

| Agency: | | _ Clinic: |
|---------------------------------------|---------------------------------------|--|
| Reviewer: | Date reviewed: | Date range selected: |
| | | |
| INSTRUCTIONS: Determine | if the required minimum p | eer counseling *contacts were completed for a representative |
| sample of | charts | |
| 1. Run the PC Client Participation | report in TWIST found in Client | Processes > Outputs > Nutrition Ed. |
| 2. Enter a "From" and "To" date r | ange ("From" = the oldest date rec | uired to pull in a sufficient number of records, |
| "To" = today's date and) | | |
| 3. Select PC status "Completed" | | |
| 4. Press the "Run" icon – this repo | rt will display all clients with a co | mpleted peer counseling status during the date range entered |
| 5. Review 15 records for peer cour | nseling clients to determine if con- | acts were completed |
| 6. Indicate when the two-week pos | st EDD attempt was made | |
| *Contact: a two-way interaction di. | scussing breastfeeding topics whic | h occurs between BFPC staff and a BFPC program participant. This can |
| occur verbally, face-to-face, or elec | tronically. | |

| Total summary of findings Ouestions: | # of 'no's | Highlights: |
|--|------------|----------------------|
| Are the required minimum contacts made? | | |
| 2. Was the participant's status changed to inactive, if appropriate? | | |
| 3. Did the peer counselor stay within their scope of practice? | | Improvements needed: |
| 4. Did the peer counselor make appropriate referrals? | | |
| 5. Did the peer provide accurate and evidence-based education? | | |
| 6. Is there appropriate documentation for client contacts? | | |



EXAMPLE TABLE

| WIC ID |): 0101010 | 1-01 | | | | | | | | | | | |
|-----------------|--|---|------------------------|---------------|----------|-------------------|--------------------------------|-------------|--------|---------------------------------------|-------|----------------------------------|---------------------------------|
| | unselor: I | • | | | | _ | | | | _ | | | |
| and ent | following aper them in the contract the cont | | Individua visit (I) | Grou (G) | ıp visit | _ | xt/Email ntact (T) | Phone (P) | call | Attempt | | Inactivated status (IN) | No record of attempt (NA) |
| Use the and ent | following ap | oplicable codes ne <u>second</u> row | Start date (S 20**) | e (include y | | End da: (E 20* | te (include *) | year) | | k post ED ot made E DD) | D | - | : May also use e to indicate |
| Jan | Feb | Mar | Apr. | May | Jun | e | July | Aug. | ! | Sept. | Oct. | Nov. | Dec. |
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| G | G | 丁 | A | G | | | | | | | | | |
| | | | | E 2018 | | | | | | | | | |
| Questio | ns: | | | | | Yes | No | N/A | Obser | vation no | ites: | | |
| 1. Are | the required | minimum conta | cts made? | | | | | | | | | | |
| 2. Was | the participa | nt's status chan | ged to inact | ive, if appro | priate? | | | \boxtimes | | | | | |
| 3. Did | the peer cour | nselor stay with | n their scop | e of practice | ? | | | | | | | | |
| 4. Did | 4. Did the peer counselor make appropriate referrals? | | | | | | | | Referi | ral made · | to RD | | |
| 5. Did | 5. Did the peer provide accurate and evidence-based education | | | | | | | | | | | | |
| 6. Is the | ere appropria | te documentation | on for client | contacts? | | \boxtimes | | | | | | | |



