

PUBLIC HEALTH NURSING ORIENTATION & PRACTICE MANUAL



**Tennessee Department of Health
Bureau of Health Services, Office of Nursing
2005**

PUBLIC HEALTH NURSING
ORIENTATION AND PRACTICE
MANUAL

**Tennessee Department of Health
Bureau of Health Services
Patient Care Services, 2005**

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FORWARD

The **Public Health Nursing Orientation and Practice Manual** combines both the PHN Manual and the Orientation Manual into a single document. This manual contains information pertinent to public health nursing management and practice and is designed to be used in concert with all other bureau, departmental, and program manuals relative to policies, procedures and/or guidelines. It is expected that this document will provide readily available information for all public health nursing staff and should be used as an integral component of nursing orientation.

We are indebted to all that contributed to the content and development of this manual and especially to Charlene Jessee, Deborah Hardin, Ellen Gray, Judy Kinkead, and Pauline McIntyre. We also thank those committees and individuals that provided valuable input including State Nursing Staff, PHN Practice Committee, APN Practice Committee, and Central Office Program Staff.

It is hoped that the Public Health Nursing Orientation and Practice Manual will be a significant source of assistance to nursing personnel throughout the state as they strive to provide quality services to the citizens of Tennessee.

Patsy McCall, State Nursing Director
Pauline McIntyre, Assistant State Nursing Director

Office of Nursing, Bureau of Health Services

SECTION I

OVERVIEW OF THE DEPARTMENT OF HEALTH

A. INTRODUCTION

The Department of Health works to promote, protect, and restore the health of Tennessean's by facilitating access to high quality preventive and primary care services. Critical services are provided to the people of Tennessee in the areas of public health that are not, or cannot be, provided by the private sector.

Keeping people healthy by preventing problems that contribute to disease and injury is the overall emphasis of the Department of Health. It has become increasingly evident that the greatest causes of premature death and preventable illness are closely related to the way in which we live. The Department promotes healthy lifestyles by providing education about these risks and increasing awareness as to the importance of individuals taking responsibility for their own health and safety, as well as that of their family.

The Department of Health also works to insure the quality of health care through the licensure and regulation of health professionals and health care facilities. The Department also plays a critical role in assuring that personal health care services are available when, and where, people need them and are accessible, despite economic and geographic barriers.

1. The Tennessee Department of Health

a. **Mission:**

The overall mission of the Department of Health is to protect and promote the health of Tennesseans.

b. **Core Functions:**

Assuring Services

- Promote the development of services
- Outreach and assist in accessing services
- Push the system to provide needed services
- Provide services

Assessment

- Health status
- Health resources
- Health problems

Policy Development

- Support individual and community efforts to protect and promote health

c. **Philosophy:**

- To *provide services* in a professional, caring, cost-effective and efficient manner
- To *fill the gaps* in health services when possible but never forget our basic functions and services
- To *remain flexible* during health care reform and strive to provide what our communities need

To work with communities and develop *innovative partnerships* for service delivery

To *educate* as we regulate and always be fair and objective

d. Management Style:

Encourage those closest to the service to *define the problems* and the solutions

Set *measurable objectives* at all levels and consistently *evaluate* our performance and services

Encourage creativity, innovation, and *responsible risk taking*

Function with fewer *management* levels

Function as a *team*; not bureaus, divisions, programs, or individuals

Develop *leaders*

2. History of Public Health

Recurring epidemics of cholera, yellow fever, and other frightening diseases were a powerful force in the development of what we know today as public health. Through the mid-1800s, Nashville, Knoxville, Memphis, and many smaller cities and towns experienced epidemics that threatened life, health, and economic disaster. As a result, efforts began to establish a State Board of Health and in 1874 Governor James D. Porter presented strong plea for legislation. The following paragraphs are quoted from this petition:

“We have called it preventive medicine because its benevolent object is to secure exemption from disease for a whole people, and as it is to be applied to an entire state, and cannot exist except under state laws, it has by common consent taken the name of State Medicine.

State Medicine does everything necessary to protect the health of communities and states: it investigates the air we breathe, the water we drink, the food we eat, the clothes we wear, the fuel we burn, the house we live in, the soil we cultivate, the habits and industries of life, the origin and nature of endemic and epidemic diseases, the method of their transmission, the means of their prevention and of their suppression whenever found. Its object is to discover the causes and to prevent the origination of disease, to prevent its spread, to circumvent it, to extinguish it, whether it be zymotic, contagious, or specific. In short, it is the function of State Medicine to protect the public health, which is the life of the nation.”

A bill was signed into law in 1877 to create such a board. For many years, the main activities of the board were combating epidemics, forming county boards of health, working on school sanitation, and maintaining vital records of births and deaths in the state.

In 1923, legislation was passed to create a Department of Public Health headed by a commissioner in the executive branch of State Government. Activities and responsibilities have evolved through the years as health needs and medical care

has evolved. In 1983, law changed the Department's name from the Department of Public Health to the Department of Health and Environment so as to more nearly reflect the broad functions of the Department. As part of an increased focus on environmental protection and conservation, in 1991 the environmental programs were transferred to the newly established Department of Environment and Conservation. The Department of Health and Environment then became the Department of Health.

3. **History of Public Health Nursing**¹

The following article was written in recognition and celebration of one hundred years of public health nursing:

“The history of public health nursing is one of individuals doing what was within their power to do, making life better for others and proving that one person really can make a difference. These nursing pioneers set the stage for what was to become the complex mission of public health.

Public health nursing in this country began in 1893 with the vision of one woman, Lillian Wald, nurse and founder of the Henry Street (New York) Settlement, the first organized district-nursing agency. Through her relentless efforts, combined with political, organizational, and leadership abilities, people and resources were brought together to share a single philosophy – a spirit of caring, commitment to serve, and personal courage. Thus, the “public health nurse” was born, and so began a nationwide system of care.

In Tennessee, nurses have played a vital role in public health since 1910. Although there are accounts of visiting nurses during the devastating Memphis yellow fever epidemic of 1879, the first official public health nurse was Elizabeth Simmons (Memphis City Health Department). A year later, the Nashville City Health department hired its first nurse who was charged by the mayor “to help the poor and sick, and to help prevent the high death rate among babies”, which was reported to be 300 for every 1,000 live births. For over 80 years, public health nurses throughout Tennessee have been doing just that.

Throughout the years, public health nurses have addressed a continuum of health care needs. Nursing, meaning to nourish and protect, gradually increased in scope from serving just the sick to guarding and enhancing the health of individuals and families. Traditionally, public health nurses have provided services to people of all walks of life and in a variety of settings. In the home, workplace, schools, street corners, and clinics, public health nurses can be found reaching out to care for the health of people in need.

¹ McIntyre, P.S., “One Hundred Years of Public Health Nursing” Journal of the Tennessee Medical Association, July 1993.

In the last 100 years of service many battles on the disease front have been fought and won. Communicable diseases, which once presented a major threat to the consumer and a challenge for public health nurses have, for the most part, been eradicated or controlled. Maternal and infant mortality has been drastically reduced. Many improvements have been made with regards to safety in the workplace, and we are just beginning to recognize the importance of our environment with regards to health and disease.

However, just as some plagues are conquered, new ones emerge. As the next century dawns, we must address some difficult challenges. Public health is once again faced with the threat of a deadly communicable disease as HIV/AIDS proliferates, bringing with it a host of other health problems including a resurgence of tuberculosis. Teenage pregnancy and sexually transmitted diseases have reached epidemic proportions, and herpes and human papilloma virus (HPV), though not fatal, cause devastating long-term consequences for their sufferers. Low birth weight and infant mortality remain serious problems. Accidental death, homicide, suicide, and substance abuse are destroying our young people. Heart disease and cancer continue to be leading causes of death. Finally, much work remains if we are to preserve and improve the safety of the environment in which we live and work.

In today's complex health care environment, nurses are committed to supporting an agenda for health care reform. As policy makers look for ways to assure quality, affordability, and accessibility in health care, public health nurses can bring their expertise and experience to an ever widening spectrum of health care concerns. The challenges of today and tomorrow are both similar and different from those of yesterday. But of one thing we may be certain: The vision that has guided public health nurses through 100 years of meeting the health care needs of the people will continue to serve us well – to preserve, protect, and enhance the health of the citizens of this nation. Let us join together in assuring Tennesseans a healthier and happier place for this and future generations.”

4. Philosophy of Public Health Nursing

Mosby defines public health nursing as “a field of nursing that is concerned with the health needs of the community as a whole.” As integral members of the health care team, public health nurses functioning within the framework of the agency, strive to accomplish the mission set forth by the Tennessee Department of Health.

Public health nursing, as with all nursing practice, has as its basic principle the worth and dignity of the individual patient, family, and community. We believe the individual has the right to accept or reject care unless that decision places others in jeopardy. Nursing culture, regardless of the field of practice, has always been one of care and cure with the central focus being strong and nonjudgmental advocacy for the patient. We embrace the “Code for Nurses” developed by the American Nurses Association which defines the responsibility of the nurse to the patient and to the community as a whole.

We are committed to maintaining our identity as community health nurses and acknowledge that we believe our services are critical components in the Department's health care system. While our role often requires that we exhibit independence and autonomy in our practice, we subscribe to the philosophy of interdependence that is necessary if health care services are to be successfully delivered in our complex organization.

If public health nurses are to achieve the highest level of professional practice, we must develop and maintain current and properly authorized state of the art standards, which are applicable to our patient's needs, and our agency's resources. We believe that representatives from local, regional, and central office should provide their perspectives and express their needs within the standard development process.

We believe that as nurses we are directly accountable for our actions. Validation of our accountability is measured through:

- ◆ The use of the aforementioned *standards* that define quality practice
- ◆ The use of the *nursing process* that provides a conceptual framework for public health nursing
- ◆ *Nursing audits* that evaluate the case management outlined in the nursing standards
- ◆ An ongoing *evaluation* of ones own practice.

We recognize the individual qualities that each nurse possesses which attributes to her/his unique skills and expertise. Nurse leaders must be able to identify the individual's outstanding characteristics and strive to provide opportunities for all nurses, as well as others with whom she/he works, to reach their highest potential.

Public health nurses must be qualified through formal education and experience in order to carry out their assigned responsibilities. Inservice, formal study programs, and continuing education must continually refurbish this basic knowledge. We also have the responsibility to participate in activities that will improve public health nursing practice through the testing of new ideas, creative thinking, and participating in research and/or study projects.

Lastly, we believe that public health must be futuristic. We accept our professional obligation to become knowledgeable, conversant and involved in the national health care reform. We must at the same time maintain an awareness of the principles of traditional public health and we must strive to understand the ever-evolving health care system, and be alert to any barriers to health promotion and health maintenance. We must remain dedicated to promoting and preserving the health of all people.

B. ADMINISTRATIVE STRUCTURE

1. Bureau of Health Services (HSA)

The Bureau of Health Services provides direction, supervision, planning, communication, coordination, and fiscal support. It includes an array of programs and services that oversee the delivery of public health care to the citizens of Tennessee. Working through a network of regional offices, local health departments, and county clinic sites, the Bureau assures that quality health care is delivered to those in need.

2. Office of Nursing

The Office of Nursing works collaboratively and cooperatively with all program areas at the central, regional, and local levels in order to provide a strong advocacy for public health nursing across the state. It is responsible for the establishment of nursing protocols, maintenance of nursing standards, and development of nursing policies and procedures. The Office of Nursing also maintains a nursing database and is accredited by the Tennessee Nurses Association to grant CEUs for continuing education activities.

3. Local Health Services

The Department of Health includes seven (7) rural and six (6) metropolitan regional health offices, which are responsible for providing policy direction, management, and supervision of all health department services. (See Appendix A, Tennessee Department of Health Information for regional map and organizational charts.)

C. PUBLIC HEALTH SERVICES

1. Community-Based Health Services

When compared to other types of healthcare, public health is unique in its role of providing community-based services in addition to clinical-based services. These community-based activities are vital to the health of all Tennessean's, although they may not be associated with the provision of care to individual patients.

a. **Surveillance and Planning:**

The Department of Health collects and analyzes information for the entire Tennessee population including the following health status indicators:

- Infant mortality
- Low birth weight
- Adequacy of prenatal care services
- Morbidity and mortality from disease and injury
- Immunization status of children
- Adolescent pregnancy rates
- Lead toxicity in children
- Child fatality review

This information is used to shape the health care delivery system in the state making it more responsive to identified needs.

b. **Community Development and Health Planning:**

The Community Development Program facilitates community health assessments, diagnosis, planning, and the enhancement of access to health care. Through this program, a Regional Health Council works in cooperation with County Health Councils to meet assessed needs, address priority areas, and obtain needed funding/resources.

c. **Epidemiology:**

The Department of Health is involved in the investigation of disease outbreaks, contact tracing to control the spread of communicable diseases, and activities to assess the risk of exposure to occupational and environmental hazards. Information obtained through these efforts, together with surveillance activities, guide the development of policies and procedures to protect the public from health threats.

d. **Community Services:**

Information on the distribution of health care providers statewide is collected and analyzed by the Department in order to identify medically underserved areas. Resources to recruit and retain qualified health care providers are then targeted to these communities. Community health education covering such topics as tobacco use, injury and violence prevention, and the promotion of healthy behaviors is another important emphasis of the Department.

e. **General Environmental Health:**

General Environmental Health provides inspection, consultation and review of establishments including food service, campgrounds, tattoo parlors, motels, childcare centers and swimming pools. The division handles consumer complaints, rabies exposure investigations, and lead environmental assessments. This program also provides formal training for food establishment and childcare workers.

2. **Clinical Based Services**

Public health plays a significant role in assuring that all Tennesseans have access to health care services. This function is accomplished through outreach, intensive case management, and the delivery of direct patient care.

a. **Direct-Service Delivery:**

Local health departments offer a variety of preventive and acute care services, depending on the needs and resources of the community. Clinics are staffed with public health nurses (PHNs) and advanced practice nurses (APNs) working under physician supervision and protocols. The Department also operates an employee health clinic in downtown Nashville that provides care to state employees and legislators during normal working hours. Some health departments serve as gatekeepers and provide primary care services to a designated number of assigned (MCO) patients.

b. **Communicable and Environmental Disease Services:**

The purpose of Communicable and Environmental Disease services is to:

- ◆ Detect, prevent and/or control communicable diseases and their consequences in the citizens of Tennessee through disease surveillance and investigation
- ◆ To provide technical assistance, education, and information on the health effects of environmental pollution
- ◆ To assure the delivery of needed services

Tuberculosis and sexually transmitted diseases (including HIV/AIDS) continue to pose significant health threats in Tennessee. Local health departments provide testing, counseling, treatment, and contact tracing to control the spread of these diseases. Efforts to promote childhood immunizations are another extremely important responsibility. The Department provides immunizations, tracks immunization rates through an annual survey of 24-month old children, provides outreach to encourage parents to immunize their children, coordinates the distribution of vaccine to private providers through the federal "Vaccines for Children" program, and maintains an immunization registry.

c. **Maternal and Child Health Services:**

The Maternal and Child Health Section seeks to improve the health status of families, with particular emphasis on the needs of women and children. Local

health departments provide a wide variety of services aimed at reducing the infant mortality rate, lowering the adolescent pregnancy rate, encouraging early entry into prenatal care, and reducing childhood morbidity. Services include outreach, intensive case management, child health and development, family planning, prenatal care, and peer support programs. Routine screening of all newborns for certain metabolic and inherited disorders and a regional genetic program are other important maternal and child health services.

d. Nutrition Services:

Local health departments administer programs that provide nutrition screening, consultation, and food supplements to low-income, pregnant, breast-feeding, and postpartum women, infants, and children (WIC). Through promotion and modification of food practices, this program seeks to minimize the risk of complications to mothers and children, maximize normal development, and improve the health status of the targeted high-risk population. The section also provides breast-feeding promotion and support, and a variety of preventive and therapeutic community nutrition services through local health departments.

e. Case Management:

The Department has placed particular emphasis on care coordination for children with severe or chronic medical conditions and individuals living with HIV/AIDS. Examples of services provided include payment for certain medical or health-related services, home visitation, interaction with schools, coordination among multiple medical providers, assistance in accessing needed social and medical services, and education and support.

f. Dental Services:

Health department staff provides preventative dental services in Tennessee schools throughout the state. These services include education in proper tooth brushing techniques and the application of sealant to prevent tooth decay. Fluoridation of local water supplies is another important component of the preventive dental program. Clinical dental services are provided in some local health departments with a primary focus on the delivery of care to children.

g. Health Promotion/Disease Control:

The Health Promotion/Disease Control Program seeks to reduce premature deaths, diseases, and disabilities through a combination of preventive programs, wellness training, and chronic disease intervention.

3. Other Services

a. Quality Control in the Health Care Delivery System:

The Department is responsible for assuring quality in health manpower and health care facilities. The Department helps administer state laws that require health care professionals to meet certain standards. Regulatory boards license

doctors, nurses, dentists, and other health care professionals. Disciplinary action is taken if state standards are violated.

The Department also licenses hospitals, nursing homes, ambulatory surgical treatment centers, and other kinds of health care facilities. In addition, facilities are assessed and certified for participation in the Medicare and Medicaid programs. Ambulance services and emergency medical personnel across the state are checked to ensure that quality standards are met when emergency medical services are needed, and medical laboratories and personnel are tested and licensed.

c. Laboratory Services:

The State Central Laboratory and its two branch laboratories (Knoxville and Jackson) provide valuable support of public health issues such as newborn testing, disease prevention, and a clean environment. The laboratories provide services to program areas within the department, local health departments, hospitals, independent laboratories, other state departments, physicians, dentists, and clinics. In addition, they provide some public health services that are not available from other sources, such as rabies testing.

d. Vital Records:

The Department maintains a central registry of births, deaths, fetal deaths, marriages, divorces, adoptions, and legitimations in the state and fills requests for certified copies of these records. In addition, an immunization registry has been established.

e. TennCare:

TennCare, which began January 1, 1994, is a “Managed Care Model” for delivery of health care to certain citizens of the state of Tennessee. The program provides health care coverage to the Medicaid population, and some uninsured or uninsurable persons.

f. Bioterrorism Preparedness:

i. Public Health BT Preparedness

The goals of public health BT preparedness are early detection (disease reporting, syndromic surveillance), identification of organization or agent (clinical presentation, laboratory capacity), disease prevention (dissension of antibiotics, mass vaccination, quarantine).

ii. Hospital BT Preparedness

The goals of the Hospital BT preparedness program are to improve the capability of hospitals to successfully respond to a bioterrorism attack or other outbreak of infectious disease (treatment, surge capacity, decontamination, isolation), and to establish community coordination.

D. PLANNING FOR PUBLIC HEALTH SERVICES

1. Introduction

Public health nursing has evolved into a focus on care of individuals, families, and communities. This focus includes the physical, biological, social, psychological, and environmental health of a population group. The major factor differentiating public health nursing from other areas of nursing is the focus on promoting health-related behaviors, as well as providing personal health services to members of the community. *Planning* is an integral tool for effective public health nursing.

Planning involves deciding what will be done (goals and objectives) and how it will be done. Planning can be classified as either strategic or tactical. Strategic planning is the process by which basic organizational goals and directions are determined. It is long range and encompasses ends (outcomes), as well as means (processes). An example would be using epidemiological data and community assessment data to develop plans to immunize all children less than 24 months of age with Hepatitis B vaccine. Tactical planning uses a shorter time frame, a narrow scope, more attention to detail, and is more flexible. An example of tactical planning is the work involved in establishing an immunization clinic in the Smith Jones Housing Unit by June next year. The planning process involves decision-making skills. An example of day-to-day planning is managing one's own work activities. Effective and efficient use of one's time is essential. Lack of planning results in waste of the nurse's time (salary), and nonproductive clinical visits. Careful planning anticipates organizing, leading, and evaluating problems and attempts to prevent their occurrence.

2. Needs Assessment

a. **Community Awareness:**

Public (community) health nurses have been leaders in improving the quality of health care for people since the late 1800's. Public health nurses are an effective, vital force for promoting health and preventing illness. The public health nurse must understand and recognize the current status of the community's health needs/problems and health care systems. Major social, economic, and political developments influence community health programs. Nurses must be aware of the cultural diversity and socioeconomic factors that affect health care in their community.

b. **Criteria Used to Assess Health Needs:**

An assessment of the community health needs by established and measurable criteria will determine the need for services. The public health nurse may be involved with other health department staff and community coalitions in making periodic community surveys/assessments. Areas to be assessed may include the following:

- ◆ *Description of community/county* includes square miles; mountains, rivers, lakes, roads/highways; urban - type of industries, businesses; rural - farming, dairying; location and size of communities, towns; location of schools, hospitals, churches, housing
- ◆ *Demographic data* includes population size, density, and distribution; population by age, sex, race, ethnic groups
- ◆ *Community action potentials* includes ways/directions in which the community is likely to respond/work on its health problems

Resources include local government planning office, Chamber of Commerce, library, vital records, morbidity/mortality statistics, community surveys, and household interviews. Community assessment provides valuable information about the county/community's strengths and weaknesses with regard to financial resources, pollution, substandard housing, crime, stress-induced illnesses, poor dietary patterns, and sense of responsibility for members. Assessment provides the basis for planning and intervention.

3. **Service Delivery**

The public health nurse is responsible and accountable to both the employer and profession, as well as to the clients and their families when assuring the provision of health services. The services may take place in the clinic, the client's home, or other setting.

a. **Clinic Visit:**

The clinic setting has been found to be a cost-effective location for providing a wide variety of health services, health screening, and prevention services, as well as health promotion and maintenance services. Public health nurses, using the appropriate protocols and program standards/guidelines, provide services in the clinical setting; they function as providers of health care, teachers, counselors, case managers, and patient advocates – vital members of the health care team.

The nurse has the responsibility to evaluate the clinic for effectiveness and efficiency. She/he should participate in any plan for improving service delivery. Use of the patient flow analysis may be a valuable tool to the nurse.

b. **Home Visit:**

Although the roots of public health nursing are in-home visiting, it is now only one of a number of modalities for delivering community health services. A home visit provides the optimal setting for assessment of the child abuse situation, the young mother with a newborn, children with special needs, or patients with communicable disease. The home visit provides the nurse an accurate picture of the family facilities, relationships, and coping abilities.

i) Keys to successful home visiting

Understand the ***purpose*** of the visit

Make telephone ***call*** to assess the need for and to plan, a home visit

Arrange an ***appointment***, if possible

Prepare for the visit (review record, assemble educational materials and equipment needed for the care)

Respect the client's ***privacy*** in his/her home and observe patient's rights to confidentiality

Convey an attitude of ***acceptance***

Pay attention to ***safety***; recognize potential safety threats to provider/client and take appropriate actions to minimize danger

ii) Components of home visiting

Direct care encompasses directly observed therapy (DOT), sputum collection, and venipuncture

Teaching should create a willingness to adopt good health practices and be specific to client/family

Documentation should be recorded by using the SOAP format

E. POLICIES AFFECTING NURSING FUNCTION

A copy of the Tennessee Department of Health, Bureau of Health Services, Policies and Procedures manual is located in each health department. The manual can also be accessed through the Intranet. It is the employees' responsibility to review all new and revised policies as they become available.

1. Personnel

It is expected that the public health nursing staff will be in compliance with all policies set forth by the Tennessee Department of Health. For a descriptive definition of policies, consult references, such as regional, local, or state policy manuals, Employee Handbook (metropolitan areas), or employee packets (rural counties).

Personnel policies, which are addressed in Section 3.0 (Personnel) of the HSA Policies and Procedures manual, are discussed with each new employee in detail by the personnel officer in each region. New employees are also given a packet of material and information regarding insurance, leave, benefits, etc.

2. Communication

Programmatic memos and advisories are used within the Bureau of Health Services to disseminate information and program changes. They do not however establish Bureau policy and are not necessarily included in the Bureau Policies and Procedures Manual.

3. Fee Policy and Reimbursement for Services

a. Fee Collection:

(See Developing/Revising Public Health Fees, Policy 5.4.a HSA Policy and Procedure Manual)

Computerized fee schedules are applied for services provided by the Health Department. It is essential for the new orientee to realize the importance of reimbursement and revenue generation in the local health department. Many services simply could not be delivered without the revenues that are collected. While nurses do not have direct responsibility for fee collection and management, it is necessary that they understand the rationale for this.

b. Resource-Based Relative Value System (RVU):

The RVU system is the method of cost-allocation which links activities with costs (activities are weighed relative to one another).

4. Policy for Correcting Charting Errors (Revised 4/99)

The policy for correcting charting errors is as follows:

- ◆ Draw a line through the mistake
- ◆ Write CID (Correction in Documentation) immediately above the error
- ◆ Initial
- ◆ Date (if different from date of original entry)

An error on a growth chart should be corrected as follows:

- ◆ Make an “X” on the erroneous dot
- ◆ Draw a line from the dot to an area below or above the percentile curves
- ◆ Write CID
- ◆ Initial
- ◆ Date

5. Policy for the Administration of all Injectables Given in Health Department Clinic Sites (2005)

Registered nurses and licensed practical nurses are allowed to administer injectables in clinic, including antibiotics, in the absence of a physician or nurse practitioner if the following conditions are met:

- ◆ The drug is administered according to the nurse’s current medical protocol, or a physician’s medical order written for a specific patient and approved by the public health supervising physician.
- ◆ The nurse is prepared to manage both anaphylaxis and other emergency reactions according to emergency protocol and procedures.
- ◆ There is at least one other employee in the building who can assist with emergency care as needed and has current CPR certification.

This policy applies to all registered nurses and licensed practical nurses working in Local Health Departments, Regional Offices, and the Central Office. The purpose of the policy is to prevent prolonged delay in providing necessary injectable therapy, including antibiotic therapy.

6. Review of Medical Records

Rules and regulations (0880-6-02) governing the utilization and supervision of services provided by the Master’s level nurse practitioner with prescription writing authority require that the supervising physician personally review a minimum of 20% of medical charts every 30 days.

The following is also recommended:

- A minimum of 20% of family planning charts completed by the PHN with GYN training be reviewed by either the Health Officer or the Nurse Practitioner
- A minimum of 20% of family planning charts completed by the RN-ES (Family Planning Nurse Practitioner) be reviewed by the Health Officer

7. Professional Malpractice Insurance

State employees are granted immunity from liability as long as their actions are within the scope of employment. The State of Tennessee is self-insured and the Division of Claims Administration of the State of Tennessee Treasury Department administers the malpractice coverage. The self-insurance of the State of Tennessee will not provide coverage for employment with another employer, such as when a nurse “moonlights” at a private hospital.

F. DRESS CODE (Revised 12/99)

Public Health Nurses are very visible representatives of the health department in the county. For this reason it is essential that nurses not only provide high quality service, but that they do so in a professional manner. This is especially true in the health-care professions. Safety in the community is also an important consideration. In liberalizing the Department's dress code to allow nurses to wear "street" dress, it is expected that the nurses will bear in mind each day their roles as caregivers and as agency representatives. Each nurse has a personal responsibility to consider his or her appearance at work regardless of the setting, i.e., whether in the clinic, home or the community. It should be noted that *the final interpretation of the dress code, as well as its enforcement, is the responsibility of the supervisor.* Questions are welcomed and should be directed to the supervisor.

1. Dress Code for Public Health Nurses, Advanced Practice Nurses, and Licensed Practical Nurses

a. Uniform/General Dress:

- ◆ *Name pins* with title must be worn at all times.
- ◆ *Uniform* may be either navy or blue/white pin stripe or *scrubs*. Uniforms may be made of any practical fabric with the exception of denim. Tailored white or light blue *blouses* may be worn with uniforms.
- ◆ *Street clothes* may be worn as an option to the above but must always be covered by a lab coat. If the regional policy elects to designate scrubs as "street clothes", a lab coat must be worn over the scrubs.
- ◆ During home visits and when working in the community, *lab coats* must be worn over uniform or over street clothes.
- ◆ Any clothing deemed inappropriate to the work setting by the supervisor or manager will not be worn.

b. Lab Coat:

- ◆ Lab coats may be worn over uniform. Name pin and title must be worn on outside of lab coat.
- ◆ Lab coats must be over uniform or over street clothes during home visits and when working in the community.
- ◆ Lab coats must be worn when performing laboratory procedures, whether the nurse is wearing uniform or street clothes. The lab coat should be at least three-quarter length, long sleeves and buttoned. This is a laboratory regulation.

c. Other:

- ◆ *Coat* worn over uniform should be of a practical nature.
- ◆ *Cardigan/sweater* should be navy, black, or white.
- ◆ *Hose/socks* are always to be worn with uniform (socks may be worn with tennis shoes).
- ◆ Practical walking *shoes* are to be worn (not canvas or sandals).

- ◆ Discretion and good taste should be exercised in *jewelry* and *hairstyle*. Caution and good judgment must be considered because of the potential for transmitting infection and causing trauma. *Fingernails* should be kept clean and short.
- ◆ A *watch* with a second hand should be worn.

2. **Dress Code for Nursing Assistants (NA)** (Clinic, Home Health, and Family Planning Nursing Assistant)

a. **Uniform/General Dress:**

- ◆ *Name pins* with title must be worn at all times.
- ◆ *Uniform* may be pink, pink/white pin stripe or *scrubs*. Uniform may be made of any practical fabric with the exception of denim. Tailored white or light pink *blouses* may be worn with uniforms.
- ◆ *Street clothes* may be worn as an option to the above but must always be covered by a lab coat. If the regional policy elects to designate scrubs as “street clothes”, a lab coat must be worn over the scrubs.
- ◆ Any clothing deemed inappropriate to the work setting by the supervisor or manager will not be worn.

b. **Lab Coat:**

- ◆ Lab coats may be worn over uniform. Name pin and title must be worn on outside of lab coat.
- ◆ Lab coats must be worn when performing laboratory procedures, whether the nurse assistant is wearing uniform or street clothes. The lab coat should be at least three-quarter length and buttoned. This is a laboratory regulation.

c. **Other:**

- ◆ A *coat* of a practical nature is to be worn.
- ◆ *Cardigan/sweater* should be cranberry, pink, white or navy.
- ◆ *Hose/socks* are always to be worn with uniform (socks may be worn with tennis shoes).
- ◆ Practical walking *shoes* are to be worn (not canvas or sandals).
- ◆ Discretion and good taste should be exercised in *jewelry* and *hairstyle*. Caution and good judgment must be considered because of the potential for transmitting infection and causing trauma. *Fingernails* should be kept clean and short.
- ◆ A *watch* with a second hand should be worn.

G. QUALITY MANAGEMENT (For additional information, see QM Guidelines)

Quality Management (QM) guidelines include the total QM plan, monitoring standards and tools, and structure for assuring that the needs and expectations of those served by public health services, both internally and externally, are continuously met.

