

BCCCP/WISEWOMAN Pre-Assessment Survey

Pathology Radiology Surgical Consult WISEWOMAN Medical Evaluation
 Mammograms – the contracted facility is accredited under the Mammography Quality Standards Act (MQSA) regulations
 Pap tests – the facility is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88)
 WISEWOMAN Lab Services – the facility is certified under the most recent Clinical Laboratory Improvement Amendments (CLIA) or other approved certification.

14. Laboratory services for pap testing are provided by: _____ Name of Lab/Facility: _____

15. Analysis of blood for Total Cholesterol, HDL, and Glucose/A1C is conducted Onsite
 Offsite (If off site please provide name of reference lab _____)

16. a. The CLIA Certificate for the onsite lab is current a. Yes No NA
 b. The CLIA Certificate for the offsite lab is current b. Yes No NA

17. Contracts for **ALL services** provided above are reviewed and renewed annually Yes No

18. List all health care professionals and/or agencies to whom you refer women receiving BCCCP/WW services. Additional worksheets for this question are attached for your use. Name and Title: _____ Agency or Organization: _____ Address: _____ _____	<u>BCCCP</u> <input type="checkbox"/> Mammography <input type="checkbox"/> Follow-up abnormal breast <input type="checkbox"/> Follow-up abnormal cervix <input type="checkbox"/> Surgical consult <input type="checkbox"/> Other _____	<u>WISEWOMAN</u> <input type="checkbox"/> WISEWOMAN Medical Evaluation <input type="checkbox"/> Nutrition Services <input type="checkbox"/> Physical Activity <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Diabetes Education

Continuous Quality Improvement

19. The agency adheres to tobacco-free campus standards as described in NC G.S. 130A-498 Yes No

20. The agency conducts continuous quality improvement activities at least annually (describe: _____)
 _____) Yes No

21. Policies and procedures are reviewed and updated at least annually Yes No

22. For WISEWOMAN providers: Policy in place for management of patients with abnormal blood pressure results (including alert blood pressure and undiagnosed hypertension) Yes No

23. For WISEWOMAN providers: Does your agency provide team-based care? Yes No

24. Standing orders/protocols are in NC Board of Nursing format and are reviewed and updated at least annually Yes No

25. An electronic health record policy has been submitted to the NC State Archives (required for LHDs/ highly recommended for contract providers) Yes No

Clinical Procedures & Program Resources

26. Current copies of the following are available and accessible to all relevant staff:

<u>Breast & Cervical Cancer Control Program</u> ■ BCCCP Training Manual ■ BCCCP Patient Navigation Kit (included in PY 21-22 Training Manual)	<u>Responses</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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- Breast and Cervical Screening Manuals: A Guide for Health Departments and Providers Yes No
- Recruitment and Education Resource Notebook Yes No

WISEWOMAN Project

Responses

- WISEWOMAN Training Manual Yes No NA
- Med South Lifestyle Program Manual Yes No NA
- 2017 ACC/AHA and JNC-7 hypertension guidelines Yes No NA
- 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol Yes No NA
- American Diabetes Association Clinical Practice Recommendations Yes No NA

27. The BCCCP/WISEWOMAN Training Manual is updated annually. Yes No

28. In which clinics are BCCCP/WISEWOMAN participants screened?

BCCCP Clinic (schedule) _____

General adult health clinic (schedule) _____

Both of above (schedule) _____

Primary Care Clinic (schedule) _____

Other (schedule) _____

29. Referrals to providers outside of your agency are documented on what form?

DHHS 2734 (Referral/Follow-up Form)

Other agency form _____

30. Name and title of person(s) responsible for coordinating follow-up and providing patient navigation of patients with abnormal clinical results:

Name: _____ Title: _____

Name: _____ Title: _____

31. Evidence-based interventions (EBIs) are used to increase community demand, community access, and/or provider delivery
- a. Client reminders (cards, letters, phone calls, etc.) a. Yes No
 - b. Minimize administrative barriers (simplify enrollment protocol, enhance clinic flow, etc.) b. Yes No
 - c. Provide alternative screening sites (breast care center, mobile exam unit, etc.) c. Yes No
 - d. Provide alternative screening hours (evening, weekend, etc.) d. Yes No
 - e. Provide transportation e. Yes No
 - f. Provide translation f. Yes No
 - g. Provide childcare g. Yes No
 - h. Provider reminders (chart flags, EHR/EMR flags, spreadsheet, reports, etc.) h. Yes No
 - i. Other _____ i. Yes No

