



APRN Annual Competency Validation (Pediatric Primary Care)

Date of Competency Validation: _____

Name of Employee: _____

Employee Title: _____

Employee National Certification Agency: _____

Collaborative Physician: _____

Orientation Preceptor Name (New Hire): _____

Instructions: Health care practitioners are regulated by state regulatory boards with the purpose of protecting the health, safety and welfare of the public. This competency verification should be completed by all new nurse practitioners and peer on initial hire and yearly thereafter to assess that minimal competency standards are met.

This competency form is a part of a Student and Preceptor Advancement through A Designated Education Site (SPADES) Project funded by Health Resources and Service Administration (HRSA). This project is supported in part by Grant Number D09HP28676 from the Health Resources and Services Administration (HRSA), an operating division of the U.S. Department of Health and Human Services. Using the Rapid Cycle Quality Improvement method (Plan, Do, Study, Act), the form will be piloted in a nurse managed clinic site by an expert family nurse practitioner/faculty member from East Tennessee State University College of Nursing validating its efficacy and efficiency.

Once the competency form is piloted for feasibility, time, cost, adverse events, and effect size, and revised, the form will be implemented at all of the East Tennessee State University Nurse Managed Clinics to validate the advanced practice registered nurse's competencies.



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Professionalism

Professionalism		
• Demonstrates professional dress and decorum.		
• Arrives to work on time.		
• Uses professional communication skills with peers, colleagues, administration, faculty, staff, and providers of care.		
• Demonstrates professionalism through respect toward patients.		
• Precepts students and new employees when needed.		
• Shows respect for diverse opinions when working collaboratively.		
• Demonstrates accountability for actions.		
• Volunteers when needed to help with administrative duties.		
• Demonstrates honesty and trustworthiness.		
• Committed to enhancing education and learning new evidence based care recommendations.		
• Seen by others as a team player.		
• Values opportunities to learn new tasks.		
• Committed to the success of the clinic.		
• Legible Handwriting		
Peer Reviewer Comments Related to this Domain: Professionalism	Peer Reviewer Initial:	Date:

I. Scientific Foundations

What is a competency?					
<p>The Nurse Practitioner Core Competencies (NP Core Competencies) integrate and build upon existing Master’s and DNP core competencies and are guidelines for educational programs preparing NPs to implement the full scope of practice as a licensed independent practitioner. The competencies are essential behaviors of all NPs. These competencies are demonstrated upon graduation regardless of the population focus of the program and are necessary for NPs to meet the complex challenges of translating rapidly expanding knowledge into practice and function in a changing health care environment. Read more at: http://www.nonpf.org/?page=14</p>					
Scientific Foundations Objectives:					
1. Critically analyzes data and evidence for improving advanced nursing practice.					
<ul style="list-style-type: none"> • Give one example of competency #1: <ol style="list-style-type: none"> 1. 					
<ul style="list-style-type: none"> • Contributes to knowledge development for improved child and family-centered care. 					
<ul style="list-style-type: none"> • Participates in child and family focused quality improvement, program evaluation, translation, and dissemination of evidence into practice 					
<ul style="list-style-type: none"> • Delivers evidence-based practice for pediatric patients 					
3. Translates research and other forms of knowledge to improve practice processes and outcomes					
<ul style="list-style-type: none"> • Give one example of competency #3: <ol style="list-style-type: none"> 1. 					
4. Develops new practice approaches based on the integration of research, theory, and practice knowledge.					
<ul style="list-style-type: none"> • Give one example of competency #4 <ol style="list-style-type: none"> 1. 					
Peer Reviewer Comments Related to this Competency Domain: Scientific Foundations	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Peer Reviewer Initial:</td> <td style="width: 30%;">Date:</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>	Peer Reviewer Initial:	Date:		
Peer Reviewer Initial:	Date:				



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II. Leadership

Leadership Objectives

1. Assumes complex and advanced leadership roles to initiate and guide change.

- Give one example of competency #1:
1.

- Advocates for unrestricted access to quality cost effective care within health care agencies for children and families.

4. Advocates for improved access, quality, and cost effective healthcare.

- Give one example of competency #4:
1.

6. Communicates practice knowledge effectively, orally and in writing.

7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of population focus.

- Give one example of competency #7:
1.