1. Activities

Clinical quality of care studies and reviews of non-clinical aspects of service operate on a continual basis throughout the review cycle. QM activities may include:

a. Data Collection:

Peer/provider reviews
Encounter/Medical Record reviews
Focus studies
Patient flow analysis
Patient satisfaction surveys
Computer generated reports

b. Analysis:

Analysis of appropriateness of care
Identification of health outcomes

c. Planning:

Plan for corrective actions/implementation of corrective action plans

d. Evaluation:

Assessment of corrective action appropriateness

2. Performance Cycle

QM reviews occur continually for critical areas of concern such as childhood immunizations and pregnancy. Other special areas of concern are identified annually according to patient populations and focus study concerns. All results are statistically analyzed with appropriate trends and actions identified.

3. Continuous Quality Improvement

Continuous quality improvement (CQI) is a philosophy of management that uses processes and tools for implementing the philosophy. CQI focuses on *processes, internal and external customers*, systematically *reducing* chronic waste and using *teamwork* to continuously improve processes. The principles of CQI are:

- ◆ Leadership must be committed
- ◆ Employee involvement at all levels is mandatory
- ◆ The focus is on the customer
- ◆ A team approach to problem resolution is essential
- ◆ Training is required for everybody
- ◆ Appropriate tools are used to measure and follow progress

SECTION II

NURSING PRACTICE & MANAGEMENT

A. DEFINITIONS

1. **Professional Nursing**

TCA 63-7-103 defines “Professional Nursing” as:

“The performance for compensation of any act requiring substantial specialized judgment and skill based on knowledge of the natural, behavioral, and nursing sciences, and the humanities as the basis for application of nursing process in wellness and illness care.

Professional nursing includes:

- ◆ *Responsible supervision of a patient requiring skill and observation of symptoms and reactions and accurate recording of the facts;*
- ◆ *promotion, restoration and maintenance of health or prevention of illness of others;*
- ◆ *counseling, managing, supervising and teaching of others;*
- ◆ *administration of medications and treatments as prescribed by a licensed physician, dentist, podiatrist, or nurse authorized to prescribe pursuant to Section 63-7-123;*
- ◆ *application of such nursing procedures as involve understanding of cause and effect; and*
- ◆ *nursing management of illness, injury or infirmity including identification of patient problems.”*

Public health nurses are registered nurses legally functioning under the above definition. It is important to note that “the maintenance of health or preventing of illness of others” is listed by law as a major function of the professional nurse. The public health nurse is certainly implementing this function in the specific patient counseling/teaching provided at each encounter.

2. **Management**

Management provides the means of translating administrative philosophy, aims, and plans into reality by using available resources and by controlling group and individual behavior and activities. Management is also the art of “getting things done through other people”.

3. **Policy**

A principle or guideline that governs activities of an institution or organization. Employees are expected to know and to follow policy.

4. **Procedure**

A procedure provides a series (or steps) of related tasks that make up the chronological sequence and the established way of performing the work to be accomplished. A procedure focuses on task completion. The purpose of a procedure is how, not why.

5. **Standard**
A criterion measure of quality or value established by authority, custom, or general consent as a model or example. Agreed upon criteria are used to provide guidance in the operation of a health care, or other, facility to assure quality performance by the personnel. (For example, quality management standards, program standards).
6. **Protocol**
A written plan specifying the procedures to be followed in giving a particular examination, in conducting research, or in providing care for a particular condition. Protocols must be reviewed, revised as needed, and signatures completed on an annual basis.
7. **Program**
A public health program is an organized response designed to meet the assessed needs of individuals, families, groups, or communities by reducing or eliminating one or more health problem(s). Examples of specific programs provided by public health are family planning, immunizations, and Women, Infant and Children (WIC). Each program has administrative and/or programmatic policies procedures, and/or standards. An effort is made by central office personnel to consolidate these elements across program lines when at all possible. Many public health patients receive the services of multiple programs; consequently, some policies, procedures, and standards are the same among programs. There are also policies, procedures, and standards which are unique for each program.
8. **Guidelines**
A defined set of directives that guide program activities (e.g., TB program, Women's Health, WIC). Guidelines may be Federal, State, or program specific.
9. **Job Class Specifications**
Job class specifications describe in general the character of the duties, give examples and define the minimum qualifications with regard to education or experience. These criteria are used to select applicants for employment and for the reclassification of positions. (Job class specifications can be downloaded from the Internet.)
10. **Job Description**
A job description outlines the responsibilities, duties of a specific job, and the qualifications needed to successfully perform the described functions.

11. Job Plan (for examples, See Appendix F, Personnel Information)

The Job Plan is a written outline of duties and responsibilities expected to be performed by a specific employee. The employee and the supervisor should mutually develop the plan. Once the job plan has been developed, it is signed and dated by both the supervisor and the employee. The job plan is reviewed and updated at least annually.

The Job Plan provides qualitative and/or quantitative criteria by which an employee's job performance will be evaluated.

B. SCOPE OF PRACTICE

1. Overview

The public health nurse practices according to:

- ◆ The legal scope of practice under the Tennessee Nurse Practice Act
- ◆ Public health policies, procedures, and guidelines
- ◆ Public Health Nursing Protocols and/or specific physician orders for delegated medical functions
- ◆ Patient record documentation standards including use of SOAP(IER) for narrative notes and approved abbreviations
- ◆ Quality Management standards

2. Nursing Practice Act

All nurses practice under the nursing practice act. Refer to the following:

“Professional Nursing” Defined TCA-63-7-101 and 63-7-103

“Practical Nursing” Defined TCA-63-7-108

3. Rules and Regulations (See Appendix B, Practice Information)

The Rules and Regulations of Registered Nurses 1000-1-.04(3) – as promulgated by the Tennessee Board of Nursing, explicitly state the nurse’s responsibility. Refer to the following reference materials

- ◆ Rules & Regulations of Registered Nurses
- ◆ Rules & Regulations of Licensed Practical Nurses
- ◆ Rules of Procedure for Hearing Contested Cases
- ◆ Nurse Practitioners

4. Good Samaritan Law

Refer to T.C.A., 63-6-218.

5. Protocol Requirements

According to Rules and Regulations of the Tennessee Board of Nursing “RNs who manage the medical aspects of a patient’s care must have written medical protocols, jointly developed by the nurse and sponsoring physician(s). The detail of medical protocols will vary in relation to the complexity of the situations covered and the preparation of the RN using them.”

The congruence of nursing, medicine, and administration in protocol development provides a support system for nurses in the delivery of quality health care. The following guidelines are provided:

- ◆ All licensed nursing personnel must practice under a signed protocol for delegated medical patient management. By signing the signature page of the protocol,

the nurse agrees to practice according to the protocol and Validates that the protocol has been read by her

- ◆ Protocols must be annually reviewed, updated and signed. Elements of the face sheets are:
 - Geographic area to be used, i.e., county, region, district, etc.
 - Who uses the protocol
 - Title of protocol by type of practice, i.e., FPNP, PHN, etc.
 - Signatures with dates, i.e., licensed nursing personnel, physician preceptor, and regional nursing director; second signature of a physician, regional medical director, or a physician so designated to serve as medical back-up.
- ◆ Each page must be numbered consecutively
- ◆ There must be a table of contents listing topics and page numbers

Public health nurses provide delegated medical functions within the scope of nursing practice in accordance with protocol and/or a specific physician order. A Model State PHN Protocol, developed by the State Public Health Nursing Practice Committee, defines appropriate practice for public health nurses. In order for the model to be valid it must be approved within the region/county and include the required signatures. Protocols are signed and dated by the nurse(s) practicing under the protocol and the physician(s) currently providing medical back-up for the nurse(s).

6. Nurse Practitioner (NP) Prescription Writing (See also Section III, D, Orientation Guidelines for Nursing Personnel)

Refer to: TCA 63-7-123 Certified Nurse Practitioners, Nurse Practitioner Supervisory rules, 63-7-126 Advanced Practice Nurses

Nurse practitioners apply to the Board of Nursing for a certificate to practice as an advanced practice nurse (APN) which, for those NPs with prescriptive authority, will include a certificate of fitness to enable them to write prescriptions.

Prescription issued by a nurse practitioner, under the supervision of a physician, shall be deemed that of the nurse practitioner and shall be written on a preprinted prescription pad bearing the name, address, and telephone number of the supervising physician and of the nurse practitioner. If the preprinted prescription pad contains the names of more than one (1) physician, the nurse practitioner shall indicate on the prescription which of those physicians is the primary supervising physician by placing a checkmark beside, or a circle around, the name of that physician.

7. Legal Issues

When legal questions arise, such as receipt of a subpoena, according to policy a phone call should be made directly to the HSA Consulting Attorney. The appropriate nursing supervisor should be notified whenever such a phone call is made.

C. PUBLIC HEALTH NURSING FUNCTIONS (For additional information, see discipline-specific guidelines included in Section III, Orientation Guidelines for Nursing Personnel.)

A function is defined as a nucleus of activities, responsibilities, duties, or tasks so homogeneous in character that they fall logically into a unit for the purpose of execution. Functions define a broad area of responsibility composed of many activities pertaining to a position. The following general functions apply to all categories of public health nursing personnel:

- ◆ Function under written policies, and where appropriate, written protocols
- ◆ Function within the limits of their specific education and experience and within the scope of the Nurse Practice Act, their job plan, and Departmental policy
- ◆ Document all nursing activities on an official patient record or electronically (PTBMIS Encounter)

1. The (Community Health Nursing) Assistant

Nurse assistants are unlicensed nursing personnel.

a. Policies:

The Nursing Assistant works under the direction of the public health nurse.

The Nursing Assistant shall have a minimum of 60 hours structured training within the first three months of employment or documentation of a prior course of study of equivalent training.

b. Functions:

After completion of orientation, performs and documents measurements and simple laboratory tests, such as –

- Urinalysis
- Hemoglobin
- Height and weight
- Blood pressure (3 years of age and older)
- Temperature (oral, rectal, axillary), pulse, and respiration
- Vision tests (Snellen, Cover test, Sure Site)
- Hearing tests
- Measurements of head and chest
- Newborn screening, Sickle cell screening, and lead screening

c. Assists in Clinic:

- Performs quality control.
- Prepares client for examination.
- Assists doctor and/or nurse with patient examination.
- Facilitates clinic flow of patients.
- Prepares and cleans clinic and utility/lab room.
- Serves as chaperone.

d. Maintains Supplies and Equipment:

- Cleans and maintains equipment as necessary, including autoclave, scales, microscope, centrifuge.
- Calibrates blood pressure cuff.
- Keeps inventory and stocks clinical supplies.
- Monitors refrigerator and freezer temperatures.
- Checks emergency supplies, oxygen tanks, fire extinguishers.
- Prepares laboratory containers for mailing or transport.
- Performs other functions as assigned by the public health nurse.

2. The Licensed Practical Nurse

a. Policies:

- The licensed practical nurse functions under the direction of the public health nurse.
- The licensed practical nurse recognizes and reports to the registered nurse when assistance is needed to carry out nursing care.
- The licensed practical nurse reports to the registered nurse information regarding the patient's health status and documents reported information in the patient's record.

b. Functions:

- The Licensed Practical Nurse may perform any of the duties routinely performed the nursing assistant. In addition, the Licensed Practical Nurse performs the following –
 - Obtains information from patients through a structured interview process and records such information on the patient record
 - Obtains specimens for laboratory tests which are sent out of the Health Department and performs certain laboratory tests on site following established protocols
 - Administers medications, including immunizations, to individuals following structured screening by history and/or direct instruction from an RN or a physician and only when another individual trained in CPR is present in the building
 - Provides teaching for patients using structured teaching tools and prepared handouts

3. The Staff Nurse

The staff nurse is responsible for all assessment visits, i.e., admissions, readmissions, discharges, and supervisory visits.

a. Policies:

- The staff nurse functions independently within the scope of professional nursing practice to collect data, to provide screening assessments, to

identify patient problems and determine nursing diagnoses, to plan interventions, to provide teaching, counseling and referral for patients. The staff nurse functions collaboratively with physicians, under protocol, to identify and meet patient needs. The nursing process is the conceptual framework from which the staff nurse functions.

b. Functions:

The staff nurse may perform any of the functions routinely performed by the Licensed Practical Nurse or by the Nursing Assistant. In addition, she/he uses the nursing process to perform the following functions -

i) Assessment

Obtains complex data from the patient/family by way of physical examination, selected laboratory tests, and both structured and unstructured interviews that identify factors affecting care. This information serves as guide for the development of a plan of care that includes:

- Physiological status
- Baseline data
- Psychosocial and socioeconomic needs
- Patient's problems/needs and their common interrelationships
- Patient's perception and acceptance of health status

Reviews data obtained by other members of the health team

Analyzes data, identifies patient problems/needs, determines nursing diagnoses, and documents appropriately

ii) Planning

Develops a plan of care using the assessment data that:

- Integrates current standards, protocols, and medical care plan
- Establishes realistic short and long term goals
- Shows evidence of understanding scientific principles, public health nursing theory, and current knowledge

Involves the patient/family in developing the plan of care

Collaborates with other members of the health team and appropriate community agencies in planning strategies for quality care, including appropriate referrals

Reviews/revises the plan of care to provide for the changing needs of the patient

iii) Implementation

Sets priorities and provides nursing care based on the plan of care

Assigns and guides aspects of care given by selected members of the nursing team

Coordinates the activities of other disciplines to implement the individual plan of care

Practices nursing with full consideration of legal implications
Issues/administers selected medications including immunizations,
according to Public Health Nurse protocols and Public Health Nurse
Drug Formulary

iv) Evaluation

Evaluates the response of the patient to goals, nursing intervention, and
the plan of care
Revises the plan of care to meet changing needs of the patient

v) Teaching/Counseling

Explains to the patient/family the purpose for nursing intervention
Collaborates with patient/family to identify individual informational needs
and to assess learning readiness
Plans and uses teaching strategies to meet individual informational needs
that involve the patient and/or his family or other supporting people
Plans and communicates referral to other members of the health team in
order to meet specific learning needs of the patient/family

vi) Leadership

Serves as a positive role model for professional nursing students and
auxiliary personnel
Contributes to the learning experiences of professional nursing students in
cooperation with other registered nurse members of the team and the
clinical instructor
Assists auxiliary personnel on the nursing team to identify their needs for
learning basic nursing tasks
Participates in teaching, guiding, and evaluating the performance of
auxiliary personnel
Communicates the rationale for nursing intervention to staff and students
Participates in planning quality management programs
Contributes to nursing process

4. The Advanced Practice Nurse

The practice of nurses in expanded roles occurs on a continuum, the level of
which is determined by the knowledge and skills possessed, the ability to make
clinical judgments, the degree of competency demonstrated, educational
credentials obtained, and finally, the practice location.

a. Policies:

Each advanced practice nurse is responsible for practicing within the limits of
his/her specific formal preparation and skills and within the guidelines
established by the Tennessee Department of Health through collaborative
written protocols.

Each advanced practice nurse is responsible for obtaining and maintaining
appropriate certification for practice in the expanded role.

The Tennessee Department of Health defines the advanced practice nurse as either a REGISTERED NURSE WITH EXPANDED SKILLS (trained in Family Planning/OB-GYN or pediatrics) and functioning within protocol and practice specialty or a NURSE PRACTITIONER who is masters prepared, with prescriptive writing authority, allowing a broad scope of practice (primary care).

b. Functions of the REGISTERED NURSE WITH EXPANDED SKILLS):

The Registered Nurse with Expanded Skills may perform any of the functions routinely performed by the Staff Nurse. In addition, she/he performs the following functions -

i) Assessment

Collects a comprehensive health history (or updates as needed) including growth and development, mental and emotional status, and family dynamics

Performs a comprehensive physical exam as outlined in protocol

Collects indicated laboratory tests

Interprets and analyzes collected data

ii) Planning

Plan of care is developed that is specific to the client and is based on the assessment

Plan is consistent with established protocols and standards of care

Plan establishes realistic goals that reflect patient collaboration

Collaborates with other members of the health team and appropriate community agencies in planning strategies for quality care, including appropriate referrals

iii) Implementation

Establishes priorities and provides nursing intervention based on plan of care

Issues/administers selected medications according to protocols and program guidelines and credentials

Coordinates with other disciplines and/or agencies to implement plan of care and refers to other services or agencies as necessary

Provides teaching/counseling to meet identified needs of patient

iv) Evaluation

Evaluates patient response to goals, nursing intervention, and plan of care

Revises plan of care to meet changing needs of patient

v) Leadership

Participates in quality management program and peer review to assure quality in nursing practice

Participates in orientation of new staff and in-service education, contributing to professional development of other health team members

Assists with the development and/or review and revision of protocol

Participates in continuing education activities by reading, attending educational meetings, or seeking other appropriate means to remain current in job-related knowledge and skills

c. Functions of the NURSE PRACTITIONER:

The masters prepared Nurse Practitioner may perform any of the functions routinely performed by the Registered Nurse with Expanded Skills (FNP). In addition, she/he performs the following functions -

Prescribes treatment and/or drugs as specified by protocol for a broad scope of conditions

Provides services specific to primary care, e.g., sports physicals

Serves as a resource person to other public health nurses and health providers, including orientation of new employees, and precepting of nursing students

5. The Nursing Supervisor

The supervisor insures that quality patient services are provided, and that optimal nursing and program standards are maintained. Any nurse who supervises other personnel has the responsibility to be sure the individuals being supervised:

- ◆ Are qualified by education, experience, and licensure (if appropriate) to perform the duties assigned
- ◆ Have been directly observed to assure competence in performing specific duties
- ◆ Practice within the scope of their job class specifications
- ◆ Are reviewed periodically to determine the quality of care provided
- ◆ Receive adequate in-service training to assure correction of errors and/or implementation of new information and/or program directives

The nursing process (assessing, planning, implementing, and evaluating) is the basis for all nursing practice. Therefore, these four phases of the nursing process are the conceptual framework around which the three major areas of supervisory responsibility (Operational Management, Human Resource Management, and Patient Care Management) are derived.

a. Operational Management:

i) Organizing

Develops, maintains, and interprets nursing organizational chart

Develops nursing management policies and procedures to facilitate local agency operations

Develops/maintains manuals

Recognizes the need for, and requests necessary, equipment/supplies to enable nursing service to function effectively
Has direct input in the development of the budget as it pertains to nursing; checks periodically on income (fees and third party payment) and expenditures
Identifies staffing needs, makes recommendations to meet those needs, and determines utilization of available staff
Delegates tasks
Completes appropriate reports

ii) Planning

Assesses ongoing operation (fact finding), using tools such as program objectives, statistical reports, etc.
Collaborates with other agencies/groups in making community diagnoses
Establishes priorities
Develops nursing objectives, methods, and evaluation criteria relating to programs, staff, and resources
Projects needs (activities, budgets, and resources)

iii) Coordinating

Utilizes program staff and consultants
Utilizes services of community agencies
Collaborates with appropriate disciplines on local/regional/state levels to see that the specific programs and their objectives are carried out effectively
Inform appropriate administrative personnel of staff needs and problems
Participates in community activities and attends appropriate meetings
Coordinates student interns

iv) Communicating

Conducts staff and individual conferences regularly, and makes all pertinent information accessible to staff
Establishes and maintains effective working relationship with community agencies
Serves as liaison between state/regional offices and local health departments

v) Evaluating

Reviews nursing objectives to determine degree of attainment
Performs regular peer review and writes corrective plans in response to QM audit
Assesses individual practice through review of records and direct observation of nursing performance
Assesses appropriate laboratory and pharmacy practice

b. Human Resource Management:

Human resource management encompasses personal and staff development, motivational issues, employee relations, and staff education.

- i) Staff Development
Maintains current information relative to continuing education offerings
Identifies and communicates staff learning needs
Encourages and assists staff in self-study
Coordinates orientation activities
- ii) Research
Recognizes professional responsibility for research (formal/informal)
Participates with staff in studies and reports
- iii) Teaching and Counseling
Utilizes opportunities for on-the-job teaching in order to increase skills and develop potential of staff
Reviews current literature and recommends specific material to staff
Facilitates maximum staff performance through teaching, counseling, and other support measures

b. Patient Care Management:

- i) Philosophy of Patient Care
Interprets and demonstrates the philosophy of public health nursing practice.
- ii) Setting Goals
Participates in identification of long and short term goals for groups of patients with similar problems
Helps staff to individualize goals that are achievable for specific patients
- iii) Nursing Process
Demonstrates application of nursing process in public health
Intervenes at any point in nursing process to assure appropriate actions
Serves as a resource person in developing and implementing nursing standards
Assigns nursing care according to patient needs and staff competencies

D. DOCUMENTATION

1. Introduction

Documentation of patient care in a medical record, including electronic medical record (PTBMIS), is necessary to communicate accurate and complete information about the patient and the care provided. The Tennessee Nurse Practice Act defines documentation as “accurate recording of the facts.” Documentation is the objective recording of observations, findings, actions, and interactions, i.e., that which you see, hears, feel and smell. Information is recorded according to established standards of practice.

2. Principles of Documentation²

- ◆ Unique patient identification must be assured within and across paper-based and electronic healthcare documentation systems.
- ◆ Documentation systems must assure the security and confidentiality of patient information.
- ◆ Documentation must be accurate and consistent
- ◆ Documentation must be clear, concise, and complete reflecting patient response and outcome related to nursing care received
- ◆ Documentation must be timely and sequential
- ◆ Documentation must be retrievable on a permanent basis in a nursing-specific manner
- ◆ Documentation must be able to be audited
- ◆ Documentation must meet existing standards such as those promulgated by state and federal regulatory agencies (to include HIPAA as enforced through the Department of Justice, the Centers for Medicare and Medicaid Services, and though accrediting organizations such as the Joint Commission on Accreditation of Healthcare Organizations and the National Committee for Quality Assurance.
- ◆ Entries into the medical record (including orders) must be legible, complete, and authenticated and dated by the person responsible for ordering, providing, or evaluating the care provided.
- ◆ Abbreviations, acronyms, and symbols utilized in documentation must be standardized.
- ◆ The nurse must be familiar with organization policies and/or procedures related to documentation.

3. The Medical Record

The medical record is a tool used to chart patient care in order to assure that better care is provided and also to provide a mechanism to audit both the care and the performance of the health care providers. It should provide a complete written account of the health history of the client, physical findings, the treatment ordered,

² Taken from Principles for Documentation, American Nurses Association, January 2003

reports of tests performed, and the response of the client to the treatment provided. It is a legal document and is strictly confidential.

The courts have recognized two types of ownership of medical records - the actual record remains the property of the health care agency but the information contained in the record is the property of the patient.

a. Purpose:

- To communicate patient findings to other care providers.
- To provide a legal and permanent record of the care given.
- To provide data for monitoring quality care.

b. Initiation:

The departmental policy (policy 5.1.a) for initiating medical records is as follows:

“A medical record must be prepared for every patient who receives health services of any kind, including immunizations, from health department personnel, under the auspices of the health department, whether done in the health department, the home, or other settings.”

Chart order is determined by regional policy, with the exception of the primary care regions where the chart order is determined by the established primary care standards (see Appendix D, Program Information). The medical record includes:

- Patient identification
- Date of service
- Location where service is provided
- Service provided
- Signature of provider

All services must be documented on the patient encounter or through PTBMIS.

4. Charting Guidelines

- ◆ It is the provider’s responsibility to capture required data for tracking and billing purposes that accurately matches services provided.
- ◆ Code services rendered on appropriate PTBMIS encounter form.
- ◆ Document all information directly into the patient’s record immediately following the given care.
- ◆ Record facts, not opinions.
- ◆ Make all entries in chronological order. Never insert notes between lines or leave space for someone to insert a note. If it should be necessary to record out of time sequence, the entry should be marked “late note”, dated and signed, and any unused spaces filled in with lines.
- ◆ Correct all charting errors according to policy (See Section I, E, Policy for Correcting Charting Errors).

- ◆ Never obliterate entries or use “white out”.
- ◆ Write with blue or black ink unless record instructions call for a notation to be made in red ink.
- ◆ Use only standard abbreviations approved by the Nursing Practice Committee (See PHN Protocol Manual) or Region-specific approved abbreviations.
- ◆ Date and sign every entry according to specific medical record instructions.
- ◆ Use proper signature on medical record - first initial, last name, and provider status (e.g., J. Doe, R.N.; if initials are used (medical record, logs, equipment maintenance) full signature must be on file.
- ◆ Do not chart for anyone else or allow others to chart for you.
- ◆ Always record return visits, telephone conversations, and follow-up instructions.
- ◆ Telephone calls may be documented in patient’s record by indenting date (regional option) and a brief narrative note summarizing telephone call (SOAP format is not required).
- ◆ Make all charts legible.
- ◆ If you are documenting subjective information, identify the informant.
- ◆ If an interpreter is used, document full name.
- ◆ Simplify charting as much as possible.
- ◆ Use correct grammar and spelling.
- ◆ All laboratory data and measurements not provided by the primary provider are initialed by the individual completing the task.

5. SOAP format

The nursing process is the framework a nurse should use in caring for a patient. The nurse should assess and identify patient needs, identify the problem, plan for the needed care, implement the care, and evaluate the outcome of the care.

To assure an orderly and coherent narrative of the nursing process, as well as to facilitate data retrieval, information in the patient record should be organized in a consistent pattern. The S.O.A.P. format is recommended, i.e., SUBJECTIVE, OBJECTIVE, ASSESSMENT, and PLAN.

a. Subjective (S):

Subjective data is information about the patient, based on personal experience or the reporting of someone close to the patient. This includes the reason for visit and patient history, including pertinent physical, social, emotional, mental, spiritual, and economic information. Notations also include subjective feelings, symptoms, and perceptions reported by the patient. Descriptors for subjective data include the following -

- Onset (time, date, type)
- Intensity
- Quality
- Location
- Radiation
- Number, length, and time of episodes

Relieved by _____ or made worse by _____
Precipitating factors
Associated with _____
Overall course
Affect of symptoms on daily life

b. Objective (O):

Objective data is describable, measurable, observable, and verifiable. Information is obtained through observation, examination, or other clinical findings. It is something you can see, hear, feel, smell, quantify, etc. Examples include physical exam, lab test measures, blood pressure, etc. Descriptors for objective data include the following -

- Location
- Size
- Shape
- Color
- Temperature
- Moisture
- Consistency
- Presence or absence of swelling, movement, or weakness
- Associated pain with movement or touch

c. Assessment (A):

Assessment is an analysis or interpretation of the patient's status and need for help, based on subjective and objective data. It is a statement of conclusion – a nursing assessment or medical diagnosis, a problem, and/or need. Documentation of nursing assessment reflects interpretation and evaluation of data, problems/needs of patient and/or family, and prognosis. Assessments should not be based on subjective and objective data and is the place in the narrative progress note where opinion, judgment, interpretation, and analysis can be documented.

e. Plan (P):

This is a written plan of management for each patient problem using diagnostic, treatment, and education headings. The plan indicates intervention that will take place to alleviate or solve the problem. The plan must be related to the problems/needs and include a written action for each problem or need identified. As developments arise, it may be necessary to add new plans, revise, or delete the old ones. The plan may include the following -

- The need for more information to accurately diagnose problem or need
- The need for treatment, care coordination, follow-up, referral, or management
- The need for patient and/or family teaching/education

f. Summary Example of SOAP Documentation:

S: Reason for visit, history, subjective feelings/symptoms/perceptions of patient
O: Physical findings, environmental conditions, functional limitations, nutritional assessment, laboratory reports, observations

- A: Nursing assessment, problems/needs of patients and/or family, ability of responsible persons to give care, reflect evidence of patient/family involvement with and comprehension of plan of care, adequacy of personal care
- P: Plan of care related to assessment, written plan for each problem or need, statement of goals (long and short term)

6. Abbreviations

See Model PHN Protocol manual for list of accepted standard abbreviations that can be used for documentation in the medical record. New requests for abbreviations to be added to the list should be submitted to the State Public Health Nurse Practice Committee for their review and approval.

For additional abbreviations, also refer to current PTBMIS/RVU Codes Manual and WIC Manual. If regional specific abbreviations are used, they must be approved by the regional medical director and/or regional nursing director and added as an appendix to the standard abbreviations in the state Model PHN Protocol Manual.

7. Records Management

a. Central Patient Filing:

See Section 5.1.a, Policies and Procedures Manual. All client records (paper/or electronic) should be filed according to Central Patient Filing System. In local health departments, the Clerical Consultant is responsible for the maintenance of medical records in a safe and organized manner to insure confidentiality of content/ready accessibility to medical providers.

b. Transfer of Medical Record:

See Confidentiality, 5.1.b, 5.1.c, 5.2, Policies and Procedures Manual.

c. Closing Records:

See Retention and Destruction of Records, Section 5.3, Policies and Procedures Manual.

d. Release of Information:

See HSA Policies and Procedures Manual, sections 5.1.b, 5.1.c, and 5.2

e. STD Contact Records:

See Confidentiality, Section 5.2, Policies and Procedures Manual.

f. Subpoena of Medical Records:

See Section 3.1, Policies and Procedures Manual.

g. Forms Processing and Printing:

See Section 5.4.a, Policies and Procedures Manual.

E. CODING

When we talk about coding in PTBMIS, we are primarily talking about the information that goes on the encounter screen. An encounter is a summary of what happened to or for a patient during a visit to the Health Department. It tells the story details – who, what, where, when, why. Most of these details are recorded in PTBMIS using codes.

Provider code = who
Visit setting code = where
Date of service = when
Procedure code = what
Diagnosis code = why
Program Code = which program

1. Types of Codes

There are two basic types of codes for Procedures and Diagnoses:

- ◆ Valid, standard, universally recognized, HIPAA compliant codes
- ◆ Made up codes

a. **Valid Codes:**

Valid codes are CPT, HCPCS, NDC, and ICD-9 codes. They can be found in books published by the AMA or on their websites. These codes are used to report medical services and procedures and have been designated by the Department of Health and Human Services as the national coding standard for physicians and other health care professional services and procedures under HIPAA. These are the codes that must be used if a claim is to be filed to a third party payor.

CPT and HCPCS codes describe medical procedures and services. NDC codes stand for drugs; they tell what we did or what we gave. ICD-9 codes are the diagnosis codes that tell the reason(s) why something was done; these can be very specific (e.g., code 011).

Most valid CPT and some HCPCS codes have RVUs (Relative Value Units) associated with them. The RVU is a number value based on a combination of how much time, effort, knowledge, and skill is involved in providing the service (how complex it is). Some do not have any RVUs attached because they are considered a normal part of another procedure, like an office visit or a surgical procedure. For instance, counseling is considered part of a routine preventive office visit, and should not be coded in addition to such a visit.

b. **Made Up Codes:**

“Made up” codes, like many of those used for TB Targeted Testing, have been created to capture specific information (not necessarily medical services) that is unique to public health or specific to a particular program area. The Codes Committee (which has representatives from all Regions and a variety of disciplines) evaluates the need for these “made up” codes and assigns RVUs to them, as appropriate (not all “made up” codes have a RVU attached), by relating them to CPT codes for services requiring comparable time and level of skill. The need for

“made up” codes must be demonstrated to the Codes Committee’s satisfaction before it will recommend creation of such a code.

