Oregon WIC Program — Breastfeeding Peer Counseling Program
Participant Record Review Tool

Agency: _____   Clinic: _____

Reviewer: _____   Date reviewed: _____   Date range selected: _____

INSTRUCTIONS: Determine if the required minimum peer 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 range ("From" = the oldest date required to pull in a sufficient number of records, "To" = today's date and)
3. Select PC status "Completed"
4. Press the "Run" icon – this report will display all clients with a completed peer counseling status during the date range entered
5. Review 15 records for peer counseling clients to determine if contacts were completed
6. Indicate when the two-week post EDD attempt was made
*Contact: a two-way interaction discussing breastfeeding topics which occurs between BFPC staff and a BFPC program participant. This can occur verbally, face-to-face, or electronically.

Total summary of findings

Questions:	# of 'no's	Highlights:
1. 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?		

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EXAMPLE TABLE

WIC ID:	01010101-01										
Peer counselor:	Ima Example										

Use the following applicable codes and enter them in the <u>first</u> row under each month to indicate:	Individual visit (I)		Group visit (G)		Text/Email contact (T)		Phone call (P)		Attempted contact (AC)		Inactivated status (IN)	No record of attempt (NA)
Use the following applicable codes and enter them in the <u>second</u> row under each month to indicate:	Start date (include year) (S 20**)			End date (include year) (E 20**)			2-week post EDD attempt made (2W-EDD)			Optional: May also use this space to indicate EDD and ADD		

Jan	Feb	Mar	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
					I	G	(AC)	G	A	T	G
					S 2017					2W-EDD	

Jan	Feb	Mar	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
G	G	T	A	G							
				E 2018							

Questions:	Yes	No	N/A	Observation notes:
1. 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?	☒	☐	☐	
4. Did the peer counselor make appropriate referrals?	☒	☐	☐	Referral made to RD
5. Did the peer provide accurate and evidence-based education?	☒	☐	☐	
6. Is there appropriate documentation for client contacts?	☒	☐	☐	

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