Peer Reviewer Comments Related to this Competency Domain: Leadership

**Peer
Reviewer
Initial:**

Date:

III. Quality

Quality Objectives

1. Uses best available evidence to continuously improve quality of clinical practice.



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<ul style="list-style-type: none">• Participates in the review of assigned UDS measures.		
<ul style="list-style-type: none">• Recognizes the importance of collaborating with local, state, and national child organizations to foster best practices and child safety.		
Peer Reviewer Comments Related to this Competency Domain: Quality	Peer Reviewer Initial:	Date:
IV. Practice Inquiry		
Practice Inquiry Objectives		
2. Generates knowledge from clinical practice to improve practice and patient outcomes.		
<ul style="list-style-type: none">• Ensures pediatric assent and consent, and/or parental permission when conducting clinical inquiry.		
<ul style="list-style-type: none">• Promotes research that is child-centered and contributes to positive change in the health of or the health care delivered to children.		
3. Applies clinical investigative skills to improve health outcomes.		
6. Analyzes clinical guidelines for individualized application into practice.		
Peer Reviewer Comments Related to this Competency Domain: Practice Inquiry	Peer Reviewer Initial:	Date:



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V. Technology and Information Literacy

Technology and Information Literacy Objectives

1. Integrates appropriate technologies for knowledge management to improve health care.	
<ul style="list-style-type: none">List 3 technologies used to manage patient's healthcare.<ol style="list-style-type: none">1.2.3.	
<ul style="list-style-type: none">Promotes development of information systems to assure inclusion of data appropriate to pediatric patients, including developmental and physiologic norms.	
<ul style="list-style-type: none">Considers developmental level of child and the family when translating health information to support positive health outcomes	
<ul style="list-style-type: none">Uses pediatric focused simulation based on learning to improve practice.	
3. Demonstrates information literacy skills in complex decision making.	
5. Uses technology systems that capture data on variables for the evaluation of nursing care.	
<ul style="list-style-type: none">Obtains and accurately documents a relevant health history for patients of all ages using collateral information as needed.	
<ul style="list-style-type: none">Performs and accurately documents appropriate comprehensive and symptom-focused physical exams on patients.	
<ul style="list-style-type: none">Performs and adequately documents procedures in EMR	
<ul style="list-style-type: none">Competently and independently performs, documents, and bills appropriately for 1, 2, and 3 or more procedures evidenced by EMR examples or return demonstration.	
<ul style="list-style-type: none">Uses data from information systems to improve practice.	
<ul style="list-style-type: none">Has patient office visit documented in electronic health record and finalized within 24 hours.	



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Peer Reviewer Comments Related to this Competency Domain: Technology and Information Literacy	Peer Reviewer Initial:	Date:
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VI. Policy

Policy Objectives		
1. Demonstrates an understanding of the interdependence of policy and practice.		
<ul style="list-style-type: none">Adheres to East Tennessee State University policies and procedures		
<ul style="list-style-type: none">Advocates for local, state, and national policies to address the unique needs of children and families.		
<ul style="list-style-type: none">Uses relevant policy specific to children to direct appropriate patient care, and to advocate against financial and legislative restrictions that limit access or opportunity.		
2. Advocates for ethical policies that promote access, equity, quality, and cost.		
<ul style="list-style-type: none">Give one example of competency #2: 1.		

Peer Reviewer Comments Related to this Competency Domain: Policy	Peer Reviewer Initial:	Date:
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VII. Health Delivery System

Health Delivery System Objectives
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1. Applies knowledge of organizational practices and complex systems to improve health care delivery.	
<ul style="list-style-type: none">• Optimizes outcomes for children and their families by facilitating access to other health care services (e.g. mental health) or to community and educational settings.	
<ul style="list-style-type: none">• Facilitates parent-child shared management and transition to adult care as developmentally appropriate.	
<ul style="list-style-type: none">• Applies knowledge of family, child development, healthy work environment standards and organizational theories and systems to support safe, high quality, and cost effective care within health care delivery systems.	
<ul style="list-style-type: none">• Facilitates transitions across settings including health care, mental health, community and educational services to optimize outcomes.	
<ul style="list-style-type: none">• Follows facilities policies to reduce environmental health risks.	
<ul style="list-style-type: none">• Collaborates in planning for transitions across the continuum of care.	
<ul style="list-style-type: none">• Follows legal regulations for nurse practitioner practice, including reimbursement of services.	
6. Analyzes organizational structure, functions, and resources to improve the delivery of care.	
<ul style="list-style-type: none">• Reviewed JCCHC Organizational Structure and Phone Extension Trees	
<ul style="list-style-type: none">• Reviewed the contents of the supply room	
<ul style="list-style-type: none">• Located the AED equipment in the facility	
<ul style="list-style-type: none">• Located the emergency cart and reviewed contents.	
<ul style="list-style-type: none">• Demonstrated use of electronics in patient rooms	
<ul style="list-style-type: none">• Demonstrates the retrieval of the following clinical guidelines:<ul style="list-style-type: none">○ Hypertension: http://www.aafp.org/afp/2012/0401/p693.html○ Diabetes: http://www.ndei.org/ADA-diabetes-management-guidelines-children-adolescents-type-1-diabetes-type-2-diabetes.aspx○ Obesity: file:///C:/Users/localuser/Downloads/FINAL-Standalone-Pediatric-Obesity-Guideline.pdf○ Pap Smear: http://journals.lww.com/greenjournal/documents/PB109_Cervical_Cytology_Screening.pdf	