2. **Importance of Coding**

The two most important things about coding are accuracy and consistency.

a. **Accuracy:**

The basic principle for accuracy is “code what you do, no more, no less”. It is important for the following reasons –

- ◆ It is the electronic record of what services a patient receives
- ◆ It is important for data collection (if the commissioner or legislature needs to know how many TB skin tests have been given in a specific time frame, and the information was not always coded in PTBMIS, or was coded in a different way in some regions than others, the numbers would be inaccurate when data is pulled)
- ◆ For billing purposes, coding services not provided is considered fraud, and it inflates RVUs
- ◆ Under coding (not coding everything that was done) robs you of legitimate RVUs (sometimes people do this to avoid a charge to a patient)
- ◆ Future funding may depend on the ability to document current levels of participation

b. **Consistency:**

Consistency means coding the same way each time we provide the same type of service and coding the same way in every region.

- ◆ Because of the way we use RVUs, it is important for coding to be consistent from one region to another. This was one of the driving forces behind creation of the Codes Manual – to standardize coding
- ◆ The goal is to have users statewide coding the same way for like services, so that, every time a specific type of service is provided, the same codes are used, regardless of who is providing the service or where.

3. **Resources**

How do you know what to code –

The *Codes Manual* is generally your best reference for how to code what normally takes place in routine situations. The group of people who assembled the codes manual spent a lot of time trying to cover as many situations as possible, but there are always exceptions. If you have a situation that is out of the ordinary, use your best judgment and codes as accurately as you can to describe the services you provide. ***Just because it isn't in the codes manual, doesn't mean you can't code it.***

For instance, there are too many procedure codes in PTBMIS to include them all in the manual. (Key staff in each region has, or can get, a current list of all the procedure

codes that are available in PTBMIS.) Plus, many of the same codes could be used in any number of different types of visits. It is not feasible to list each possible procedure that could be done for each type of office visit addressed. For most office visits, for example, the manual lists a range of office visit codes that would be appropriate, and then says, “Lab(s) completed”, “Venipuncture, if done”, “Lab handling, if outside lab”, “Drug(s) dispensed”, “Related functions”. In other words, if a lab test is ordered or done, code it. If you drew blood for the lab sample, code it. If you sent the specimen to an outside lab, code it. If you provided some other specific service outside the realm of a comprehensive office visit, code it. The majority of codes used during a routine office visit where medical services are provided are valid CPT, HCPCS, or NDC codes.

Other than in training materials provided by the Program, the *Codes Manual* is the *only* place you will find information on how and when to use the “*Made up*” codes, such as those for the RAT (Risk assessment tool) or for Targeted Testing. If you do not have your own copy of the entire Codes Manual, you should at the very least obtain a copy of the section that pertains to the TB program (Section 70, pages 16 thru 23).

The following tools are available to help with coding questions –

- ◆ Codes Manual (or TB section of manual)
- ◆ Training materials provided by Central Office Program staff
- ◆ Encounter forms
- ◆ CPT, HCPCS, ICD-9 code books
- ◆ List of valid codes for PTBMIS

4. RVUs and Cost Allocation

RBRVS (Resource-Based Relative Value System) is the method used for allocating pooled costs in the Health Department. This system uses RVUs (Relative Value Unites), which are values placed on procedure codes based on time, effort, knowledge, and skill involved in providing a specific service, to allocate costs.

The two sources for obtaining RVUs are the Medicare RBRVS published by the American Medical Association and The Essential RBRVS published by Ingenix. We use the Essential RBRVS as it cover more procedures than the Medicare RBRVS.

Relative Value Units (RVU) consists of the following three components:

- ◆ Work expense
- ◆ Practice expense
- ◆ Malpractice expense

Accurate and consistent coding across the state is very important for this system to allocate costs correctly. Using encounter information RVUs are totaled by site and by programs within that site. Program percentages are then calculated using the total number of each program’s RVUs divided by the total number of RVUs generated for that site. For example: A site has a total of 100 RVUs and of that number 25 RVUs

were generated by Family Planning, 35 by WIC, and 40 by Child Health. These totals are used to generate percentages per program. Using this example Family Planning would have 25%, WIC 35%, and Child Health 40% of the total pooled cost. This program percentage is then applied against the total pooled costs and the result is the amount paid by that program. In this example if this site's pooled costs were \$1,000, Family Planning's cost would be \$250.00, WIC's \$350.00, and Child Health's \$400.00. Any direct program charges (program-specific supplies, salaries of persons that do not code, etc.) are added to the program's RVU costs to determine the total cost of that program. (This is a behind-the-scene process and should not affect the way you code.)

Under coding services results in fewer RVUs, which in turn makes for a higher cost per RVU. When looking at productivity under coding could make it appear that a site is overstaffed. This could result in it being decided that staff should be moved to a site where more staff is needed. Over coding services results in more RVUs and in a lower cost per RVU but could be considered fraud if services that are not provided have been coded. ***The bottom line is to code what you do and the rest will take care of itself.***

Monitoring of the encounter coding information is done monthly, first by the regional clerical consultants and then by central office staff. This is done to detect errors such as incorrect program codes, services being coded by the wrong discipline, codes with unusually high quantities and other things that appear to be problematic. Reports are generated in central office using this information and are sent to the regional clerical consultants to follow up on.

RVU reports showing a breakdown of costs, RVUs and direct program charges by site, program, region, and state are generated in central office and sent to the regions. These reports can be used as a management tool for administrators.

F. CLINICAL EXPERIENCES FOR NURSING STUDENTS

1. Purpose

To provide, for the nursing student, clinical experiences that will convey the principles of nursing and public health practice within the local public health agency.

The role of the public health agency will be to:

- ◆ Provide role models for community/public health nursing practice
- ◆ Provide nursing experiences that will demonstrate the nursing process in the home and community setting
- ◆ Provide experiences that will illustrate the practice of public health nursing with families and groups
- ◆ Provide clinical experiences that will demonstrate the multidisciplinary approach to health promotion, prevention, and the treatment of health problems
- ◆ Demonstrate the agency's programs and obligations in relation to the community's needs, interests, and resources

2. Provisions or Conditions of Agreement³

- ◆ There should be advance planning and coordination between the school of nursing and agency staff for student experiences
- ◆ There should be regular, scheduled conferences between agency staff and faculty during student's clinical experiences
- ◆ The maximum number of students in an agency will be determined by the facilities, staff, and programs
- ◆ The school of nursing will provide information to the agency regarding the student's level of preparation
- ◆ There should be mutual sharing of philosophy and objectives between the health agency and the school of nursing on a continual basis
- ◆ The school of nursing should provide the agency with a list of names and numbers of students who will need clinical experiences; this list should be provided in time for the agency to effectively plan for the students
- ◆ The school must assume responsibility for malpractice and liability insurance
- ◆ The student(s) should be physically able to carry out the responsibilities of practice as outlined by the agency; any exceptions should be discussed with agency staff
- ◆ The health department policies should be reviewed by faculty and agency staff to determine applicability for student experience

³ There is a Standard Clinical Affiliation Agreement between the Tennessee Department of Health and the University of Tennessee System, Private University, Private College, Regent College, Regent University, Regent Technical Institute, and Regent Technical Center.

- ◆ The school of nursing will provide an instructor who will assume responsibility for scheduling, teaching, supervising, and evaluating students in cooperation with the designated representative of the agency
- ◆ Management of illness/accidents that occur during clinical experiences will be co-managed between faculty and agency
- ◆ The school of nursing and agency will make an agreement on the dispensing of equipment necessary for nursing care

G. NURSING COMMITTEES

1. State Nursing Staff

State Nursing Staff includes the nursing directors from each rural and metropolitan region. Regional nursing directors meet on a regular basis to discuss changes in program policy, special program initiatives, legislation, training, salary and staffing needs, and other areas that impact on public health practice and management. Additionally they review and approve or disapprove recommendations presented by the PHN and APN Practice Committees. Central office program nurses are invited to participate for part of the meetings for the purpose of sharing pertinent program information.

2. State Practice Committees (See Appendix A, TDH Information for committee fact sheets)

a. **PHN Practice Committee:**

The Office of Nursing established the state Public Health Nursing (PHN) Practice Committee in November 1981. The overall purpose of this committee is to enhance the practice of nursing, ensure quality nursing care, promote nursing as a profession, and empower the nurse in decision making, service delivery, and community assessment/management. Committee recommendations are presented to State Nursing Staff. The committee includes a public health nurse from each of the rural regions and from two of the metropolitan regions. Objectives for the committee include the following:

- To develop an interested, involved, committed group of individual committee members
- To evaluate practice issues as identified in the workplace
- To evaluate policy and procedures within the scope of practice for compliance, clarification, application, legality, and outcome
- To provide local level input for nursing practice
- To communicate the needs/concerns of nurses in the field to the Office of Nursing
- To evaluate nursing protocol, current standards, and orientation on an ongoing basis and update in a timely manner
- To evaluate educational needs/requirements for nursing staff
- To act as a liaison between the local, regional, and state level of nursing
- To foster an atmosphere of sharing between regions
- To promote collaboration between other programs and disciplines when decisions are made pertaining to direct nursing practice
- To promote awareness of current legislative issues that might impact nursing practice
- To make program staff aware of the committee, and to encourage its use for the review of materials, provide input etc.

b. APN Practice Committee:

The state Advanced Practice Nursing (APN) Practice Committee was established by the Office of Nursing in 1991. The overall purpose of the committee is to be a working committee that provides a continuous quality improvement (CQI) focus group for advanced practice nursing in order to adequately address nursing practice issues that relate to the unique level of expertise of nurse practitioners. The committee includes a nurse practitioner from each rural and metropolitan region. Committee recommendations are presented to State Nursing Staff. Objectives for the committee include the following:

- To identify advanced nursing practice problems and issues of concern and work toward problem resolution
- To be an advocate for advanced nursing practice within the Department of Health and throughout the State of Tennessee
- To implement an annual education conference for advanced practice nurses
- To support out-service education
- To provide input into other committees which impact advanced practice nursing
- To enhance leadership ability among committee members

3. Regional Committees:

Regions may establish practice committee(s) that consists of public health nurses and/or nursing supervisors with objectives similar to the state practice committees.

SECTION III

ORIENTATION GUIDELINES FOR NURSING PERSONNEL

A. ORIENTATION GUIDELINES FOR NURSING ASSISTANTS

1. Philosophy

The role of the nursing assistant is to extend nursing services by assisting the public health nurse in carrying out activities in homes, clinics, and other health department settings. The nursing assistant may come without any knowledge or experience or she may come with years of experience in another clinical setting. Therefore, it is important that she acquire some knowledge of the organizational structure and philosophy, as well as general state policies, procedures, and employee benefits early in the orientation process. It is to be emphasized that the orientation approach, although individualized, is a planned and organized process. It is to be flexible in length and content and related to the nursing assistant's duties and responsibilities in a particular work setting.

The primary responsibility for orientation of the new nursing assistant lies with the nursing supervisor or assigned advisor. The orientation program content is so designed that the nursing assistant is given the opportunity to learn the necessary skills to function effectively. She is expected to know various policies, procedures, and by the end of the orientation, be able to perform necessary skills effectively

This plan for orientation is recommended as a guide. The staff of the Regional Office and Local Health Department determines adjustments to be made based on the individual needs of the nursing assistant.

2. Purpose

To provide a mechanism for assisting the newly employed nursing assistant in adjusting smoothly and progressively to a new/changed work role and environment. This is accomplished through a planned didactic and experiential program in the following areas.

- ◆ The purpose of the local health department and its role in the community (physical setting, staffing pattern, services provided)
- ◆ Relationship of local health departments to the regional and state health department
- ◆ Job description of the nursing assistant
- ◆ Knowledge and skills necessary to perform job requirements safely and effectively including:
 - Infection control guidelines, OSHA, TOSHA, hazardous waste, universal precautions, use of gloves
 - Personal hygiene, hand washing, and measures to prevent the spread of disease
- ◆ Interpersonal relationships including:
 - Courteous to patients and co-workers using a non-judgmental approach

- Knowledge of job boundaries and limits
- Confidentiality and legal issues
- Individual differences and cultural sensitivity
- Thrifty utilization of health department resources
- ◆ Record keeping to include PTBMIS coding, tracking, and chart documentation

3. **Objectives**

- ◆ To provide one day in the regional office for a brief introduction to public health, state policies, procedures, and benefits
- ◆ To provide a 4-6 weeks (30 working days) program in a local health department on the basic nursing skills, procedures, philosophy, and role expectation of the nursing assistant

4. **Skills Needed**

- ◆ Preparing supplies and setting up clinics
- ◆ Directing patients to designated clinic areas
- ◆ Getting patients ready for examinations and treatments
- ◆ Obtaining weight and height measurements, ability to plot growth charts
- ◆ Vision and hearing testing
- ◆ Lab control logs
- ◆ Finger stick for hemoglobin, blood lead level
- ◆ Obtaining a urine specimen for Dipstick and pregnancy testing
- ◆ Restraining techniques for infants and children during procedures
- ◆ Cleaning equipment, autoclaving
- ◆ Straightening of clinic area, keeping literature, magazines, and books in order
- ◆ Ordering (if appropriate) and inventory, clinical supplies for health department, keeping cabinets supplied and in order, cleaning utility room
- ◆ Documenting Quality Control and equipment maintenance activities
- ◆ Preparing laboratory containers and specimens

5. **Clinical Laboratory Orientation**

- ◆ Schedule mandated laboratory training as soon as possible
- ◆ Procedures
- ◆ Quality Control
- ◆ Safety

6. **Evaluation**

a. **Six Weeks Evaluation:**

The supervisor, advisor, and nursing assistant, in a joint conference, conduct an evaluation of the nursing assistant's performance at this point in her experience.

This interim interview is conducted in accordance with the job plan, and becomes part of the final evaluation. Further orientation is planned as needed.

b. Second Six Weeks

In a joint conference, the supervisor, advisor, and nursing assistant, conduct, and sign, an evaluation of the orientee's progress. This completes the 12 weeks probationary period.

c. Completion of Evaluation Tools (see Appendix H, Orientation Tools)

- ◆ Individual Procedure Check list
- ◆ Evaluation of Orientee's Performance

B. ORIENTATION GUIDELINES FOR LICENSED PRACTICAL NURSES

1. Philosophy

The basic philosophy of public health is the prevention of disease and the promotion, maintenance, and restoration of health. The licensed practical nurse is an integral part of the public health nursing team and contributes to nursing practice. Local health department determines the extent of the LPNs direct involvement. She/he is prepared to administer patient care under the direction of health professionals and in accordance with the Nurse Practice Act (TCA 63-7-108 practical “nursing” defined). It is on this premise that the Orientation Program for the licensed practical nurse has been designed.

The licensed practical nurse in the orientation program may come directly from nursing school, hospital, or other nursing experiences, without any knowledge of public health or public health nursing. She/he may also come with public health nursing experience from other agencies. Therefore, it is important that the licensed practical nurse acquire knowledge of the organizational structure, philosophy, and general state policies, procedures, and benefits early in the orientation period. For the licensed practical nurse employed in special program areas, orientation will emphasize the overall operation of the local health department, the function of the public health nurse, and an understanding of the working relationships of special program personnel and local health department personnel.

The Orientation Program content is so designed that the licensed practical nurse is given the opportunity to learn those public health nursing skills in relation to her job expectations and job plan. By the end of his/her orientation experience she/he is expected to know and be able to perform these skills.

All members of the health department staff share the responsibility for orientation of the licensed practical nurse; however, the primary function belongs to the nursing supervisor and assigned advisor (selected by the supervisor) and together they plan for the orientation experience.

The following plan for orientation is recommended as a guide. The staff of the Regional Office and Local Health Department determines adjustments to be made to meet the individual needs of the licensed practical nurse.

2. Purpose

To provide the licensed practical nurse a mechanism whereby she/he is able to perform nursing skills commensurate with her/his education and demonstrated competencies and learn additional skills in a public health setting.

4. **Objectives**

- ◆ To provide one day (preferably the first day of employment) in the regional office for a brief introduction to public health, state policies, procedures, and benefits
- ◆ To provide a six weeks (30 working days) program, in a designated orientation location, on the basic philosophy and practice of public health and public health nursing

4. **General Responsibilities**

a. Protective Skills:

Infection control guidelines, OSHA, TOSHA, hazardous waste, universal precautions, use of gloves
Personal hygiene, hand washing, and measures to prevent the spread of disease
Body mechanics and posture
Health maintenance
Awareness for personal safety in volatile situations

b. Emergency Protocols:

Instructions
Charts
Kits/emergency carts

c. Nursing Procedures:

Collection and handling, interpretation, processing of laboratory specimens
Equipment maintenance and calibration
Preparation and sterilization of supplies

d. Records and Forms:

Claim for Travel Expenses
Evaluation Guide
Orientation Summary

e. Legal Issues:

The Tennessee Nurse Practice Act
Rules and Regulations of the Tennessee Board of Nursing
Confidentiality/HIPAA
Documentation

f. Organization of Work:

Organizes work with help from advisor in order to utilize time to the best advantage
Learns to work with organizers including calendar, schedules, worksheet/ticklers, and essential manuals, protocols, rules and regulations, and standards

5. Clinic Visits

a. **General:**

The licensed practical nurse must have knowledge of the following in order to set up and assist in clinics.

Current immunization schedule and adverse reactions

Doses of vaccine for various immunizations and sites used for administering such vaccines

Tests/procedures such as newborn screening test, venipuncture, hemoglobin, urine pregnancy test, tuberculosis skin test, etc.

b. **Specialized:**

The licensed practical nurse must become familiar with the special requirements of, and the LPN role in, the following programs (see Section IV, Program Orientation Guidelines).

Family Planning

EPSTD&T

WIC

STD

Others as pertinent to county/program of employment

6. Home Visits

The licensed practical nurse will learn the various components of a home visit.

a. **Pre-Visit:**

Confer with public health nurse

Assemble necessary equipment and supplies

Set immediate objectives and plan for visit content

b. **Actual Visit:**

Meet the family

Assess situation and accomplishments

Adapt pre-plans to situation found

Provide nursing service as needed

Handle emergencies in home

Teach as indicated

Contract with patient as appropriate

Summarize and terminate visit

c. **Post-Visit:**

Report to public health nurse

Record visit including situation found (appraisal, observation), service rendered, accomplishments, and literature given

7. **Program Areas** (For additional information see Section IV, Program Orientation Guidelines)

It is the responsibility of the supervisor/advisor to assure that areas of content for specific program areas are covered in accordance with the functions of the licensed practical nurse. Reference documents to review include Child and Adolescent Health Manual, Women's Health Manual, Public Health Nurse Protocol, Sexually Transmitted Disease Guidelines, Immunization Guidelines, Tuberculosis Guidelines, Infection Control manual, and Laboratory Manual.

a. Maternal and Child Health:

- i) Children's Special Services
 - Who is eligible?
 - What is referral procedure?
 - How is eligibility determined?
 - How are clinic appointments made?
 - How is patient admitted to the program?

- ii) Child Health
 - Exams for infants and children
 - Case management activities

- iii) Women's Health
 - Prenatal Services
 - Family planning services
 - Perinatal Care

b. Communicable Disease:

- i) General
 - Explanation of the programs
 - Explanation of epidemiological investigation

- ii) Tuberculosis
 - Case finding
 - Priority patients
 - Chemotherapy
 - Procedures for hospitalization (eligibility determination, application)

c. Chronic Disease/Home Care:

- i) Clinical setting (primary care)
 - Methods of reimbursement

- ii) Home Health Care
 - Methods of reimbursement

8. Evaluation

a. Six Weeks Evaluation:

The supervisor/advisor and LPN, in a joint conference, conduct an evaluation of the LPNs performance at this point in her experience. This interim interview is conducted in accordance with the job plan, and becomes part of the final evaluation. Further orientation is planned as needed.

The orientee completes the Orientation Summary Form and may write a narrative concerning her experiences

An interim interview is conducted in accordance with the job plan

b. Completion of Evaluation Tools (see Appendix H, Orientation Tools)

Individual Procedure Check List

Evaluation of Orientee's Performance

C. ORIENTATION GUIDELINES FOR PUBLIC HEALTH NURSES

1. Philosophy

The basic philosophy of public health is the prevention of disease and the promotion, maintenance, and restoration of health. The registered nurse is a key member of the public health nursing team. She/he is prepared to administer patient care in accordance with the Nurse Practice Act (T.C.A. 63-7-103). It is on this premise that the Orientation Program for the public health nurse has been designed.

The registered nurse in the Orientation Program may come directly from nursing school, hospital or other nursing experiences. She/he may not have any knowledge of public health or public health nursing, or may have considerable public health nursing experience from other agencies. Therefore, it is important that the public health nurse acquire a fundamental knowledge of organization structure, philosophy, and general state policies, procedures and benefits early in the orientation period. For the public health nurse employed in special program areas, orientation will emphasize the overall operation of the local health department, the function of the public health nurse, and an understanding of the working relationships of special program personnel and local health department personnel.

The Orientation Program content is designed so that the public health nurse is given the opportunity to become confident and competent at performing public health nursing skills in relation to her job expectations and job plan.

The responsibility for orientation of the registered nurse is shared by all members of the health department staff; however, the primary function belongs to the nursing supervisor and assigned advisor. Together, they plan for the orientation experience.

The plan for orientation is recommended as a guide. The staff of the Regional Office and Local Health Department make adjustments to meet the individual needs of each new orientee. Additional information can be found in the Bureau of Health Services Policy and Procedure Manual and the Model Public Health Nursing Protocol Manual.

2. Purpose

To provide the registered nurse a mechanism whereby she/he is able to perform nursing skills commensurate with her/his education, demonstrate competencies, and learn additional skills in a public health setting.

3. Objectives

- ◆ To provide one day in the regional office for a brief introduction to public health, state policies, procedures, and benefits
- ◆ To provide a four to eight week program, in a designated orientation location, on the basic philosophy and practice of public health and public health nursing
- ◆ To designate a mentor (advisor) to work with, and provide support for, the orientee for the duration of the orientation

4. Public Health Nursing Orientation Standards

Under the direction of the Regional Director of Nursing or her designee, it is expected that:

- ◆ Each new public health nurse will complete a generalized orientation to public health nursing and public health programs
- ◆ The length of the orientation is determined by the needs of the orientee and the agency; the formal orientation period ranges from 4-8 weeks (may be longer as needed) with a minimum of a 4 week plan for the nurse experienced in public health nursing
- ◆ The nursing supervisor or other designee develops orientation objectives based upon the guidelines contained in this document together with the individual needs of the new employee
- ◆ The employee's orientation objectives will later become a part of the employee's job performance plan and will be used to measure the employee's progress
- ◆ The assigned advisor or preceptor (usually a staff nurse) works with the orientee on a day to day basis to provide guidance and support in implementing the orientation plan
- ◆ The orientation plan must be flexible enough so that it can be changed to meet individual needs
- ◆ Program conferences are conducted either at the County or Regional level
- ◆ The orientee has an opportunity to evaluate personal progress toward reaching the stated objectives
- ◆ Each new nursing employee's progress is evaluated at the end of the 4 to 8 week orientation period, and at appropriate intervals throughout the 6 month probationary period; any concerns and problem areas must be carefully documented in a timely manner
- ◆ If progress is satisfactory, documentation will support employee retention; if progress is unsatisfactory, documentation will support termination of employee
- ◆ Formal orientation is completed at the end of six (6) months (or earlier at the discretion of the supervisor), but learning is ongoing through such activities as in-service programs, continuing education, self-directed learning activities, etc.

5. Protocols

Public health nurses practice under PHN protocols that provide written guidelines that adequately describe the scope of nursing management to be performed by the public health nurse. Collaboration in protocol development is necessary since this is a shared responsibility for the outcomes. Central office staff provides a Model PHN Protocol Manual that may be utilized or adapted by regional/local staff.

6. Clinical Activities And Evaluation

The following optional tools (see Appendix H, Orientation Tools) may be used to assist with the initial evaluation of the public health nurse orientee and to chart his/her progress throughout the orientation period.

- a. PHN Individual Procedure Checklist:**
Used to document competencies with regards to a variety of individual clinical procedures.
- b. PHN Evaluation of Orientee's Performance:**
Used for interim and final evaluation of orientee's performance.
- c. PHN Regional Orientation Checklist:**
Used to track orientee's scheduled activities and procedures.
- d. Program Orientation Activity Report:**
Used to document special clinics, conferences, or additional learning experiences.
- e. PHN Self Evaluation:**
A self-evaluation tool that may be used to assess orientee's progress.

D. ORIENTATION GUIDELINES FOR ADVANCED PRACTICE NURSES

1. Philosophy

The basic philosophy of public health is the prevention of disease and the promotion, maintenance, and restoration of health. The advanced practice nurse (nurse practitioner or registered nurse with expanded skills) is an integral part of the public health nursing team. Under appropriate medical supervision, and in accordance with regional protocols and guidelines, the advanced practice nurse is uniquely prepared to administer primary health care and or specific services according to area of expertise.

The advanced practice nurse may come to public health from a variety of backgrounds. She/he may be newly graduated from a nurse practitioner program with little or no previous nursing or public health experience, or have substantial experience. The orientation program should take into account both educational and experiential differences, as well as the unique needs of each individual.

It should be recognized that any master's prepared advanced practice nurse that has not had prior clinical nursing experience requires a higher level of initial supervision than does an experienced nurse. Therefore, it is recommended that any APN that has not had at least two years of prior clinical nursing experience (other than that obtained as part of an educational curriculum) receive at least six months of daily, on-site supervision from a physician or a nurse practitioner before being permitted to work independently in a clinical setting (see Appendix B, Practice Information, 11-9-94 memo: Supervision and Orientation of Nurse Clinicians and Practitioners).

All new nurse practitioners should be provided with a thorough orientation to existing public health programs, with particular emphasis on their specialty area. Clinical orientation should include as much on site time in the program area that the nurse practitioner will be working in as is feasible. In addition it is recommended that general orientation be given in other programs.

The following plan for orientation is recommended as a guide. All members of the health department staff share the responsibility for orientation of the nurse practitioner; however, the primary function belongs to the physician preceptor, nursing supervisor, and assigned nurse practitioner mentor. Together they plan for a comprehensive orientation experience. The staff of the Regional Office and Local Health Department determines adjustments to be made to meet the individual needs of the orientee.

2. Purpose

The purpose of orientation is to assist the new advanced practice nurse in adjusting smoothly and progressively to a new or changed work role.

3. **Objectives**

Objectives for APN orientation include the following:

- ◆ To provide one day in the regional office for a brief introduction to public health, state policies, procedures, and benefits
- ◆ To provide an orientation to the basic philosophy and practice of public health nursing, and the variety of clinical and community services offered
- ◆ To provide opportunity for supervised clinical experience in order to evaluate and reinforce knowledge and skills of the advanced practice nurse through further study and clinical experience
- ◆ To designate a physician preceptor
- ◆ To designate (if available) an experienced nurse practitioner, nurse clinician, or public health nurse mentor for the duration of the orientation and beyond (this individual will provide valuable guidance and support for the newly hired advanced practice nurse)

4. **Scope of Practice**

A master's prepared Nurse Practitioner (with prescriptive writing authority) is a registered nurse who has received a certificate to practice as an advanced practice nurse which includes a certificate of fitness from the Board of Nursing that allows the nurse practitioner to write and sign prescriptions and/or issue drugs pursuant to T.C.A. 63-7-123 and 63-7-126. (Rules of The Tennessee Department of Health, Bureau of Health Services Administration, Primary Health Care Advisory Board 1200-20-1-.01).

Both the physician preceptor and the advanced practice nurse must understand that scope of practice is dependent on the complexity of the work environment and the preparation of the advanced practice nurse. The scope of practice must be in accordance with the management of medical problems as listed in the protocol. If an illness, complication, or other medical circumstance is not covered within the protocol, physician consultation or referral is required.

5. **Legislative Authority**

Advanced practice nurses must work under a nursing license and, if prescriptive authority is required, an APN certificate/certificate of fitness, as delineated in the Law Regulating The Practice Of Nursing In Tennessee, the Administrative Rules Of The Tennessee Board Of Nursing and be supervised as stated in the Rules Of Tennessee Board Of Medical Examiners Division Of Health Related Boards.

The following laws apply to advanced practice nurses. It is the responsibility of the APN to have knowledge of current rules and regulations applicable to their practice.

“Practice of Professional Nursing” Defined T.C.A. 63-7-101, 63-67-103
Health Related Boards T.C.A. 63-1-132
Registered Nurse Licensure T.C.A. 63-7-105
Certified Nurse Practitioners T.C.A. 63-7-123
Advanced Practice Nurse T.C.A. 63-7-126
Authorized Services - Supervision T.C.A. 63-19-106
Restriction on Supervision - Physicians and Assistants T.C.A. 63-19-107
The Rules and Regulations of Registered Nurses 1000-4-01-.04

6. **Responsibility**

Responsibilities of the Advanced Practice Nurse are as follows:

- ◆ To provide clinical services to those patients requiring treatment beyond the scope of public health nursing practice (i.e., within PHN Protocol)
- ◆ To develop medical protocols in collaboration with supervising physician
- ◆ To maintain a complete and accurate record on each patient using appropriate documentation, together with appropriate management of prescriptions and copies
- ◆ To serve as a resource to collaborate with public health nurses and other professional staff regarding health promotion and maintenance
- ◆ To consult with physician preceptor about problems concerning patient management which are outside the APN’s scope of practice
- ◆ To refer patients to appropriate resources
- ◆ To identify and recommend policy changes affecting patient care services
- ◆ To provide clinical supervision and instruction as needed to nursing students as assigned

7. **Supervision**

a. **Administrative:**

Direct day-to-day administrative supervision may be provided by the County or District Nursing Supervisor (Regional option) who has overall responsibility for clinic operation, staffing, and nursing services provided by the local health department. Interim reviews and annual performance evaluations will be conducted after consulting/collaborating with the Physician (preceptor). It should be noted that TDH Policy 8.6.a “Professional Supervision” states that as a component of the professional supervision process, a physician must be included in the line of review for all nurse practitioners. The policy further states that such reviews must take place a minimum of once a year and after four (4) months for the newly hired advanced practice nurse.

b. **Clinical:**

All aspects of medical care, appropriate history, physical examination, assessment of problem, and therapeutic plan, including medical treatments and prescription for non-controlled legend drugs, will be supervised by the

precepting physician. The physician will review records for appropriateness of care based on established protocols and/or physician consultation, follow-up referral, as appropriate, as well as direct observation/supervision as needed.

8. Certificate of Fitness/APN Certificate

In order to be issued a certificate of fitness for prescription writing authority, a nurse practitioner must meet the following requirements:

- ◆ Current licensure as a registered nurse under Chapter 7, Title 63, T.C.A.
- ◆ Graduation from a program conferring a master's degree in a nursing clinical specialty area with preparation in specialized practitioner skills which includes three (3) quarter hours of pharmacology instruction or its equivalent
- ◆ Current national certification in the appropriate nursing specialty area through the American Nurses' Association, or the American College of Nurse Midwives

A nurse practitioner wishing to apply for a certificate of fitness (COF) shall comply with current Board of Nursing requirements.

