# LOCAL AGENCY
# CLINIC ASSESSMENT TOOL

## Missouri Participant-Centered WIC Services

**Missouri WIC**
Eat Healthy. Stay Well.

## WHAT'S INSIDE

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*This assessment tool is a modified version of the Mid-Atlantic WIC Services Toolkit and the Western Region WIC PCE Assessment Tools for Participant-Centered Nutrition Education and Services created by Altarum Institute.*

Introduction
The first impression a participant has of your WIC clinic is based upon the clinic environment, including the appearance of the entrance and the efficiency and time involved in getting through all of the systems and processes in the clinic. It is easy to overlook the 'little things' when it comes to clinic appearance, comfort, and systems flow.  This tool can be used to approach the clinic environment from the perspective of the WIC participant in order to identify changes that would provide a more positive and welcoming experience.

The following ideas may be useful to you in determining how best to use the tool in your clinic:

• Before conducting the observation, explain the purpose to staff members and what to expect as a result.

• Those using the tool should observe all aspects of the clinic as if they are a participant entering the clinic for the first time. It is critical that the clinic environment be viewed from the perspective of the WIC participant.

• Review and summarize the completed tool.

• Meet with the WIC team/staff to review the results of the observation(s). The discussion of this tool could be the topic of a staff meeting where all can provide input and strategies for improvement. The meeting facilitator could ask staff members which of the items highlighted by the observation tool could be changed easily, which they would like to change, and which the team should prioritize.

• An action plan could be developed based on the items staff members identify as feasible, realistic, and most important to providing participant-centered services.

**Customer Service Skills**

Clinic Name:                                                                 Date:

INSTRUCTIONS

Evaluate each feature of customer service skills.  Note areas of excellence and opportunities for improvement.

| Features | Check One | | | Comments |
|---|---|---|---|---|
| 1. Are all participants treated with courtesy and respect? | Always ☐ | Sometimes ☐ | Never ☐ | |
| 2. Are staff members consistently friendly and welcoming? | Always ☐ | Sometimes ☐ | Never ☐ | |
| 3. Do staff members consistently introduce themselves to participants including their name and job role? | Always ☐ | Sometimes ☐ | Never ☐ | |
| 4. Do staff members use body language that is warm, open, and engaging? | Always ☐ | Sometimes ☐ | Never ☐ | |
| 5. Do staff members avoid WIC jargon or complicated language? | Always ☐ | Sometimes ☐ | Never ☐ | |
| 6. Are all processes, expectations and steps of the appointment explained to participants? | Always ☐ | Sometimes ☐ | Never ☐ | |
| 7. Do staff members limit phone interruptions and side conversations with coworkers when serving participants? | Always ☐ | Sometimes ☐ | Never ☐ | |
| 8. Do staff members use appropriate phone etiquette? | Always ☐ | Sometimes ☐ | Never ☐ | |
| 9. Are staff members able to communicate with difficult or angry participants appropriately? | Always ☐ | Sometimes ☐ | Never ☐ | |
| 10. Do staff members manage peak times without appearing overwhelmed? | Always ☐ | Sometimes ☐ | Never ☐ | |
| 11. Are staff members able to explain the process for handling a participant complaint? | Always ☐ | Sometimes ☐ | Never ☐ | |
| 12. Are bilingual staff or interpreter services available? | Always ☐ | Sometimes ☐ | Never ☐ | |
| 13. Do staff members focus on the participant rather than the computer? | Always ☐ | Sometimes ☐ | Never ☐ | |
| 14. Do staff members listen and allow time for the participant to talk? Is "talk time" balanced? | Always ☐ | Sometimes ☐ | Never ☐ | |
| 15. Are appropriate referrals offered for other programs and organizations? | Always ☐ | Sometimes ☐ | Never ☐ | |
| 16. Do staff members adequately explain the purpose of the WIC program to participants? | Always ☐ | Sometimes ☐ | Never ☐ | |
| 17. Are participants asked if they have any questions or concerns about their food package, use of WIC foods, and shopping experience? | Always ☐ | Sometimes ☐ | Never ☐ | |

## Clinic Environment

Clinic Name:                                                      Date:

INSTRUCTIONS

**Evaluate each feature of the clinic environment. Note areas of excellence and opportunities for improvement.**

| Features | Check One | | Comments |
|---|---|---|---|
| 1. Is the clinic easy to find with clear, visible signage (on all doors) and in appropriate languages (e.g. English, Spanish, etc.)? | YES ☐ | NO ☐ | |
| 2. Is the physical entrance to the clinic "welcoming"? | YES ☐ | NO ☐ | |
| 3. Describe what the waiting room looks and sounds like: | | | |
| 4. Would you mind waiting in this waiting room? | YES ☐ | NO ☐ | |
| 5. Overall, how do you think the upfront intake process and waiting area environment may affect the WIC applicants' and participants' perspectives and attitude about WIC? | | | |
| 6. Is the clinic clean, safe, comfortable and attractive? | YES ☐ | NO ☐ | |
| 7. Is the clinic signage respectful and appropriate? | YES ☐ | NO ☐ | |
| 8. Does signage reflect the cultural diversity of caseload? | YES ☐ | NO ☐ | |
| 9. Is clinic signage in the primary languages spoken in the clinic? | YES ☐ | NO ☐ | |
| 10. Does the waiting room have items to occupy children? | YES ☐ | NO ☐ | |
| 11. Does the waiting room have posters, photos, or bulletin boards that support positive nutrition and breastfeeding messages? | YES ☐ | NO ☐ | |
| 12. Are individual offices or work stations arranged to encourage and promote conversation? | YES ☐ | NO ☐ | |

## Clinic Environment

Clinic Name:                                                    Date:

| Features | Check One | | Comments |
|---|---|---|---|
| | **Evaluate each feature of the clinic environment. Note areas of excellence and opportunities for improvement.** | | |
| 13. Do individual offices or work stations have items to occupy children? | YES ☐ | NO ☐ | |
| 14. Do restrooms have a diaper-changing area? | YES ☐ | NO ☐ | |
| 15. Does the service delivery environment ensure participant confidentiality at all stations (support staff, nutrition, and health)? | YES ☐ | NO ☐ | |

Clinic Name:                                        Date:

INSTRUCTIONS

Evaluate each feature of service delivery. Note areas of excellence and opportunities for improvement.

| Features | Check One | | Comments |
|---|---|---|---|
| 1. Are all participants greeted and welcomed as they enter the clinic? | YES ☐ | NO ☐ | |
| 2. Does all staff greet and welcome the participants throughout the appointment? | YES ☐ | NO ☐ | |
| 3. Does the clinic layout promote efficient service delivery and provide adequate space for participant services? | YES ☐ | NO ☐ | |
| 4. Is there a process in place so staff knows a participant is ready to be seen? What is the process? Does this process ensure the participant is taken in order of appointment? | YES ☐ | NO ☐ | |
| 5. Are participants seen in order of appointments? | YES ☐ | NO ☐ | |
| 6. Are appropriate times allotted for appointments? | YES ☐ | NO ☐ | |
| 7. Are the steps a participant must go through to receive WIC benefits logical and efficient, and do the steps minimize duplication of effort? | YES ☐ | NO ☐ | |
| 8. How long, on average, do persons coming in for WIC services have to wait from the time they enter the clinic until they meet with the first staff person? | Use the following to assess average: Check in time: Greet time: _____ Minutes | | |
| 9. What do you think affects the wait time to meet with the first staff person? | | | |
| 10. How long, on average, do persons coming in for WIC services have to wait from the time they sign in until the time they meet with the first staff person for the health or nutrition assessment? | Use the following to assess average: Check in time: Greet time: _____ Minutes | | |

# Local Agency Assessment Checklist

## Service Delivery

Clinic Name: _____          Date: _____

| Evaluate each feature of service delivery. Note areas of excellence and opportunities for improvement. | | | |
|---|---|---|---|
| **Features** | **Check One** | | **Comments** |
| 11. What do you think affects the wait time to meet for the health or nutrition assessment? | | | |
| 12. Are the waiting times for participants to receive services reasonable? (If participants wait at more than one occasion, evaluate total wait time.) | YES ☐ | NO ☐ | |
| 13. How long, on average, do persons coming in for WIC services have to wait from the time they finish their appointment until they receive their WIC checks? | Use the following to assess average: Finish appointment time: Receive checks time: _____ Minutes | | |
| 14. Does staff work as a team? (e.g. is there a process to share questions with appropriate staff members so the questions are answered?) | YES ☐ | NO ☐ | |
| 15. What procedures in place to remind participants about upcoming appointments? | | | |
| 16. What processes and mechanisms are in place to collect and utilize participant feedback? | | | |
| 17. Are regular time studies completed to determine the average time a participant spends in the WIC office and average wait to receive services? | YES ☐ | NO ☐ | |
| 18. Are same-day or walk-in appointments available? | YES ☐ | NO ☐ | |
| 19. Are weekend appointments available? | YES ☐ | NO ☐ | |
| 20. Are lunchtime or extended hour appointments available? | YES ☐ | NO ☐ | |
| 21. Does staff review the previous risks and/or care plan prior to meeting with the participant? | YES ☐ | NO ☐ | |
| 22. Does staff explain the steps in an engaging way, letting the participant know what to expect from the height, weight and bloodwork collection? | YES ☐ | NO ☐ | |
| 23. Describe what happens to a WIC participant from the time they enter the door until they leave the clinic. Who hands out the checks? | | | |