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Peer Reviewer Comments Related to this Competency Domain: Health Delivery System	Peer Reviewer Initial:	Date:
VIII. Ethics		
Ethics Objectives		
1. Integrates ethical principles in decision making.		
• One example of Beneficence: 1.		
• One example of Nonmaleficence : 1.		
• One example of Autonomy 1.		
• One example of Justice 1.		
3. Applies ethically sound solutions to complex issues related to individuals, populations, and systems of care evidence by verbal recall.		
Peer Reviewer Comments Related to this Competency Domain: Ethics	Peer Reviewer Initial:	Date:



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IX. Independent Practice Competencies

Independent Practice Objectives

1. Functions as a licensed independent practitioner.

- Conducts age appropriate comprehensive advanced physical, mental and developmental assessment across pediatric life span.
- Assesses growth, development and mental/behavioral health status across the pediatric life span.
Growth/Development Charts: <http://www.cdc.gov/growthcharts/>
- Assesses for evidence of physical, emotional or verbal abuse, neglect and the effects of violence on the child and adolescent.
- Analyzes the family system (i.e. family structure, cultural influences etc.) to identify contributing factors that might influence the health of the child/adolescent and/or family
- Assesses patient's, family's, or caregiver's knowledge and behavior regarding age appropriate health indicators and health risks.
- Performs age appropriate comprehensive and problem-focused physical exams.
- Performs a systematic review of normal and abnormal findings resulting in a differential diagnoses encompassing anatomical, physiological, motor, cognitive, developmental, psychological, and social behavior across the pediatric lifespan.
- Identifies nutritional conditions and behavioral feeding issues and implements appropriate educational, dietary or medical treatments/interventions.
- Interprets age-appropriate, developmental and condition-specific screening and diagnostic studies to diagnosis and manage the well, minor acute, or chronic conditions in the pediatric scope of practice.
- Promotes healthy nutritional and physical activity practices.
- Provides health maintenance and health promotion services across the pediatric lifespan.
- Activates child protection services, and recommends/incorporates other resources on behalf of children or families at risk
- Partners with families to coordinate family centered community and health care services as needed for specialty care and family support.



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<ul style="list-style-type: none">• Incorporates health objectives and recommendations for accommodations, as appropriate, into educational plans (IEP)	
<ul style="list-style-type: none">• Assists the parent/child in coping with developmental behaviors and facilitates the child's developmental potential.	
<ul style="list-style-type: none">• Recognizes and integrates the perspectives of intradisciplinary collaboration in developing and implementing the plan of care.	
<ul style="list-style-type: none">• Understands the complexity and interaction of nonpharmacologic and pharmacologic therapies required in the care of children.	
<ul style="list-style-type: none">• Maintains current unencumbered licensure as an RN in Tennessee or compact state: Exp Date: _____	
<ul style="list-style-type: none">• Maintains current National Credentialing Certification: Exp Date: _____	
<ul style="list-style-type: none">• Maintains current licensure as an APN in Tennessee or other compact state every 2 years: Exp Date: _____	
<ul style="list-style-type: none">• Maintains current fitness to prescribe in the state on Tennessee every 2 years: Exp Date: _____	
<ul style="list-style-type: none">• Attains a minimum of two (2) contact hours of continuing education designed specifically to address controlled substance prescribing practices. The continuing education must include instruction in the Tennessee Department of Health's treatment guidelines on opioids, benzodiazepines, barbiturates, and carisoprodol, and may include such other topics as medicine addiction and risk management tools: Number of Hours Attained: _____	
<ul style="list-style-type: none">• Read Universal Precautions when prescribing opioids: http://www.opioidprescribing.com/overview	Date:
<ul style="list-style-type: none">• Initiates a pain contract with all patients who are prescribed opioids.	Date:
<ul style="list-style-type: none">• Review Guidelines for prescribing opioids http://www.cdc.gov/drugoverdose/prescribing/common-elements.html	Date:
<ul style="list-style-type: none">• Review DIRE Tool for risk assessment http://integratedcare-nw.org/DIRE_score.pdf	Date:
<ul style="list-style-type: none">• CSMD Registered and demonstrates use https://www.tncsmd.com/Login.aspx?ReturnUrl=%2fdefault.aspx	
<ul style="list-style-type: none">• Review Opioid Risk Management http://www.painedu.org/soapp.asp	Date:
<ul style="list-style-type: none">• Review NIDA Screen Assist Tool: https://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf	
<ul style="list-style-type: none">• Review TN Dept. of Health Chronic Pain Guidelines	Date:



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http://www.tn.gov/assets/entities/health/attachments/ChronicPainGuidelines.pdf	
ANCC Certification: Exp Date: _____	
<ul style="list-style-type: none">• ANCC Certified NP: Maintains 100 contact hours of continuing education relevant to the nurse practitioner's role and population focus. (ANCC Half Category 1 and Half Category 2-6)	
<ul style="list-style-type: none">• ANCC Certified NP: Maintains 25 contact hours of pharmacotherapeutics to fulfill their Category 1 requirement.	
<ul style="list-style-type: none">• ANCC Certified NP: Completion of a minimum of 1000 practice hours in population/specialty over the past 5 years for re-certification.	
ANNP Certification: Exp Date: _____ AANP--Through December 2016, the requirements established by AANPCP for renewal of certification include the following: <ul style="list-style-type: none">• Completion of 1000 hours of clinical practice as a nurse practitioner in the NP's population focus.• Obtain 75 contact hours of continuing education relevant to the nurse practitioner's role and population focus.• Must have been completed within the current 5-year period of certification.	
ANNP Certification: AANP--Beginning January 1, 2017, the requirements established by AANPCP for recertification will change to include the: <ul style="list-style-type: none">• Completion of 1000 hours of clinical practice as a nurse practitioner in the NP's population focus.• Obtain 100 contact hours of continuing education (CE) relevant to the nurse practitioner's role and population focus; at least 25 of these CEs must be pharmacology credits.• Must have been completed within the current 5-year period of certification Preceptorship of graduate level students in the advanced practice role is an available CE option not to exceed up to 25 credits of non-pharmacology CE Exp Date: _____	
PNCB Certification: <ul style="list-style-type: none">• Recertification Yearly. Date on Wallet Card: _____• 4 required PNCB Pediatric Updates and 15 hours of pediatric pharmacology within a 7-Year Recert Tracking Cycle assigned by PNCB.	



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<ul style="list-style-type: none">• Maintains health care provider CPR certification approved by the American Heart Association every 2 years. Exp Date: _____	
<ul style="list-style-type: none">• Maintains privileging (as appropriate)	
<ul style="list-style-type: none">• Maintains current DEA licensure: Exp Date: _____	
<ul style="list-style-type: none">• Reviewed and understand the Tenn. Code Ann 63-7-123 regarding Prescription Rules and Regulations (http://www.lexisnexis.com/hottopics/tncode/)	Date:
<ul style="list-style-type: none">• Reviewed and understand the treatment of pain policy. (http://share.tn.gov/sos/rules/1000/1000-04.20150622.pdf)	Date:
<ul style="list-style-type: none">• Registered in CSMD (Demonstrated Access) (https://www.tncsmd.com/Login.aspx?ReturnUrl=%2fdefault.aspx)	
Performs primary care procedures as credentialed:	
<input type="checkbox"/> Pneumatic otoscope exam	
<input type="checkbox"/> Suturing—estimated number performed this year _____	
<input type="checkbox"/> Incision and Drainage— estimated number performed this year _____	
<input type="checkbox"/> Nail Removal— estimated number performed this year _____	
<input type="checkbox"/> Clinical Breast Exam-- estimated number performed this year _____	
<input type="checkbox"/> Cryotherapy -- estimated number performed this year _____	
<input type="checkbox"/> Use of Welch Allyn, AudioScope-- estimated number performed this year _____	
<input type="checkbox"/> Skin tag removal with high temp disposable cautery tool—(sharp excision/silver nitrate) estimated number performed this year _____	
<input type="checkbox"/> X-ray interpretation-- estimated number performed this year _____	
<input type="checkbox"/> 12 Lead EKG interpretation-- estimated number performed this year _____	



