

Monitoring Visit - Colorado WIC Clinic Observation

Directions for Clinic Observation

Place a check (√) in the “Pass” (P) column if criteria are met satisfactorily. Check (√) the “Needs Improvement” (Impv) column if only partially met. Check (√) when “Not Applicable” (N/A). Place pertinent notations in the “Comments” section.

Agency and Clinic:

Observer:

Date:

Clinic Activity	Staff Name/Position				Staff Name/Position				Staff Name/Position			
	Person ID / Appointment Type				Person ID / Appointment Type				Person ID / Appointment Type			
	P	Impv	N/A	Comments	P	Impv	N/A	Comments	P	Impv	N/A	Comments
A. Rapport Established 1. Introduces self & observer. 2. Directs friendly comments toward participant. 3. Provides an overview of expectations for appointment.												
B. Work Space and Clinic Environment 1. Warm and friendly 2. Confidential 3. Clean 4. Promotes health and nutrition 5. Free of formula advertisement												

COMMENTS:

	P	Impv	N/A	Comments	P	Impv	N/A	Comments	P	Impv	N/A	Comments
C. Family/Intake												
1. Preferred spoken language (if other than English) captured on family panel												
2. Appropriate proof of identity verified and entered into Compass per policy												
3. Completes Other Program Participation field												
4. Verifies/updates Contact/Address data.												
5. Appropriate proof of residency verified and entered into Compass per policy												
6. Proper use of the Affidavit for no proof of residency												
7. Appropriate proof of income verified and entered into Compass per policy a. Income correctly recorded b. Adjunctive eligibility verified and documented												
8. Proper use of the Affidavit for no proof of income. a. If participant reports zero income, staff probe for additional details to understand economic situation. b. The affidavit is used as proof of income only in extreme cases when participant truly has no other proof of income.												
9. Voter Registration panel completed a. Voter Choice Form completed per policy												

COMMENTS:

	P	Impv	N/A	Comments	P	Impv	N/A	Comments	P	Impv	N/A	Comments
C. Anthropometric Techniques												
<u>Length and Weight Measurement - (Infant or Child < 2 years)</u>												
1. Observe procedure for measuring length :												
a. Clothing removed that could interfere with measurement.												
b. One person holds the infant's head firmly against the headboard with eyes pointing directly at ceiling.												
c. Infant is fully extended and knees are prevented from flexing.												
d. Movable footboard rests firmly against both heels of infant.												
e. Length is read correctly.												
2. Observe procedure for measuring weight :												
a. Scale balanced at zero with protective sheet.												
b. Infant is nude or in dry diaper only.												
c. Infant is placed in center of scale.												
d. Weight is read correctly.												
f. Infant is protected from accidents throughout the procedure.												

COMMENTS:

	P	Impv	N/A	Comments	P	Impv	N/A	Comments	P	Impv	N/A	Comments
<u>Height and Weight Measurement – (Child > 2 years or Adult)</u> 1. Observe height measurement for a child or adult: a. Hats and shoes are removed. Clothing does not interfere with measurement.												
b. Participant stands tall with shoulder blades, buttocks, and heels touching the wall. Arms at sides, knees together, feet flat on surface.												
c. Height is correctly read where the bottom of the headboard touches the measuring device.												
2. Observe weight measurement of a child or adult: a. Adult scale is balanced at zero.												
b. Light clothing is worn by child or adult; shoes are removed.												
c. Participant stands in center of platform, body upright, arms hanging naturally at sides, looking forward.												
d. Weight is correctly read from the fractional and main weights.												

COMMENTS:

	P	Impv	N/A	Comments	P	Impv	N/A	Comments	P	Impv	N/A	Comments
<u>Blood Specimen Collection:</u>												
1. Observe procedure for blood specimen collection and recording:												
a. Staff wears clean gloves.												
b. Participant is sitting comfortably; hand is warm and relaxed.												
c. Finger cleansed with alcohol – allowed to dry.												
d. Quick, firm puncture at side of one of two middle fingers (a finger without a ring).												
e. Lancet disposed of promptly and correctly.												
f. One drop of blood wiped away using lint-free gauze (not a cotton ball).												
g. Finger pressed gently (if needed) to obtain blood. (Finger should not be milked to increase blood flow.)												
h. Cuvette pressed to middle of blood drop.												
i. Cuvette filled in one continuous motion.												
j. Excess blood wiped from sides of cuvette.												
k. Cuvette inserted into analyzer (immediately or within 10 minutes of collection).												
l. Band-Aid applied or participant instructed to apply slight pressure to wound with clean cotton ball or gauze.												
m. Hemoglobin value read and recorded correctly.												

