

Scenario	Provider	Individual in person	Individual by phone	Family in person	#Recipients (family)	Family by phone	#Recipients (family)	Group	#Participants (group)	Community	Comments
1. Phone call to arrange home visit. Initial assessment started with mom to assess for priority/timing of visit. Discussion focuses on mom and baby, -interventions and plan documented	PHN					1	2				Target of the intervention is the family. Mom and Baby are expected to benefit from the intervention.
2. Home visit conducted by PHN. Mom, partner and baby present. PP, newborn and family assessment involving both parents completed. Interventions and plan documented	PHN			1	3						Target of the intervention is the family. Mom, partner and baby are expected to benefit from the intervention.
3. Client phones with a concern regarding self. Assessment and interventions focused at individual client even though other family members live in the home.	All staff		1								Target of the intervention is the individual. Should the conversation lead to other individuals in the home requiring interventions and plan, then this would be counted as a family encounter noting the number of recipients.
4. Families First home visit completed with mom, partner, infant and 2 siblings. Curricula was delivered and documented. Grandmother present in the home and did not participate in the home visit.	FFHV			1	5						Target of the intervention is the family. Only count those who participate in the visit.
5. Door step visit made. Family not home. Letter left in mailbox	All staff										Only direct in person or phone calls are counted. Letters, emails or voice messages are not counted.
6. A PHN completes a home visit with mom and baby and subsequently follows up with the family's primary care provider. The PHN speaks with the primary care provider and calls the family back and documents intervention and plan for mom and baby.	PHN			1	2	1	2				Target of the intervention in both encounters is the family. Mom and baby are expected to benefit from the interventions. Phone calls made to other health care providers to discuss interventions that will benefit the family are not captured.

7. Infant nutrition class provided by PH Dietitian; 20 participants. One participant asks a question of clarification afterwards.	PHD							1	20		Target of the intervention is 1 group. Record the # (20) participants in the participants' column. Do not count individual contacts with participants unless topic / intervention is different than that discussed. For example, an individual specific concern and intervention would also be counted as an individual contact, whereas clarification on the content discussed would not.
8. 2 PHNs provide BF group service. 15 moms participate. 2 moms are also seen separately for specific concerns, e.g., mastitis, latch concerns	PHN			2	4			1	15		Groups that are co-facilitated by members of the same profession, only the lead facilitator will record the group information. Staff will need to decide who will record the session to avoid double-counting. Target of the intervention is 1 group. Record the # (15) of participants in the participant column. Do not count babies for group. If intervention with a mom involves baby, e.g., latching support, assessing baby, then count as family (2 recipients); otherwise count as individual. As both moms and babies received interventions record both families.
9. PPH team members (PHN, PHD, other) co-facilitate a Healthy Baby group of 20 participants.	All staff							1	20		Groups that are co-facilitated by members of different professions all facilitators will record the session. Rationale is difference bodies of expertise, different interventions. Target of the intervention is 1 group. Record # (20) participants in the participants' column. Do not count babies for group. See examples 7 and 8 re: when to count encounters with individuals in the group setting.
10. Outreach influenza immunization clinic provided. 10 people immunized by 2 PHNs	PHN										Do not count on individual PHN MIS data collection sheets. ALL immunizations will be captured at the end of the month via Panorama report and included on team roll-up stats. See instructions for admin staff in Appendix A (Appx A on hold; Program running reports in the interim).
11. PPH team member works with community agency or group to assess community health needs, establish a plan to address health issues.	All staff									1	Count as community level as the community is the intended recipient of the intervention(s). For community level, do not count individuals as it is the community at large who may benefit and we cannot quantify as individuals as we do for group services.
12. Outreach worker provides harm reduction supplies to 25 individuals on one shift.	Outreach	25									Count as individual, regardless of how many different supplies are given to each individual.

13. CD Coordinator discusses client care with nursing station/other RHA provider	CD Coord										No contacts recorded. PPH is not required to capture indirect contacts. Only count direct service to clients. Indirect services contribute to direct services provided (and counted) by others.
14. PHN calls nursing station to develop a plan of care for a client or family.	PHN										No contacts recorded. PPH is not required to capture indirect contacts. Only count direct service to clients. Indirect services contribute to direct services provided (and counted) by others.
15. HCA provides TB meds to a client (DOT). 3 family members are present.	DOT worker/HCA	1									Direct service to individual is counted, regardless of the presence of family members, as the intervention is targeted at the individual receiving the medication.
16. Travel Health nurse provides pre-travel consultation services, teaching and immunization to a family of 6.	TH PHN	6									While in a family group, the target of the health teaching is for individual health purposes, not the family unit / functioning. Immunization is captured in the Panorama report; count the encounter for health teaching as individual.
17. Student PHN on senior practicum works independently on a home visit, groups, community settings	Student										Services provided by students are not captured in MIS even if working independently.
18. PPH team member or does a presentation for staff, students (medical or nursing) or to other agencies (i.e. CFS)	All staff										No contacts recorded. Only direct service to individual clients or family is recorded.
19. PPH team member participates in an interdisciplinary or interagency meeting to discuss and brainstorm ways to support early years programming/resources in a community	All staff									1	Count as community level as the community is the intended recipient of the intervention(s) and the intervention involves a plan of care. For community level, do not count individuals as it is the community at large who may benefit and we cannot quantify as individuals as we do for group services.
20. A PHN uses NETs and MBCDP to inform a community assessment to inform a planning meeting with a parent child coalition.	PHNs										Community health assessment is not counted as this is part of PHN practice that is an input into interventions. As per example #19, once there is a plan and action with the community group underway warranting documentation, this would then be counted as community level.