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<ul style="list-style-type: none">• I have read the Tenn. Code Ann. § 63-7-126• (f) An advanced practice nurse shall only perform invasive procedures involving any portion of the spine, spinal cord, sympathetic nerves of the spine or block of major peripheral nerves of the spine in any setting not licensed under title 68, chapter 11 under the direct supervision of a Tennessee physician licensed pursuant to chapter 6 or 9 of this title who is actively practicing spinal injections and has current privileges to do so at a facility licensed pursuant to title 68, chapter 11. The direct supervision provided by a physician in this subsection (f) shall only be offered by a physician who meets the qualifications established in § 63-6-241(a)(1) or (a)(3) or § 63-9-119(a)(1) or (a)(3). For purposes of this subsection (f), "direct supervision" is defined as being physically present in the same building as the advanced practice nurse at the time the invasive procedure is performed. This subsection (f) shall not apply to an advanced practice nurse performing major joint injections except sacroiliac injections, or to performing soft tissue injections or epidurals for surgical anesthesia or labor analgesia in unlicensed settings.	
2. Demonstrates the highest level of accountability for professional practice.	
<ul style="list-style-type: none">• Follows current and emerging professional standards.• Demonstrates novice to expert continuum of clinical practice.	
3. Practices independently managing previously diagnosed and undiagnosed patients.	
3a. Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end-of-life care.	



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<ul style="list-style-type: none">• Anticipatory guidance (0-11 months) Guideline: https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/Infancy-Tools.aspx	
<ul style="list-style-type: none">• Anticipatory guidance (1 year-4 years) Guideline: https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/Early-Childhood-Tools.aspx	
<ul style="list-style-type: none">• Anticipatory guidance (5 years to 10 years) Guideline: https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/middle-childhood-tools.aspx	
<ul style="list-style-type: none">• Anticipatory guidance (11 years to 21 years) Guidelines: https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/adolescence-tools.aspx	
3b. Uses advanced health assessment skills to differentiate between normal, variations of normal, and abnormal findings.	
3c. Employs screening and diagnostic strategies in the development of diagnoses.	
3d. Prescribes medications within scope of practice.	
3e. Manages the health/illness status of patients and families over time.	
4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.	
4a. Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.	

Effectiveness of Child Care

HEDIS/UDS Objectives	
<p>Attention Deficit Hyperactivity (Child)</p> <ul style="list-style-type: none"> • Follow-Up Care for Children Prescribed ADHD Medication (HEDIS, 2016) • Definition: The two rates of this measure assess follow-up care for children prescribed an ADHD medication: <ul style="list-style-type: none"> ○ Children age 6 -12 years have f/u visit within 30 days of rx. ○ Children age 6-12 years prescribed ADHD medication remain on medication for at least 210 days, 2 f/u visits in 9 months after initiation of medication. <p>Guideline: https://www.guideline.gov/content.aspx?id=36881</p>	
<p>Caries (Child)</p> <ul style="list-style-type: none"> • Children age 6 through 9 years, moderate to high risk of caries receive sealant on permanent first molar tooth (UDS, 2015) • Definition: Child with sealants will be less likely to have tooth decay. <p>Guideline: https://www.guideline.gov/content.aspx?id=47901&search=caries+sealants</p>	
<p>Health Supervision (Child)</p> <ul style="list-style-type: none"> • Health supervision of patients 0-11 years old (UDS, 2015) <p>Guideline: https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx</p>	
<p>Upper Respiratory Infections (Child)</p> <ul style="list-style-type: none"> • Appropriate Treatment for Children with Upper Respiratory Infection (HEDIS, 2016) • Definition: Age 3 months-18 years of age given a diagnosis of URI and no antibiotic. 	



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Guideline: http://www.aafp.org/afp/2006/0915/p956.html		
Peer Reviewer Comments Related to this Domain: Effectiveness of Child Care	Peer Reviewer Initial:	Date:
Effectiveness of Care –Well Child		
HEDIS/UDS Objectives		
Access to Care (Well-Child) <ul style="list-style-type: none">• Children and Adolescents' Access to Primary Care Practitioners (HEDIS, 2016)• Definition: The percentage of children and young adults 12 months–19 years of age who had a visit with a PCP. The measure reports on four separate percentages:<ul style="list-style-type: none">○ Children 12–24 months PCP visit yearly○ Children 25 months–6 years PCP visit yearly○ Children 7–11 years-- PCP visit yearly○ Adolescents 12–19 years—PCP visit yearly Guideline: https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx		
Adolescent Well-Child Visit <ul style="list-style-type: none">• Adolescent Well-Care Visits (HEDIS, 2016)• Definition: Well-Child Visits in the First 15 Months of Life.• Yearly well-child visit at age 3, 4, 5, and 6.• Comprehensive well-care visit between age 12-21		