COMMENTS:

	P	Impv	N/A	Comments	P	Impv	N/A	Comments	P	Impv	N/A	Comments
n. Cuvette disposed of correctly.												
o. Cuvette holder closed												
p. Appropriate hand washing technique used after blood collection.												
D. Assessment												
1. For pregnant/postpartum women – pregnancy panel is completed (e.g., EDD updated, infant added to pregnancy record)												
2. Accurately enters weight and height/length												
3. Adequately explains growth/weight gain pattern a. Shows participant the weight gain grid/chart												
4. Growth/weight gain NRFs are appropriately assigned if applicable (NRF 131, 133, or 135)												
5. Accurately enter hemoglobin/blood values a. Informs caregiver/participant of hemoglobin level b. Assesses for severely low hemoglobin/hemotocrit (NRF 201b)												
6. Completes the lead questions in the Blood panel for children and refers appropriately												

COMMENTS:

	P	Impv	N/A	Comments	P	Impv	N/A	Comments	P	Impv	N/A	Comments
7. Nutrition Interview covers these areas including bolded question on ratio buttons:												
a. Health Care Provider field completed												
b. Health / Medical												
c. Nutrition Practices - BF Description accurate if applicable												
d. Life Style												
e. Immunizations												
f. Oral Health												
g. Breastfeeding Preparation/Support -Referral to the BFPC Program if applicable												
h. Change BF Info button is used appropriately in limited cases (i.e. changing a non-breastfeeding infant to breastfeeding)												
8. Staff uses effective communication skills: -Participant-led -Uses open-ended questions -Active listening - Asks additional questions when necessary												
9. Enters all nutrition risk factors identified during visit on the Risk panel												
10. Identifies and refers high-risk participants to the high risk counselor in a time frame in accordance with policy. Positively explains reason for referral to high risk counselor.												

COMMENTS:

	P	Impv	N/A	Comments	P	Impv	N/A	Comments	P	Impv	N/A	Comments
E. Certification/Termination:												
<p>1. Explanation of WIC - Observe correct procedure for the <i>Initial Explanation of the WIC Program</i> at the initial certifications and review at recertification as needed. Topics that must be covered are:</p> <ul style="list-style-type: none"> a. The purpose of the WIC Program b. WIC foods support individual nutritional needs c. WIC's role is to partner with the endorser to provide optimal WIC benefits for the participant d. WIC food are supplemental e. A thorough nutrition assessment is the basis for individualized care f. How to use eWIC g. Local rules and policies if applicable h. Transfer policy i. Participant's right to a fair hearing j. Importance of healthcare 												
<p>2. Rights and Responsibilities Form is either read by or read to the endorser/participant at the time of certification, recertification or out-of-state transfer prior to collecting the signature on the signature pad.</p>												
<p>3. The endorser/participant is informed of their certification end date prior to signing on the signature pad.</p>												

COMMENTS:

	P	Impv	N/A	Comments	P	Impv	N/A	Comments	P	Impv	N/A	Comments
F. Participant-Centered Nutrition Education												
<i>Nutrition Education/Care Plan:</i>												
1. Actively listens to participant's concerns/feedback.												
2. Tailors education to participant's needs and concerns.												
3. Asks participant about previous goal												
4. Uses good interpersonal communication skills to build rapport with participant i.e. affirmation, conversational format, non-judgmental.												
5. Links education with positive health outcomes.												
6. Shares Baby Behavior messages with participant as appropriate												
7. Considers stage of change and interactively sets 1-2 goal(s) with the participant.												
8. Asks participant to identify any anticipated barriers to achieving the goal (if appropriate).												
9. Provides appropriate handouts and individualizes as needed (i.e. highlights, writes name and behavior change goal).												
10. Allows time for questions and answers.												
11. Provides sincere and appropriate praise.												
12. Provides education sensitive to cultural, economic, educational level, social, and language needs of participant.												

COMMENTS:

	P	Impv	N/A	Comments	P	Impv	N/A	Comments	P	Impv	N/A	Comments
11. Nutrition education contact/counseling points documented in Nutrition Education panel												
12. Care Plan note reflects information provided by and to participant during the appointment												
13. Documentation in care plan supports assignment of nutrition practice risk factors												
14. Makes appropriate assessment(s) in the Care Plan a. Addresses weight gain/growth/ blood b. Stage of Change c. Addresses environment												
15. Behavior change goal appropriate a. Goal set with participant during appointment												
16. Plans for next visit as appropriate (topics to discuss, follow-up, etc.) a. Documented in the Plan field of the care plan												
17. For HR participants: high risk counselor completed the Nutrition Education panel and Participant-Care Plan panel												
F. Food Issuance and Scheduling												
<u>Foods:</u>												
1. Assigns/tailors food package to meet the participant's needs												
2. For Special Diets: a. Physician Authorization Form is complete and contains RD/RN signature and the PAF has been scanned into Compass b. Documentation link is complete and appropriate												

COMMENTS:

	P	Impv	N/A	Comments	P	Impv	N/A	Comments	P	Impv	N/A	Comments
3. Correct number of food benefits are issued: <ul style="list-style-type: none"> a. 3 months for low risk participants b. 1 month for high risk participants except those children with NRF 113 (Overweight may be issued 3 months) 												
4. Signature collected for food benefits. <ul style="list-style-type: none"> a. If signature was not captured on signature pad, the General Signature Document was completed and scanned into Compass (exception: Remote Benefit Issuance). 												
<u>Scheduler:</u> <ul style="list-style-type: none"> 1. Gives participant an appropriate return appointment according to the type of appointment needed, length of time, and date to prevent proration of food benefits (if applicable) 												

COMMENTS:

Observation of group nutrition education session

Class Title:
Teacher:
Number of attendees:

a. Learning environment is comfortable and appropriate (culture, language, etc).

b. Topic relates to participant's category and needs.

c. Utilizes pamphlets / videos / visuals appropriately.

d. Encourages active participant involvement.

e. Allows adequate time for questions and answers.

g. Class outline is available for review

h. Signature captured for food benefits

COMMENTS: