https://aidsinfo.nih.gov/guidelines/html/4/adult-and-adolescent-oi-prevention-and-treatment-guidelines/0</p> <p>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 – 7.</p>			
<p>c. AIDS Education and Training Center Program, https://aidsetc.org/nhc</p> <p>Successful completion of the topics listed below:</p> <ul style="list-style-type: none"> a. Screening and Diagnosis Overview http://www.hiv.uw.edu/go/screening-diagnosis Topic 4 – Acute and Recent HIV Infection Topic 5 – Linkage to HIV Care b. Basic HIV Primary Care Overview http://www.hiv.uw.edu/go/basic-primary-care 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 			

HIV – INFECTED ADULT CONT.

<p>c. Antiretroviral Therapy Overview http://www.hiv.uw.edu/go/antiretroviral-therapy 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</p> <p>d. Co-occurring Conditions (when available) http://www.hiv.uw.edu/alternate#</p>			
<p>4. HRSA Guide for HIV/AIDS Clinical Care, April 2014 edition or current edition. https://hab.hrsa.gov/clinical-quality-management/clinical-care-guidelines-and-resources Section 5: Diarrhea, pp. 281-286</p>			
<p>5. U.S. Department of Agriculture, FDA, “Food Safety for People with HIV/AIDS” https://www.fda.gov/Food/FoodborneIllnessContaminants/PeopleAtRisk/ucm312669.htm</p>			

HIV – INFECTED ADULT CONT.

Didactic/Classroom Training			
<p>1. Overview of Adult HIV Care course (as available), such as:</p> <ul style="list-style-type: none"> a. AIDS Education and Training Center (AETC) HIV 101 b. GA DPH, HIV update/nurse protocol training <p>OR</p> <ul style="list-style-type: none"> c. An equivalent training which includes an introduction to the following topics: <ul style="list-style-type: none"> • HIV emerging trends, pathogenesis and acute infection • Antiretroviral therapy and viral resistance • Symptomatic HIV/AIDS and opportunistic infections • Medical complications in HIV management • HIV and oral health • Viral hepatitis co-infections <p>OR</p> <p>Completion of the requirements listed under Self-Study. A live course in addition to the Self-Study requirements is preferred, if available.</p>			
<p>2. TB 101 or TB Intensive course included in QA/QI for PHN Practice Manual Standards and Tools for Tuberculosis.</p>			
<p>3. STD 101 or STD Intensive course included in QA/QI Manual for PHN Standards and Tools for Sexually Transmitted Diseases.</p>			

HIV – INFECTED ADULT CONT.

Preceptorship			
1. Complete HIV/clinic orientation with supervisor, peer and delegating physician or medical physician consultant			
2. Nurse will observe preceptor utilizing protocol to assess, evaluate, educate and order medications as appropriate for HIV-infected clients.			
3. Preceptor will observe nurse utilizing protocol to assess, evaluate, educate and order medications as appropriate for HIV-infected clients.			

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			
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.			

HIV – INFECTED ADULT CONT.

Didactic/Classroom Training	
<p>Annually, obtain a minimum of 10 contact hours of HIV/AIDS education through any method (Must include HIV/AIDS-related medication update/pharmacology).</p> <p>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:</p> <ul style="list-style-type: none"> • HIV Management, Hepatitis Management, The New York Course, http://www.newyorkcourse.com/ • HIV Update, Contemporary Issues in Management, http://hivupdateboston.com/ • IDWeek, www.idweek.org; <p>IAS-USA, International Antiviral Society-USA, www.iasusa.org;</p>	
<p>NOTE: In addition to specific HIV continuing education requirements above, nurses are encouraged to maintain broad general knowledge of co-existing and chronic conditions encountered in HIV primary care that may also fulfill requirements for licensure renewal.</p> <p>Registered Nurses:</p> <ul style="list-style-type: none"> • http://sos.ga.gov/index.php/licensing/plb/45/continuing_education_requirements • http://sos.ga.gov/PLB/acrobat/Forms/38%20Reference%20-%20Continuing%20Education%20Packet.pdf 	

HIV – INFECTED ADULT CONT.

Clinical/Peer Review	
1. Annual assessment of nurse utilizing Nurse Protocol to assess, evaluate, educate and order medications as appropriate for HIV-infected clients by peer, supervisor or physician.	
2. 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 NOTE: The nurse must complete the following training prior to, and at least annually thereafter, where applicable while practicing under nurse protocol	Documentation		Comments/Notes
	YES	NO	
	Date & Initials	Explain	
Self-Study			
1. Georgia Department of Public Health – High Blood Pressure Control: https://www.dph.georgia.gov/high-blood-pressure-control			
2. Georgia Department of Public Health - Standard Nurse Protocol Nurse Protocol for Primary Hypertension in Adults (current)			
3. The Eighth Joint National Committee (JNC 8) Hypertension Guideline Algorithm: https://www.nmhs.net/documents/27JNC8HTNGuidelinesBookBooklet.pdf			
4. Blood Pressure Fundamentals – Webinar. SABA (Health Promotion and Chronic Disease Prevention): http://167.195.79.9/Saba/Web/Cloud			

HYPERTENSION CONT.