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Guideline: https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx	
<p>BMI/Weight Assessment (Well-Child)</p> <ul style="list-style-type: none">• Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (HEDIS, 2016)• Age 3-17 have outpatient visit have the following every visit<ul style="list-style-type: none">○ BMI percentile documentation.○ Counseling for nutrition.○ Counseling for physical activity.• Measure evaluates whether BMI percentile is assessed. <p>Guideline: https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx</p> <p>http://pediatrics.aappublications.org/content/pediatrics/117/2/544.full.pdf</p>	
<p>BMI/Weight Assessment (Well-Child)</p> <ul style="list-style-type: none">• Adolescent Weight Assessment and Counseling (UDS, 2015)• Definition: Weight counseling for BMI > 85th Percentile (CDC, 2015) and documentation of counseling with ICD-10 code (Z71.89) <p>Guideline: http://pediatrics.aappublications.org/content/pediatrics/117/2/544.full.pdf</p>	
<p>Infant Well-Child Visit</p> <ul style="list-style-type: none">• Well-Child Visits in the First 15 Months of Life (HEDIS, 2016) <p>Guideline: https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx</p>	
<p>Dental Referral (Well-Child)</p> <ul style="list-style-type: none">• Documents referral for Oral Exams when appropriate (Child) (UDS, 2015)	



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<ul style="list-style-type: none">Moderate/High risk for caries: One oral assessment or comprehensive or periodic oral evaluation. Guideline: https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx Carie Risk Assessment Guideline: http://www.aapd.org/media/policies_guidelines/g_cariesriskassessment.pdf		
Lead Screening <ul style="list-style-type: none">Lead Screening in Children (HEDIS, 2016)(UDS, 2015)Child 9-72 months screened by 2nd birthday for lead Guideline: https://healthit.ahrq.gov/health-it-tools-and-resources/pediatric-rules-and-reminders/lead-age-2-years-due-screening		
Vaccination (Well-Child) <ul style="list-style-type: none">Children who have received age appropriate vaccines prior to their 3rd birthday (UDS, 2015) Guideline: http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html		
Peer Reviewer Comments Related to this Domain: Effectiveness of Care—Well Child	Peer Reviewer Initial:	Date:
Effectiveness of Care –Mental Health		
HEDIS/UDS Objectives		
Alcohol Treatment Plans		



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<ul style="list-style-type: none">• Initiation and Engagement of Alcohol and Other Drug Dependence treatment in adolescents and adults who have alcohol dependence. (HEDIS, 2016)• PCP visit after inpatient AOD hospitalization within 14 days.• Alcohol treatment initiated within 30 days of AOD diagnosis.• Documentation of alcohol treatment plan (HEDIS, 2016) <p>Guideline: http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/alcohol-misuse-screening-and-behavioral-counseling-interventions-in-primary-care?ds=1&s=alcohol and USPSTF Full Recommendation Statement: http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/alcohol-misuse-screening-and-behavioral-counseling-interventions-in-primary-care and CAGE Screening Tool: http://pubs.niaaa.nih.gov/publications/arh28-2/78-79.htm</p>	
<p>Depression</p> <ul style="list-style-type: none">• Antidepressant Medication Management in patient 18 and older (HEDIS, 2016)• Patient remains on antidepressant for 12 weeks-6 months. <p>Guideline: http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/depression-in-adults-screening and USPSTF Recommendation Statement: http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/depression-in-adults-screening</p>	
<p>Depression Screening</p> <ul style="list-style-type: none">• Utilization of the PHQ-2 and PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (12 and older) (HEDIS, 2016)• Follow up plan documented after each visit (UDS, 2015) <p>Guideline: https://www.icsi.org/asset/fnhdm3/Depr-Interactive0512b.pdf PHQ-2 and PHQ-9 Tools American Family Physician: http://www.aafp.org/afp/2008/0715/p244.html</p>	