| WIC ID: | | | | | | | • | | | | | | | | |
|-------------------|--|-----------------|----------------|---------|---------------------------------------|-----|----------|--------------|------------|-------|------------|------|-------|--------------|--------------|
| Peer couns | | | | | | | | | | | | | | | |
| | ~ | icable codes | Individual | l | Group vis | it | | t/Email | Phone | call | Attempte | | | tivated | No record of |
| | them in the | | visit (I) | | (G) | | cont | tact (T) | (P) | | contact (| (AC) | statu | ıs (IN) | attempt (NA) |
| | n month to i | | | | | | | | | _ | | | | | |
| | ~ | icable codes | Start date | (inclu | ude year) | | | e (include y | year) | | k post EDI | D | | - | In also use |
| | them in the | | (S 20**) | | | (E) | 20** | () | | | pt made | | | this space t | |
| | n month to i | 1 | A | N. // . | т | | | T 1 | A . | (2W-) | | 0.4 | | EDD and A | |
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| Questions: | | | | | | | Yes | No | N/A | Obser | vation not | tes: | | | |
| 1. Are the | required mi | nimum contac | ets made? | | | | | | | | | | | | |
| 2. Was the | e participant' | s status chang | ged to inactiv | ve, if | appropriate | e? | | | | | | | | | |
| 3. Did the | peer counse | lor stay within | n their scope | of pr | actice? | | | | | | | | | | |
| 4. Did the | 3. Did the peer counselor stay within their scope of practice? 4. Did the peer counselor make appropriate referrals? | | | | | | | | | | | | | | |
| 5. Did the | Did the peer provide accurate and evidence-based education | | | | | | | | | | | | | | |
| | | documentatio | | | | | | | | | | | | | |
| o. Is there | прргорганс | | | omac | · · · · · · · · · · · · · · · · · · · | | <u> </u> | | | | | | | | |



| WIC ID: | | | | | | | | | | | | | | |
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| Peer couns | elor: | | | | | | | | | | | | | |
| Use the foll | lowing appli | icable codes | Individual | Group | visit | Tex | t/Email | Phone | call | Attempte | ed | Inact | ivated | No record of |
| and enter t | them in the <u>f</u> | <u>irst</u> row | visit (I) | (G) | | con | tact (T) | (P) | | contact (| AC) | statu | s (IN) | attempt (NA) |
| under each | month to in | idicate: | | | | | | | | | | | | |
| Use the foll | lowing appli | icable codes | Start date | (include yea | r) I | End dat | e (include | year) | 2-wee | k post EDI | D | (| Optional: 1 | May also use |
| and enter t | them in the <u>s</u> | second row | (S 20**) | | (| E 20** | k) | | attemp | ot made | | t. | his space | to indicate |
| under each | month to in | idicate: | | | | | | | (2W-I | E DD) | | I | E DD and A | ADD |
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| Questions: | | | | | | Yes | No | N/A | Obser | vation not | tes: | | | |
| 1. Are the | required mir | nimum contac | ets made? | | | | | | | | | | | |
| 2. Was the | participant's | s status chang | ged to inactiv | e, if approp | riate? | | | | | | | | | |
| 3. Did the | peer counsel | or stay within | n their scope | of practice? | | | | | | | | | | |
| 4. Did the | | | | | | | | | | | | | | |
| 5. Did the | peer provide | on? | | | | | | | | | | | | |
| 6. Is there | appropriate o | documentatio | n for client o | contacts? | | | | | | | | | | |