Didactic/ Classroom Training	
<p>1. 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 conducted via Saba.</p>	
<p>2. Pharmacology for Hypertension. SABA (Health Promotion and Chronic Disease Prevention): http://167.195.79.9/Saba/Web/Cloud</p>	
<p>3. Recorded complete physical examination of patient with focus on clinical documentation. 2016. <i>(Recording facilitated by Dr. Paul Wallach - Medical College of Georgia at Augusta University).</i></p>	
<p>4. US Preventive Services Task Force - High Blood Pressure in Adults: Screening http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/high-blood-pressure-in-adults-screening?ds=1&s=blood%20pressure</p>	

HYPERTENSION CONT.

Clinical/Peer Review			
A supervisor or selected peer shall review the nurse providing complete hypertension-related care including chief complaint, history of present illness, medical history, surgical history, 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 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 The nurse must complete the following prior to practicing under nurse protocol:	Documentation		Comments/Notes
	Yes	No	
	Date & Initials	Explain	
Self-Study			
Georgia Immunization Program Manual *+ www.dph.georgia.gov/immunization-publications			
Pink Book Epidemiology & Prevention of Vaccine Preventable Diseases-CDC *+ https://www.cdc.gov/vaccines/pubs/pinkbook/chapters.html			
General Best Practice Guidelines for Immunization*+ (available online) www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html			
Health District Policies & Procedures for Administration of Travel Vaccines* (If district administers travel vaccines)			
Routine and Emergency Vaccine Handling Plans*-(Georgia Immunization Program Manual) Chapter 9- Vaccine Distribution and Storage			
Georgia Notifiable Disease Fact Sheets+ (Georgia Immunization Program Manual) Chapter 6- Surveillance and Reporting			

Manual for the Surveillance & Reporting of Vaccine Preventable Diseases Manual, CDC*+ http://www.cdc.gov/vaccines/pubs/surv-manual/index.html			
Emergency Guidelines, Policies, Procedures and Protocols (Standard Nurse Protocols for Registered Professional Nurses)			
Didactic/Classroom			
Epidemiology and Prevention of Vaccine-Preventable Diseases www.cdc.gov/vaccines/ed/webinar-epv/index.html View online CDC webinar series for the Pink Book. *			
Vaccine Storage and Handling View and print certificate of completion for the CDC's "Keys to Storing and Handling Your Vaccine Supply" and complete the "You Call the Shots: Vaccine Storage and Handling Module" www.cdc.gov/vaccines/hcp/admin/storage/index.html 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) * +			
Complete training for Transporting Dangerous Drugs /Acknowledgment of Completion signed (if applicable) *** see Standard Nurse Protocol for Transporting Dangerous Drugs			

<p>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 www.immunize.org/shop/ or complete the CDC Vaccine Administration e-learn at www.cdc.gov/vaccines/hcp/admin/admin-protocols.html. Complete and pass the Vaccine Administration Techniques posttest with a score of 80% following either training (see attachments C, D, E, and F)</p>			
<p>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)</p>			

<ul style="list-style-type: none"> • Review and instruct on how to access Immunization forms, reports, & records (refer to Immunization Program Manual) <ul style="list-style-type: none"> a. Patient Immunization Record (written and computerized) b. Vaccine Information Statements * c. Forms for childcare and school attendance <ul style="list-style-type: none"> • Certificate of Immunization (Form 3231) ** • Religious Objections (Form 2208) ** Chapter 5- Requirements of School / Childcare Law 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) http://www.uscis.gov/i-693 			
---	--	--	--

<p>j. District Immunization documentation forms and charting process *</p> <p>k. Georgia Registry of Immunization Transactions & Services (GRITS)</p> <ul style="list-style-type: none"> • 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) www.grits.state.ga.us/production/security_u_i.showLogin <p>l. Clinical Assessment Software Application (CASA) report* (Contact District Immunization Regional Consultant for training instructions) www.cdc.gov/vaccines/programs/cocasa/index.html</p> <p>m. Current Georgia Immunization Studies www.dph.georgia.gov/immunization-publications</p> <p>n. District Immunization Coordinator, District Immunization Regional Consultant (IRC), and the Georgia Immunization Program “On-Call” resource phone line</p>			
---	--	--	--

Preceptorship/Clinical			
<p>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) ⁺</p>			

Learning Expectations – Annual Training	Documentation		Comments/Notes
	Yes	No	
	Date & Initials	Explain	
Didactic/Classroom Training			
<p>Complete an annual update for the following training: (training sessions can be live, webcast, or recorded for self-study from the Georgia Immunization Program or the CDC National Center for Immunization and Respiratory Diseases- Immunization Services) *</p> <ul style="list-style-type: none"> • 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) • Transporting Dangerous Drugs Training (see initial training requirements 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

*** Standard Protocol for Transporting Dangerous Drugs

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”

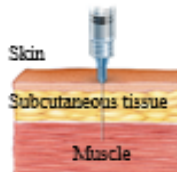
1. What type of refrigerator/freezer does CDC recommend for vaccine storage units?
 - ☒ A. Purpose-built units designed to either refrigerate or freeze
 - B. Dormitory type refrigerator with small hanging freezer inside
 - C. Dormitory type refrigerator and separate dormitory type freezer
2. Which vaccine(s) 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	<div>  <p>80°-90° angle</p> </div>
Toddlers (>36 months of age)	Densest portion of deltoid muscle – above armpit and below acromion	1" to 2" needle 22-25 gauge	
Children and Adults	**For the above vaccines, the gluteus maximus (buttocks) is not a recommended site for any age.		

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

IM Site For Older Toddlers, Children and Adults.