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<p>Mental Illness Follow-up</p> <ul style="list-style-type: none">• Follow-up After Hospitalization for Mental Illness age 6 years and older within 7 days of hospitalization (HEDIS, 2016) <p>Guideline: https://www.qualitymeasures.ahrq.gov/content.aspx?id=48842</p>	
<p>Mental Health Referrals</p> <ul style="list-style-type: none">• Mental Health Utilization (HEDIS, 2016) <p>Guideline: http://www.who.int/publications/guidelines/mental_health/en/</p>	
<p>SBIRT</p> <ul style="list-style-type: none">• Utilizes Screening, Brief Intervention, and Referral to Treatment (SBIRT) (UDS, 2015) <p>SBIRT Guideline: http://www.integration.samhsa.gov/clinical-practice/SBIRT</p> <p>Substance abuse guideline: http://www.samhsa.gov/treatment/substance-use-disorders</p>	
<p>Schizophrenia/Cardiovascular monitoring</p> <ul style="list-style-type: none">• Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia age 18-64 (HEDIS, 2016)• LDL-C measurement yearly <p>Guideline: https://www.nice.org.uk/guidance/cg178/chapter/1-recommendations</p>	
<p>Schizophrenia/Bipolar-Diabetes</p> <ul style="list-style-type: none">• Diabetes Monitoring for People with Diabetes and Schizophrenia age 18-64 (HEDIS, 2016)• Yearly diabetes screening test for patients on antipsychotics• Yearly LDL-C and HbA1c for patient with Diabetes and Schizophrenia <p>Guideline: https://www.nice.org.uk/guidance/cg178/chapter/1-recommendations</p>	
<p>Schizophrenia Medication Management</p>	



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<ul style="list-style-type: none"> Adherence to Antipsychotic Medications for Individuals age 19-64 with Schizophrenia (HEDIS, 2016) Dispensed and patient remained on antipsychotic at least 80% of treatment period. <p>Guideline: https://www.nice.org.uk/guidance/cg178/chapter/1-recommendations</p>		
<p>Peer Reviewer Comments Related to this Domain: Effectiveness of Care—Mental Health</p>	<p>Peer Reviewer Initial:</p>	<p>Date:</p>
<p>Effectiveness of Care –Child Mental Health</p>		
<p>HEDIS/UDS Objectives</p>		
<p>Antipsychotics (Child MH)</p> <ul style="list-style-type: none"> Metabolic Monitoring for Children and Adolescents on Antipsychotics (HEDIS, 2016) <p>Guideline: AHRQ: http://www.qualitymeasures.ahrq.gov/content.aspx?id=48648&search=Antipsychotic+Agents and http://comesaguideline.org/information-for-doctors</p>		
<p>Antipsychotics (Child MH)</p> <ul style="list-style-type: none"> Use of Multiple Concurrent Antipsychotics in Children and Adolescents (HEDIS, 2016) <p>Guideline: AHRQ: http://www.qualitymeasures.ahrq.gov/content.aspx?id=48647 and http://comesaguideline.org/information-for-doctors</p>		
<p>Antipsychotics (Child MH)</p> <ul style="list-style-type: none"> Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (HEDIS, 2016) 		



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Guideline: AHRQ : http://www.qualitymeasures.ahrq.gov/content.aspx?id=48689 and http://comesguideline.org/information-for-doctors			
Peer Reviewer Comments Related to this Domain: Child Mental Health		Peer Reviewer Initial:	Date:
Effectiveness of Care –Tobacco Abuse			
HEDIS/UDS Objectives			
Tobacco Use Assessment <ul style="list-style-type: none">• Tobacco Assessment/ Cessation Intervention (UDS, 2015) (HEDIS, 2016)• Tobacco Counseling• Offered Tobacco cessation intervention and/or pharmacotherapy at each visit• Advises smokers to quit smoking at each visit Tobacco Guideline: http://www.cdc.gov/tobacco/quit_smoking/cessation/			
Peer Reviewer Comments Related to this Domain: Effectiveness of Care—Tobacco Abuse		Peer Reviewer Initial:	Date:
Effectiveness of Care –Immunizations			



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HEDIS/UDS Objectives		
Immunizations		
<ul style="list-style-type: none">Orders the following childhood immunizations when appropriate: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diphtheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child) (UDS, 2015)Documentation of vaccination or contraindication for all children. Immunization Guidelines: http://www.cdc.gov/vaccines/schedules/index.html Immunization Schedule: http://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html		
Peer Reviewer Comments Related to this Domain: Effectiveness of Care—Immunizations	Peer Reviewer Initial:	Date:
Effectiveness of Care --Obesity		
HEDIS/UDS Objectives		
BMI		
<ul style="list-style-type: none">Adult BMI Assessment age 18 and older at every visit (HEDIS, 2016)Documentation of BMI at each visit.Follow up visit after weight screening, documentation of progress in patients who are under (<19) or overweight (≥ 25) (UDS, 2015)		