| WIC ID: | | | | | | | | | | | | | | | | | |
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| Peer couns | selor: | | | | | | | | | | | | | | | | |
| Use the foll | lowing appli | icable codes | Individua | Group | o visit | Tex | xt/Email | Phone | call | Attempte | ed | Inact | tivated | No record of | | | |
| and enter t | them in the <u>f</u> | first row | visit (I) | (G) | • | con | ntact (T) | (P) | | contact (| AC) | statu | ıs (IN) | attempt (NA) | | | |
| under each | month to in | ndicate: | , i | | | | | | | Ì | | | | • , , | | | |
| Use the foll | lowing appli | icable codes | Start date | (include yea | ar) I | End dat | te (include | year) | 2-wee | k post EDI |) | (| Optional: N | May also use | | | |
| | them in the s | | (S 20**) | ` | | E 20* | | , | | ot made | | | this space t | - | | | |
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| Questions: | | | | | | Yes | No | N/A | Obsor | vation not | 06. | | | | | | |
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| 1. Are the | required mir | nimum contac | ets made? | | | | | | | | | | | | | | |
| 2. Was the | participant's | s status chang | ged to inactiv | e, if approp | riate? | | | | | | | | | | | | |
| 3. Did the | peer counsel | or stay withi | n their scope | of practice | ? | | | | | | | | | | | | |
| 4. Did the | peer counsel | | | | | | | | | | | | | | | | |
| 5. Did the | peer provide | on? | | | | | | | | | | | | | | | |
| 6. Is there | appropriate o | documentation | on for client of | contacts? | | | | | | | | | | | | | |
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| WIC ID: | | | | | | | | | | | | | | |
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| Peer couns | elor: | | | | | | | | | | | | | |
| Use the foll | lowing appli | icable codes | Individual | Group | visit | Tex | t/Email | Phone | call | Attempte | ed | Inact | ivated | No record of |
| and enter t | them in the <u>f</u> | <u>irst</u> row | visit (I) | (G) | | con | tact (T) | (P) | | contact (| AC) | statu | s (IN) | attempt (NA) |
| under each | month to in | idicate: | | | | | | | | | | | | |
| Use the foll | lowing appli | icable codes | Start date | (include yea | r) I | End dat | e (include | year) | 2-wee | k post EDI | D | (| Optional: 1 | May also use |
| and enter t | them in the <u>s</u> | second row | (S 20**) | | (| E 20** | k) | | attemp | ot made | | t. | his space | to indicate |
| under each | month to in | idicate: | | | | | | | (2W-I | E DD) | | I | E DD and A | ADD |
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| Questions: | | | | | | Yes | No | N/A | Obser | vation not | tes: | | | |
| 1. Are the | required mir | nimum contac | ets made? | | | | | | | | | | | |
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| Peer couns | elor: | | | | | | | | | | | | | |
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| Questions: | | | | | | Yes | No | N/A | Obser | vation not | tes: | | | |
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| Peer couns | selor: | | | | | | | | | | | | | | | | |
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| Use the foll | lowing appli | icable codes | Start date | (include yea | ar) I | End dat | te (include | year) | 2-wee | k post EDI |) | (| Optional: N | May also use | | | |
| | them in the s | | (S 20**) | ` | | E 20* | | , | | ot made | | | this space t | - | | | |
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| Questions: | | | | | | Yes | No | N/A | Obsor | vation not | 06. | | | | | | |
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| 1. Are the | required mir | nimum contac | ets made? | | | | | | | | | | | | | | |
| 2. Was the | participant's | s status chang | ged to inactiv | e, if approp | riate? | | | | | | | | | | | | |
| 3. Did the | peer counsel | or stay withi | n their scope | of practice | ? | | | | | | | | | | | | |
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| Peer couns | elor: | | | | | | | | | | | | | |
| Use the foll | lowing appli | icable codes | Individual | Group | visit | Tex | t/Email | Phone | call | Attempte | ed | Inact | ivated | No record of |
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| under each | month to in | idicate: | | | | | | | | | | | | |
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| and enter t | them in the <u>s</u> | second row | (S 20**) | | (| E 20** | k) | | attemp | ot made | | t. | his space | to indicate |
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| Questions: | | | | | | Yes | No | N/A | Obser | vation not | tes: | | | |
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| Peer couns | selor: | | | | | | | | | | | | | | | | |
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| Questions: | | | | | | Yes | No | N/A | Obsor | vation not | 06. | | | | | | |
| | | | | | | | 110 | 11/A | Obser | vation not | .cs. | | | | | | |
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| 2. Was the | participant's | s status chang | ged to inactiv | e, if approp | riate? | | | | | | | | | | | | |
| 3. Did the | peer counsel | or stay withi | n their scope | of practice | ? | | | | | | | | | | | | |
| 4. Did the | peer counsel | | | | | | | | | | | | | | | | |
| 5. Did the | peer provide | on? | | | | | | | | | | | | | | | |
| 6. Is there | appropriate o | documentation | on for client of | contacts? | | | | | | | | | | | | | |
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