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

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

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)

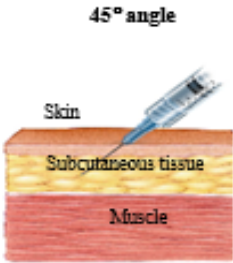
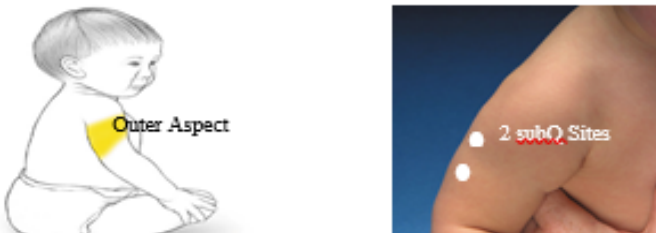

(The Red Book, 2006, American Academy of Pediatrics)

* 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.

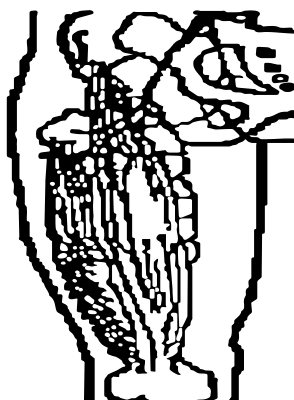
When you administer these vaccines, follow the age recommendations indicated in the current Advisory Committee on Immunization Practices (ACIP) schedules.

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	<p>Insert needle at 45° angle to the skin.</p> <p>Pinch up on <u>subQ</u> tissue to prevent injection into muscle.</p> <p>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."</p> 
Children and Adults	Outer aspect of upper arm	5/8" to 3/4" needle 23-25 gauge	<p>Multiple injections given in the same extremity should be separated as far as possible (preferably 1" to 1½" <u>with</u> minimum of 1" apart).</p> <p>Multiple vaccines should not be mixed in a single syringe unless specifically licensed and labeled for administering in one syringe.</p>
SubQ Site for Infants and Toddlers (birth to 36 months)		SubQ Site for Children and Adults	
 <p>Outer Aspect</p> <p>2 subQ Sites</p> <p>Insert needle at 45° angle into fatty area of anterolateral thigh or outer aspect of upper arm. Make sure you pinch up on <u>subQ</u> tissue to prevent injection into muscle.</p>		 <p>Outer Aspect</p> <p>subQ Site</p> <p>Insert needle at 45° angle into outer aspect of upper arm or fatty area of the thigh. Make sure you pinch up on <u>subQ</u> tissue to prevent injection into muscle.</p>	

* 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

Vaccine Administration Techniques



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:

<u>Type of Vaccine</u>	<u>Route(s) of Injection/administration</u>	<u>Site(s)</u>
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:

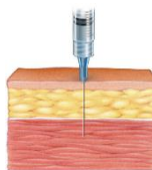
___Varicella ___DTaP ___Hib ___MMR
8. Vaccines can be mixed in a single syringe when:
 - a. Vaccines are licensed and labeled to be mixed
 - b. There is need to decrease the number of injections to be given
 - c. Giving all live or all inactivated vaccines.

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 client sneezes immediately following administration?

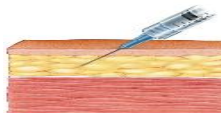
- a. True
- b. False

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.

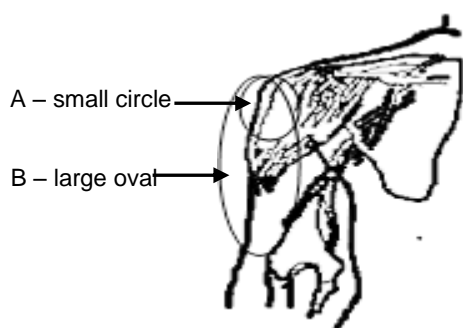
- a. True
- b. False

Name: _____ Date: _____ Score: _____

ATTACHMENT – F: POST TEST ANSWER KEY

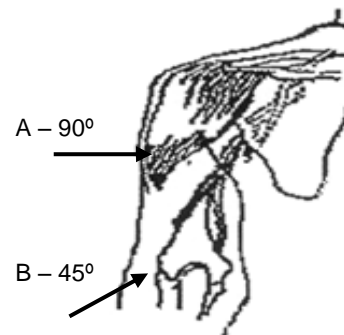
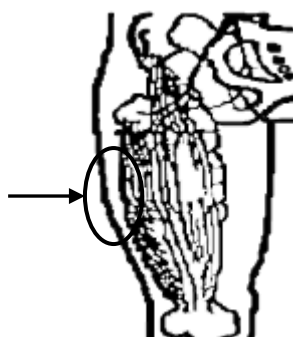
Vaccine Administration Techniques

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



A – small circle

B – large oval



A – 90°

B – 45°

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

Influenza
Pneumococcal
Td/Tdap

Route(s) of Injection/administration

IM, ID, Intranasal
Either **SC** or **IM**
IM

Site(s)

IM, ID deltoid*, nostrils
SC upper arm; **IM** deltoid*
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:

<input checked="" type="checkbox"/> Varicella	<input checked="" type="checkbox"/> DTaP	<input checked="" type="checkbox"/> Hib	<input checked="" type="checkbox"/> 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

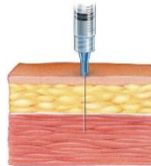
c. Giving all live or all inactivated vaccines.

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 client sneezes immediately following administration?

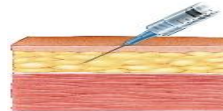
- a. True
- ☒ b. False

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 5/8 inch.