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<p>32. Are activities conducted to connect community residents to breast and cervical cancer screening services and/or increase screening in the population?</p> <p>a. Community Health Worker outreach</p> <p>b. Patient navigation program</p> <p>c. Presentations to service organizations (women's clubs, etc.)</p> <p>d. Faith-based outreach</p> <p>e. Work-site outreach/presentations</p> <p>f. Other _____</p>	<p>a. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>33. Community outreach activities are conducted at least once per year Please describe _____ _____ _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>34. A directory of community resources is available as a patient handout</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>35. Survivor resources are offered to patients who are diagnosed with breast or cervical cancer or precancer</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>				
<p>36. Each patient signs a consent form annually to participate in:</p> <p>a. BCCCP</p> <p>b. WISEWOMAN</p>	<p>a. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>				
<p>37. Notification of Receipt of Privacy Practices is signed, dated and in the chart</p> <p>a. BCCCP</p> <p>b. WISEWOMAN</p>	<p>a. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>				
<p>38. Identify all health care professionals responsible for providing services to BCCCP women and/or clinical assessments and/or team-based care to WISEWOMAN participants in your agency. Additional worksheets for this question are attached for your use.</p> <p>Name: _____</p> <p>Position: (RN, MD, NP, PA) _____</p> <p>Agency or Organization: _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #cccccc; text-align: left; padding: 5px;">Additional training completed:</th> </tr> <tr> <td style="width:50%; padding: 5px;"> <p><u>BCCCP</u></p> <p>Check all that apply:</p> <p><input type="checkbox"/> Physical Assessment of Adults</p> <p><input type="checkbox"/> BCCCP Orientation</p> <p><input type="checkbox"/> BCCCP Patient Navigation</p> <p><input type="checkbox"/> Breast & Cervical Cancer Medicaid (BCCM)</p> <p><input type="checkbox"/> Clinical Breast Exam</p> <p><input type="checkbox"/> Other _____</p> </td> <td style="width:50%; padding: 5px;"> <p><u>WISEWOMAN</u></p> <p>Check all that apply:</p> <p><input type="checkbox"/> WISEWOMAN Orientation</p> <p><input type="checkbox"/> Med South Orientation</p> <p><input type="checkbox"/> Blood Pressure Measurement Review</p> <p><input type="checkbox"/> Other _____</p> </td> </tr> </table>	Additional training completed:		<p><u>BCCCP</u></p> <p>Check all that apply:</p> <p><input type="checkbox"/> Physical Assessment of Adults</p> <p><input type="checkbox"/> BCCCP Orientation</p> <p><input type="checkbox"/> BCCCP Patient Navigation</p> <p><input type="checkbox"/> Breast & Cervical Cancer Medicaid (BCCM)</p> <p><input type="checkbox"/> Clinical Breast Exam</p> <p><input type="checkbox"/> Other _____</p>	<p><u>WISEWOMAN</u></p> <p>Check all that apply:</p> <p><input type="checkbox"/> WISEWOMAN Orientation</p> <p><input type="checkbox"/> Med South Orientation</p> <p><input type="checkbox"/> Blood Pressure Measurement Review</p> <p><input type="checkbox"/> Other _____</p>
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<p>Our program requests consultation from Cancer Branch staff in the following areas:</p> <table style="width:100%;"> <tr> <td style="width:33%; padding: 5px;"> <p><u>BCCCP</u></p> <p>Check all that apply:</p> <p><input type="checkbox"/> Physical Assessment of Adults</p> <p><input type="checkbox"/> BCCCP Orientation</p> <p><input type="checkbox"/> BCCCP Patient Navigation</p> <p><input type="checkbox"/> Breast & Cervical Cancer Medicaid (BCCM)</p> <p><input type="checkbox"/> Clinical Breast Exam</p> <p><input type="checkbox"/> Other _____</p> </td> <td style="width:33%; padding: 5px;"> <p><u>WISEWOMAN</u></p> <p>Check all that apply:</p> <p><input type="checkbox"/> WISEWOMAN Orientation</p> <p><input type="checkbox"/> Med South Orientation</p> <p><input type="checkbox"/> Blood Pressure Measurement Review</p> <p><input type="checkbox"/> Other _____</p> </td> <td style="width:33%; padding: 5px;"> <p><u>ADDITIONAL NEEDS</u></p> <p>Check all that apply:</p> <p><input type="checkbox"/> Fiscal Management/contracts</p> <p><input type="checkbox"/> Data training</p> <p><input type="checkbox"/> Program Orientation</p> <p><input type="checkbox"/> Recruitment and Community Resources</p> <p><input type="checkbox"/> Other _____</p> </td> </tr> </table>		<p><u>BCCCP</u></p> <p>Check all that apply:</p> <p><input type="checkbox"/> Physical Assessment of Adults</p> <p><input type="checkbox"/> BCCCP Orientation</p> <p><input type="checkbox"/> BCCCP Patient Navigation</p> <p><input type="checkbox"/> Breast & Cervical Cancer Medicaid (BCCM)</p> <p><input type="checkbox"/> Clinical Breast Exam</p> <p><input type="checkbox"/> Other _____</p>	<p><u>WISEWOMAN</u></p> <p>Check all that apply:</p> <p><input type="checkbox"/> WISEWOMAN Orientation</p> <p><input type="checkbox"/> Med South Orientation</p> <p><input type="checkbox"/> Blood Pressure Measurement Review</p> <p><input type="checkbox"/> Other _____</p>	<p><u>ADDITIONAL NEEDS</u></p> <p>Check all that apply:</p> <p><input type="checkbox"/> Fiscal Management/contracts</p> <p><input type="checkbox"/> Data training</p> <p><input type="checkbox"/> Program Orientation</p> <p><input type="checkbox"/> Recruitment and Community Resources</p> <p><input type="checkbox"/> Other _____</p>	
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<p><u>Comments:</u></p>					