All nurse practitioners applying for a Certificate of Fitness must complete a practitioner profile. The law requires that an initial practitioner profile questionnaire is completed and that it is updated if required information has changed.

Nurse practitioners with a Certificate of Fitness to prescribe may apply for DEA numbers.

A certificate to practice as an Advanced Practice Nurse (APN) may be granted with (Master's level, prescriptive authority) or without a Certificate of Fitness (National Certification, non-prescriptive authority)

9. Protocols

Advanced Practice Nurses practice under both PHN and APN protocols. APN protocols are written guidelines which adequately describe the scope of delegated medical management to be performed by the advanced practice nurse for each diagnosis expected to be encountered as dictated by the specialty of practice.

Collaboration in protocol development by the nurse practitioner or nurse clinician, the physician, and the employing agency is necessary since there is shared responsibility for the outcomes. The legal liability is shared by the supervising physician and the nurse who accepts the delegated medical tasks. The congruence of nursing, medicine, and administration in protocol development provides a support system for nurses in the delivery of quality health care. The following should be noted:

- ◆ All licensed nursing personnel must practice under a signed protocol for delegated medical patient management
- ◆ Protocols must be current, receive input, and be signed and dated by the nurse practitioner who uses the protocols, the physician who provides medical back-up for the nurse, the regional director of nursing, and regional medical director when available
- ◆ APN and PHN protocols must be annually reviewed, updated, and signed
- ◆ Each page must be numbered consecutively
- ◆ There must be a table of contents listing topics and page numbers

10. Evaluation

The following optional tools (see Appendix H, Orientation Tools) are intended to assist with the initial evaluation of the advanced practice nurse orientee and to chart his/her progress throughout the orientation period.

a. APN Orientation Check List:

Used to document phases of orientation

b. APN Individual Procedure Checklist:

Used to document competencies with regards to a variety of individual clinical procedures

c. Orientation Evaluation:

Used to assess orientee's progress towards independence

E. ORIENTATION GUIDELINES FOR PUBLIC HEALTH NURSING SUPERVISORS

1. Philosophy

The basic philosophy of Public Health is the prevention of disease, and the promotion, maintenance, and restoration of health. The Nursing Supervisor is a key member of the public health nursing team. She/he is responsible for the administration of and/or delegation of patient care in accordance with the Nurse Practice Act (T.C.A. 63-7-103) and performs supervisory duties as outlined in the Department of Personnel Class Specifications. It is on this premise that the Orientation Program for the Public Health Nursing Supervisor has been designed. It is important that the Public Health Nursing Supervisor has a fundamental knowledge of the organization structure, philosophy, and general state policies, procedures and benefits. She/he should develop proficiency in the following:

- ◆ Basic supervision principals, networking with other disciplines/programs, and time management
- ◆ Community education regarding public health issues including community, health risk assessment
- ◆ Managing human resource issues, staff development, hiring practices, and knowledge of requirements of the Nurse Practice Act, and Nursing Protocols, Policies, and Procedures

The orientation for the Public Health Nursing Supervisor will emphasize her expanded role as an integral part of a multi-disciplinary team at the local, regional, and state level. The orientation program content is so designed that the Public Health Nursing Supervisor is given an opportunity to become confident and competent at performing those management/supervisory skills in relation to her job expectations and job plan. These guidelines should be used in conjunction with the Orientation Checklist (see Appendix G, Orientation Forms).

The responsibility for orientation of the Public Health Nursing Supervisor is that of the Regional Nursing Director. The Regional Nursing Director will plan an individualized orientation experience. The plan for orientation is recommended as a guide and adjustments should be made in order to meet the individual needs of the new nursing supervisor. Additional important information can be found in the Bureau of Health Services Policy and Procedure Manual and the Model Public Health Nursing Protocol Manual.

2. Purpose

To provide the Nursing Supervisor a mechanism whereby she/he is able to effectively perform nursing management and supervisory skills.

3. **Objectives**

- ◆ To provide a generalized orientation to PHN supervision (suggested minimum of 3 weeks)
- ◆ To provide five (5) days with the Regional Nursing Director to observe and integrate leadership skills
- ◆ To increase awareness of supervisory functions in local health department (day to day operations)
- ◆ To provide programmatic orientation from a supervisory perspective
- ◆ To define role relationship with staff members in other disciplines at the local, regional, and state level
- ◆ To establish rapport with key personnel in the community
- ◆ To provide a comprehensive overview of the supervisory role and responsibilities that involve local, regional, and state level individuals with expertise in their particular areas
- ◆ To designate a peer mentor for assistance and support; a minimum of one week will be scheduled during the probationary period with this peer mentor

4. **Public Health Nursing Supervisor Orientation Standards**

a. **Time Frame:**

Each new Nursing Supervisor will complete a generalized orientation to public health nursing supervision; the length of the orientation will be a minimum of three (3) weeks (at the discretion of the regional director of nursing) at which time future orientation needs will be determined.

b. **Orientation Plan:**

The Regional Nursing Director develops an orientation plan based upon the guidelines contained in this document together with the individualized needs of the new Nursing Supervisor.

c. **Objectives:**

The Nursing Supervisor's orientation objectives will become a part of his/her job performance plan and be used to measure his/her progress; progress is evaluated according to personnel policy during the probationary period

d. **Mentor:**

The assigned mentor will be available for consultation to provide guidance and support

e. **Growth:**

Professional growth will continue through such activities as in service programs, continued education, self-directed activities, and State Nursing Supervisor Conferences

5. **Scope of Practice**

The Nursing Supervisor is responsible for ensuring that all personnel under her supervision are in compliance with federal/state laws, and departmental rules/regulations, including job specifications. The Nursing Practice Standards and Legal Scope of Practice (as defined in T.C.A. 63-7-103 and the Tennessee Board of Nursing rules/regulations) will be followed as outlined in the Public Health Nursing Practice Section of this manual and the Bureau of Health Services Policies and Procedures Manual.

In addition to the above, the Nursing Supervisor will become knowledgeable of his/her responsibility regarding:

- Delegation
- Subpoenas
- Legal Counsel
- Child Abuse
- Incident/Accident Reporting (including exposure incidents)
- Nursing Practice Issues
- OSHA/TOSHA
- CLIA waivers
- Student Placement
- HIPAA

6. **Quality Management**

The Nursing Supervisor is responsible for preparing corrective action plans resulting from nursing deficiencies cited during quality management reviews.

7. **Continuous Quality Improvement/Interaction Management**

The Nursing Supervisor has the opportunity to create a climate of extraordinary customer service by her support and leadership in this process.

8. **Human Resources**

The Nursing Supervisor will enforce the Personnel Policies and Procedures for the Tennessee Department of Health. The following items should be reviewed with the Regional Nursing Director.

a. **Policies/Procedures:**

- Attendance and Leave
- Travel
- Smoking
- Dress Code
- African American/Equal Employment Opportunity (AA/EEO)
- Contracting Agencies (CHA/TOPS/DGA)

b. Personnel Files/Medical Records, Required Confidentiality Safeguards:

TB test/x-ray
Hepatitis B declination, MMR, Varicella
Orientation Schedule/Procedure checklist/Evaluation of Performance
Orientation Performance
Hiring Process
Licensure Verification
Application/Job Specifications
Confidentiality/Conflict of Interest/Sexual Harassment Statements/Internet
Usage/TennCare impartiality/Drug Free Workplace/HIPAA
Job Plan/Performance Evaluation/Interim Review
Disciplinary Action and Documentation

c. Other Required Documentation:

Continuing Education for the Current Year
Physical Assessment Course
Annual OSHA/TOSHA Training
CPR Training
Lab Training
Disaster Training
Emergency Preparedness

9. Nursing Management

a. Conference with Local Director:

- i) Community orientation
 - Local Government officials
 - Community Leaders
 - Health Leaders/Health Care Facilities
 - Governmental Agencies (DHS, Voc. Rehab.)
 - Educational Institutions
 - Financial resources for the indigent
 - Community Health Councils
 - State and Local Legislators
- ii) Roles/relationships
- iii) Budget process
 - Preparation
 - Local Direct
 - Purchasing
 - Internal Audit

- b. Material Review:**
 - Agency Manuals
 - Resource Books

- c. Conference with Regional Nursing Director and Office Manager:**
 - Medicaid Presumptive eligibility
 - Central Filing
 - Release of Medical Information
 - Confidentiality
 - Personnel Access to Records
 - Guardian Access to Records
 - Retention and Destruction of Records
 - PTBMIS
 - Appointment system
 - Vital records
 - Hazard communications program/manual
 - TennCare
 - License renewal information
 - Other required activities
 - QM
 - Quarterly Peer Review/Bi-annual Family Planning Audits
 - Primary Care Audits
 - Emergency Drills, Client centered facility and safety drill
 - Pharmacy inventory
 - Monthly required emergency kit check

- d. Meetings:**
 - Nursing Supervisor (Regional and State level)
 - Introduction to Regional Program Directors/Coordinators
 - Local Staff Meetings (schedules, distributes information to staff)

- e. Staff Development:**
 - Performance Evaluation Training (PET) (computer based)
 - Employee Assistance Program (EAP) (class)
 - Management Class for Nursing Supervisors (Office of Nursing)
 - New Supervisor Orientation (Dept. of Personnel)
 - Certification
 - Professional organizations
 - Continuing Education
 - New employee orientation
 - Professional literature
 - Required in services
 - In house/out training approval process
 - Lab training

f. Roles and Responsibilities

To provide new nurse orientation

Inventory and ordering of pharmacy items, supplies, vaccines

Nursing Issues:

- Staffing/productivity/scheduling (clinic and other)/Clinic flow
- Interviewing/hiring/ Nurse classification
- Disciplinary actions
- Staff supervision/performance evaluation
- Student placement

g. Reports Generated/Reviewed by Nursing Supervisor (where applicable):

RVU

Pharmacy

Productivity

Lab controls

Assessment and Planning, Community Diagnosis Data

Patient Tracking

Lab results, overdues and errors

Lead

Families First

Others as applicable

10. Orientation Check List

An orientation checklist (see Appendix H, Orientation Tools) provides a guide for basic nurse supervisor orientation. It is recognized that orientation is a fluid process and may take up to a year to complete.

F. ORIENTATION GUIDELINES FOR REGIONAL DIRECTORS OF NURSING

1. Introduction

Orientation can be defined as an adjustment or adaptation to a new situation or set of ideas. The Regional Director of Nursing is in a key position in the regional structure of the Tennessee Department of Health. A complete orientation will assist in providing a smooth transition from a previous position to the new one. The orientation should be comprehensive and should involve Regional, Local, and State level people with expertise in a particular area. The State Nursing Director and the Regional Director should plan a collaborative orientation for the new Nursing Director with implementation as soon as feasible.

The following is an outline of topics to be discussed and reviewed for each new nursing director. Participation in the orientation may vary from region to region depending on resources available.

2. Organizational Structure

a. Nursing and Other Disciplines:

Review job description for Regional Director of Nursing (RDON)

Develop a schedule for RDON to meet with all key regional staff within two weeks of employment (regional director, health officer, personnel director, accountant, pharmacist, program directors, special project coordinators)

Arrange to spend 2 days working with the State Director of Nursing

Work with State Director of Nursing to develop a schedule to meet with key staff at the state level as soon as is feasible (Bureau Director, Medical Director, Section Chiefs/Program Directors, Legal services)

Arrange to spend one week working with another regional director of nursing

b. Regional/County Structure:

List of names, job titles, and responsibilities of all people in regional office

Chain of command

Clerical support

Number and classification of nursing positions

Collaboration with health officer

Programs, i.e., WIC, Family Planning, and relationship to nursing structure

Political aspects of position, key community people, networking and community resources

3. Personnel Issues

a. Hiring process (see also Appendix F, Personnel Information, Guidelines for filling state positions:

How to work a register

Interview techniques

b. Employee Supervision (see also Appendix F, Personnel Information, Sample Job Plans):

Development of job plan
Conducting performance evaluations
Dealing with difficult people
Nursing classifications, qualifications, compensation, promotions
Employee assistance, (EAP), Impaired Nurse Program (State Board of Nursing)
Disciplinary actions (causes for action, sequence of events, appropriate documentation)

c. Review of Legislation/Policies Affecting Employment Practices:

Americans with Disabilities Act - implications for nursing
Family Leave Act
Fair Labor Standard Act
On-the-job injury, workman's compensation, special incident reports

d. Personnel Policies:

Time and attendance, compensatory time
Travel
Smoking, drug free workplace
Conflict of interest
Use of Internet
Confidentiality
Liability insurance
Commissioner to commissioner letters (when used, writing, where to send)

5. Nursing Administration/Management

a. Nursing Protocol:

Legal implications
Collaboration with health officer and/or county physician
Schedule of update/revisions
Medication/pharmacy issues
Distribution list (master copy)

b. Relationships/Responsibilities:

Collaboration, communication with health officer
Liaison with other programs (MCH, CEDS, Health Promotion, A&D, TennCare)
Crisis/epidemic
Disaster response
Development of regional goals and objectives for nursing
Assist in planning "special events" health fairs, extra clinics etc.

- c. Budget Issues:**
 - Introduction to budgeting process (cost centers, allotment codes, line item issues)
 - Introduction to funding sources
 - Grant writing (federal and state)
- d. Nursing Students:**
 - Policy regarding clinical experience for nursing students
 - Relationship with local colleges and universities
 - Letters of agreement for student clinical experiences
- e. Total Quality Improvement:**
 - Who is responsible?
 - How is it completed?
 - Where does nursing fit in?
- f. Central Office:**
 - Nursing structure, quarterly State nursing staff meetings (purpose, attendees), practice committees (State PHN/APN)
 - Central office nursing support
 - Bureau organization charts, section chiefs
 - Special projects
 - Development of mentoring program for new Regional Director of Nursing

5. Staff Development

- a. Orientation for New Nursing Personnel:**
 - Generalized and program specific public health orientation
 - Computer training
 - Introduction to TennCare
 - Case management
 - Lab training
 - Protocols
 - Cultural diversity
 - Legal aspects of nursing practice
- b. Continuing Education:**
 - Assess staff training needs and determine resources available
 - Collaborate with nursing supervisors within the region
 - Schedule regular meetings with key regional nursing personnel for program updates and to obtain information for training
 - Prepare for, and conduct, nursing in-services

6. Policies and Procedures

a. Dissemination of information:

Policy and procedure manual (location, responsibility for update)
Program memos (location, distribution)
Model PHN Protocol Manual and updates

b. Infection Control:

Infection Control Manual
Exposure Control Plan
Lab Policy and Procedure Manual

c. Medical Records:

Release of information
Subpoenas and court orders

d. Emergency Response Procedures:

Natural disasters
Bomb threat, fire
Communicable disease outbreak
Uncontrolled violence (patient, employees)

e. Communication/News Media:

News paper, TV, radio
Appropriate handling of inquiries from news media (regional policy)
Dissemination of information

7. Roles and Responsibilities

The following section provides an overview of the many and varied roles and responsibilities of the regional director of nursing. This information may be helpful in developing an appropriate job plan.

a. Professional Nursing Guidance:

Utilizes, updates and disseminates information on approved nursing protocols and standards
Interprets rules and regulations, special letters, departmental policies and program directives
Serves as consultant for all staff regarding activities in local health department
Collaborates with regional and local nursing supervisors, medical consultants, and health officers in planning nursing services

b. Coordination of Nursing with Other Disciplines:

Works with county nursing supervisors, County Directors, district administrators, health officers, and program directors to insure smooth integration of activities.

c. Quality Improvement Activities:

Supervises and promotes continuous quality improvement activities
Provides guidance and professional direction to the peer review process

d. Staff Development:

Oversees the development of a complete orientation plan for all nursing staff
Plans and implements schedule of continuing education activities for all nursing staff
Serves as the primary regional liaison with schools of nursing
Monitors technical competencies of nursing staff

SECTION IV

PROGRAM ORIENTATION GUIDELINES

IV. PROGRAM ORIENTATION GUIDELINES

(See Appendix D for additional program information)

The following section contains orientation plans for the programs provided by the Bureau of Health Services. The vast array of activities illustrates the breadth and diversity of effort to meet the public health needs of Tennessee's citizens. The orientee should familiarize her/him self with all health department activities with special emphasis on those that are provided by the county or counties of employment and/or the specialty areas that she/he may be assigned.

Each program description includes orientation objectives, program objectives, legal mandates, patient eligibility criteria, services, procedures and policies, documentation, records and forms, teaching and counseling, referral, tracking and follow-up, and resources and references.

The following orientation plans are included:

- Abstinence Only Education
- Breast and Cervical Cancer Early Detection (TBCCEDP)
- Breastfeeding
- Child Health and Development (CHAD)
- Children's Special Services (CSS)
- Dental
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
- Epidemiology
- Families First Home Visiting (FF)
- Family Planning (FP)
- Genetics and Newborn Screening
- HIV Prevention
- Help Us Grow Successfully (HUGS)
- Immunization
- Lead
- Osteoporosis
- Perinatal
- Prenatal
- Project Teach
- Sexually Transmitted Diseases (STD)
- TennCare Advocacy
- Traumatic brain Injury (TBI)
- Tuberculosis
- Women, Infant, and Children (WIC)

A. ABSTINENCE ONLY EDUCATION PROGRAM

1. Orientation Objectives

After completing the abstinence only education program orientation, the nurse will:

- ◆ Be aware of the Federal and State stipulations for facilitating abstinence only programs
- ◆ Be aware of Federal and State reporting requirements
- ◆ Be aware of several appropriate Title V educational curriculums
- ◆ Be aware of how to obtain technical assistance and educational materials from the Maternal and Child Health Central Office

2. Program Objectives

The overall goal of the program is to reduce the pregnancy rate of Tennessee youth 15-17.

3. Legal Mandate(s)

Public Law 104-193, signed into law on August 22, 1996, added a new formula grant program (Section 510) to Title V of the Social Security Act. Its purpose is to "enable the State to provide abstinence education, and at the option of the State, where appropriate mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out of wedlock."

4. Patient Eligibility Criteria

Youth aged 10-17 are served through the program with a particular emphasis on the 10-14 year old age group.

5. Services/Procedures/Policies

For purposes of this section, the term "abstinence only education" means an educational or motivational program which:

- ◆ Has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity
- ◆ Teaches abstinence from sexual activity outside marriage as the expected standard for all school age children
- ◆ Teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems
- ◆ Teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity
- ◆ Teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects

- ◆ Teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society
- ◆ Teaches young people how to reject sexual advances and how alcohol and other drug use increases vulnerability to sexual advances
- ◆ Teaches the importance of attaining self-sufficiency before engaging in sexual activity

6. **Teaching/Counseling**

Community-based projects promote pre-marital sexual abstinence for all school-aged children in a religious neutral setting.

7. **Documentation/Records/Forms**

All documents related to the Abstinence Program are maintained at Central Office.

8. **Resources/References**

Grants Management Branch, Maternal and Child Health Bureau,
www.mchb.hrsa.gov
TDH, Abstinence Education Program,
www.state.tn.us/health/MCH/abstinenceeducation.htm

9. **Referral/Tracking/Follow-up**

Not applicable

**B. BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM
(TBCCEDP)**

1. Orientation Objectives

After completing the TBCCEDP orientation, the nurse will:

- ◆ Be able to discuss the purpose and structure of the TBCCEDP
- ◆ Describe what and how services are provided
- ◆ Use the data collection and eligibility forms appropriately
- ◆ Identify local or regional agencies accepting patient referrals
- ◆ Discuss follow-up requirements for abnormal results according to patient guidelines
- ◆ Perform the appropriate tests
- ◆ Provide counseling and teaching
- ◆ Provide ongoing services according to Model PHN Protocols Manual

2. Program Objective

To promote programs and strategies across the state that increase the rate of screening in the intended audience and ultimately decrease morbidity and mortality from breast and cervical cancer.

3. Legal Mandate

Recognizing the value of screening and early detection, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990. This act authorized CDC to establish a national program to ensure that women, for whom screening is recommended, receive regular screening for breast and cervical cancer, prompt follow-up if necessary, and assurance that the tests are performed in accordance with current recommendations. CDC conducts many of these activities through partnerships with state and territorial health agencies, American Indian/Alaska Native organizations, and national organizations.

4. Patient Eligibility Criteria

A female who is 40 to 64 years of age will qualify for no-cost, annual cervical cancer screening and diagnostic service provided by the TBCCEDP if:

- Her income is at or below 250 percent of poverty
- She is uninsured or underinsured and not on TennCare
- She is not eligible for family planning services

In addition, a woman qualifies for no-cost, annual breast screening and/or diagnostic services if she is:

- Between the ages of 50 and 64
- Between the ages of 40 and 49 and has a mother, daughter, or sister who has had breast cancer, a personal history of breast cancer, or a clinical breast exam that is suspicious for breast cancer

5. Services/Procedures/Policies

- ◆ Each client has a record initiated by clerical staff; intake screening, including establishing program eligibility, is completed at this time
- ◆ Services are provided at initial, annual, and other visits as indicated
- ◆ The Advanced Practice Nurse (APN) provides care according to the plan developed by the referring provider, local/regional protocols, and TBCCEDP guidelines
- ◆ The APN is expected to perform appropriate examinations, history taking, counseling, education and follow-up at least annually, and more frequently as indicated

6. Teaching/Counseling

a. Pre-examination counseling should include:

- ◆ Need for annual Pap smear and clinical breast exam for the purpose of early detection or prevention of cancer
- ◆ Patient personal history that might place woman at high risk for cervical and/or breast cancer
- ◆ Self breast exam and written instructional materials

b. Post-examination counseling should include:

- ◆ Interpretation of clinical findings and if abnormal, explanation of need for further diagnostic studies
- ◆ Answers to questions about exam
- ◆ Referral for mammography screening according to the TBCCEDP eligibility criteria
- ◆ Appointment for return visit

7. Documentation/Records/Forms

Document TBCCEDP services according to current nursing protocol
Use TBCCEDP data forms to document data and report to TBCCEDP
Follow guidelines for patient screening, referral, and follow-up

8. Resources/References

TBCCEDP Manual and data forms
Quality Management Guidelines
Educational materials

9. Referral/Tracking/Follow-up

- ◆ Each health department will have a list (addresses, phone numbers, services) of appropriate referral sites for further diagnostic work-up or mammography screening
- ◆ All cervical and breast abnormalities will be referred for further diagnostic work-up
- ◆ No more than 60 days will lapse between screening and diagnosis
- ◆ No more than 60 days will lapse between diagnosis and treatment

C. BREASTFEEDING PROGRAM

1. Orientation Objectives

After completing the orientation, the nurse will:

- ◆ Be aware of the breastfeeding program standards
- ◆ Know the designated Local Breastfeeding Advocate (LBA) in her/his clinic(s)
- ◆ Know the benefits of breastfeeding for both the infant and mother.
- ◆ Know the Positive Environment Policy for breastfeeding promotion
- ◆ Be aware of the promotion of breastfeeding in the local and/or regional health department(s) as stated in policy
- ◆ Know the method of referral and the designated time intervals recommended for follow up for the breastfeeding mother and baby assessment
- ◆ Be aware of the contraindications to breastfeeding (HIV/AIDS, known drug abuse, galactosemia)

2. Program Objective

To increase the percentage of women who breastfeed.

3. Legal Mandate(s)

None

4. Patient Eligibility Criteria

Must meet the basic WIC criteria (category, income, nutrition/medical reason) and be breastfeeding a minimum of one time a day. A breastfeeding woman is eligible until her infant's first birthday.

5. Services/Procedures/Policies

a. **Standards:**

Minimum standards for breastfeeding promotion and support include:

- ◆ A policy that creates a positive clinic environment
- ◆ A staff person designated to coordinate promotion/support activities (LBA)
- ◆ Incorporation of breastfeeding promotion and support training into orientation programs for new WIC staff
- ◆ A plan to ensure that women have access to breastfeeding promotion and support activities during prenatal and postpartum period

b. **Services:**

The program provides prenatal education, postpartum support, breastfeeding aides (pumps, bras, pads, shells, supplemental nursing system), referral to health care providers, weight checks, hospital and/or home visits.

c. Policies:

See Policy 7.17, Breastfeeding, Bureau of Health Services Policies and Procedures Manual and WIC Manual.

(All pregnant WIC participants must be encouraged to breastfeed unless contraindicated for health reasons.)

c. Procedures:

Participant calls into health department to make appointment to see the peer counselor, nutritionist, or LBA. Follow-up and referral is completed by provider as needed.

6. Teaching/Counseling

(For additional information, see Breastfeeding Management Guidelines, WIC Manual)

Health professionals should be familiar with:

- ◆ Culturally appropriate breastfeeding promotion strategies
- ◆ Correct breastfeeding management techniques to encourage and support breastfeeding mother and infant
- ◆ Appropriate use of breastfeeding education materials and aids

7. Documentation/Records/Forms

PH-3180, “Womans Record”

PH-3029 and PH-3030 “Child Health Record”

8. Referral/Tracking/Follow-up

Referral should be made to the breastfeeding staff or LBA anytime a woman has questions or concerns, is in need of breastfeeding aides, requests to supplement (or change the amount of supplement) with formula, or plans to discontinue breastfeeding.

Ideally, the breastfeeding woman should be contacted by the breast-feeding staff or LBA immediately following delivery, 24-48 hours after delivery, and at 7 days and 14 days postpartum.

9. Resources/References

- ◆ Breastfeeding Triage Tool (in each clinic)
- ◆ Le Leche League Answer Book (in breastfeeding project sites with regional Breastfeeding Coordinator)
- ◆ Counseling the Nursing Mother Manual (in breastfeeding project sites with regional Breastfeeding Coordinator)
- ◆ Infant Nutrition and Feeding, USDA (in each clinic)
- ◆ Breastfeeding, A Guide for the Medical Profession (in breastfeeding project sites and with regional Breastfeeding Coordinator)
- ◆ Breastfeeding And Human Location (in breastfeeding project sites and with regional Breastfeeding Coordinator)
- ◆ WIC Manual (in each clinic)

D. CHILD HEALTH AND DEVELOPMENT (CHAD) PROGRAM

1. Orientation Objectives

After completing the CHAD program orientation, the nurse will:

- ◆ Understand all components of the CHAD Program
- ◆ Understand CHAD eligibility

2. Program Objectives

- ◆ Identify and/or prevent developmental problems in children under six years of age
- ◆ Eliminate or significantly reduce the risk of developmental delays to the unborn child

3. Legal Mandates

No state legislative mandate. CHAD services are funded by Social Services Block Grant (SSBG) funds through the Department of Children's Services.

4. Patient Eligibility Criteria

Children under the age of six and pregnant women who meet the following criteria:

- ◆ Recipients of Families First or SSI
- ◆ Referrals from Department of Children's Services, Child Protective Services
- ◆ SSBG Income Eligibility Standards

5. Services/Procedures/Policies

- ◆ CHAD is a home-based service. Visits are made up to 4 times per month as needed sometimes daily for failure to thrive referrals from hospitals.
- ◆ Initial comprehensive health history and physical examination must be completed within the first two months of service
- ◆ Physical exams must be repeated six months from the first examination for children one year of age or younger, and every twelve months for children ages 1-6 years.
- ◆ All children enrolled in CHAD must be up to date on immunizations
- ◆ Developmental screening must be performed within the first two months of service
- ◆ Ongoing developmental screenings are performed at least annually up to age three and more frequently when child's function level indicates a need; after age three screenings are conducted as indicated
- ◆ Nutritional Assessment must be completed for each child or expectant mother within two months of services initiation; subsequent nutritional counseling must be provided based on identified needs
- ◆ Social assessment must be completed within thirty days of service initiation and updated every 6 months

6. Teaching/Counseling

- ◆ Counseling on resources, interpersonal problems, behavior management, etc. is a required component of CHAD services
- ◆ Educational activities aimed at enhancing the child's physical, intellectual, emotional and social development are required components of CHAD services
- ◆ Educational activities concerning pregnancy and parenting are required for prenatal patients

7. Documentation/Records/Forms

Home visits are documented in narrative format in the nursing notes
Specific program forms according to regional policy

8. Referral/Tracking/Follow-up

Refer any medical or developmental problems to appropriate providers; coordinate and track all referrals to other providers

9. Resources/References

- ◆ CHAD Performance Standards
- ◆ Annual CHAD contract
- ◆ Child Health Guidelines
- ◆ PHN protocols
- ◆ Policies and Procedures (DHS Community Service Program), (use this for types of income, family size, etc. for eligibility)

E. CHILDREN'S SPECIAL SERVICES PROGRAM

1. Orientation Objectives

After completing the Children's Special Services (CSS) Conference and clinical orientation, the nurse will of:

- ♦ Be aware of the various components of the CSS program
 - Medical Services
 - Care Coordination
 - Parents Encouraging Parents (PEP)
 - CSS Resource Library
 - Newborn Screening
 - Project TEACH
- ♦ Understand the staffing components of the CSS program
 - CSS Regional Coordinators
 - CSS Care Coordinators
 - PEP professionals and parents
- ♦ Understand the referral process for children with special health care needs and the referral process for children with a developmental delay (under age 3) [Department of Education, Part C Early Interaction Services (TECS) to comply with IDEA]

2. Program Objectives

- ♦ To serve as the states' Federal Title V MCH Children with Special Health Care Needs (CSHCN) program
- ♦ To assist each child identified with a special health care need reach his/her maximum potential to be an independent citizen
- ♦ To assure appropriate, timely, comprehensive, and quality services to children and their families
- ♦ To promote the well being of children in a manner that is family-centered, culturally sensitive, and community-based by facilitating, collaborating, and forming partnerships that are flexible and creative in meeting the unique needs of each child

3. Legal Mandates

- ♦ Tennessee Code Annotated Chapter 12, Treatment of Disabled Children Section 68-12-101 through 68-12-112
- ♦ Tennessee Rules and Regulations Chapter 1200-11-3-.01 through 1200-11-3-.08, Children's Special Services
- ♦ Individuals with Disabilities Education Act Amendments of 1997 (IDEA '97)

4. **Patient Eligibility Criteria**

a. **Medical Services Component:**

Any child enrolled in Medicaid/TennCare or SSI/TennCare will automatically be determined income eligible for a period of one year; any child who appears to be eligible for TennCare through the Department of Human Services will be deemed income eligible for a period of 90 days pending application to TennCare.

A child is eligible for the medical services component of CSS when all of the following criteria are met:

- ◆ Child's age is from birth to twenty-one
- ◆ Child is a resident of the state of Tennessee
- ◆ Family income is equal to or less than 200% of the Federal Poverty Level
- ◆ Child meets CSS medical services diagnostic criteria

b. **Care Coordination Component:**

Any child eligible for the medical component of CSS is also eligible for the care coordination component of CSS. Other children are eligible only for the care coordination component of CSS if the following criteria are met:

- ◆ Child's age is from birth to twenty-one and Child is resident of the state of Tennessee
- ◆ Child is enrolled in TennCare and meets CSS care coordination diagnostic criteria or child has a diagnosis of PKU, congenital hypothyroidism, galactosemia, sickle cell disease, or other hemoglobinopathies (conditions screened through the state newborn screening program)

c. **PEP program:**

The parent network component, Parent's Encouraging Parents (PEP), does not have financial or diagnostic eligibility criteria.