- ☒ 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 client visit _____ Date _____ Time _____

Reviewer _____

To assure the quality of client 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						

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						
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						
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 client/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						

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: _____

SEXUALLY TRANSMITTED DISEASE

Learning Expectations – Initial training The nurse must complete the following prior to practicing under nurse protocol:	Documentation		Comments/ Notes
	Yes	No	
	Date & Initials	Explain	
Self-Study			
1. Pharmacology of drugs used to treat STDs.			
2. A Guide to Physical Examination, Barbara Bates, M.D. (or similar text) –examination of male and female genitalia, anus/rectum.			
3. 340B University OnDemand. Complete the following modules: <ul style="list-style-type: none"> • Welcome to 340B University OnDemand • Introduction to the 340B Drug Pricing Program • 340B Stakeholder Perspectives • Eligibility Overview • Compliance Cornerstones 			
4. Female and male STD exam videos (these were sent to each District).			
5. Hologic Gen-Probe CT/GC Collection SABA Training			
6. Prerequisite CDC self-study modules (available on CDC website with CE credit) https://www2a.cdc.gov/stdtraining/self-study/default.htm			

SEXUALLY TRANSMITTED DISEASE CONT.

Didactic/ Classroom Training			
1. Microscope Training In districts with dark field microscopes, Microscopy course approved by STD Unit (when available) OR GCSU Women's Health Course to fulfill the microscope requirement*			
2. STD 101 Face to face training OR STD 3 Day Intensive course coordinated through the Alabama/North Carolina STD/HIV Prevention Training Center (when available), or equivalent must be approved by the by the STD Unit. OR GCSU Women's Health Course meets the STD 101 requirement*			
Preceptorship			
1. The preceptor assures that a supervisor or skilled clinician verifies that the nurse has observed and performed physical exams on both male and female clients (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.			

SEXUALLY TRANSMITTED DISEASE CONT.

2. 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).			
3. Preceptor observes the nurse ordering/dispensing/administering drugs.			

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			
1. Annual review of Nurse Protocols for STD with special attention to any revisions and pharmacology updates.			
2. Annual trainings should include STD Manual updates and the Hepatitis, Adolescent & Adult Sections of the Georgia Immunization Program Manual and ACIP.			

SEXUALLY TRANSMITTED DISEASE CONT.

Didactic/Classroom Training	
Every 2 years, participate in a webinar or attend a 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 client. The number of observed exams may vary based upon the evaluation of the nurse's competency and performance.	

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

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

TUBERCULOSIS

Learning Expectations – Initial Training The nurse must complete the following prior to practicing under nurse protocol:	Documentation		Comments/Notes
	Yes	No	
	Date & Initials	Explain	
Self-Study			
1. 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			
2. 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			
3. Georgia TB Reference Guide, current edition. http://dph.georgia.gov/tb-publications-reports-manuals-and-guidelines			

TUBERCULOSIS CONT.

Didactic/Classroom Training			
1. 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			
2. TB program updates (to include medication updates) provided by State, District or local staff.			
3. Tuberculin Skin Test Certification renewal (every two years) and view CDC video Mantoux TB Skin Test (current version)			
4. 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			

TUBERCULOSIS CONT.

5. 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			
---	--	--	--

Preceptorship			
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.			
2. Ongoing chart reviews and consultation by the District and/or the State Office.			
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 and/or administration of drugs, patient education/counseling, DOT & Contact Investigation as available in the county.			

TUBERCULOSIS 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	
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).			

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 The nurse must complete the following prior to practicing under nurse protocol:	Documentation		Comments/Notes
	Yes	No	
	Date & Initials	Explain	
Self-Study			
1. Hatcher, Robert, <i>Contraceptive Technology</i> (current edition) the following chapters: <ul style="list-style-type: none"> • Choosing a Contraceptive: Efficacy, Safety and Personal Considerations • Fertility Awareness-Based Methods • Pregnancy Testing and Assessment of Early Normal and Abnormal Pregnancy 			
2. Georgia's Family Planning Services Manual (current edition)			
3. BCCP Breast Procedure Manual (current edition) BCCP Cervical Procedure Manual (current edition)			

WOMEN'S HEALTH/FAMILY PLANNING CONT.

<p>4. CDC Contraceptive Guidance for Health Care Providers:</p> <ul style="list-style-type: none"> • Providing Quality Family Planning Services http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf • U.S. Medical Eligibility Criteria for Contraceptive Use, 2016 https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf • U.S. Selected Practice Recommendations for Contraceptive Use, 2016 https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6504.pdf 			
<p>5. Georgia laws regarding minors and the following: contraception; pregnancy related care; abortion; STD and HIV care; drug and alcohol care and mental health care</p> <ul style="list-style-type: none"> • www.gachd.org/Minor's Rights to Confidential.pdf • http://www.guttmacher.org/statecenter/spibs/spib_MACS.pdf • www.gcapp.org/youth 			

WOMEN'S HEALTH/FAMILY PLANNING CONT.

<p>6. Human Trafficking in the Family Planning Setting presented by the Family Planning National Training Center. Available: https://www.fpntc.org/resources/human-trafficking-family-planning-setting-webinar</p> <p>OR</p> <p><i>Child Sex Trafficking Webinar Series: The Fundamentals of Child Sex Trafficking</i> presented by the Governor's Office for Children and Families and Children's Health Care of Atlanta. Check website for dates. https://www.choa.org/medical-services/child-protection-advocacy-center/prevention-and-training</p>			
<p>7. Contraceptive Technology I on Saba OR GCSU Women's Health Course*</p>			
<p>8. Contraceptive Technology II on Saba OR GCSU Women's Health Course* NOTE: CT II should be completed three-six months after completion of the preceptorship. If all other required training has been completed, the nurse may practice under Women's Health Protocols while CT II is being completed.</p>			
<p>9. Visit LARC First (Contraceptive CHOICE project resource center) http://www.larcfirst.com/ Select Counseling from the menu at the top Select the Counseling Session View the 12-minute video, which method is right for you.</p>			

WOMEN'S HEALTH/FAMILY PLANNING CONT.