## Individual and Group Education

Clinic Name:                                     Date:

**INSTRUCTIONS**

**Evaluate each feature of individual and group education. Note areas of excellence and opportunities for improvement.**

| Features | Check one | | Comments |
|---|---|---|---|
| 1. How often is nutrition education offered in a group format? | Always ☐  Sometimes ☐  Never ☐  Describe: | | |
| 2. Is there adequate and comfortable seating? | YES ☐ | NO ☐ | |
| 3. Does the layout of the room facilitate conversation (e.g., Face-to-face, noise, group in circle)? | YES ☐ | NO ☐ | |
| 4. Are participants provided education appropriate for their nutrition risk or category? | YES ☐ | NO ☐ | |
| 5. Are participants given a choice of the education they will receive? | YES ☐ | NO ☐ | |
| 6. Is the room clean and attractive? | YES ☐ | NO ☐ | |
| 7. Are there posters, bulletin boards, or handouts that support positive nutrition and breastfeeding messages? | YES ☐ | NO ☐ | |
| 8. Does the room provide a separate, quiet space away from the noises of clinic operation? | YES ☐ | NO ☐ | |
| 9. Are there ways to keep children busy and engaged? | YES ☐ | NO ☐ | |
| 10. Did the facilitator open the session warmly and set the agenda for the individual or group? | YES ☐ | NO ☐ | |
| 11. Did the facilitator engage attendees with: | | | |
| • open-ended questions? | YES ☐ | NO ☐ | |
| • reflective listening? | YES ☐ | NO ☐ | |
| • reflective listening? | YES ☐ | NO ☐ | |
| • affirmations? | YES ☐ | NO ☐ | |
| • other skills and techniques? | YES ☐ | NO ☐ | |

Clinic Name:                                                                                    Date:

INSTRUCTIONS

**Evaluate each feature of individual and group education. Note areas of excellence and opportunities for improvement.**

| Features | Check one | | Comments |
|---|---|---|---|
| 12. Did the facilitator incorporate hands-on or problem solving activities? | YES ☐ | NO ☐ | |
| 13. Were visual props used to illustrate and enhance learning? | YES ☐ | NO ☐ | |
| 14. Do the visual props and materials send a positive message? Describe. | YES ☐ | NO ☐ | |
| 15. Was the session tailored to participants? | YES ☐ | NO ☐ | |
| 16. Was the information provided appropriate for the individual or group? Was it accurate? | YES ☐ | NO ☐ | |
| 17. Did the facilitator recognize and support participants' culture and how it might impact dietary practices? | YES ☐ | NO ☐ | |
| 18. Did the facilitator summarize the session? | YES ☐ | NO ☐ | |
| 19. How are the participants scheduled for nutrition education appointments? Check all that apply. | ☐ Scheduled for specific appointment times<br>☐ Scheduled only for certain days of the week<br>☐ Scheduled on a walk-in basis<br>Other: | | |
| 20. How long was the nutrition education session? | | | |

**Recommendations for Improving WIC Services**

Clinic Name: _____                          Date: _____

INSTRUCTIONS

| Features | Recommend Changes? | | Comments |
|---|---|---|---|
| | **YES** | **NO** | |
| 1. Welcoming participants | ☐ | ☐ | |
| 2. Ease of finding clinic | ☐ | ☐ | |
| 3. Clinic entrance and waiting area | ☐ | ☐ | |
| 4. Intake procedures | ☐ | ☐ | |
| 5. Clinic overall appearance and space (hallways, counseling rooms, etc.) | ☐ | ☐ | |
| 6. Participant scheduling | ☐ | ☐ | |
| 7. Participant wait times | ☐ | ☐ | |
| 8. Education, props and materials | ☐ | ☐ | |
| 9. Staff teamwork | ☐ | ☐ | |
| 10. Confidentiality of clinic space | ☐ | ☐ | |
| 11. Customer service | ☐ | ☐ | |
| 12. Participant feedback | ☐ | ☐ | |
| 13. Other features identified: | ☐ | ☐ | |

**Now that you have evaluated each feature of the clinic, note areas of excellence and opportunities for improvement.**

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## Clinic Assessment Tool Completed By:

| | |
|---|---|
| **Name and Title** | **Date** |
| | |
| **Name and Title (if needed)** | **Date** |
| | |

# Additional Comments