5. **Services/Procedures/Policies**

Functions of the PHN/CSS coordinator include:

- ◆ Case finding and physical assessment of the child
- ◆ History taking and interviewing of parents
- ◆ Completion of necessary referral forms, including economic screening
- ◆ Referring to CSS regional Coordinator or CSS care coordination to arrange initial clinic appointment for evaluation
- ◆ Follow-up on missed appointments
- ◆ Interpretation of clinic findings to parents as needed
- ◆ Coordination of needed additional services

6. Teaching/Counseling

- ♦ Understanding of the child's individual diagnosis
- ♦ Reinforcing instructions given to parents at the clinic
- ♦ Care of special equipment and appliances
- ♦ Importance of keeping appointments and following through with prescribed treatment, exercises, physical therapy, etc.

7. Documentation/Records/Forms

Medical Record or PTBMIS
CSS Application for Service, PH-1700
CSS Family Service Plan

8. Referral/Tracking/Follow-up

The nurse will maintain some type of tracking system (regional or county specific) for following up on missed appointments and coordination of other needed services. The nurse will refer to, and work closely with, CSS Regional Coordinator, care coordinator or P.E.P. coordinator on care for children with special needs.

10. Resources/References

PHN Protocols
Child Health Guidelines
Quality Management Manual
Special Education Programs
Department of Children's Services
Division of Vocational Rehabilitation
CSS Regional Coordinator
PEP (Parents Encouraging Parents) Manual
CSS Manual
CSS Care Coordination Manual

F. DENTAL PROGRAM

1. Orientation Objectives

At the completion of the orientation period, the nurse will:

- ◆ Understand the mission of Oral Health Services
- ◆ Be able to identify oral conditions and make appropriate referrals
- ◆ Educate patients on correct oral hygiene and promote good oral health
- ◆ Be aware of public health measures that prevent oral diseases - fluoride, dental sealants, application of fluoride varnish, proper nutrition, use of good oral hygiene, and avoidance of tobacco products

2. Program Objectives

The dental program's goal is a component of the department's overall goal to promote, protect, maintain, and improve the health of the population of this state. To accomplish this goal, the Oral Health services section provides programs for the prevention of oral disease and educates the public regarding good oral health. In addition, the program identifies those without access to dental care and attempts to assure both basic and acute care.

3. Program Legal Mandates

TCA 68-1-106

TCA 68-1-301, 302, 303, 304

TCA 4-3 1803 paragraphs (1), (2), (4)

4. Patient Eligibility Criteria

Water fluoridation benefits all residents of a community. Other services, particularly direct patient care, and school-based programs are targeted to those at highest risk for developing oral diseases.

5. Services/Procedures/Policies

- ◆ Community water fluoridation
- ◆ Community-based dental sealant programs
- ◆ Screening and Referral programs
- ◆ Direct Patient Care in Local Health Department
- ◆ Dry Tooth Brushing programs in the schools

6. Teaching/Counseling

- ◆ Oral Health Education programs in the schools
- ◆ In-service training for professionals
- ◆ In-service programs for teachers and nursing home personnel
- ◆ Oral Health Education programs in day-care and Head Start centers

7. Documentation/Records/Forms

a. Clinic Forms:

Patient health history, informed consent for oral surgery, patient treatment records, post-operative instructions, and forms for billing for services

b. Preventative Forms

Consent for sealants, records of sealants performed, consent for self-applied fluoride, screening and referral forms, and billing forms

8 Referral/Tracking/Follow-up

Short-term and long-term follow-up studies are conducted as a part of the dental sealant program to determine sealant retention rates of the children involved in the program. Recall cards are sent to keep patients up to date with dental check-ups.

9 Resources/References

State Oral Health Director – (615) 741-8618

**G. EARLY AND PERIODIC SCREENING, DIAGNOSIS
AND TREATMENT (EPSD&T) PROGRAM**

(For additional information, see Child and Adolescence Health Manual)

1. Orientation Objectives

After completion of the EPSDT Program orientation, the nurse will:

- ◆ Understand the Department of Health's philosophy concerning the importance of preventive well child exams for children
- ◆ Understand all components of the EPSD&T Program
- ◆ Understand TennCare eligibility, Managed Care Organizations, and the Health Department's role in terms of outreach, benefits education and/or provision
- ◆ Understand when an EPSD&T exam should be provided at the health department and when the child should be referred to his primary care provider/gatekeeper.

2. Program Objectives

- ◆ To provide preventive health services to all TennCare recipients ages birth to 21 years of age
- ◆ To provide dental services to all TennCare recipients ages 3 years to 21 years of age
- ◆ To insure that any health problems are identified and the recipient is referred for evaluation and treatment

3. Legal Mandates

The State of Tennessee has a mandate from the Department of Health and Human Services Health Care Financing Administration, based on Title XIX of the Social Security Act, to provide EPSD&T services for all TennCare Recipients ages birth to 21 years of age.

4. Patient Eligibility Criteria

Must be under 21 years of age and a TennCare/Medicaid recipient.

5. Services/Procedures/Policies

- ◆ Children should receive EPSD&T screenings according to the American Academy of Pediatrics periodicity schedule as outlined in the Department of Health Model Public Health Nursing Protocol, Preventive Health Care Children Health Maintenance Flow Sheet.
- ◆ Services should include:
 - Comprehensive health and development history
 - Comprehensive unclothed physical examination
 - Assessment of nutritional status
 - Age appropriate immunizations, lab tests including lead toxicity screening, vision and hearing screening, developmental screening, health education and anticipatory guidance and cholesterol assessment
 - Diagnosis and treatment or referral for any suspected medical problems
 - Referral to dentist for ages 3 to 21 years

6. **Teaching/Counseling**

- ◆ Age appropriate anticipatory guidance/health education
- ◆ Counseling regarding screening outcomes
- ◆ Teaching importance of compliance with referrals to appropriate providers

7. **Documentation/Records/Forms**

Complete documentation of all screening components on the appropriate medical record
Complete the referral using Doctor referral letter
Document any outreach activities

8. **Referral/Tracking/Follow-up**

Coordinate and track all referrals to other providers
Provide outreach to non-compliant recipients

9. **Resources/References**

PHN Protocols
Child Health Guidelines, including EPSDT guidelines

H. EPIDEMIOLOGY PROGRAM

1. Orientation Objective

After completing the Epidemiology Program Orientation, the nurse will:

- ◆ Be aware of the Epidemiology Team and able to identify local and regional epi staff
- ◆ Have basic knowledge about outbreaks and illnesses that require investigation
- ◆ Be able to recognize and refer epidemiological problems appropriately
- ◆ Be able to assist with an epidemiological investigation

2. Program Objectives

- ◆ To prevent the spread of communicable diseases in Tennessee
- ◆ To investigate and control outbreaks as they occur, identifying the source of the infection whenever possible
- ◆ To educate health care professionals in the principles of disease control and surveillance

3. Legal Mandates

Tennessee Code Annotated Sections 49-6, 68-1, 68-5, 68-8, 68-9, and 68-10 give the Tennessee Department of Health the responsibility for supervising interests related to the health of Tennesseans. These responsibilities include the formulation of legally adopted regulations for the control of communicable disease in the state.

4. Patient Eligibility Criteria

Any persons having or being suspected of having a communicable disease requiring investigation will be subject to investigation for the purpose of identifying and controlling the spread of specific diseases.

5. Services/Procedures/Policies

Functions of the PHN include:

- ◆ Forward any reportable disease to the epi team (CEDS), if not reported from the epi team
- ◆ Interviewing cases and suspected cases
- ◆ History taking
- ◆ Completion of necessary forms and reports; originals to be sent to epi team (CEDS)
- ◆ Collection of laboratory specimens
- ◆ Interpretation of laboratory and clinical findings to patients
- ◆ Making appropriate referrals

6. Documentation/Records/Forms

- ◆ Communicable Disease Investigation Form (specific for disease and for Region/County)
- ◆ Laboratory Slips
- ◆ Medical Record

7. Teaching/Counseling

- ♦ Provide information specific to the disease under investigation
 - Causative organism
 - Mode of transmission
 - Incubation period
 - Period of Communicability
 - Importance of medical care and treatment if needed
 - Preventive measures
 - Vaccination or immunization (if applicable)
- ♦ Provide reinforcement of specific instructions to the community, family, or group involved
- ♦ Teach universal principles of disease control such as proper handwashing, food sanitation, control of insects, personal hygiene, etc. of medical care and treatment if indicated
- ♦ Teach the need for community cooperation in confining outbreaks

8. Referral/Tracking/Follow-up

- ♦ Each local health department will maintain a tracking system for reported cases of communicable disease
- ♦ The PHN will work closely with the State Laboratory, local hospitals, physicians, and regional personnel in the tracking and investigation of cases and contacts

9. Resources/References

Epidemiology Manual

Regulations Governing Communicable Diseases in Tennessee

Control of Communicable Disease in Man, American Public Health Association

State and Regional Communicable Disease Personnel

Hospital Infection Control Nurses

Private Physicians

Surveillance of Vaccine Preventable Diseases (pink book, now available on line)

Red Book, American Academy of Pediatrics

Tennessee notifiable diseases

I. FAMILIES FIRST HOME VISITING PROGRAM

1. Orientation Objectives

After completing of the Family First Home Visiting orientation program orientation the nurse will:

- ◆ Be able to describe the referral and reporting system
- ◆ Be able to describe the services provided by the home visiting program
- ◆ Be familiar with the Families First Program Guidelines

2. Program Objectives

- ◆ To assess the ability of families who have been unsuccessfully terminated from the Families First Program to adequately provide for their children without the use of the welfare funds
- ◆ To provide referrals for any services for which the families may be eligible and in need

3. Legal Mandate(s)

T.C.A. 71-3-154 mandates the Department of Health visits for families unsuccessfully terminated from Families First.

4. Patient Eligibility Criteria

The Department of Human Services or a Customer Service Reviewer refers families that are terminated from the Families First Program due to unsuccessful completion of the program. All families referred are required to receive an attempt to provide services.

5. Services/Procedures/Policies

See Families First Program Guidelines.

6. Teaching/Counseling

In accordance with Family First Guidelines

7. Documentation/Records/Forms

Services are documented according to current state and/or regional guidelines

8. Resources/References

Families First Home Visit Program Policy
Families First Activity Report Instructions

9. Referral/Tracking/Follow-up

The Families First Activity Report is completed and submitted to the Department of Human Services for all families referred

J. FAMILY PLANNING PROGRAM

1. Orientation Objectives

At the completion of the Family Planning program orientation, the nurse will:

- ◆ Be aware of the philosophy, structure, and legal basis of the FP Program
- ◆ Know what and how services are provided
- ◆ Have knowledge of initial and interval history and assessment
- ◆ Know situations requiring referrals for medical services, social services, and other health department services
- ◆ Appropriate lab tests
- ◆ Know appropriate counseling and teaching.
- ◆ Know family planning services as outlined in the Model PHN Protocols Manual and Women's Health Manual, Vol. II
- ◆ Understand implications of Pap smear results (terminology) and referral indicators
- ◆ Have knowledge of all family planning methods, including benefits/ contraindications
- ◆ Understand different types of family planning visits and what constitutes each

2. Program Objectives

To provide access to voluntary family planning services and education as a means to improve the total health of families through the provision of quality comprehensive family planning services to all persons requesting services.

3. Legal Mandate(s)

Tennessee Family Planning Act of 1971, Tennessee Code Annotated, 68-34-101-111, states that Family Planning Services will be made available to all citizens desiring them in accordance with fee schedules, and rules and regulations set forth by the Commissioner of Health. The program also operates under federal law, regulations, and guidelines as contained in Title X of the Public Health Service Act of 1970.

4. Patient Eligibility Criteria

Services are available to persons of reproductive age requesting assistance without regard to religion, sex, age, race, income, marital status, number of children, citizenship, or motive. Fees for services are charged based on the income and number in family. No charges are made to clients at or below the federal poverty level.

6. Services/Procedures/Policies

- ◆ Physicians, nurse midwives, nurse practitioners, public health nurses, and other public health staff in health departments and nonprofit clinics in every county in the state provide services
- ◆ Services are provided at initial, resupply, annual, medical revisit, and other patient visits as indicated
- ◆ The PHN is expected to perform appropriate laboratory procedures, history taking, counseling, education, dispensing/administration of prescribed method, and follow-up

7. Teaching/Counseling

a. **Pre-examination counseling**

The following should be included:

- ◆ Basic information on female and male reproductive physiology in order to facilitate choice of contraceptive
- ◆ An overview of both reversible and irreversible contraceptive methods regarding effectiveness, possible side effects, problems encountered with usage, and safety
- ◆ Method contraindications as determined by patient history
- ◆ Information on the epidemiology and treatment of sexually transmitted disease(s) including HIV/AIDS
- ◆ Choices of methods and additional information specific to method chosen including informed consent
- ◆ Information regarding emergency contraception

b. **Post-examination counseling**

The following should be included:

- ◆ Interpretation of clinical findings
- ◆ Answers to questions about method or any part of the procedure to that moment
- ◆ Confirmation of method and instruction in the use of the chosen and prescribed method both verbally and written
- ◆ Usage and side effects of method/medications dispensed as specified in plan
- ◆ Information concerning availability of emergency services
- ◆ Appointment for return visit

7. Documentation/Records/Forms

Document family planning services according to current state and/or regional guidelines.

8. Resources/References

Quality Management Guidelines
Women's Health Manual, Volume I
"Contraceptive Technology" (latest edition)
Family planning advisories (numbered memos)
Educational materials and current resource books
PHN Protocols
Lab Manual
STD Manual

8. Referral/Tracking/Follow-up

- ◆ Each clinic should have a list of appropriate referral agencies, including addresses, phone numbers, and available services
- ◆ Specific conditions requiring follow-up either directly or by referral include:

- Medical problems indicated by history or physical examination that are beyond the scope of practice of the clinic staff
 - Positive or suspicious cervical cytology or persistent abnormal cervical cytology, in accordance with the state's follow-up guidelines
 - Vaginal infection not responding to usual outpatient therapy
 - Positive urine dip or culture
 - Anemia and other blood dyscrasias
 - Positive pregnancy test
 - Infertility work-up and/or therapy of an extensive nature
 - Sterilization services
 - Nutrition services
 - Social services beyond the scope of program personnel
 - Sexually transmitted diseases (STD)
- ♦ County or Region-Specific/Tracking and Follow-up may be done by use of tickler files, PTBMIS, or log sheets

K. GENETICS AND NEWBORN SCREENING PROGRAM

1. Orientation Objectives

After completing the Genetics and Newborn Screening orientation the orientation, the nurse will:

- ♦ Understand the a Newborn Screening procedure from collection of specimen to mailing specimen to the State Laboratory
- ♦ Know the repeat specimen collection procedure with any modifications
- ♦ Understand follow-up procedures and resources for follow-up of positive test results

2. Program Objectives

- ♦ To decrease the mortality and morbidity associated with genetic disorders
- ♦ To provide access to genetic screening, diagnostic testing, and counseling services to individuals and families who have, or who are at risk for, genetic disorders
- ♦ To provide screening and follow-up for phenylketonuria, congenital hypothyroidism, galactosemia, hemoglobinopathies (such as sickle cell), congenital adrenal hyperplasia, and other genetic diseases that may be added to the statewide panel of tests
- ♦ To maintain a Genetics Advisory Committee (administrative responsibility appointed by the Commissioner)

3. Legal Mandates

Tennessee Code Annotated, Section 68-5-401 through 68-5-505 provides statutory authority for this program.

4. Patient Eligibility Criteria

All infants, children, and adults in need of genetic screening, diagnostic testing, and counseling services.

5. Services/Procedures/Policies

- ♦ Initial screening of children (not previously screened at a hospital or by another provider)
- ♦ Repeat testing of children as recommended
- ♦ Referral to genetic centers

6. Teaching/Counseling

- ♦ Understanding of the individual's diagnosis
- ♦ Interpretation of screening results and clinical findings as needed
- ♦ Reinforcement of instructions given by providers and genetic centers
- ♦ The need for compliance with recommendations and follow-up care

7. Documentation

Medical Record

Newborn Screening Form PH-1582

Meharry Laboratory request form for hemoglobinopathies

8. Referral/Tracking/Follow-up

- ◆ The nurse will maintain a tracking system (regional or county-specific) for following up on missed appointments and coordination of other needed services
- ◆ PHN will refer to the nearest genetic center as appropriate

9. Resources/References

- ◆ Child Health Guidelines
- ◆ Laboratories Policies and Procedures Manual for Local Health Departments

L. HEALTHY START PROGRAM

1. Orientation Objectives

After completing the Health Start program orientation, the nurse working in a region participating in the Healthy Start Program will:

- ♦ Understand the Healthy Start program and its referral process (screening, assessment interview, intake)
- ♦ Know Tennessee counties that provide Healthy Start services

2. Program Objectives

- ♦ To systematically identify overburdened families in need of support
- ♦ To enhance family functioning by building trusting relationships, teaching problem solving skills, and improving the family's support system
- ♦ To promote positive parent-child interaction
- ♦ To promote healthy childhood growth and development

3. Legal Mandates

The Early Childhood Development Act of 1994 mandates that at least ten Tennessee counties are served by Healthy Start programs. The federal Family Preservation/Family Support Act provides seventy-five percent of the Healthy Start funding, the remaining twenty-five percent is provided by a state match

4. Patient Eligibility Criteria

Parents are determined eligible based on the screening process. All services are voluntary and parents must agree to be in the program.

5. Services/Procedures/Policies

a. **Family Needs Assessment:**

Record screening
Assessment interview
Referrals/follow-up

b. **Home Visiting:**

Intensive home-based family support and education
Creative outreach
24-hour availability
Parent support/lay counseling under professional supervision
Parent-child interaction curriculum and intervention
Linkage with medical home
Referrals and advocacy
Parent groups
Participant's levels (varied intensity of service, based on need)
Long-term follow-up to age 5
Child development screening
Child health tracking (well-care, immunizations)

6. Teaching/Counseling

Child development

Problem solving and crisis management

Preventive Health Care (well-child care, immunizations)

7. Documentation/Records/Forms

There are no standard referral forms since Healthy Start is designed to identify families through medical record screening.

8. Referral/Tracking/Follow-up

- ◆ Eligible families are generally located through hospital or birth certificate record screening; telephone referrals are also accepted
- ◆ Families must meet well-defined eligibility criteria in order to be accepted into the program
- ◆ Areas such as immunization, well child examinations, and prenatal care for subsequent pregnancies are tracked for each Healthy Start family
- ◆ Families may receive services for up to five years

9. Resources/References

Established child development curricula

The Healthy Families America curriculum

M. HIV PREVENTION PROGRAM

1. Orientation Objectives

After completing the HIV Prevention program orientation, the will:

- ◆ Have knowledge about the philosophy, structure, and legal basis of the STD/HIV Program
- ◆ Know what and how services are provided
- ◆ Be aware of initial and interval history assessment
- ◆ Know appropriate laboratory tests
- ◆ Understand situations requiring referrals for Ryan White Medical Care Manager, and other health department or social services
- ◆ Have knowledge of wellness and health information available to the general public designed to reduce unreasonable fear or denial regarding HIV/AIDS
- ◆ Know risk reduction strategies utilizing the six steps in HIV prevention counseling
- ◆ Understand fundamental counseling concepts
- ◆ Know the importance of partner counseling and referral services

2. Program Objectives

- ◆ To develop ongoing, supportive relationships with a network of community based providers in order to deliver targeted, effective, theory-based HIV prevention intervention to individuals at risk for HIV infection thereby initiating changed behaviors that reduce the risk of infection
- ◆ To eliminate or reduce the number of new HIV infections in Tennessee

3. Legal Mandates

NONE. According to Communicable and Environmental Disease Services in Tennessee, HIV is defined as an STD thus all regulations in Tennessee Code Annotated 68-10 regarding confidentiality, treatment, reporting, etc., apply to HIV/AIDS.

4. Patient Eligibility Criteria

Services are available to persons requesting assistance without regard to age, race, sex, economic status, county, or state of residence.

5. Services/Procedures/Policies

- ◆ Functions the Public Health Nurse is expected to perform include appropriate laboratory procedures, history taking, counseling and education, and follow-up
- ◆ Educational materials such as pamphlets, posters, videos, and condoms are available statewide

6. Teaching/Counseling

a. **Pre-examination counseling:**

The following should be included:

- ◆ Introduce client to session
- ◆ Identify client's personal risk behaviors and circumstances
- ◆ Identify safer goal behaviors
- ◆ Develop client action plan
- ◆ Make referrals and provide support
- ◆ Summarize and close session

b. **Post-examination counseling**

The following should be included:

- ◆ An interpretation of clinical findings
- ◆ Answers about any method or any part of the procedure
- ◆ Renegotiation or reinforcement of existing plan for reducing risk, considering client's HIV status
- ◆ Appropriate referrals for additional medical, housing, or other support services.
- ◆ Partner counseling and referral services

7. Documentation/Records/Forms

- ◆ HIV services will be documented on the medical record according to current state and/or regional guidelines
- ◆ HIV Consent Form
- ◆ PTBMIS data entry

8. Resources/References

Ryan white Medical Case Manager
PHN Model Protocol
Tennessee AIDS Hotline
National AIDS Hotline
CDC STD Treatment Guidelines (current edition)
National Prevention Information Network
STD Guidelines (counseling guidelines)

9. Referral/Tracking/Follow-up

- ◆ Each clinic should have a list of appropriate referral agencies, including addresses, phone numbers, and available services
- ◆ Follow-up may be done by tickler files, log sheets, etc.
- ◆ Partner notification services as indicated

N. HUGS (HELP US GROW SUCCESSFULLY) PROGRAM

(For additional information see HUGS Guidelines)

1. Orientation Objectives

After completing the HUGS program orientation, the nurse will:

- ♦ Have knowledge of HUGS Care Coordination
- ♦ Provide case management services to pregnant women, infants and children, who are identified through health department clinics, private physicians, or those who are self-referred
- ♦ Obtain medical, psychosocial, nutritional, and developmental histories
- ♦ Identify problems/needs and complete a plan of care based on this data
- ♦ Provide health education/health promotion activities to pregnant women, infants, and children in the clinic and forms
- ♦ Complete necessary records and forms
- ♦ Coordinate billing procedures, where applicable
- ♦ Identify community resources for coordination and referral

2. Program Objectives

- ♦ To assure continuous, risk-appropriate medical care for pregnant women, infants, and children, who have been identified and who accept the services
- ♦ To teach patient how to access services and utilize available resources
- ♦ To provide health education/health promotion activities to this identified population

3. Legal Mandates

NONE. The Tennessee Department of Health developed a group of activities to expand and integrate services available in this state for low-income pregnant women, infants and children. A primary focus is to increase and enhance participation of private providers in the delivery of medical care.

4. Patient Eligibility Criteria

Pregnant and post-partum women up to 2 years and children from birth to age 6.

5. Services/Procedures/Policies

Responsibilities of the care coordinator include the following:

- ♦ Medical risk assessment (prenatal); general health status assessment and developmental assessment (infants and children)
- ♦ Psychological assessment
- ♦ Nutritional assessment
- ♦ Development of care plan
- ♦ Educational activities
- ♦ Coordination of services, other staff, and referrals
- ♦ Monitoring of progress and adapting care plan accordingly
- ♦ Discharge planning/case closure

6. Teaching/Counseling

- ◆ Overall program benefits and how/when to access care
- ◆ Parenting skills
- ◆ Childcare and normal growth and development (age appropriate)
- ◆ Compliance with referrals to appropriate providers and follow-up activities

7. Documentation/Records/Forms

Document on appropriate records as determined by local/regional policies

8. Referral/Tracking/Follow-up

Provide monthly contact or more frequently as needed

Complete appropriate referral forms

Maintain appropriate tickler or other tracking system for follow-up

Coordinate interdepartmental referrals to other agencies as indicated

9. Resources/References

HUGS Program Guidelines

Child Health Manual

O. IMMUNIZATION PROGRAM

1. Orientation Objectives

It is expected that the nurse will attend the CDC training in Vaccine Preventable Diseases (videoconference) or review of the most recent broadcast.

After completing the Immunization program orientation, the nurse will:

- ♦ Know the immunization schedule for infants, children, and adults
- ♦ Be able to take a pertinent patient history assessment
- ♦ Be familiar with the immunization section of the PHN model protocol
- ♦ Be familiar with the current Standards of Immunization Practices (CDC publication)
- ♦ Be familiar with routes of, and administration of, all vaccines
- ♦ Have knowledge of vaccine storage, handling and inventory procedures
- ♦ Be familiar with laws and regulations regarding vaccines, school and day care attendance, and the Immunization Register

2. Program Objectives

- ♦ To eliminate or control vaccine preventable diseases, with an emphasis on infant immunizations
- ♦ To determine immunization levels in Tennessee
- ♦ To identify, design and implement strategies to improve immunization levels in under-immunized populations
- ♦ To prevent the spread of vaccine preventable disease in the event of an outbreak or epidemic

3. Legal Mandates

In 1962, the Tennessee Code Annotated established the requirement that the Department of Health provide clinics for the immunization of children. Later revisions also provided authority to provide assistance to the communities to implement immunization programs. In 1967, legislation was passed authorizing the Commissioner of Health to specify those immunizations needed to enter school. Subsequent amendments expanded this to include day care (nursery) facilities. In 1978, the immunization requirement was expanded from an entry only requirement to cover all children attending school, except those with valid religious or medical exemptions. In 1983, legislation was passed specifying a standardized form to be used to record immunizations in the school record.

Federal legislation was also passed that impacted the Immunization Program. Public Health, Act 317 expanded the financial assistance to states from the federal government.

The most significant federal legislation, however, was the Vaccines for Children Act of 1994. This Act allows the Health Department to supply vaccines to private physicians for children who are eligible, or enrolled, in Medicaid (TennCare). This enables children to receive vaccine without cost at their medical home. The Act also increased the number of physicians providing immunization service by removing the cost of the vaccines and the problems associated with reimbursement as a barrier to providing immunization services.

4. Patient Eligibility

All children who have not yet reached their 19th birthday are eligible for any vaccine that is medically indicated. Certain adult vaccines are also available. Vaccines required for entrance into college or post-secondary schools (e.g., MMR for college entrance) and supplied by the Immunization Program, may be administered. Td vaccine may be administered to adults as medically indicated. Adults needing immunizations for employment (e.g., hospital employee) or international travel are not currently eligible for vaccine supplied by the Immunization Program.

5. Services/Procedures/Policies

- ◆ The PHN will review the child's immunization history to determine vaccine(s) due at that visit
- ◆ The PHN will insure the Vaccine Information Statement has been offered to the responsible party and will answer any questions the patient/parent/guardian might have
- ◆ The PHN will administer the vaccine and document all vaccine information

6. Documentation/Records/Forms

Vaccine Information Statements

Immunization/Medical Record, including electronic records as appropriate

Parent Immunization Record (Medical Passport or other)

Tennessee Child Health Record (PH 2414, school and daycare record)

Vaccine Adverse Event Report Form (when needed)

7. Teaching/Counseling

- ◆ Possible side effects of immunization
- ◆ Anticipatory Guidance
- ◆ Date for return

8. Referrals/Tracking/Follow-up

- ◆ Monitoring activities which include CASA, day care and school audits, and 24-month surveys
- ◆ Follow-up activities for delinquent individuals (Delinquency Report, and Immunization Appointment List)
- ◆ PTBMIS and Statewide Immunization Registry data entry (not done directly by PHN, assure completed)

9. Resources/References

PHN Protocol

Report of the Committee on Infectious Disease of the AAP (Red Book)

Epidemiology and Prevention of Vaccine-Preventable Diseases (CDC/NIP, pink book)

Control of Communicable Diseases Manual (Benenson)

Regional and State Immunization Program

P. LEAD PROGRAM

1. Orientation Objectives

After completing Lead program orientation, the nurse will be able to discuss the goals and objectives of the Tennessee Childhood Lead Poisoning Prevention Program

2. Program Objectives

- ◆ Monitor all blood lead levels of children less than 6 years old
- ◆ Increase screening of children at high risk of lead exposure
- ◆ Assure proper follow-up for children with elevated blood lead levels (EBLLS)
- ◆ Increase public awareness of childhood lead poisoning and prevention

3. Legal Mandate(s)

In July 2002, the Department of Health entered into a contract with TennCare to promote and conduct the *Caring for Kids* well child exam (EPSDT – Early Periodic Screening Diagnosis and Treatment). Medicaid requires children to have a blood lead screening at 12 and 24 months as part of EPSDT.

The regulatory authority for the reporting of all blood lead levels from laboratories is contained in Rules of Tennessee Department of Health, Division of Preventive Health Services, Chapter 1200-14-1, Communicable Diseases. Section 1200-14-1-.02 defines Lead Poisoning (BLL >10 ug/dL for children 0-72 months of age) and states that laboratories are required to report all blood lead test results to TDH. Section 1200-14-1-.42 specifies the reporting requirements for laboratories (all BLLs) and for physicians (all BLLs \geq 10 μ g/dL).

4. Patient Eligibility Criteria

The October 22, 1999, State Medicaid Directors' letter states on page 2: "Even as the average blood lead level of children in this country continues to decline, lead poisoning among Medicaid-eligible and other vulnerable children remains a concern." As part of the definition of EPSDT services, the Medicaid statute requires coverage for children to include screening blood lead tests appropriate for age and risk factors. The Health Care Financing Administration (HCFA) has interpreted this language to require that all children enrolled in Medicaid should receive a screening blood lead test at 12 and 24 months of age because this is the age when all children are most at risk. Children age of 25 months to 72 months of age should be tested when there is no record of a previous screening.

5. Services/Procedures/Policies

- ◆ Diagnostic or treatment services determined to be medically necessary
- ◆ Case management services
- ◆ One-time investigation to determine the source of lead for children diagnosed with elevated blood lead levels.

6. Teaching/Counseling

The Childhood Lead Poisoning Prevention program provides case management information and guidance as needed according to protocols for follow-up of children with elevated blood lead levels. All elevated blood lead levels $\geq 10 \mu\text{g/dL}$ must be confirmed by venous blood sampling. The time interval between the initial capillary screening and venous confirmation is based on CDC protocol recommendations. Venous confirmation is required if comprehensive case management and environmental investigation are to be provided.

7. Documentation/Records/Forms

A surveillance system of child blood lead levels is maintained in accordance with CDC requirements

8. Resources/References

CDC. *Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials*. Atlanta, GA: CDC, 1997

CDC. Recommendations for blood lead screening of young children enrolled in Medicaid: targeting a group at high risk. *Morbidity and Mortality Report*, 49:3, 2000.