Didactic/ Classroom Training	
<p>1. The Women's Health Exam and Issues Affecting Women through the Ages (formerly Breast and Pelvic Training Course). Contact the Family Planning Program Manager.</p> <p style="text-align: center;">OR</p> <p>GCSU Women's Health Course*</p>	
<p>2. STD 101 face-to-face training.</p> <p style="text-align: center;">OR</p> <p>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*.</p> <p style="text-align: center;">OR</p> <p>GCSU Women's Health Course* (meets the STD 101 requirement).</p>	
Preceptorship	
<p>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, client management, client education, dispensing contraceptive methods and documentation. The extent and duration of the preceptorship will vary according to the competency of each individual nurse.</p>	

WOMEN'S HEALTH/FAMILY PLANNING 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			
Any program related policy, procedure, manual or guideline updates/revisions as determined by Family Planning Program			
Didactic / Classroom Training			
Update(s) provided by the program's Medical Consultant or other designated trainer (via DPH's Learning Management System) 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.			

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), Long Acting Reversible Contraceptive (LARC) First video and 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., STD self-study, STD classes, breast and pelvic exams) and the need for observed exams.

*GCSU Women's Health course may be taken to meet the training requirements for STD 101, Contraceptive Technology I and II, Microscope, and The Women's Health Exam and Issues Affecting Women through the Ages (formerly Breast and Pelvic Training) offered through December 2017. Additional resources for the Women's Health/Family Planning program are listed in Attachment 2.

THIS PAGE IS INTENTIONALLY LEFT BLANK

Quality Assurance/Quality Improvement for Public Health Nursing Practice Manual

Standards for the Clinical Setting and Operations

STANDARDS FOR THE CLINICAL SETTING AND 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 Tool⁷ 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. 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

TOOL FOR 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				

TOOL FOR ANNUAL EVALUATION OF CLINICAL OPERATIONS CONT.

8) Emergency Procedures	
Specific and objective comments	
Signature of RN / Date	

GUIDANCE FOR EVALUATING EACH SECTION OF THE CLINIC OPERATIONS TOOL

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 Archives⁹ 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

The following table helps assure the clinical setting can successfully manage an adverse reaction to a medication. This area of practice must be assessed annually for compliance and improvement.

Health Center
Reviewer Name
Date

Expectations	Documentation		Comments
	Yes	No	
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 <ul style="list-style-type: none"> • Sent with client to emergency room, if applicable • Retained by the clinic for patient record • Sent to District Office with incident report 			

TRAINING AND EDUCATION FOR ORDERING AND DISPENSING MEDICATIONS

This section may be used to review an individual RN's training for practicing under nurse protocol. 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.

Learning Expectations	Documentation		Comments/Notes
	Yes	No	
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.

Learning Expectations	Documentation		Comments/ Notes
	Yes	No	
<p>Medication Orders must meet the following criteria based on the authority of Nurse Protocol Statute.</p> <p>Fully documented in chart: (Example: Metronidazole 500 mg 1 tablet p.o. bid x 7 days, dispensed 14 tablets) as follows:</p> <ul style="list-style-type: none"> • 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 			
Medications ordered by an RN/APRN in accordance with a Nurse Protocol require a client assessment at each visit (i.e., term “refill” not used).			

TRAINING AND EDUCATION FOR ORDERING AND DISPENSING MEDICATIONS CONT.

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		
Learning Expectations	Yes	No	Comments
<p>Information on the medication label and components of the patient counseling are in accordance with the Medication Dispensing Procedure as follows:</p> <ul style="list-style-type: none"> • Name, address and phone number of the health district/health department or health center • Date and identifying number (at a minimum, 3-digit county code) • Full name of patient • Name of medication (brand, if actual brand name or generic) and strength • Directions for use to patient (Example: 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 was provided as an adjunct to counseling 			
<p>Prescription Pads: All blank prescription pads are secured and stored when not in use.</p>			

TRAINING AND EDUCATION FOR ORDERING AND DISPENSING MEDICATIONS CONT.

<p>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.</p>			
--	--	--	--

CLINICAL RECORD DOCUMENTATION AND RETENTION STANDARDS

Documentation Standards⁸

The objectives for this standard include:

- 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.

Guidance for clinical documentation:

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 client 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 client'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).
-

⁸AHIMA 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

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 client'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 client. Avoid language that is ambiguous, vague or speculative.
12. Make all entries promptly and within appropriate time periods, given the client'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 client 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 client. Be specific, including client's reactions and responses.
17. Specify when a client fails to comply with recommended self-care regimen or refuses to accept recommended diagnostics and/or treatment.
18. Record the date, time and content of all telephone communications. If messages are left for a client, document the name/relationship of the person taking the message.

19. To assure continuity of care for clients, all clinical health information pertaining to an individual client 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. The [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		
	Y	N	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			
Past Medical History			
a. Chronic illnesses			
b. Childhood diseases			

CLINICAL RECORD REVIEW TOOL

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 Archives⁹ website.