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Obesity Guideline: AHRQ Guidelines Obesity and Primary Care: http://www.guideline.gov/content.aspx?id=49013&search=bmi+and+obesity and AHRQ Obesity and Prevention Management: http://www.guideline.gov/content.aspx?id=47027&search=bmi+and+obesity		
Peer Reviewer Comments Related to this Domain: Effectiveness of Care—Obesity	Peer Reviewer Initial:	Date:
Effectiveness of Care –Diabetes		
HEDIS/UDS Objectives		
Diabetes <ul style="list-style-type: none">• Comprehensive Diabetes Care in adults age 18-75 according to guidelines (HEDIS, 2016) (UDS, 2015)• Hemoglobin A1c (HbA1c) testing• Documentation of HbA1c poor control (>9.0%).• Documentation of HbA1c control (<8.0%).• Documentation of HbA1c control (<7.0%) for a selected population.• Eye exam (retinal) performed.• Medical attention for nephropathy.• BP control (<140/90 mm Hg).• Diabetes management utilizing current American Diabetes Association Guidelines: ADA Guidelines http://professional.diabetes.org/content/clinical-practice-recommendations and http://professional.diabetes.org/resourcesforprofessionals.aspx?cid=84160 (UDS, 2015)• Assessment/Documentation of comprehensive foot examination, Inspection, Palpation of dorsalis pedis and posterior tibial pulses• Assessment/Documentation of Presence/absence of patellar and Achilles reflexes		



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<ul style="list-style-type: none">• Assessment/Documentation of proprioception, vibration, and monofilament sensation (American Diabetes Association [ADA], 2016)• Assessment/Documentation of footwear and orders custom fitted diabetic shoes prn (ADA, 2016)• Maximizes Metformin dosage for Type II Diabetes patients (ADA, 2016)• Performs laboratory evaluations appropriately:• A1C, if results not available within the past 3 months If not performed/available within the past year ○• Fasting lipid profile, including total, LDL, and HDL cholesterol and triglycerides, as needed ○• Liver function tests• Spot urinary albumin–to–creatinine ratio• Serum creatinine and estimated glomerular filtration rate• Diabetes nutrition education/dietician consultation (ADA, 2016) <p>Diabetes Guideline: http://care.diabetesjournals.org/site/misc/2016-Standards-of-Care.pdf</p> <p>Diabetes Guideline: http://professional.diabetes.org/resourcesforprofessionals.aspx?cid=84160</p>		
Peer Reviewer Comments Related to this Domain: Effectiveness of Care—Diabetes	Peer Reviewer Initial:	Date:
Disease Management: HIV		
HEDIS/UDS Objectives		
HIV <ul style="list-style-type: none">• New HIV Cases with Timely Follow-up within 90 day of initial diagnosis (UDS, 2015)		



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AHRQ Screening Guidelines for New Case: http://www.guideline.gov/content.aspx?id=45148&search=hiv and AHRQ Laboratory Testing within 90 days: http://www.guideline.gov/content.aspx?id=48499&search=hiv+and+hiv+treatment+with+90+days HIV Guideline: https://aidsinfo.nih.gov/guidelines		
Peer Reviewer Comments Related to this Domain: Disease Management: HIV	Peer Reviewer Initial:	Date:
Measures Collected Using Electronic Clinical Data Systems		
4. Applies skills in peer review to promote a culture of excellence.		
<ul style="list-style-type: none">• Attends scheduled peer review meetings evidenced by peer review sign in sheets		
<ul style="list-style-type: none">• Attends and contributes to the daily morning huddle.		
<ul style="list-style-type: none">• Attends and contributes to the quarterly staff meetings evidenced by sign in sheets		
<ul style="list-style-type: none">• Engages in continuous professional and interprofessional development to enhance team performance. (list 3 examples)<ol style="list-style-type: none">1.2.3.		



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Peer Reviewer Comments Related to this Domain: Measures Collected Using Electronic Clinical Data Systems	Peer	Date:
4b. Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.	Reviewer Initial:	
4c. Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.		
4d. Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.		
Peer Reviewer Comments Related to this Competency Domain: Independent Practice	Peer Reviewer Initial:	Date:



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Developmental plan for scores < 2.

Domain (I- IX)	Competency Number	Developmental Plan:

Signature of Employee

Date Completed

Signature of Manager/Reviewer

Date Completed



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