Q. OSTEOPOROSIS PROGRAM

1. Orientation Objectives

After completing the osteoporosis program orientation, the nurse will:

- ♦ Have knowledge of the scope of the Osteoporosis Problem
- ♦ Understand factors that positively and negatively affect attainment of peak bone mass
- ♦ Be aware of nutritional, exercise, and hormonal issues and actions at each life stage to maximize bone health
- ♦ Know risk factors for developing osteoporosis

2. Program Objectives

- ♦ To provide public awareness of the causes and nature of osteoporosis, personal risk factors, value of prevention and early detection, and options for diagnosing and treating the disease
- ♦ To educate consumers about the risk factors, diet and exercise, diagnostic procedures and their indications for use; risk and benefits of drug therapies currently approved by the U.S. Food and Drug Administration; environmental safety and injury prevention; and the availability of diagnostic, treatment and rehabilitation services
- ♦ To educate physicians, other healthcare professionals and community service providers on the most up-to-date, accurate scientific and medical information on osteoporosis prevention, diagnosis and treatment, therapeutic decision-making, including guidelines for detecting and treating the disease in special populations, risks and benefits of medications, and advances in research

3. Legal Mandates

Osteoporosis Prevention and Treatment Education Act of 1995, Tennessee Code Annotated, 68-1-1501 and Bone Mass Measurement Coverage Act – Osteoporosis of 1996, Tennessee Code Annotated, 56-7-2506.

4. Patient Eligibility Criteria

All citizens of Tennessee. Third party coverage is available for bone density testing for any person with a condition for which bone mass measurement is determined to be medically necessary by the person's attending physician or primary care physician.

5. Services/Procedures/Policies

- ♦ Provision of patient and provider educational materials
- ♦ Resource speakers for conferences/meetings
- ♦ Information provided to policy makers

6. Teaching/Counseling

- ♦ The affect of nutrition, physical activity, and how these healthful habits affect the development of children's bones
- ♦ The importance of increasing calcium intake and physical activity, the primary prevention for school-age children and shaping healthy behaviors

- ♦ The importance of building bone strength through nutrition and exercise to the highest possible level before beginning to lose bone mass
- ♦ Nutrition, exercise and the effects that menopause has on bone mass
- ♦ Calcium, physical fitness, medications for prevention and treatment and prevention from falls

7. **Documentation/Records/Forms**

Document osteoporosis services according to current state and/or regional guidelines.

8. **Resources/References**

Contact appropriate Central Office staff regarding current resources and/or educational materials.

9. **Referral/Tracking/Follow-up**

- ♦ County or Region-specific tracking and follow-up may be done by use of tickler files, PTBMIS, or log sheets
- ♦ Each clinic should have a list of the central office state program including addresses, phone numbers (including state toll-free hotline number) for additional education materials, technical assistance, and available services
- ♦ Follow-up is made by returning calls, by letters, and/or in a personal manner by setting up an exhibit, sending a speaker, or making a presentation

R. PERINATAL PROGRAM

1. Orientation Objectives

After completing the Perinatal program orientation, the nurse will:

- ♦ Be able to identify the location of the Regional Perinatal Center for the health department service area, including the telephone numbers and contact persons
- ♦ Be able to describe the services available at the Regional Perinatal Center for high-risk pregnant women and infants
- ♦ Be able to describe local procedures for referrals to the Regional Perinatal Center

2. Program Objectives

- ♦ To assist pregnant women and their infants through a regionalized system of high risk care, including specialized personnel, equipment, and techniques that decrease morbidity and mortality
- ♦ To make accessible to every physician and other health care providers in the state a mechanism for consultation on high risk care for pregnant women and infants (includes transfer of patients, as necessary, to centers with special equipment and specially trained personnel, and for postgraduate education in perinatal medicine)

3. Legal Mandate(s)

Tennessee Code Annotated 68-1-802-804 directed the Department of Health to develop a plan for the establishment of a program for the diagnosis and treatment of certain life-threatening conditions in the perinatal period. The law also set up a 21-member advisory committee.

4. Patient Eligibility Criteria

If no other appropriate facility is available to manage significant high-risk conditions, the Regional Perinatal Center must accept all such patients regardless of financial status. The program is funded by the State and does not pay for direct patient care.

In accordance with the *Tennessee Perinatal Care System Guidelines for Regionalization, Hospital Care Levels, Staffing and Facilities*, Tennessee's Regional Perinatal Centers must provide consultation and referral, professional education, maternal-fetal and neonatal transport, site visits to facilities, follow-up, and collection of data.

5. Services/Procedures/Policies

Not applicable

6. Teaching/Counseling

Not applicable

7. Documentation/Records/Forms

Document perinatal referrals and services according to current state and/or regional guidelines.

8. Resources/References

- ♦ Tennessee Perinatal Care System Guidelines for Regionalization, Hospital Care Levels, Staffing and Facilities
- ♦ Tennessee Perinatal Care System Guidelines for Transportation
- ♦ Women's Health Manual, Volume II, Prenatal Services Manual

S. PRENATAL PROGRAM

1. Orientation Objectives

After completing the prenatal program orientation, the nurse will:

- ◆ Provide pregnancy testing
- ◆ Obtain prenatal medical history identifying high risk factors, danger signs, and symptoms
- ◆ Perform routine prenatal procedures
- ◆ Teach basic prenatal care
- ◆ Refer to WIC, CSFP, HUGS if indicated
- ◆ Provide/refer to TennCare (presumptive eligibility) if indicated
- ◆ Provide information regarding availability of area resources for medical management of pregnancy that may include private physicians, primary care clinics, hospital outpatient clinics, birthing centers, and neighboring health departments
- ◆ Document accurately those services provided

2. Program Objectives

To assure early prenatal entry into care and foster positive pregnancy outcome

3. Legal Mandate

NONE. TDH policy states that all Health Department clinics are expected to provide at least basic prenatal care to all women requesting this service.

4. Patient eligibility

All patients with a confirmed pregnancy requesting services.

5. Services/Procedures/Policies

a. **Basic Prenatal Care:**

- ◆ Pregnancy confirmation (pregnancy test) or documentation of fetal heart sounds
- ◆ TennCare referral if applicable (Presumptive Eligibility)
- ◆ WIC, CSFP, HUGS, DHS referral
- ◆ Discussion of resources for full prenatal care and documentation of full care provider at some point (may not be able to determine this on first visit)
- ◆ Until alternative care (comprehensive prenatal care) is secured, the client will be provided case management together with efforts to assure linkage with an obstetrical provider

b. **Full Prenatal Care:**

- ◆ Completion of general history, history since last menstrual period (LMP), and various assessments including nutrition, psychosocial, allergies/sensitivities, current medications, and identification of violence risk factors (See Women's Health Manual, Vol. II)
- ◆ Immunization update according to CDC guidelines

- ◆ Initial physical examination including measurements, breast, pelvic, and abdominal for assessment of maternal and fetal status
- ◆ Laboratory assessment including hemoglobin (Hgb), urinalysis (dipstick permissible including microscopic examination), urine culture for group B strep (first trimester and as indicated), blood group and Rh type, Antibody screen for Rh and irregular antibodies, rubella antibody titer (if previous immunity not determined and documented), hepatitis B screening, HIV antibody screen (with consent), serology for syphilis, Pap smear, gonorrhea and chlamydia screening, and other laboratory examinations as indicated (including TB skin testing)
- ◆ Assessment of client status and development of care plan as determined by history, physical, lab data, and psychosocial environment/support system
- ◆ Client interview to explain service delivery capabilities of staff and facilities, discussion of plans for management; initiation of prenatal education program and contraception options for post delivery
- ◆ Clinic visits in accordance with ACOG recommendations (every 4 weeks until 28 weeks, every 2-3 weeks for 28 to 35 weeks, every week from 36 weeks until delivery or as determined by physician or N/P.
- ◆ Interval history including specific questions about headaches, vaginal bleeding, edema, fetal movement; note any unusual symptoms or physical changes, i.e., pain, uterine contractions, abnormal vaginal discharge, visual disturbances, fetal movement, and common discomforts of pregnancy
- ◆ Interval Laboratory Assessment including urinalysis (dipstick permissible) at each visit; maternal serum alpha-fetoprotein (MSAFP) screen at 15-20 weeks (preferably 16-18 weeks); blood glucose screening, hemoglobin, repeat test for syphilis, Rh antibody titer (Rh-negative patients only), and Rho (D) immunoglobulin (for Rh-negative unsensitized patients) at 26-28 weeks; hemoglobin, repeat gonorrhea/chlamydia screening, and any procedure or test listed above at 26-28 weeks, but not done at 26-28 weeks, at 34-36 weeks; and other laboratory and diagnostic tests should be performed, as necessary, depending on the risk of the population served, the needs of the individual client, or the standard of practice in a particular locale, e.g., TB skin test
- ◆ Physical Exam including weight, blood pressure, pulse, and respiration, edema assessment, fundal height, fetal heart rate, fetal movement, fetal presentation in later months, and evaluation of risk factors

6. **Documentation/Records/Forms**

Documentation for prenatal services should be in accordance with the latest state and/or regional guidelines.

7. **Teaching/Counseling**

- ◆ Substance use/abuse
- ◆ Domestic violence
- ◆ Anatomy and physiology, fetal development
- ◆ Common discomforts
- ◆ Danger signs
- ◆ Relaxation techniques and exercises

- ◆ Labor and delivery (vaginal and cesarean)
- ◆ Postpartum care and expectations (contraception)
- ◆ Normal newborn care and development
- ◆ Breastfeeding, Nutrition
- ◆ Exercise
- ◆ Work
- ◆ Sexual activity
- ◆ OTC medication, tobacco, alcohol and illicit drugs
- ◆ Client questions/concerns

8. Referral/Tracking/Follow-up

- ◆ Appropriate Care Coordination (CHAD, Healthy Start, HUGS, Resource Mothers)
- ◆ Evaluation of client status at each visit with consultation or referral to the delivering physician as indicated
- ◆ At around 34 - 36 weeks, the client's status and progress should be carefully assessed and management plans for labor and delivery re-evaluated; according to local agreements, clients may be referred to local physicians for their remaining care and delivery

9. Resources/References

Women's Health Manual – Volumes I and II

Department of Human Services

Prenatal Classes - Health Department, Hospital, or other Community Agency

Private Physicians

Quality Management Guidelines

ACOG guidelines, position papers, etc.

PHN Protocols

WIC guidelines

T. PROJECT TEACH PROGRAM

1. Orientation Objectives

After completing the Project Teach program orientation, the nurse will:

- ◆ Have a fundamental knowledge of the organizational structure of Project TEACH as it relates to the Department of Health
- ◆ Have an understanding of the role and responsibilities of the Project TEACH nurse
- ◆ Understand the need to network with other disciplines and programs to provide services for the school age child
- ◆ Know how to make a referral to TEACH nurse

2. Program Objectives

- ◆ To assist local school systems in accessing third party reimbursement for services that are delivered during the school day and that are medical in nature
- ◆ To provide coordination of services to school age children and to prevent the duplication of services

3. Legal Mandate(s)

The Nurse Practice Standards and Legal Scope of Practice as defined in T.C.A. 63-7-103 and the Tennessee Board of Nursing Rules and Regulations will be followed as outlined in the Public Health Nursing Orientation and Practice Manual and the Bureau of Health Services Policies and Procedures Manual. The Project TEACH nurse also must be knowledgeable of the current rules and regulations regarding delegation, child abuse, legal council, incident and accident reporting, TennCare rules and Regulations, subpoenas, school health, and special education/IDEA laws, and nurse practice issues.

4. Patient Eligibility Criteria

Children with special health care needs who have been identified by information from student health surveys, teachers, or other school personnel or information from Children's Special Services (CSS).

5. Services/Policies/Procedures

The following are the implementation steps as a guideline for the program.

- ◆ Send student health survey home; after the first year in each school, a survey will only be sent to new students and children entering kindergarten
- ◆ Review returned surveys
- ◆ Cross reference names of children with TennCare and CSS eligibility files
- ◆ Send packet to parents of all children with identified problems. Include a CSS brochure, a PEP brochure, and a letter of introduction (a sample letter is in the TEACH Resource Manual)
- ◆ Obtain a fee schedule for services currently being used by the school
- ◆ Attend IEP meetings for children with problems; provide technical assistance to IEP team

- ◆ Facilitate sharing of information between the Department of Education and the Local Education Agency
- ◆ Communicate with the parent/guardian and other appropriate persons before initiation of case management services in order to maximize the use of available resources
- ◆ When applicable, assist family in completing and forwarding CSS and TennCare application form to regional CSS Coordinator for eligibility determination
- ◆ Communicate regularly with CSS Coordinator for those children enrolled in CSS to avoid duplication of services
- ◆ Contact appropriate medical providers as required to arrange for provision of services
- ◆ Serve as a liaison with the PCP and MCO to secure appropriate documentation of medical conditions and/or treatments
- ◆ Maintain documentation of case management activities
- ◆ Supplement, but not supplant, duties of other school health personnel
- ◆ Maintain an ongoing record review to monitor progress of students receiving services

6. Teaching and Counseling

Included with Services, Policies and Procedures

7. Documentation/Records/Forms

Document Project TEACH activities according to current State/Regional guidelines.

8. Resources/References

- ◆ Project TEACH Resource Manual
- ◆ TennCare and CSS guidelines
- ◆ Department of Education Functional Behavior Assessment and Behavior Plan forms
- ◆ Tennessee Rules and Regulations for Nursing, PT, OT, ST, RT
- ◆ American School Health Association Guidelines for Comprehensive School Health Programs
- ◆ Guidelines for the use of licensed health care professionals and health care procedures in a school setting (included in the TEACH Resource Manual)
- ◆ IDEA laws
- ◆ Step-by-Step: A Guide for Parents, Special Education and Related Services
- ◆ Administrative Policies and Procedures Manual, Department of Education, Division of Special Education (included in the TEACH Resource Manual)

9. Referral/Tracking/Follow-up

County or Regional specific PTBMIS tracking system and follow-up may be done by tickler files, log notebooks, or letters. Each school should have a designated school nurse who will also have a health record for the child.

U. SEXUALLY TRANSMITTED DISEASES PROGRAM

1. Orientation Objectives

After completing the STD program orientation, the nurse will:

- ◆ Be able to provide diagnostic and treatment services according to PHN protocol
- ◆ Be able to take an appropriate history
- ◆ Be able to collect specimens for laboratory testing
- ◆ Be able to provide counseling and teaching
- ◆ Be able to identify situations requiring referrals to the STD Representative and/or physician
- ◆ Be able to utilize the client centered process in STD/HIV prevention counseling

2. Program Objective

To provide prevention and control activities for all STDs including screening, diagnosis, treatment, epidemiology, and patient education.

3. Legal Mandates

Tennessee Code Annotated, Section IV, Chapter 11, 53-1101 through 53-1101 directs County Health Officers to make examinations of persons suspected of having STDs. It gives authority to compel such persons to be examined and/or treated. Tennessee Code Annotated 68-10 establishes a STD program and provides all regulations regarding recording, reporting, treating, and confidentiality of STDs.

4. Patient Eligibility Criteria

Any person who presents to the County Health Department Clinic for STD services is eligible regardless of age, sex, race, economic status, county or state of residence.

5. Services/Procedures/Policies

Functions the PHN is expected to perform per PHN or local/regional protocol include the following:

- ◆ Take a medical and sexual history
- ◆ Collect specimens for laboratory tests
- ◆ Provide appropriate treatment
- ◆ Refer to STD representative as appropriate

6. Teaching/Counseling

- ◆ Information regarding epidemiology and treatment of the specific STD
- ◆ The importance of contact identification, notification, examination, and treatment
- ◆ Mode of transmission and prevention of spread of the STD

7. Documentation/Records/Forms

Document on STD records according to local/regional instructions.

8. Referral/Tracking/Follow-up

Tracking system may be Region/county specific and is usually maintained by STD Rep or PHN

9. Resources/References

PHN Protocol

STD Current Guidelines

Quality Management Manual

Health Department and/or private physicians

Public Health Representatives

V. TENNCARE ADVOCACY

1. Orientation Objectives

After completing the TennCare Advocacy program orientation, the nurse will:

- ◆ Have an understanding of TennCare eligibility criteria
- ◆ Have an understanding of TennCare application process
- ◆ Have an understanding of TennCare appeals process
- ◆ Have an understanding of provision of case management services
- ◆ Have an understanding of components of benefits, educating, and case management

2. Program Objectives

- ◆ To identify potential TennCare eligible clients, and to assure continued TennCare coverage for eligible enrollees
- ◆ To educate enrollees regarding TennCare benefits
- ◆ To assist TennCare enrollees in accessing and utilizing their TennCare services

3. Legal Mandates

NONE

4. Patient Eligibility Criteria

TennCare eligibility criteria

5. Services/Procedures/Policies

- ◆ Case manager
- ◆ Benefits education

6. TennCare/Counseling

Helping understand the process involved in applying for TennCare

7. Documentation/Records/Forms

TennCare advocacy documentation tool or medical record

8. Referral/Tracking/Follow-up

In accordance with regional/local policy

9. Resources/References

TennCare Bureau
Bureau of Health Services
TennCare Outreach Manual
TennCare Standard Operating Procedures
Behavioral Standard Operating Procedures

W. TRAUMATIC BRAIN INJURY (TBI) PROGRAM

1. Orientation Objectives

After completing the TBI program orientation, the nurse will:

Have increased awareness of traumatic brain injury and that due to advances in medical technology, many people survive brain trauma that would not have lived just a few years ago. These survivors have to struggle to overcome physical, cognitive and emotional problems, which significantly alter their lives and those of their families. They are often ineligible for services available to other disability groups.

2. Program Objectives

- ◆ To establish/maintain the TBI Advisory Council, trust fund, and registry
- ◆ To implement new state plans and services for TBI survivors
- ◆ To establish an information clearinghouse and a toll-free 800 telephone number
- ◆ To use the trust fund to provide grants for home and community based programs to serve the needs of TBI persons and their families
- ◆ To obtain data for the registry from hospitals on people who have suffered brain injuries; this data is crucial in pinpointing the incidence, prognosis, and circumstances of these injuries
- ◆ To establish a case management system for TBI survivors
- ◆ To provide training and continuing education for state personnel working with this disability group
- ◆ To expand existing services and implement new programs for TBI survivors

3. Program Legal Mandates

The Traumatic Brain Injury (TBI) program was established in May, 1993 by the Tennessee General Assembly in order that the special needs of survivors of brain injuries and their families could be addressed. To fund the program, the Legislature increased the fines on four traffic violations and dedicated the fine increases to the program. The monies are deposited into the Traumatic Brain Injury Trust fund.

4. Patient Eligibility Criteria to the Program

The TBI program is not a direct service program. Survivors, family members, providers, educators, and other professionals are able to access information and referrals. According to the enabling legislation, the definition of a traumatic brain injury means an acquired injury to the brain caused by an external physical force resulting in total or partial disability or impairment.

5. Services/Procedures/Policies

- ◆ Traumatic Brain Injury (TBI) program staff (a director, medical social worker, public health educator, and a manager for the TBI registry) work with a nine-member governor appointed advisory council
- ◆ Program staff are available to respond to questions, make referrals, and provide education and prevention programs.
- ◆ Information clearinghouse accessible through 800 number

- ◆ Education and prevention programs
- ◆ Grants available through RFGP process
- ◆ Consultation for schools with TBI students
- ◆ TBI materials (videos, booklets, articles, brochures) available through clearinghouse

6. Teaching/Counseling

- ◆ Education and prevention programs
- ◆ Training for teachers, health educators, and other professionals
- ◆ Counseling available on 800 number

7. Documentation/Records/Forms

Registry information forms
Log sheets in clearinghouse

8. Referral/Tracking/Follow-up

- ◆ Referrals for services made through clearinghouse
- ◆ Referrals to program made through providers, family members, Brain Injury Association etc.
- ◆ Tracking and follow-up through registry; all people reported to the registry receive a letter from the TBI Program

9. Resources/References

Information clearinghouse number: 1-800-882-0611

X. TUBERCULOSIS PROGRAM

1. Orientation Objectives

After completing the TB program orientation, the nurse will:

- ♦ Understand the tuberculosis program and recognize the need for compliance with program guidelines
- ♦ Be familiar with all forms pertaining to TB patients and how to process forms
- ♦ Understand latent TB infection (LTBI) treatment, TB disease treatment, and contact follow-up
- ♦ Understand the duties of local, regional and state program staff

2. Program Objectives

The primary goal of the Tuberculosis Program is the eradication of Tuberculosis through the following objectives:

- ♦ To identify cases and insure that cases and contacts receive appropriate drug therapy and complete treatment
- ♦ To protect the health care worker from exposure to infections respiratory pathogens
- ♦ To educate TB patients and others on prevention of disease spread and targeted testing

3. Legal Mandate

Tennessee Code Annotated, section 68-9-101

4. Patient Eligibility Criteria to the Program

All residents of service area who are tuberculin reactors or who have a diagnosed or suspected case of tuberculosis

5. Services/Procedures/Policies

Functions the public health nurse is expected to perform include the following:

- ♦ Perform or insure DOT (direct observation therapy) for all cases as standard of care, using required personal protection equipment (PPE)
- ♦ Obtain the appropriate medical history and initiate medical referral as needed
- ♦ Collaborate with physicians to provide services as necessary (i.e. sputum, medications, and other related tests)
- ♦ Initiate contact investigation and follow-up
- ♦ Provide patient and family education regarding disease process and prevention of spread of tuberculosis
- ♦ Provide patient education regarding medication and treatment compliance, including actions, side effects of medications, and risk/benefit factors
- ♦ Dispense appropriate medications according to private physician or regional physician orders
- ♦ Assure accurate reporting of all TB cases

- ♦ Make a home visit within 5 working days after receipt of diagnosis for investigation, monitoring medication toxicity, compliance, and follow-up teaching as defined in the TB guidelines
- ♦ Recognize the relationships between other communicable diseases and tuberculosis (i.e. HIV, hepatitis, etc.)
- ♦ Monthly follow-up for medication, compliance, lab work and sputums evaluation, and continuing education
- ♦ Report non-compliance or other problems to appropriate provider

6. Teaching/Counseling

- ♦ Disease process and prevention of spread
- ♦ The need for compliance with medication and follow-up
- ♦ Dosage, actions, possible side effects, risk/benefit factors, and reporting of adverse reactions

7. Documentation/Records/Forms

Records and forms as listed in the Tuberculosis Guidelines (advisor or supervisor will determine Region specific)

8. Referral/Tracking/Follow-up

- ♦ Referrals to appropriate agencies or programs
- ♦ Tickler card or PTBMIS tracking method on each patient and contact patient immediately if he/she fails to keep appointment
- ♦ Appropriate laboratory results, x-ray examination results, and other significant information to the private physician

9. Resources/References

Tuberculosis Guidelines
 OSHA regulations
 Tuberculosis Control Annual Report
 PHN Protocols

Y. WOMEN, INFANT, AND CHILDREN (WIC) PROGRAM

1. Orientation Objectives

After completing the WIC program orientation period, the nurse will:

- ◆ Understand WIC guidelines and the need for program compliance
- ◆ Be aware of WIC forms and their usage
- ◆ Be aware of different WIC food packages as related to WIC certification codes

2. Program Objectives

- ◆ To serve as an adjunct to good health care during critical times of growth and development in order to prevent the occurrence of health problems and improve health status of the participants
- ◆ To provide nutrition education to emphasize the relationship between proper nutrition and good health to all participants
- ◆ To assist the participant who is at nutritional risk to achieve a positive change in food habits
- ◆ To encourage all pregnant WIC participants to breastfeed unless contraindicated for health reasons (HIV+/AIDS, known drug abuser, galactosemia)

3. Legal Mandates

In 1972 Congress amended the child nutrition act to create a Special Supplemental Food Program for Women, Infant and Children. In 1974 Congress funded the program and designated that it be operated by the United States Department of Agriculture. In 1993, the program became the Special Supplemental Nutrition Program for Women, Infants and Children.

4. Patient Eligibility Criteria

- ◆ The agency must comply with the requirements of Title VI of the Civil Rights act of 1964 and 1965 as outlined in the WIC Manual
- ◆ The agency must provide an avenue whereby the participants' parents or guardians can appeal the decisions made regarding their participation in the program using the guidelines in the WIC Manual
- ◆ The participant must be a resident of the health service area where they receive WIC benefits; while that area is typically the county, applicants of adjoining counties may be served as long as there is caseload availability and they reside within the state
- ◆ The participant must be:
 - Pregnant, breastfeeding, postpartum, or infant (birth to one year old), or child (one to five years old)
 - Meet income guidelines
 - Examined and certified to be at nutritional risk or present a Verification of Certification Card (VOC)

5. Services/Procedures/Policies

- ♦ The nurse will utilize the data listed below to determine the eligibility according to WIC Nutritional Risk Eligibility Criteria in the WIC Manual
- ♦ Services will be provided at intervals as specified by WIC guidelines
- ♦ Services for pregnant, postpartum, or lactating women include:
 - Height (initial prenatal certification for women 20 and over, each certification for teens), weight (each certification, each visit recommended for prenatals), hematocrit or hemoglobin (each certification), dietary assessment (as indicated), medical history (as needed for certification), EDD (expected date of delivery) (prenatal certification)
- ♦ Services for infants and Children include height/length (each certification), weight (each certification), hemoglobin, for infants (at initial certification if certified after 6 mos. of age, at 12 mos. if certified initially prior to 6 mos.), for children (after 12 mos. on annual basis if within normal limits at last certification), nutrition/dietary assessment (for inadequate diet and all high risk), medical history (as needed for certification)

6. Teaching/Counseling

- ♦ Nutrition education shall be made available to each participant and/or their caretaker at least twice during their certification period (or at a quarterly rate for persons certified in excess of six months).
- ♦ Nutrition Education should be individualized based on each participant's needs and stages of change.
- ♦ The health professional shall provide nutrition education that is of interest to the participant, provide variety and choice in individual and group settings, and create a relaxed, enjoyable experience for the participant.
- ♦ Requirements of nutrition counseling include:
 - The initial contact must include Food/Program/Services, which should incorporate a general description of program services and benefits, supplemental nature of food provided, and basic nutrition information as it relates to individual risk.
 - All pregnant women must be encouraged to breastfeed unless contraindicated for health reasons; folic acid must be discussed at the initial prenatal visit or when the postpartum mother is getting ready to graduate from the program
 - Handouts may be used as appropriate to reinforce nutrition concepts provided in verbal interchange

7. Documentation/Records/Forms

- ♦ All medical information related to the reason for certification must be recorded in the participant's medical record at each certification to document that the participant is at nutritional risk (see WIC Manual)
- ♦ The participant should be certified for WIC for the highest priority reason
- ♦ Documentation shall support the reason for certification
- ♦ For children, growth charts must be at each certification
- ♦ For prenatals, the prenatal grid must be completed at certification

- ♦ For ineligible participant, a written “Notice of Ineligibility” will be completed and signed by the provider and the participant
- ♦ WIC supplemental screen is completed on each participant (PTBMIS system)

8. Referral/Tracking/Follow-up

- ♦ The nurse will make referrals as indicated
- ♦ The nurse and/or nutritionist will follow prenatal patient through six weeks postpartum and non-breastfeeding postpartum through six months, and breastfeeding mothers for up to one year

9. Resources/References

WIC Manual

Child Health Guidelines

PHN Protocols

WIC participant leaflets/food lists

Breast-feeding advocate

Videos “WIC – The Smart Start”, “To Their Full Potential:

SECTION V

STAFF DEVELOPMENT

A. OVERVIEW OF STAFF DEVELOPMENT

1. Introduction

The Bureau of Health Services is responsible for providing a vast array of health care services to the citizens of Tennessee. It is the intent of the Department to provide the highest quality services in the most efficient and effective manner possible.

Nursing policy development, program planning, monitoring, and technical assistance are conducted at the central office level, while direct service delivery, policy interpretation and implementation take place at the regional and local levels. Quality management activities, including monitoring for credentialing compliance, occur at central office, regional, and local levels. These functions are carried out by a variety of professional disciplines.

It is well documented that continued learning opportunities for nursing personnel can no longer be considered optional if the patient is to receive quality health care. Staff development describes a process that includes both formal and informal learning opportunities and serves as a major component in maintaining professional competence and accountability.

Initial orientation, in-service training, and continuing education for all staff are crucial to our ability to maintain quality, consistency, and uniformity in the delivery of health services to the people of Tennessee. Such training is essential, not only to enhance the professional and work related skills of staff, but also to maintain a properly licensed/credentialed work force.

2. Objectives

- ◆ To maintain quality, consistency, and uniformity in the delivery of health services to the people of Tennessee
- ◆ To enhance the professional and work related skills of staff
- ◆ To maintain a properly licensed/credentialed work force
- ◆ To develop an understanding/appreciation of individual roles as a member of the agency team
- ◆ Enhance performance and job satisfaction by providing learning experiences that build confidence, stimulate, and motivate

3. Components

a. **Orientation:**

All public health nurses (RNs, APNs, and LPNs) and community health nursing assistants receive a basic orientation program related to the specific role expectation of each discipline (see Section III, Orientation Guidelines for Nursing Personnel, and Section IV, Program Orientation Guidelines).

b. Continuing Education:

Following orientation, she/he continues to need learning experiences that develop expertise and competencies required for optimum performance.

c. In-service Education:

The Department supports the provision of planned instructional or training programs designed to increase competence in the workforce.

d. Self-Directed Learning

Individuals have a responsibility to identify educational needs and to become an active participant in the learning process. A myriad of opportunities for self-directed learning are currently available and include Web- based training, teleconferencing, satellite communication, home study courses, and computer-based programs.

4. Responsibility

The Department and the employee share responsibility and accountability for improving nursing practice through staff development.

a. The Department:

Provides opportunities for staff development activities.

b. The Individual:

Identifies his or her own learning needs/goals

Takes the initiative in seeking learning opportunities both within and outside the Department to meet these needs

Makes learning needs known to the appropriate sources (e.g., immediate supervisor, regional director of nursing)

Shares appropriate information obtained from learning activities with colleagues

Seeks ways to apply new knowledge and skill in practice

Maintains appropriate documentation of staff development activities

B. CONTINUING EDUCATION

1. Definition

Continuing education in nursing consists of structured educational programs and learning experiences designed to promote knowledge, skills, professional growth, and to strengthen clinical competencies. The programs are usually short-term and specific. A certificate may be offered for completion of the course and a number of continuing education units/hours (C.E.U.'s) are conferred. C.E.U.'s are available through the Office of Nursing. Continuing education activities include seminars, conferences, and workshops.