CUSTOMER SERVICE AND SATISFACTION

Improving the quality of care for the client 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 can be determined locally and there are many tools for this. It should be ongoing but at least conducted annually. The objective is to ensure 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 ensure 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.

⁹ Georgia Archives. 2017. http://www.georgiaarchives.org/records/agency_view/127

Quality Assurance/Quality Improvement for Public Health Nursing Practice Manual

List of Attachments

LIST OF 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.

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.” http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf.

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.

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.” <http://www.cdc.gov/nphpsp/PDF/Glossary.pdf>).

Core Competency: The individual skills desirable for the delivery of Essential Public Health Services. Quad Council Competences for Public Health Nurses (Summer, 2011). <http://www.achne.org/files/Quad%20Council/QuadCouncilCompetenciesforPublicHealthNurses.pdf>

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.

ATTACHMENT – 2: ADDITIONAL RESOURCES

LEADERSHIP

1. Public Health Foundation
http://www.phf.org/resourcestools/Pages/Public_Health_Nursing_Competencies.aspx
2. Quad Council Competencies for Public Health Nurses (Summer 2011).
<http://www.achne.org/files/Quad%20Council/QuadCouncilCompetenciesforPublicHealthNurses.pdf>

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.

<https://traffickingresourcecenter.org/nhtc-hhs-online-trainings>

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, (current edition).
<http://dph.georgia.gov/tb-publications-reports-manuals-and-guidelines>

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. High Blood Pressure or Hypertension. (2016). Heart.org. Retrieved from
http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/High-Blood-Pressure_UCM_002020_SubHomePage.jsp.
2. Tools & Protocols. (2016). Million Hearts. Retrieved from
<http://millionhearts.hhs.gov/tools-protocols/index.html>.
3. Description of High Blood Pressure - NHLBI, NIH. (2016). Nhlbi.nih.gov. Retrieved from
<http://www.nhlbi.nih.gov/health/health-topics/topics/hbp>.
4. Georgia Clinical Transformation Team (GCT²) Webinar Series. (2016).
<https://www.gaftp.org/gct2webinars/>
5. 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. <https://aidsinfo.nih.gov/>
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 at <http://www.aidsinfo.nih.gov/> including:
 - 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, <https://aidsetc.org/nhc>
4. HRSA Clinical Care Guidelines and Resources, <https://hab.hrsa.gov/clinical-quality-management/clinical-care-guidelines-and-resources>
5. Georgia Immunization Program Manual (current edition).
6. Georgia CAPUS Resource Hub, <https://www.gacapus.com/r/>

7. Georgia Department of Public Health (DPH) Hepatitis C Testing Toolkit for Primary Care Providers, <http://dph.georgia.gov/hepatitis-c>
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, <http://hcvguidelines.org/>
9. The AIDS InfoNet, www.aidsinfonet.org
10. The American Academy of HIV Medicine, <https://aahivm.org/>
11. Current online drug reference, including alternative/herbal therapies and online lab references such as:
 - Lexicomp, <http://www.wolterskluwer CDI.com/lexicomp-online/>
 - Stanford University HIV DRUG RESISTANCE DATABASE, <https://hivdb.stanford.edu/> and <https://hivdb.stanford.edu/hivdb/by-mutations/>
 - Drugs.com, *Drug Interactions Checker*, https://www.drugs.com/drug_interactions.php
 - University of Liverpool, *HIV Drug Interactions*, <http://www.hiv-druginteractions.org/>
 - University of Maryland Medical Center, *Drug Interaction Tool*, <http://umm.edu/health/medical/drug-interaction-tool>
 - HIV InSite, Antiretroviral Management, <http://hivinsite.ucsf.edu/InSite?page=Treatment>
 - 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) https://www.grits.state.ga.us/production/security_ui.showLogin
2. District Policies and Procedures for Administration of Vaccines (if separate from the GA Immunization Program Manual)
3. Health District's P&P for Administering Travel vaccines (If applicable)
4. GA Immunization Program Manual <https://dph.georgia.gov/immunization-publications>
5. ACIP Recommendations, CDC <https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>
6. Epidemiology & Prevention of Vaccine Preventable Diseases (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
<https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>
9. Current year drug reference (refer to current Nurse Protocol Manual, Drug Dispensing Procedure, for list of acceptable drug references)
10. VAERS Reporting Form <https://vaers.hhs.gov/>
11. GA Notifiable Disease Fact Sheets <https://dph.georgia.gov/vaccine-preventable-diseases>
12. Vaccine Package Inserts

STD

1. Websites:
 - CDC STD Treatment Guidelines - most current version available at <http://www.cdc.gov/std/treatment/>
2. Webinars:
 - <https://www.cdc.gov/std/training/webinars.htm>
3. Manuals:
 - Microscopy for Public Health Nurses Manual (copy received when course was completed)
 - Guidelines for Standard Precautions and Bloodborne Pathogen Occupational Exposure Control,
http://www.dphphil.org/sites/default/files/DPH%20Guidelines%20for%20Standard%20Precautions%20and%20Bloodborne%20Pathogen_Aproved.pdf
 - Georgia Immunization Program Manual Chapter 7 Hepatitis Section (current edition)
<http://dph.georgia.gov/sites/dph.georgia.gov/files/Immunizations/Publications-GA-Imm-Manual-Complete.pdf>

TB

1. CDC's Self Study Modules on Tuberculosis, current edition –web based at <http://www.cdc.gov/tb/>
2. Georgia Tuberculosis Program Policy and Procedure Manual, current edition.
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 at <http://www.cdc.gov/tb/>