Additional Sheet for Question 18 (Please make additional copies of this page, as needed)

<p>List all health care professionals and/or agencies to whom you refer women receiving BCCCP/WW services.</p> <p>Name and Title: _____</p> <p>Agency or Organization: _____</p> <p>Address: _____</p> <p>_____</p>	<p><u>BCCCP</u></p> <p><input type="checkbox"/> Mammography</p> <p><input type="checkbox"/> Follow-up abnormal breast</p> <p><input type="checkbox"/> Follow-up abnormal cervix</p> <p><input type="checkbox"/> Surgical consult</p> <p><input type="checkbox"/> Other _____</p>	<p><u>WISEWOMAN</u></p> <p><input type="checkbox"/> WISEWOMAN Medical Evaluation</p> <p><input type="checkbox"/> Nutrition Services</p> <p><input type="checkbox"/> Physical Activity</p> <p><input type="checkbox"/> Smoking Cessation</p> <p><input type="checkbox"/> Diabetes Education</p>
<p>List all health care professionals and/or agencies to whom you refer women receiving BCCCP/WW services.</p> <p>Name and Title: _____</p> <p>Agency or Organization: _____</p> <p>Address: _____</p> <p>_____</p>	<p><u>BCCCP</u></p> <p><input type="checkbox"/> Mammography</p> <p><input type="checkbox"/> Follow-up abnormal breast</p> <p><input type="checkbox"/> Follow-up abnormal cervix</p> <p><input type="checkbox"/> Surgical consult</p> <p><input type="checkbox"/> Other _____</p>	<p><u>WISEWOMAN</u></p> <p><input type="checkbox"/> WISEWOMAN Medical Evaluation</p> <p><input type="checkbox"/> Nutrition Services</p> <p><input type="checkbox"/> Physical Activity</p> <p><input type="checkbox"/> Smoking Cessation</p> <p><input type="checkbox"/> Diabetes Education</p>
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Extra Sheet for Question 38 (Please make additional copies of this page, as needed)

BCCCP/WW Professionals	Additional training completed:	
<p>Identify all health care professionals responsible for providing services to BCCCP women and/or clinical assessments and/or team-based care to WISEWOMAN participants in your agency.</p> <p>Name: _____</p> <p>Position: (RN, MD, NP, PA) _____</p> <p>Agency or Organization: _____</p>	<p><u>BCCCP</u></p> <p>Check all that apply:</p> <p><input type="checkbox"/> Physical Assessment of Adults</p> <p><input type="checkbox"/> BCCCP Orientation</p> <p><input type="checkbox"/> BCCCP Patient Navigation</p> <p><input type="checkbox"/> Breast & Cervical Cancer Medicaid (BCCM)</p> <p><input type="checkbox"/> Clinical Breast Exam</p> <p><input type="checkbox"/> Other _____</p>	<p><u>WISEWOMAN</u></p> <p>Check all that apply:</p> <p><input type="checkbox"/> WISEWOMAN Orientation</p> <p><input type="checkbox"/> Med South Orientation</p> <p><input type="checkbox"/> Blood Pressure Measurement Review</p> <p><input type="checkbox"/> Other _____</p>
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