2. Objectives

- ◆ To provide a framework to enable health care workers to stay abreast of constant changes that occur
- ◆ To improve the quality of patient care
- ◆ To improve nursing practice at all levels
- ◆ To decrease legal liability
- ◆ To improve customer satisfaction
- ◆ To increase provider productivity
- ◆ To decrease burnout
- ◆ To define changes in professional attitudes
- ◆ To improve recruitment/retention of staff
- ◆ To improve provider morale
- ◆ To assure safe clinical practice
- ◆ To expand personal/professional growth through the presentation of current practice guidelines
- ◆ To comply with requirements for Board of Nursing proof of competency (personal option)
- ◆ To maintain prescriptive writing authority (nurse practitioners)
- ◆ To comply with re-certification requirements (nurse practitioners)

3. Resources

Continuing education may be sponsored by:

- ◆ The Department (Statewide or Regional)
- ◆ Other state and local departments
- ◆ Universities
- ◆ Schools of Nursing
- ◆ Hospitals
- ◆ Professional organizations

C. IN-SERVICE EDUCATION

1. Definition

In-service education is a continued learning process which enhances or increases the employee's skill and/or knowledge.

2. Objectives

- ◆ To maintain essential knowledge and skills that are required to carry out job responsibilities
- ◆ To upgrade essential knowledge and skills necessary to perform effectively
- ◆ To teach new knowledge and skills in accordance with program changes and changes in job responsibilities
- ◆ To teach new policies and practices of the Department

3. Requirements

a. **Annual/Biannual:**

OSHA/TOSHA

Hazard communication program

Exposure control plan

Blood born pathogens

CPR

b. **Departmental mandated:**

Sexual Harassment

Title VII

Diversity

Other

c. **Specialized:**

Lab training

Physical assessment

HIV counseling

(e.g.,)

4. Responsibility (Regional Nursing Director/In-service Coordinator)

- ◆ To promote and provide the mechanism for developing a regional in-service program to meet the educational needs of all disciplines
- ◆ To assist in developing policies for in-service education staff
- ◆ To inform staff of in-service programs and encourage attendance
- ◆ To keep a record of attendance of each in-service program

D. LICENSURE AND CERTIFICATION

1. Proof of Competency

In order to comply with Board of Nursing rules for re-licensure, each licensed nurse must maintain documented evidence of continued competence by selecting (a minimum of) two of the following:

- ◆ Satisfactory employer evaluation
- ◆ Satisfactory peer evaluation
- ◆ Satisfactory patient/client relationship
- ◆ Contract renewal or re-appointment
- ◆ Written self evaluation based on the standards of competence
- ◆ Initial or continuing national certification
- ◆ Identification of two goals and a plan to demonstrate competency for these goals
- ◆ Volunteer work in a position using nursing knowledge, skills, and ability or service relevant to nursing on a board or agency
- ◆ Participation in the education of nursing students in an approved school of nursing
- ◆ Five contact hours of continuing education
- ◆ Published an article relevant to nursing
- ◆ Completed a two week nursing refresher course
- ◆ Completed a two week comprehensive orientation program
- ◆ Two hours of nursing credit in a nursing program
- ◆ Successfully retaken the national licensure examination

2. Certification

The following information regarding re-certification requirements is in accordance with guidelines developed by the American Nurses Credentialing Center.

a) **Adult and Family Nurse Practitioners:**

All re-certification candidates must meet the basic practice requirement of 1,500 hours of nursing in their certification specialty.

A total of 150 contact hours, or 15 continuing education units, is required for every 5-year re-certification cycle.

At least 51% of continuing education credits must be directly related to the specialty area of certification.

No more than 49% of continuing education may be in areas of nursing not directly related to area of certification. These may include mandatory continuing education such as basic life support and cardiopulmonary resuscitation. However, recurring continuing education that is required annually by an employer can only be credited once toward recertification.

A total of 50% of all contact hours must be from an ANCC accredited provider or other nationally recognized professional organization.

Substitutions may be made for 75 contact hours and include 2 semester hours, 5 different presentations, 1 published article or book chapter, 1 research project, 1 other educational media project, a doctoral dissertation or master's thesis in the specialty area, or 120 hours preceptorship.

In order to achieve the 5 year continuing education requirement for re-certification, an annual accumulation of 30 contact hours, or 3 continuing education units, is required (approximately 4 1/2 days).

b) Women's Health Nurse Practitioners:

A total of 45 contact hours, or 4.5 continuing education units, are required every 3 years.

In order to achieve the 3 year continuing education requirement for re-certification, an annual accumulation of 15 contact hours, or 1.5 continuing education units, is required (approximately 2 days).

A total of 30 contact hours or 3 continuing education units must be in area of certification (primary hours). The remaining 15 contact hours, or 1.5 continuing education units, can be in related areas of nursing (secondary hours), such as nursing leadership, management, computer technology or related clinical nursing areas.

c) Pediatric Nurse Practitioners:

A total of 75 contact hours, or 7.5 continuing education units, is required every 5 years.

In order to achieve the 5 year continuing education requirement for re-certification, an annual accumulation of 15 contact hours, or 1.5 continuing education units, is required (approximately 2 days).

d) Certified Nurse Midwives:

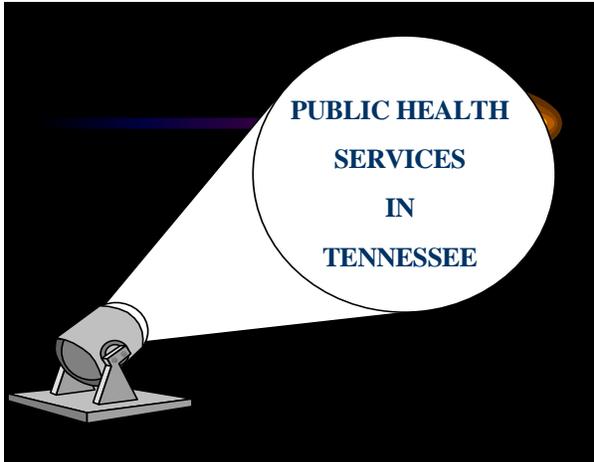
A total of 50 contact hours, or 5.0 continuing education units every 5 years.

In order to achieve the 5 year continuing education requirement for re-certification, an annual accumulation of 10 contact hours, or 1.0 continuing education unit, is required (approximately 1 1/2 days).

Continuing education must be approved by ACNM or ACCME category 1.

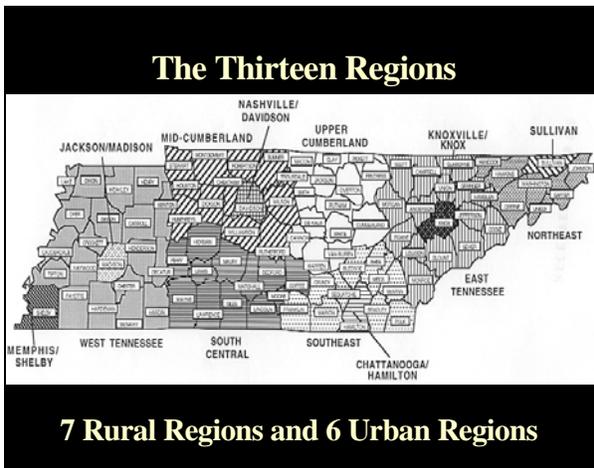
APPENDIX A

ADMINISTRATION



MISSION STATEMENT

The Mission of the Tennessee Department of Health is to promote, protect and improve the health and well being of all Tennesseans



Services We Provide In Every Health Department

- IMMUNIZATIONS***
- Polio
 - Diphtheria
 - Whooping Cough
 - Tetanus
 - Measles
 - Mumps
 - Rubella (German Measles)
 - Hemophilus (H. Flu Meningitis)
 - Hepatitis B
 - Influenza (Flu)
 - Pneumonia
 - Varicella
- 

CHILD HEALTH

- Well Child Check-Ups
 - physical exams
 - screening tests
 - vision
 - hearing
 - developmental
- Referrals
 - medical
 - dental



WOMEN, INFANTS, and CHILDREN (WIC)

- WIC provides both nutrition education and food vouchers for the purchase of nutritious foods including
 - cheese
 - milk
 - cereals
 - juice
 - eggs
 - peanut butter
 - formula



WHO IS ELIGIBLE FOR WIC ?

- Women who are pregnant or breastfeeding
- Children under five years of age who are at risk of poor growth whose income is at or below 185% of the poverty level

Breastfeeding Promotion is an Important Component of the WIC Program



FAMILY PLANNING

- Physical exams
- Lab tests/cancer screening
- Education on various birth control methods
- No scalpel vasectomy



CHILDREN'S SPECIAL SERVICES

- Assist children that have special medical needs up to the age of 21 if the family is financially unable to provide necessary care
- May include speech and hearing services
- Home visits are made to assess environmental conditions

SEXUALLY TRANSMITTED DISEASE CONTROL

- Confidential Testing
- Treatment
- Including HIV/AIDS



CHLAMYDIA

- Leading STD in the U.S.
- Incidence has increased in TN 265% since 1990
- Most often asymptomatic
- Can cause pelvic inflammatory disease/sterility
- Completely curable with prescribed antibiotics

SYPHILIS

- Tennessee well represented in the *Syphilis Hall of Fame*
- Syphilis is still a public health problem
- Signs and symptoms
- Timely treatment is available

GONORRHEA

- Incidence has decreased in TN 49% since 1990
- Usually symptomatic
- Can cause pelvic inflammatory disease and sterility
- Completely curable with antibiotics

TUBERCULOSIS CONTROL

- Diagnosis
- Treatment
- Follow-up
- Directly observed therapy

MENINGOCOCCAL MENINGITIS

- Public health threat
- Early signs and symptoms are non-specific
- Preventive medication can prevent spread
- Vaccine is available but with limitations

HEAD LICE

- Frequent cause of public hysteria
- Public health keys are recognition and proper treatment
- Treatment available for all persons
- Training for staff available thru public health departments

HEALTH EDUCATION

- Health educators provide educational services/programs upon request
 - Patients
 - Schools
 - Day care centers
 - Factories
 - Civic and community groups



FOOD AND GENERAL SANITATION

- Environmental Specialists are responsible for inspecting
 - food service establishments
 - hotel/motels
 - public swimming pools
 - bed and breakfast
 - child care facilities
 - schools



OTHER SERVICES

- TennCare
 - Enrollment
 - Reverification
- Vital Records
 - Birth certificates
 - Death certificates
- Motor Voter Program
- Alcohol and Drug Intake and Assessment
- Case Management Activities



Optional Services Provided In Some Health Departments

DENTAL

- Clinical services
- Sealants
 - School based programs



PRIMARY CARE

- Diagnosis and treatment of acute and chronic illnesses
- Physicals
- Specialty referrals
- Prenatal Care
- HIV Clinical Services



*AND YOU MAY HAVE
THOUGHT ALL WE DID
WAS GIVE SHOTS*



PHN PRACTICE COMMITTEE

FACT SHEET

GOAL

To enhance the practice of nursing, ensure quality nursing care, promote nursing as a profession, and empower the nurse in decision making, service delivery, and community assessment/management

PURPOSE

To promote quality care by being alert to, addressing, and/or responding to matters relating to public health nursing practice

OBJECTIVES

- To develop an interested and involved COMMITTED GROUP of individual committee members
 - To evaluate PRACTICE ISSUES as identified in the workplace
- To evaluate POLICIES/procedures within scope of practice for compliance, clarification, application, legality, outcome
 - To provide LOCAL LEVEL INPUT for nursing practice
- To COMMUNICATE to the office of Nursing the needs and concerns of nurses in the field
- To evaluate PROTOCOL, current standards, and orientation on an ongoing basis and update in a timely manner
 - To evaluate EDUCATIONAL NEEDS/requirements for nursing staff
- To act as a LIAISON between the local, regional and state level of nursing
- To foster an atmosphere of SHARING between regions for the purpose of problem solving, sharing ideas, and venting
- To promote COLLABORATION between other programs/disciplines regarding decisions impacting nursing practice
 - To promote awareness of current LEGISLATIVE ISSUES that might impact nursing practice
 - To make program staff aware of the importance and value of the PHN Practice COMMITTEE
- To encourage the use of the PHN Practice Committee to REVIEW MATERIALS and provide input
- To include a PHN practice meeting as part of ORIENTATION schedule for Nursing Directors and CO nursing staff

MEMBERSHIP

- One public health nurse representing each of the rural regions and two of the metropolitan regions
- One nurse practitioner or nurse clinician representing the advanced practice committee
- One regional nursing director
- One representative from the Office of Nursing
- Officers include a chairperson and vice-chairperson
- The Office of Nursing provides administrative support
- Each member serves a term of three years and may serve one consecutive term by reappointment

RESPONSIBILITIES

- Attends quarterly meetings in Nashville or telephonically, or arranges appropriate representation
- Participates in conference calls as scheduled
- Brings regional public health nursing practice concerns to the committee for discussion
- Reports back to the Regional Director of Nursing
- Accepts assignments and participates in subcommittee work as requested

FUNCTIONS

- Hear, review, and investigate public health nursing practice concerns
- Review and make recommendations regarding program standards, guidelines, and policies affecting nursing practice
 - Recommend staff development activities
- Hear program area concerns relating to nursing practice and work together toward problem resolution
- Review and update Public Health Nursing (Model) Protocol
- Study and research methods to improve nursing practice

APN PRACTICE COMMITTEE

FACT SHEET

MISSION STATEMENT

To be a working committee that provides a continuous quality improvement (CQI) focus group for advanced practice nursing in order to adequately address nursing practice issues that relate to the unique level of expertise of nurse practitioners and nurse clinicians

OBJECTIVES

To identify advanced nursing practice PROBLEMS and issues of concern and work toward problem resolution
To be an ADVOCATE for advanced nursing practice within the Department of Health and throughout the State of Tennessee
To implement an annual education CONFERENCE for advanced practice nurses
To support OUT-SERVICE EDUCATION
To provide input into OTHER COMMITTEES which impact advanced practice nursing
To enhance LEADERSHIP ability among committee members

MEMBERSHIP

Nurse practitioners and nurse clinicians
One advanced practice nurse representative from each rural and each metropolitan region
One advanced practice nurse representative from the Office of Nursing
Officers include a chairperson and vice-chairperson
The Office of Nursing provides administrative support
Each member serves a term of three years and may serve one consecutive term by reappointment

RESPONSIBILITIES

Attends quarterly meetings in Nashville or telephonically, or arranges appropriate representation
Participates in conference calls as scheduled
Brings regional advanced practice nursing concerns to the committee for discussion
Reports back to the Regional Director of Nursing and the Regional Medical Director
Accepts assignments and participates in sub-committee work as requested

FUNCTIONS

Hear, review, and investigate advanced practice nursing concerns and work together toward problem resolution
Review and make recommendations for program standards, guidelines, and policies affecting advanced nursing practice
Recommend continuing education and training as it pertains to advanced practice nurses
Plan and coordinate annual continuing education conference for advanced practice nurses
Develop sample nurse practitioner/clinician protocols
Use research methods to improve advanced practice nursing

APPENDIX B

NURSING PRACTICE

THE ANA CODE OF ETHICS FOR NURSES⁴

The Code of Ethics for Nurses establishes the ethical standard for the profession by providing a framework for nurses to use in ethical analysis and decision-making. The code is a succinct statement of the ethical obligations and duties of every individual who enters the nursing profession. It is the profession's nonnegotiable ethical standard and is an expression of nursing's own understanding of its commitment to society.

Provision 1:

The nurse, in all professional relationships, practices with compassion and respect for inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social economic status, personal attributes, or the nature of health problems.

- 1.1 Respect for human dignity**
- 1.2 Relationships to patients**
- 1.3 The nature of health problems**
- 1.4 The right to self determination**
- 1.5 Relationships with colleagues and others**

Provision 2:

The nurse's primary commitment is to the patient, whether an individual, family, group, or community.

- 2.1 Primacy of the patient's interests**
- 2.2 Conflict of interest for nurses**
- 2.3 Collaboration**
- 2.4 Professional boundaries**

Provision 3:

The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

- 3.1 Privacy**
- 3.2 Confidentiality**
- 3.3 Protection of participants in research**
- 3.4 Standards and review mechanisms**
- 3.5 Acting on questionable practice**

Provision 4:

The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.

- 4.1 Acceptance of accountability and responsibility**
- 4.2 Accountability for nursing judgment and action**
- 4.3 Responsibility for nursing judgment and action**
- 4.4 Delegation of nursing activities**

Provision 5:

The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.

- 5.1 Moral self-respect**
- 5.2 Professional growth and maintenance of competence**
- 5.3 Wholeness of character**
- 5.4 Preservation of integrity**

⁴ Reprinted with permission from the American Nurses Association

Provision 6:

The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

- 6.1 Influence of the environment on moral virtues and values**
- 6.2 Influence of the environment on ethical obligations**
- 6.3 Responsibility for the health care environment**

Provision 7:

The nurse participates in the advancement of the profession through contributions to practice, education, administration and knowledge development.

- 7.1 Advancing the profession through active involvement in nursing and in health care policy**
- 7.2 Advancing the profession by developing, maintaining, and implementing professional standards in clinical, administrative, and educational practice**
- 7.3 Advancing the profession through knowledge development, dissemination, and application to practice**

Provision 8:

The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.

- 8.1 Health needs and concerns**
- 8.2 Responsibilities to the public**

Provision 9:

The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

- 9.1 Assertion of values**
- 9.2 The profession carries out its collective responsibility through professional associations**
- 9.3 Intraprofessional integrity**
- 9.4 Social reform**

APPENDIX E

CEU FORMS

Checklist for Continuing Educational Activities for Contact Hours

This guide will assist in meeting the requirements set forth in the TNA/ANCC criteria for awarding contact hours at the educational activities planned by the Tennessee Department of Health Office of Nursing.

A. Planning committee	YES	NO
1. The Nurse Planner for the Office of Nursing is on the Planning Committee.		
2. Minimum of two RNs on the planning committee and one with at least BSN.		
3. Biographical Data forms completed for each person on planning committee.		
B. Target audience		
1. Description of audience included		
2. Description how need for conference was identified		
3. Description how target audience input was obtained		
C. Purpose		
1. Purpose/goals stated clearly		
2. Need brochure, flyer, or agenda listing each topic and time frame or the goals.		
D. Objectives		
1. Stated in measurable terms.		
E. Content		
1. Consistent with corresponding objectives.		
2. Each objective has content listed.		
F. Time Frame		
1. Sufficient time provided for each content area		
2. Consistent with objective and appropriate for presentation		
G. Presenters		
1. Presenters take part in planning their presentation.		
2. Biographical data sheet for each presenter.		
3. Presenter has appropriate experience and credentials.		
H. Teaching methods		
1. appropriate for the objectives and content		
I. Physical facilities		
Site will accommodate teaching methods, environmental comfort, & accessible to audience.		
J. Verify participation		
1. Criteria identified for successful completion of activity.		
2. Method for informing of criteria for successful completion.		
3. Sample verification form		
K. Evaluation		
1. Evaluation instrument documents relationship:		
a. objective to overall goals		
c. presenters expertise		
d. appropriateness of teaching strategies		
e. physical facilities.		
Record keeping and Storage system		
A. Will be kept for 5 years.		

INFORMATION FOR APPROVAL FOR CONTACT HOURS

1. Name of sponsor/agency /program : _____
City _____ State _____ Zip _____ Phone _____
2. Person completing application ___ Title _____
Address for correspondence _____
Phone _____
3. Title of activity _____
4. Starting date __ Ending date ___ Registration fee ___ Location (city) _ _
5. To register contact _____ Phone _____
6. Name of person administratively responsible for planning _____
7. Submit a list of the planning committee and a biographical data sheet for each member. A minimum of two registered nurses must be involved in planning and one of the two must hold a Baccalaureate or higher degree in nursing. The Nurse Planner can be counted as one of the two. See attached sheet
8. Describe the audience _____
9. Describe how the need for conference was identified, include how target audience input was considered in areas such as content location, and scheduling:
10. Purpose/goals:
11. Information related to Objectives, Content Time Frame, Presenters and Teaching methods must be submitted using the Five-column format.

12. Describe how presenters take part in planning their presentations.

13. Describe physical facilities for activity. How will it accommodate presentation, environmental comfort and audience accessibility

14. Number of contact hours requested (50 minutes of learning activity equals one contact hour) _____. Do not count breaks, lunchtime or introduction of conference times.

15. Identify for participation will be verified (see verification form) and how successful completion of the learning activity will be demonstrated and how learners will be informed of these criteria ____

16. Describe the method used to evaluate the activity by participants.
See attached evaluation form.

17. Submit a copy of the evaluation form

18. Submit a post conference summary of the evaluations.

BIOGRAPHICAL DATA FORMAT

INSTRUCTIONS: Use this format to provide documentation of an individual's expertise when required by an evidence statement. **Do not attach any additional material.**

Name: _____
(Name and Degrees)

Preferred Address: _____
(Number and Street)

(City, State, Zip Code)

Preferred Telephone: _____

Present Position
(Employer, title, and description): _____

Education (include basic preparation through highest degree held)

Degree: Institution (Name, City, State) Major Area of study Year Degree Awarded

Use the space below to briefly describe your professional experience or areas of expertise (including publications) related to your involvement in continuing nursing education and your particular role, e.g., planner, presenter, administrator, etc.

The completed form should not exceed one double-sided page.

A. Presentation Content Outline

Instructions: Use this five-column format to provide documentation on Objectives, Content, Time Frames, Presenters, and Presentation Methods

Title of Presentation:- Smallpox Vaccine Administration training Total Number of Contact Hours: 7.7_____

OBJECTIVES	CONTENT (TOPICS)	TIME FRAME	PRESENTER	PRESENTATION METHODS
LIST THE EDUCATIONAL OBJECTIVES.	Provide an outline of the content/topic presented and indicate to which objective(s) the content/topic is related.	PROVIDE A TIME FRAME FOR TOPIC/ content area, e.g. 50 minutes.	LIST THE PRESENTER FOR EACH TOPIC OR CONTENT AREA.	List the teaching strategies by each presenter for each topic or content area.

Verbs for Use in stating objectives for Nursing Contact Hours/5 column form:

Demonstrate Knowledge:

Define, list, identify, indicate, recall, explain, contrast, classify, record, name, describe, report

Demonstrate Application:

Interpret, demonstrate, illustrate, assess, predict, dramatize

Demonstrate Analysis, Synthesis or Evaluation:

Design, compose, organize, judge, appraise, generalize, question, analyze, summarize

Demonstrate perception:

Assemble, attend, check, observe, imitate, reproduce, use, make

Demonstrate Performance:

Act, administer, care for, demonstrate, direct, manage, organize, perform, set-up

Demonstrate Complex Responses:

Activate, compile, communicate, guide, operate, reorganize, separate, align, examine

Demonstrate Receiving or Responding:

Attend, prefer, accept, receive, perceive, notice, react, consider

Demonstrate Value:

Support, develop, defend emphasize, implore, praise

Demonstrate Organization or Characterization:

Adhere, affirm, appreciate, convince, forgive, ignore, motivate, judge, verify.

Title of your Conference
Date of your conference
PROGRAM EVALUATION FORM

YOUR NAME: _____
(Required only for those receiving contact hours in nursing)

Using this scale, please circle your response to the following questions:

NOT AT ALL **VERY WELL**
1 2 3 4 5

How well did the conference meet the following goal:

- | | | | | | |
|---|----------|----------|----------|----------|----------|
| 1. <i>Put your goal/purpose of the conference here.....</i> | 1 | 2 | 3 | 4 | 5 |
| 2. Based upon the objectives, how well did the conference meet your expectations? | 1 | 2 | 3 | 4 | 5 |
| 3. How well did this conference increase your knowledge and skills? | 1 | 2 | 3 | 4 | 5 |
| 4. How well will you use this information in your practice/research? | 1 | 2 | 3 | 4 | 5 |
| 5. How appropriate was the facility for this conference? | 1 | 2 | 3 | 4 | 5 |

6. How could this conference be improved?

7. What other topics would be of interest to you?

8. How did you hear about this conference?

Title of your Conference
Date of your conference
Speaker Evaluation Form

YOUR NAME: _____
(Required only for those receiving contact hours in nursing)

Your evaluation of this meeting will assist us in reviewing and revising our programs. Please feel free to comment on any area not covered by the evaluation. Thank you.

Using this scale, please circle your response to the following questions:

NOT AT ALL **VERY WELL**
1 2 3 4 5

DATE

SESSION TITLE:
SPEAKER:

How well did the presenter meet the following objectives:

- | | | | | | |
|--|----------|----------|----------|----------|----------|
| 1. <i>PUT THE SPEAKERS FIRST OBJECTIVE HERE</i> | 1 | 2 | 3 | 4 | 5 |
| 2. <i>PUT THE SPEAKERS SECOND OBJECTIVE HERE</i> | 1 | 2 | 3 | 4 | 5 |
| 3. <i>PUT THE SPEAKERS THIRD OBJECTIVE HERE</i> | 1 | 2 | 3 | 4 | 5 |
| 4. How qualified was the speaker to present the information? | 1 | 2 | 3 | 4 | 5 |
| 5. How appropriate were the teaching strategies? | 1 | 2 | 3 | 4 | 5 |

Comments:

Note copy the above and fill in for each speaker and /or session.

THANK YOU FOR COMPLETING THIS EVALUATION!

SPEAKER:
TOPIC:

1.

1	2	3	4	5
---	---	---	---	---

2.

1	2	3	4	5
---	---	---	---	---

3.

1	2	3	4	5
---	---	---	---	---

4.

1	2	3	4	5
---	---	---	---	---

5.

1	2	3	4	5
---	---	---	---	---

COMMENTS?

(State Letterhead)

To whom it may concern:

has attended the

"name of training"

Sponsored by the **"Name of Sponsor"**

held **"date"** at the **"Place and city"**

This activity is approved for **Number** contact hours by the

Tennessee Department of Health Office of Nursing, is an approved provider of continuing Nursing education by the Tennessee Nurses Association, an accredited approver of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation.

Sandra Curtis, PHNC
615-532-3201
Inservice and Staff Development Director
TN Department of Health Office of Nursing
425 5th Ave. North
Nashville, Tennessee 37247

Nursing Participant Roster

Event _____

Date _____

Participant Name

Region/County

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____

APPENDIX H

ORIENTATION TOOLS

First Name		Last Name		Middle	
SSN	Birth Year	Home Phone	()	Work Phone	()
RACE Circle only one number					
1 White		2 Black		3 Hispanic	
6 Black & Hispanic		7 Other Hispanic		9 All Other	
4 Native American		0 Unknown		5 Asian	
Official Work Station you must enter county even if located in region					
County Number _____ (see other side of this page)					
Region: Circle only one Number:					
1 East 1 (First)		6 Middle 6 (South Central)		11 Knox	
2 East 2 (East)		7 West 7 (North West)		12 Hamilton	
3 Central 3 (South East)		8 West 8 (South West)		13 Madison	
4 Central 4 (Upper Cumberland)		9 Shelby		14 Sullivan	
5 Middle 5 (Mid-Cumberland)		10 Davidson		20 Central Office	
BASE - Usually where mail is received - Circle one number					
1 County		3 Central Office		5 Special	
2 Region		4 CHA		6 Other	
7 None					
Personnel - Circle one Class Number					
0 None		4 LPN-2		8 PHN-3	
1 NA-1		5 LPN-3		9 PHN-4	
2 NA-2		6 RN-1		10 PHN-5	
3 LPN-1		7 PHN-2		11 NP-1	
				12 NC-1	
				13 CON-1	
				14 CON-2	
				15 "AST DIR"	
				16 "DIR RN"	
				17 PROG-1	
				18 PROG-2	
				19 PROG-3	
				20 OTHER	
Circle One: Home Health Aide Certified?		Y N			
Circle One: Is Your License In Effect Now?		Y N			
Basic Nursing Education Number - Circle One Number					
0 NONE		2 ASSOCIATE		4 BSN	
1 LPN		3 DIPLOMA		5 MSN	
6 OTHER					
Other Formal Education Number - Circle One Number					
0 NONE		3 BSN		6 MPA-MBA	
1 CERTIFICATE PROG.		4 MSN		7 BS – OTHER	
2 DIPLOMA		5 "MS OTHER"		8 PHD	
				9 MPA	
				10 MBA	
				11 MPH	
Are You Certified? YES or NO					
Circle Certifying Body:					
1 ANA		3 NAACOG		5 OTHER	
2 ACNM		4 NAPNAP			
Circle Area of Certification					
1 FNP		5 COMMUNITY NURSING		9 SCHOOL HEALTH NURS	
2 FP		6 PEDIATRIC NURSING		10 NURSE MIDWIFERY	
3 OB/GYN		7 PERINATAL NURSING		11 NURSING ADMIN	
4 GENERAL NURSING		8 HOME HEALTH NURSING		12 NURSING ADMIN ADV	
Circle One Letter: You Are Certified to Write Rx's?		YES NO			
Circle One Number: Employment Status					
1 FULL		2 PART		3 SHARED	
4 NONE		5 GONE		0 UNKNOWN	
Employer Number - Circle One:					
1 STATE		3 CITY		5 CONTRACT	
2 COUNTY		4 CHA		6 NONE	
				7 OTHER	
				8 UNKNOWN	
				9 FEDERAL	
Hire Date	____/____/____ (mm/dd/yy)			Two Digit Budget Number	
Monthly Salary	\$	Circle One - Is This A Termination?		Y N	
Comments:					

DATE OF TERMINATION:

REASON FOR TERMINATION:

A. UNIT ONE – HISTORY OF PUBLIC HEALTH

1. Objectives

Upon completion of this unit, the nurse will:

- a. Display an understanding of the origin of Public Health /Community Health Nursing
- b. Utilize the knowledge in own nursing practice

ENABLING OBJECTIVE	CONTENT	ACTIVITY	EVALUATION
Discuss	The History of Public Health In the US: <ul style="list-style-type: none"> a. Visiting Nurses Association b. Henry Street Settlement In Tennessee: <ul style="list-style-type: none"> c. Yellow Fever epidemic, Memphis, 1800 d. Creation of the Board of Health e. Control of childhood diseases Sabin-on-Sunday (polio) f. Local Health Department History 	Discussion Reading	Post Test
	Philosophy of Public Health Public Health Nursing Structure Legal authority of health agencies Developing health policy Trends Standards	Reading	

2. Resources

- a. Standhope, M and Lancaster, H., (1996), Community Health Nursing, Promoting Health of Aggregates, Families and Individuals. Chapter 1 and 9
- b. 100 Years of Healing AJN, May 94, p.34-35
- c. The History of Public Health Nursing in Tennessee, 1910-1960
- d. Scrapbooks of Local/Regional Health Departments
- e. Nursing Orientation and Practice Manual
- f. ANA Standards of Nursing Care for PHNs
- g. QI Standards of Nursing Care of PHNs

B. UNIT TWO – CORE FUNCTIONS OF PUBLIC HEALTH

1. Objectives

Upon completion of this unit, the nurse will:

- a. Understand the core functions of public health as they determine her practice

ENABLING OBJECTIVE	CONTENT	ACTIVITY	EVALUATION
Identify	The Governmental Role of Public Health <ol style="list-style-type: none">a. Assessmentb. Policy Developmentc. Assurance	List Functions & Define	

2. Resources

- a. Institute of Medicine & 1988 Report of the Future of Public Health
- b. Standhope and Lancaster, pg 22, 639
- c. Healthy People 2000