WOMEN'S HEALTH/ FAMILY PLANNING

1. Current Pharmacology references
2. Current Physical assessment references. (Ex. Seidel, Henry. Mosby's Guide to Physical Assessment, current Edition).
3. Resources on herbs and dietary supplements
<http://ods.od.nih.gov/factsheets/DietarySupplements-HealthProfessional/>
<http://www.mayoclinic.com/health/medication-information/MedicationHerbIndex>
4. Hatcher, Robert, Contraceptive Technology (current edition)
5. Zieman, Mimi and Hatcher, Robert, Managing Contraception on the Go (current edition)
6. Joellen Hawkins et al., Protocols for Nurse Practitioners in Gynecologic Settings (current edition)

QUALITY IMPROVEMENT

1. Ohio State University's Center for Public Health Practice has created online courses for understanding and conducting continuous quality improvement in public health. The modules are self-paced and are available
<https://osupublichealth.catalog.instructure.com/courses/phqi-0001>

Module 1: Introduction and Principles of CQI
Module 2: Problem-Solving PDSA
Module 3: CQI Project Selection and Teams
2. CQI for Public Health: The Fundamentals and CQI for Public Health: Tool Time are free and available to anyone looking to learn more about these valuable topics and tools. Many local health departments use these modules for Just-in-Time training for staff.

ATTACHMENT – 3: SITE VISIT REPORT SUMMARY AND PLAN OF ACTION

SITE VISIT SUMMARY

STRENGTHS

OPPORTUNITIES FOR IMPROVEMENT

PLAN OF ACTION

ATTACHMENT – 4: TOOL FOR EVALUATING EMPLOYEE HEALTH AND WORKPLACE SAFETY

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

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
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: <ul style="list-style-type: none"> • 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 dirty 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.

			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 as defined in the emergency anaphylaxis protocol

EMPLOYEE HEALTH AND WORKPLACE SAFETY CHECKLIST CONT.

			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
YES	NO	Date Reviewed	Current Review of Facility & Grounds
			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.

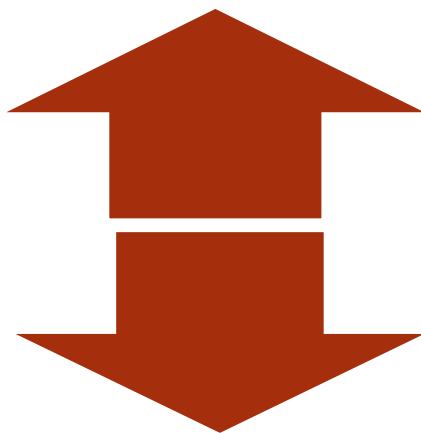
Reviewer’s Signature: _____ **Date:** _____

ATTACHMENT – 5: OVERVIEW OF QUALITY IMPROVEMENT

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

Why is Quality Improvement important?

- ✓ Accreditation
- ✓ Vision of the Organization
- ✓ Reduced/flat funding
- ✓ Significant staff shortages



- effectiveness
- outcomes
- customer satisfaction
- employee morale
- learning & knowledge

- mistakes
- waste & rework outcomes cycle time

Traditional Organization Culture	Quality Improvement Culture
Moving away from:	Moving toward:
<ul style="list-style-type: none"> ➤ Internal focus ➤ Quantity ➤ Product ➤ Opinion ➤ Crisis management ➤ People as commodities ➤ Autocratic decision making ➤ Trial & error ➤ Seat-of the Pants 	<ul style="list-style-type: none"> ➤ Customer focus ➤ Quality ➤ Process ➤ Data, Facts ➤ Continuous improvement ➤ People as resources ➤ Empowered Teams ➤ Scientific method ➤ Rational problem-solving

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

The Quality Principles Worksheet in Attachment 7 can be used to begin QI work locally.

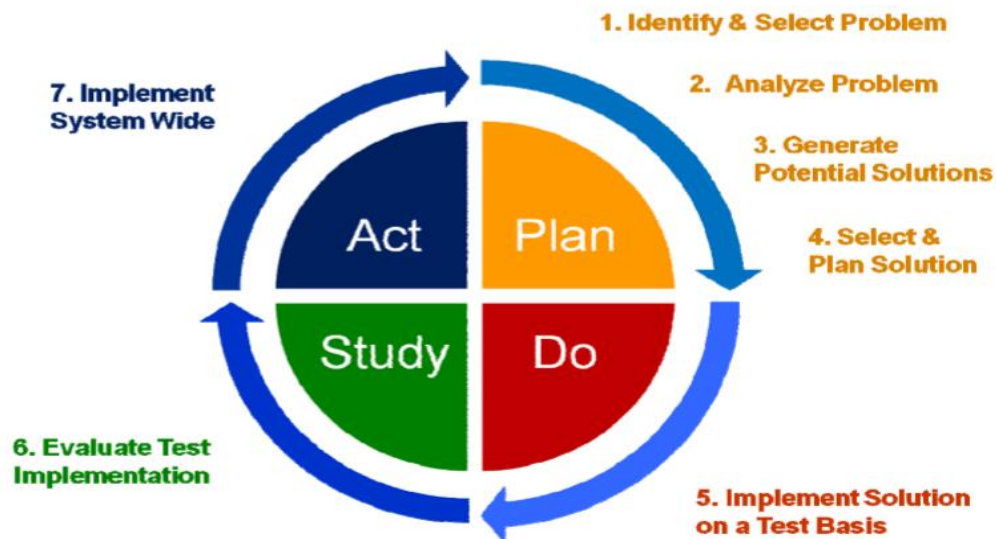
Online resources are available from Ohio State University College of Public Health Center for Public Health Practice. Continuous Quality Improvement for Public Health: The Fundamentals, Module 1 Introduction and Principles QI training course
<https://www.cphplearn.org/>

The Plan Do Check Act (PDCA) Process¹⁰

The PDCA process is outlined on the next page. It is a four-step process designed to carry out changes for continuous quality improvement.