C. UNIT THREE – PREVENTION

1. Objectives

Upon completion of this unit, the nurse will:

- a. Display an understanding of the origin of Public Health /Community Health Nursing
- b. Utilize the knowledge in own nursing practice

ENABLING OBJECTIVE	CONTENT	ACTIVITY	EVALUATION
	Primary Prevention Definition: a. Immunizations b. Health education of family and community		
	Secondary Prevention Definition a. Communicable Disease STDs Foodborne Outbreaks b. Disaster Response Plan Quick response/intervention c. Pap Smear follow-up d. Tuberculosis therapy	Reading	
	Tertiary Prevention Definition: a. Diabetic Instruction b. Tuberculosis therapeutics c. HIV d. Lead		

2. Resources

- a. Child and Adolescent Health Manual
- b. WIC Manual
- c. CHAD Manual
- d. STD Manual
- e. Disaster Response
- f. Dr. Hagstrum, 1994 Gov. Letter
- g. Standhope & Lancaster, Chapter 20
- h. PHN Protocol Manual
- i. TB Manual

D. UNIT FOUR – CONCEPT OF CHANGE

1. Objectives

Upon completion of this unit, the nurse will:

- a. Understand the concept of change
- b. Be able to use its components in her practice

ENABLING OBJECTIVE	CONTENT	ACTIVITY	EVALUATION
Understand	Concept of Change: a. Definition b. Components Long range planning Shared approach c. Objectives d. Theories Behavioral	Reading Discussion	

3. Resources

- a. Standhope and Lancaster, pg. 250, 306, and 443,
- b. “New Work Habits for a Radically Changing World”

E. UNIT FIVE – NURSING PROCESS – FIELD VISIT

1. OBJECTIVES

Upon completion of this unit, the nurse will:

- a. Provide field visits to patients and families utilizing the nursing process
- b. Provide preventive health services to individuals/families in a field setting
- c. Develop a plan for effective field visiting
- d. Correctly utilize TD# forms and PTBMIS Data System to enhance the provision of care
- e. Conducts one or more field visits under the supervision of an experienced Public Health Nurse

ENABLING OBJECTIVE	CONTENT	ACTIVITY	EVALUATION
Define	Field Visit	Reading Discussion	Participation
Discuss	Purpose of Field Visit		
Discuss	Nursing Process	Reading	Appropriately uses Nursing Process
Discuss	a. Assessment/Utilizing the Nursing Process Define Nursing Process Target Groups Individual Family Community/aggregate Needs Physical Emotional Social Cultural Environmental Developmental stages of target groups	Reading discussion	
List	b. Components of Field Visit Previsit Plan The Visit Teaching Documenting Evaluation Safety stress	Reading Discussion	

Utilizes	c. Other Resources for preparing for Field Visit	Preview Video Make Field Visit with CSS Care Coordinator	Makes a successful, well-planned field visit
Formulate	d. Field visit car plan		
Review Determine Develop	e. Existing patient record f. Patient needs g. Plan of care	Listing of assessed needs Development of plan	
Assemble	h. Literature i. Teaching aids j. Required forms	Discussion	
Discuss	k. Nursing bag, purpose, content, and upkeep		Currently uses and cares for nursing bag
Demonstrate	l. Proper use of bag during home visit	Observation and return demonstration	
	m. Special Equipment Denver Developmental Screening Test Hear Kit Scales		
Assess	n. Education level of care giver or patient o. Interview skills	Discussion	
Adapt	p. Preplan to the situation found		
Utilizes	q. Current nursing protocols for provision of health services	Review and discuss	
Develop	r. Final care plan jointly with family and outcomes are realistically attainable	Actual patient situation	Routine records review and supervised home visit
Sets	s. Priorities as agreed on by family and supports family choices	read	
Respects	t. Family ethnic and cultural differences		
Assures	u. Family's right to confidentiality		
Acts	v. As an advocate for the family		
Teach	w. By conversation x. By demonstration y. By supervision	Discussion	
Makes	z. Appropriate referrals based on collected data, family concerns, and priorities	Actual referral process	Makes appropriate referral
Utilizes	aa. Ongoing assessment and evaluation data to revise diagnosis, outcomes, and the plan of care with family participation	Revision of care plan	

Evaluates	bb.Plans of care based on individual needs	Review of plan	Routine record review
Discuss	cc. Closure of case to home service/continue to follow in clinic		
Discuss	dd.Purpose of documentation	Discussion	Appropriate use of records and forms
Establish	ee.Contract (verbal or written) out by plan of care		
Identify	ff. Contents of records pertinent to field visits, example: Home Assessment Tool Psycho-social Assessment HUG Care Plan Narrative Age Specific Child Health Record Health History Summary Sheet Prenatal Teaching Tool Abbreviations	Read and List	
Discuss	gg.Disposition of records	Discussion	
Discuss	hh.Legality	Discussion	
Discuss	ii. Confidentiality	Discussion	
Discuss	jj. Consent Informed consent Release of information		
List	kk.Proper procedures to insure correct billing for field services		
Records	ll. Visit using SOAP format mm. Closure statement documenting goals met and if not, why		

2. Resources

- a. PHN Practice and Orientation Manual
- b. "The Nursing Process"
- c. Standhope & Lancaster, pg 359, Quick Reference to Community Health Nursing, Chapters 23, 24, 25, 26, Appendix F
- d. Tennessee Home Visiting Manual
- e. Tips for Managing Stress on the Job, AJN, Sept. 95 p.31
- f. STD Program
- g. Working with Families: What Professionals Need to Know (Video tape, CSS Resource Library)
- h. Delivering Family Centered Home based Services (Video tape, CSS Resource Library)
- i. HUG Manual
- j. Freeman, Ruth B., Public Health Nursing Practice (latest edition), W.B. Saunders Co.
- k. TDH approved literature/forms
- l. Nursing Bag
- m. Communication module
- n. Interview Attachments
- o. PHN Nursing Protocols
- p. "Four Strategies for Keeping Patients Satisfied", AJN, June '94, p. 26
- q. 1993 National Standards of Nursing Practice for Early Intervention Services
- r. TDH Policy 5.2 (Confidentiality)
- s. Local Community Resource List
- t. TDH Records Manual
- u. Rules and regulations for Registered Nurses
- v. Tennessee Board of Nursing
- w. Office of Legal Counsel
- x. Managing Attorney
- y. Bureau of Health Services
- z. TDH Policy and Procedures Manual
- aa. PTBVIS Manual
- bb. Code for Nurses, ANA

F. UNIT SIX – NURSING ASSESSMENT – HOME VISIT

1. Objectives

Upon completion of this unit, the nurse will:

- a. Respect the patient and their home
- b. Be aware of the role communication plays in home visiting
- c. Learn to use communication to reach the desired goal(s) of a home visit
- d. Improve listening and interpersonal relationship skills

NOTE: The successful home visit will involve the use of verbal and non-verbal communications skills. Flexibility is essential when home visiting. Phase 1 (initial) and Phase 3 (summary) are constants, whereas, Phase 2 (reaching goal) will vary based on the situation.

ENABLING OBJECTIVE	CONTENT	ACTIVITY	EVALUATION
Discuss stages of HV	<p>a. Initial Stage:</p> <p>To set the tone of the visit in the first five minutes</p> <p>Assess the patients level of comprehension</p> <p>Type of communication needed</p> <p>Non-verbal:</p> <p>Smile</p> <p>Respect for their home – you are a guest</p> <p>Accept the patient as they are</p> <p>Maintain a non-judgmental attitude</p> <p>Verbal:</p> <p>Reason for visit</p> <p>Assure confidentiality</p> <p>Show an interest in the patient</p> <p>Ask questions</p> <p>Observe the patient’s non-verbal communication</p>	Reading and Discussion	
	<p>b. Reaching your goal stage:</p> <p>Determination of the patient’s awareness of a problem and their goal</p> <p>Counseling and education</p> <p>Negotiation</p> <p>Type of communication needed</p> <p>Non-verbal:</p> <p>Active listening</p> <p>Nodding</p> <p>Eye contact</p> <p>Continuation of those listed in the Initial Phase</p>	Reading and Discussion	

	<p>Verbal: Open-ended questions Be clear and concise Do not talk down to the patient Do not preach Observe the patient's non-verbal communication</p>		
	<p>Summary stage: Patients and PHN have a mutual understanding of the goal(s) Follow up Type of Communication Needed Non-verbal: Active listening Respect for the patient Verbal: Open0ended questions Schedule the next visit Observe the patient's non-verbal communication Doing what you have told the patient you would do will help establish trust</p>	<p>Reading and discussion</p>	

2. Resources

- a. 10 Types of Difficult People information modified from seminar information based on Coping with Difficult People by Robert M. Bramson, PHD, Dell Publications, New York, 1981

G. UNIT SEVEN – ASSURANCE

1. OBJECTIVES

Upon completion of this unit, the nurse will:

ENABLING OBJECTIVE	CONTENT	ACTIVITY	EVALUATION
	Assurance: Coordination Continuing non-episodic care All ages Empowering patient to access care Gap-filler		

NURSING SUPERVISOR Orientation Checklist

NAME OF ORIENTEE _____

COUNTY _____

EVALUATION TIME PERIOD _____

AREA OF ORIENTATION	DATE SCHEDULED	DATE COMPLETED
General Orientation:		
Organizational Structure of TDH, Bureau, Regional, Local		
Setting Priorities		
Scheduling		
Orientation Planning		
Employee Mentoring		
Supervisor Brainstorming		
Inventory Supplies		
Media Introductions & Press Regarding New Position		
Involvement with Budget Process		
Nursing Issues:		
Roles and Relationships		
Job Description for Supervisor/Other Employees		
Job Performance, Job Plans, Performance Evaluation, Interim Review, Disciplinary Action		
Certification		
New Employee Orientation		
Continuing Education		
Required Inservices		
Individual Conferences with all Nursing Personnel		
Personnel Policies:		
Attendance & Leave (including comp. Time)		
Incident/Accident Reporting		
Travel		
Smoking		
AA/EEO		
Documentation Policy		
CHA		
TOPS/DRG		
State Employees		
Dress Code		
Vital Records Management		
Personnel Files:		
Content of Medical Records		
TB Test/X-ray		

Hepatitis B/Declination		
-------------------------	--	--

NURSING SUPERVISOR, Orientation Checklist (Continued)

AREA OF ORIENTATION	DATE SCHEDULED	DATE COMPLETED
Personnel Files (Continued):		
MMR		
Varicella		
Orientation Schedule		
Procedure Checklist		
Evaluation of Performance of Orientation		
Job Posting		
Licensure Verification		
Application		
Confidentiality		
Conflict of Interest		
Internet/Intranet Usage		
TennCare Impartially Statement		
Drug Free Workplace		
Job Plan		
Performance Evaluation		
Discussion of Interim Review		
Disciplinary Action		
Manuals Orientation (review resources as applicable):		
Nursing Orientation & Practice Manual		
PTBMIS Manual		
RVU Manual		
Child Health Manual		
CDC Vaccine Preventable Diseases		
TDH Hypertension Control		
Infection Control Manual		
TB Guidelines		
WIC Manual		
Children's Special Services Manual		
Directory of State Laboratory Services		
Lab Manual		
Communicable Disease Rules and Regs.		
Communicable Disease Form Manual		
Academy of Pediatrics Infectious Diseases (Red Book)		
Control of Communicable Disease Manual		
Quality Improvement Manual		
Foodborne Outbreak Manual		

NURSING SUPERVISOR, Orientation Checklist (Continued)

AREA OF ORIENTATION	DATE SCHEDULED	DATE COMPLETED
Manuals Orientation (Continued):		
HSA Policies and Procedures Manual		
Women's Health Manual		
TennCare Manuals		
Training to be Scheduled:		
Performance Evaluation (computerized)		
Computer Training (as appropriate/available)		
Nursing Supervisors Training Course (computerized)		
18 Hour Nursing Supervisors Management Course		
Program Conferences:		
MCH (CHAD, HUG, FP, Prenatal,)		
CEDS (TB, Immunization, STD, HIV, Hep B, Surveillance, Outbreak Investigation)		
CSS (Care Coordination, PEP, Project TEACH/School Health, Speech and Hearing, SIDS)		
Nutrition, WIC		
Laboratory		
Adult Health		
Families First		
Community Development		
TennCare		
Quality Management. Corrective Action Plans		
Adolescent Programming Initiative		
Health Promotion (API, Health Education)		
Staff Development		
Pharmacy		
Dental		
Food & General Sanitation		
CHA (assessment and Planning)		
Local Discipline Conferences:		
Health Officer		
Nutritionist		
Office Manager		
CSS Care Coordinator		
Health Educator		
Breastfeeding Counselor		
CDC Representative		
Local Director Conference:		
Roles/Relationships		
Budget Process (Preparation, Local Direct, Purchasing)		
Internal Audit		

NURSING SUPERVISOR, Orientation Checklist (Continued)

AREA OF ORIENTATION	DATE SCHEDULED	DATE COMPLETED
Office Management/Other:		
Services		
Medicaid Presumptive Eligibility		
Records Management (Central Filing, Release of Medical Information, Confidentiality)		
Access to Records (Personnel, Patient, Guardian)		
Record Retention/Destruction		
PTBMIS		
Appointment System		
Vital Records		
Hazardous Communication Program Manual		
Lab Training (Nashville)		
Reports made by Nurse Supervisor		
RVU		
CHA Data		
Patient Tracking		
Lab Control		
Pharmacy		
Community Introductions:		
Board of Health Members		
Physicians as Appropriate		
Hospital-Director of Nursing		
Chamber of Commerce		
Department of Human Services		
Community Leaders		
Vocational Rehab		
Educational Institutions		
State & Local Mental Health Centers		
Area Agency on Aging		
School Principal		
Superintendent		
College-Student Health		
Police and Sheriff's Department		
Other Human Resources		
Community Agencies such as Red Cross, United Way		
Community Health Councils		

Date of conference _____ Items in need of completion _____

Orientee

Supervisor

Date H-19

**PUBLIC HEALTH NURSE
Orientation Checklist**

NAME OF ORIENTEE _____ COUNTY _____ ORIENTATION TIME PERIOD _____

AREA OF ORIENTATION	DATE SCHEDULED	DATE COMPLETED
Regional Office/Agency Orientation:		
General Information, Overview of Health Department Services, Overall Objectives		
Organization Charts, Region Map, Names, phone/fax #s of LHD Nurse Supervisors		
In-service training information, FY calendar attendance record		
Personnel Issues:		
Confidentiality, drug free workplace, sexual harassment, conflict of interest, internet use		
Scheduled with Personnel Officer for Benefits Information		
Copy of Nursing License		
TB Skin Test		
Hepatitis B Vaccinations/Status		
Rubella Vaccination or Immunity		
Varicella Vaccination or Immunity		
Training to be Scheduled:		
OSHA/Bloodborne Pathogens		
CQI Training		
Lab Training (CLIA)		
CPR Training (if no current card)		
Red Cross Training (as applicable)		
Nursing Practice:		
Uniform Policy		
Picture ID/Name Tag		
Legal & Confidentiality Issues		
Malpractice Insurance Coverage (if county employee)		
PHN Profile Data Sheet		
Job Plan		
Documentation (SOAP, CID, Abbreviation List)		
Facility Orientation:		
Location of Emergency Equipment, PPE, Spill Kit, Review of Emergency Plan		
Assignment of PTBMIS user ID and provider number		
Codes Training & Copy of Manual		
Pharmacy Module Training		
Program Orientation (as applicable):		
MCH (CHAD, HUG, FP, Prenatal, WIC)		
CEDS (TB, Immunization, STD, HIV)		
CSS (Care Coordination, PEP, Project TEACH)		

PUBLIC HEALTH NURSE, Orientation Checklist (Continued)

AREA OF ORIENTATION	DATE SCHEDULED	DATE COMPLETED
Program Orientation (Continued)		
Families First		
Community Development		
TennCare		
Quality Management		
Adolescent Programming Initiative		
Health Promotion (API, Health Education)		
GEH		
<u>Other:</u>		
Hazard communication program		
Bioterrorism Response		
<u>Read & Sign the Following</u>		
Public Health Nursing Protocols		
Exposure Control Plan		

Date of conference _____ Items in need of completion _____

Orientee

Supervisor

Date

**PUBLIC HEALTH NURSE
Individual Procedure Checklist**

NAME OF ORIENTEE _____

COUNTY _____

EVALUATION TIME PERIOD _____

To be completed by preceptor: 1) Demonstrated by whom/date; 2) Demonstration returned to whom/date; 3) Performance satisfactory to whom/date.

PROCEDURE	1 DATE	NAME	2 DATE	NAME	3 DATE	NAME
B/P Screening						
WIC Assessment						
Height:						
Recumbent						
Standing						
Weight						
Head Circumference						
Injections:						
Intradermal						
Intramuscular						
Subcutaneous						
Venipuncture						
Gen Probe						
DNA						
Sickle Cell:						
Screening						
Counseling						
Lead Screening						
Hemoglobin						
PKU/Newborn Screening						
Tuberculin:						
Skin Test						
Reading						
Urinalysis (dipstick)						
Pregnancy Test						
Stool Exam, O & P, Ent. Cul.						
Hemacult						
History for Physical Exam						
Physical Exam:						
EPSDT						
Well Baby/Child						
School						
Headstart						
Home Health						

PUBLIC HEALTH NURSE, Individual Procedure Checklist (Continued)

PROCEDURE	1 DATE	NAME	2 DATE	NAME	3 DATE	NAME
Hearing Screening:						
Hear Kit						
Tonality						
Audio scope						
Develop. Assess/Anticip. Guidance						
DDST						
Family Planning Resupply						
Throat Culture						
Sputum Collection Method						
Vision Testing:						
Snellen Chart						
Sure Site						
Cover Test						
Red Reflex						
Physical Assessment of Systems:						
Head History						
Eyes						
Ears						
Nose						
Dentition						
Gastro-Intestinal						
Cardiac						
Respiratory						
Reproductive						
Renal & GU						
Neurological						
Muscular Skeltal						
Skin						

Review/Sign the Following:	
Women's Health Manual	
PHN Protocols	
Exposure Control Plan	
Job Plan	

COMMENTS:

 Orientee
 Date

 Preceptor

 Supervisor

PUBLIC HEALTH NURSE Evaluation of Orientee's Performance

This form is to be used when evaluating the orientee's performance. Both the orientee and the evaluator may write comments. When indicated, the plan of action and plan for follow-up is to be included.

NAME OF ORIENTEE	COUNTY	ORIENTATION TIME PERIOD	
NURSING CARE/SERVICE	SATIS.	NEEDS IMPROV.	COMMENTS
Nursing Process:			
Assessment of Individual/Family Health Needs			
Planning of Health Care with Individuals & Families			
Ability to set goals			
Ability to contract			
Implementation of Care/Service			
Interviewing skills			
Teaching			
Counseling			
Technical skills			
Documentation			
Prompt recording on appropriate records			
Accurate, factual, complete, legible, applicable info.			
Utilization of SOAP format			
Coding			
Evaluation			
Evaluation of individual/family response to the service			
Resolution or non-resolution of problems			
Efficacy of nursing intervention			
Patient tracking mechanism			
Revision of plan when indicated			
Understanding & Application of Priorities:			
Selection of Individuals for Nursing Visits			
Visit Content			
Frequency of Visits			
Retention or Termination for Nursing Visits			
Working relationships with individuals, health care providers, groups, organizations & Agencies within the Community:			
Accepts Individual Differences			
Observes of Confidentiality			
Maintains Constructive Communication			
Collaborates Effectively			
Recognizes Individual Rights			
Organization of Work:			
Utilization of Work Time			

Quantity of Work			
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**PUBLIC HEALTH NURSE
Self Evaluation**

NAME OF ORIENTEE

COUNTY

ORIENTATION TIME PERIOD

Please rate on a scale of 1 (low) to 5 (high) how well prepared you feel to function in the following areas:

ACTIVITY	RATING	COMMENTS
Immunizations	1 2 3 4 5	
Well Child Clinic	1 2 3 4 5	
EPSDT	1 2 3 4 5	
WIC	1 2 3 4 5	
HUG	1 2 3 4 5	
SSBG/Child Development Program	1 2 3 4 5	
CSS	1 2 3 4 5	
Family Planning	1 2 3 4 5	
Basic Prenatal Services:	1 2 3 4 5	
Pregnancy Testing	1 2 3 4 5	
Presumptive Medicaid	1 2 3 4 5	
HUG referral	1 2 3 4 5	
Sexually Transmitted Diseases	1 2 3 4 5	
Tuberculosis:	1 2 3 4 5	
Skin Testing/Interpretation	1 2 3 4 5	
Meds Administration/Monitoring	1 2 3 4 5	
Other Areas Not Listed:	1 2 3 4 5	
	1 2 3 4 5	
	1 2 3 4 5	

If you were planning new PHN orientation, what would you do differently:

Additional Comments:

Orientee
Date

Supervisor

**ADVANCED PRACTICE NURSE
Orientation Checklist**

NAME OF ORIENTEE _____ COUNTY _____ ORIENTATION TIME PERIOD _____

AREA OF ORIENTATION	DATE SCHEDULED	DATE COMPLETED
Regional Office/Agency Orientation:		
General Information, Overview of Health Department Services, Overall Objectives		
Organization Charts, Region Map, Names, phone/fax #s of LHD Nurse Supervisors		
In-service training information, FY calendar attendance record		
Personnel Issues:		
Confidentiality, drug free workplace, sexual harassment, conflict of interest, internet use		
Scheduled with Personnel Officer for Benefits Information		
Copy of Nursing License		
Certificate of Fitness		
Certification of Specialty		
TB Skin Test		
Hepatitis B Vaccinations/Status		
Rubella Vaccination or Immunity		
Varicella Vaccination or Immunity		
List of Continuing Education		
Training to be Scheduled:		
OSHA/Bloodborne Pathogens		
CQI Training		
Lab Training (CLIA)		
CPR Training (if no current card)		
Red Cross Training (as applicable)		
Nursing Practice:		
Uniform Policy		
Picture ID/Name Tag		
Legal & Confidentiality Issues		
Malpractice Insurance Coverage (if county employee)		
PHN Profile Data Sheet		
Job Plan		
Documentation (SOAP, CID, Abbreviation List)		
Prescriptions		
Facility Orientation:		
Location of Emergency Equipment, PPE, Spill Kit, Review of Emergency Plan, Fire Plan		
Assignment of PTBMIS user ID and provider number		
Codes Training & Copy of Manual		
Pharmacy Module Training		

ADVANCED PRACTICE NURSE, Orientation Checklist (Continued)

AREA OF ORIENTATION	DATE SCHEDULED	DATE COMPLETED
Program Orientation (as applicable):		
MCH (CHAD, HUG, FP, Prenatal, WIC)		
CEDS (TB, Immunization, STD, HIV)		
CSS (Care Coordination, PEP, Project TEACH)		
Adult Health		
Families First		
Community Development		
TennCare		
Quality Management		
Adolescent Programming Initiative		
Health Promotion (API, Health Education)		
GEH		
Other:		
Hazard communication program		
Bioterrorism Response		
Refer to/Review the Following Manuals:		
PHN Orientation and Practice Manual		
TennCare Manuals and Formulary		
Other (particular to APN practice)		
Read & Sign the Following:		
Primary Care Protocols		
Women's Health Manual		
Public Health Nursing Protocols		
Exposure Control Plan		
Other		
Clinical Orientation:		
Establish Physician Preceptor		
Assign a Mentor		
Referral/Consultation Guidelines (indicators, procedures, referral resources)		
Management of Prescriptions		

Date of conference _____ Items in need of completion _____

Orientee

Supervisor

Date

H-32

**ADVANCED PRACTICE NURSE
Individual Procedure Checklist**

NAME OF ORIENTEE

COUNTY

EVALUATION TIME PERIOD

To be completed by preceptor: 1) Demonstrated by whom/date; 2) Demonstration returned to whom/date; 3) Performance satisfactory to whom/date.

PROCEDURE	1 DATE	NAME	2 DATE	NAME	3 DATE	NAME
Venipuncture						
Injections/Immunizations						
Tuberculin:						
Skin Test						
Reading						
Urinalysis						
Physical Examination:						
Infant						
Toddler						
Child						
Adolescent						
Adult						
Gyn						
Lab:						
Wet Prep						
GenProbe						
Pap Smear						
Pregnancy est						
Hemacue						
U/A Micro						
Assessment of Systems:						
Head						
Eyes						
Ears						
Nose						
Mouth/Dentition						
Throat						
Neck						
Heart						
Lungs						
Abdomen						
Genito-Urinary						

**ADVANCED PRACTICE NURSE
Self Evaluation**

NAME OF ORIENTEE

COUNTY

ORIENTATION TIME PERIOD

Please rate on a scale of 1 (low) to 5 (high) how well prepared you feel to function in the following areas:

ACTIVITY	RATING	COMMENTS
Immunizations	1 2 3 4 5	
Well Child Clinic	1 2 3 4 5	
EPSDT	1 2 3 4 5	
WIC	1 2 3 4 5	
HUG	1 2 3 4 5	
SSBG/Child Development Program	1 2 3 4 5	
CSS	1 2 3 4 5	
Family Planning	1 2 3 4 5	
Basic Prenatal Services:	1 2 3 4 5	
Pregnancy Testing	1 2 3 4 5	
Presumptive Medicaid	1 2 3 4 5	
HUG referral	1 2 3 4 5	
Sexually Transmitted Diseases	1 2 3 4 5	
Tuberculosis:	1 2 3 4 5	
Skin Testing/Interpretation	1 2 3 4 5	
Meds Administration/Monitoring	1 2 3 4 5	
Other Areas Not Listed:	1 2 3 4 5	
	1 2 3 4 5	
	1 2 3 4 5	

If you were planning new APN orientation, what would you do differently:

Additional Comments:

Orientee

Supervisor

Date

**LICENSED PRACTICAL NURSE
Individual Procedure Checklist**

NAME OF ORIENTEE _____

COUNTY _____

EVALUATION TIME PERIOD _____

To be completed by preceptor: 1) Demonstrated by whom/date; 2) Demonstration returned to whom/date; 3) Performance satisfactory to whom/date.

PROCEDURE	1 DATE	NAME	2 DATE	NAME	3 DATE	NAME
Infection Control Guidelines						
B/P Screening						
WIC Assessment						
Height:						
Recumbent						
Standing						
Weight						
Head Circumference						
Injections:						
Intradermal						
Intramuscular						
Subcutaneous						
Gen Probe						
Sickle Cell:						
Screening						
Counseling						
Lead Screening						
Hemoglobin						
PKU/Newborn Screening						
Tuberculin:						
Skin Test						
Reading						
Urinalysis (dipstick)						
Pregnancy Test						
Stool Exam, O & P, Ent. Cul.						
Hemacult						
Immunizations						
History for Physical Exam						
Hearing Screening:						
Hear Kit						
Tonality						
Develop. Assess/Anticip. Guidance						
Throat Culture						

LICENSED PRACTICAL NURSE, Individual Procedure Checklist (Continued)

PROCEDURE	1 DATE	NAME	2 DATE	NAME	3 DATE	NAME
Vision Testing:						
Snellen Chart						
Cover Test						
Red Reflex						
Other						

Review/Sign the Following:	
Women's Health Manual	
PHN Protocols	
Exposure Control Plan	
Job Plan	

COMMENTS:

LICENSED PRACTICAL NURSE Evaluation of Orientee's Performance

This form is to be used when evaluating the orientee's performance. Both the orientee and the evaluator may write comments. When indicated, the plan of action and plan for follow-up is to be included.

NAME OF ORIENTEE	COUNTY	ORIENTATION TIME PERIOD		
NURSING CARE/SERVICE	SATIS.	NEEDS IMPROV.	COMMENTS	
Nursing Process:				
Assessment of Individual/Family Health Needs				
Planning of Health Care with Individuals & Families				
Ability to set goals				
Ability to contract				
Implementation of Care/Service				
Interviewing skills				
Teaching				
Counseling				
Technical skills				
Documentation				
Prompt recording on appropriate records				
Accurate, factual, complete, legible, applicable info.				
Utilization of SOAP format				
Coding				
Evaluation				
Evaluation of individual/family response to the service				
Resolution or non-resolution of problems				
Efficacy of nursing intervention				
Patient tracking mechanism				
Revision of plan when indicated				
Understanding & Application of Priorities:				
Selection of Individuals for Nursing Visits				
Visit Content				
Frequency of Visits				
Retention or Termination for Nursing Visits				
Working relationships with individuals, health care providers, groups, organizations & Agencies within the Community:				
Accepts Individual Differences				
Observes of Confidentiality				
Maintains Constructive Communication				
Collaborates Effectively				
Recognizes Individual Rights				
Organization of Work:				
Utilization of Work Time				

Quantity of Work			
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NURSING ASSISTANT Individual Procedure Checklist

NAME OF ORIENTEE _____

COUNTY _____

EVALUATION TIME PERIOD _____

To be completed by preceptor: 1) Demonstrated by whom/date; 2) Demonstration returned to whom/date; 3) Performance satisfactory to whom/date.

PROCEDURE	1 DATE	NAME	2 DATE	NAME	3 DATE	NAME
Infection Control Guidelines						
Clinic Room:						
Prepare						
Clean Up						
Patient Exam:						
Prepare for Exam						
Assist with Exam						
Temperature, Pulse & Respiration						
B/P Screening						
Height:						
Recumbent						
Standing						
Weight						
Growth Chart Plotting						
Head Circumference						
Lead Screening						
Hemoglobin						
PKU/Newborn Screening						
Urinalysis (dipstick)						
Pregnancy Test						
Lab Control Logs						
Other						

COMMENTS:

Orientee

Preceptor

Supervisor

Date H-42

NURSING ASSISTANT Evaluation of Orientee's Performance

This form is to be used when evaluating the orientee's performance. Both the orientee and the evaluator may write comments. When indicated, the plan of action and plan for follow-up is to be included.

NAME OF ORIENTEE _____ COUNTY _____ ORIENTATION TIME PERIOD _____

NURSING CARE/SERVICE	SATIS.	NEEDS IMPROV.	COMMENTS
Performs tasks as assigned under direct nursing supervision:			
Teaching			
Technical skills			
Documentation			
Prompt recording on appropriate records			
Accurate, factual, complete, legible, applicable info.			
Utilization of SOAP format			
Working relationships with individuals, health care providers, groups, organizations & Agencies within the Community:			
Accepts Individual Differences			
Observes Confidentiality			
Maintains Constructive Communication			
Collaborates Effectively			
Recognizes Individual Rights			

QUALITIES CONTRIBUTING TO EFFECTIVENESS	SATIS.	NEEDS IMPROV.	COMMENTS
Communication Skills			
Participation as a Team Member Within Agency			
Concern for Overall Objectives of Agency			
Willingness to Accept and Share Responsibility			
Initiative			
Adaptability and Flexibility			
Promptness and Attendance			
Maximum Utilization of Work Time			
Reliability			
Adherence to Dress Code			

ADDITIONAL COMMENTS:

Orientee

Supervisor

Date H-44

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