¹⁰ Continuous Quality Improvement for Public Health: The Fundamentals Module 2 Problem-Solving
https://cphplearn.org/Course_Files/c_46/02CQIModuleParticipantHandout.pdf

Plan – Do – Study – Act Cycle



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

CHECK

- 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...

ATTACHMENT – 6: PDCA PROCESS STEPS AND TOOLS

THIS TOOL IS A GUIDE FOR GATHERING EVIDENCE TO INFORM EACH STEP IN THE PROCESS¹¹.

	PROBLEMS SOLVING STEPS	TOOLS/TECHNIQUES
PLAN		
Step 1	Identify and select problem <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Identify the causes of the causes • Identify the root cause 	Brainstorming Control chart Five whys
Step 3	Identify & evaluate possible solutions <ul style="list-style-type: none"> • 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
Step 4	Select & Plan test solution <ul style="list-style-type: none"> • Evaluate solutions • Develop an improvement theory • Develop implementation plan and measures to evaluate effectiveness 	New flowchart Run chart Control chart Gantt chart Tree diagram

¹¹ Continuous Quality Improvement for Public Health: The Fundamentals Module 2 Problem-Solving PDSA. Available at https://cphplearn.org/Course_Files/c_46/02CQIModuleParticipantHandout.pdf

PDCA PROCESS STEPS AND TOOLS

DO		
Step 5	Implement test <ul style="list-style-type: none"> Collect data using key measures 	
STUDY		
Step 6	Study the results <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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: QUALITY PRINCIPLES WORKSHEET

The Quality Principles Worksheet can guide decision making within your organization, clinic, or team.¹²

QUALITY PRINCIPLES WORKSHEET



Directions: Briefly describe your organizational responsibilities. Identify examples that illustrate the “principles in action”. Share these examples with others in your workgroup.

Description of Organizational Responsibilities:		
Principle	Examples of how you do this now	Ideas about ways to improve
Be customer driven. Meeting or exceeding customer needs and expectations has top priority. Helping customers be successful.		
Improvement is an ongoing process that emphasizes prevention and problem solving.		
Quality improvement involves all employees and it requires teamwork.		
Decision making at all levels is based on facts and data.		

¹² Ohio State University College of Public Health Center for Public Health Practice. Continuous Quality Improvement for Public Health: The Fundamentals. Module 1 Introduction and Principles QI training course link: <https://www.cphplearn.org/>

ATTACHMENT – 8: QA SITE VISIT AREAS FOR IMPROVEMENT AND QI PROJECT TRACKER

Often, areas for improvement are realized during the QA Site Visit. Some areas for improvement may be improved immediately and others will rise to the level of a QI Project to ensure the right people are working on a solution that is based on the root cause and will have the best chance for success. The tool below may be used or adapted to monitor QI projects and ongoing progress. It is available electronically. Please contact the Point of Contact in the Office of Nursing, DPH.

QI Project Tracking Tool

Completion

#%

District/ County: _____

Area for Improvement/ QI Project title	QI Project Team Leader	QI Project Team Members	Start Date	Finish Date	Duration <small style="color: red;">in days</small>	Result/Action taken	Notes
						0	
						0	
						0	
						0	
						0	
						0	
						0	
						0	

ATTACHMENT – 9: QA/QI FOR PUBLIC HEALTH NURSING PRACTICE MANUAL REVISIONS

Date	Short description of revision	Rationale for revision	Person/District Responsible for initiating revision	Program/Area	Date of approval by PHN Executive Leadership
November 16, 2017	Immunization Program - updated the language in the introduction	Improve the clarity of writing	District 5- 2	Immunization	December 6, 2017
November 16, 2017	Immunization Program Initial Training, Self-Study: Removed "Health District Policies & Procedures for Vaccine Administration (Signed annually by the District Health Director or his/her designee)"	According to the Standard Nurse Protocol for Childhood and Adult Immunizations and the Georgia Immunization Program Manual, all public health locations that provide vaccine services are required to utilize the Georgia Immunization Program Manual and the current ACIP recommendations for providing immunization services. Districts should not have their own district policies and procedures for vaccine administration.	District 5- 2	Immunization	December 6, 2017
November 16, 2017	Immunization Program Annual Training, Didactic/ Classroom: Removed "Basic Epidemiology: Prevention of Vaccine Preventable Diseases (VPDs)"	The initial didactic training requires for all nurses to complete the entire Epidemiology and Prevention of Vaccine-Preventable Diseases (Pink Book webinar series). Due to the extensive amount of time required to complete the training and the infrequent updates of the training materials by the CDC, the decision was made to remove the annual training requirement.	District 5- 2	Immunization	December 6, 2017
January 23, 2018	Immunization Program clarified the instructions for initial and annual training and added a rating scale to the Immunization Skills Checklist. No content changes.	Improve the clarity of the instructions	Janet McGruder, Nurse Consultant Immunization Program	Immunization	n/a

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.