

North Carolina Breast and Cervical Cancer Control Program and WISEWOMAN Project Triennial Program Review

Agency/Contractor: _____ Date of Event: _____

Time Frame Covered by Review: _____ to _____

Cancer Branch Review Team:

Cindy Herndon, Nurse Consultant

Angie Moody, Nurse Consultant

Sherry Wright, Nurse Consultant

Agency personnel present at the entrance conference:

Health Director: _____

Director of Nursing/RN Supervisor: _____

BCCCP Navigator: _____

WISEWOMAN Navigator: _____

Sources utilized for collection of information:

Patient Chart or EMR HIS/Vendor System Staff Member Log Books/Tickler File Training Manual

Triennial Assessment Worksheet

Breast Cancer Performance Indicator	CDC Standard	FY ____ as of ____
1. Screening mammograms provided to women > 50 years of age	≥ 75%	
<input type="checkbox"/> Abnormal screening results with complete follow-up	≥ 90%	
<input type="checkbox"/> Abnormal screening results; Time from screening to diagnosis > 60 days	≤ 25%	
2. Treatment started for breast cancer	≥ 90%	
3. Breast cancer; time from diagnosis to treatment >60 days	≤ 20%	
Cervical Cancer Performance Indicator	CDC Standard	FY ____ as of ____
4. Initial Program Pap test, never screened	≥ 20%	
5. Abnormal screening with complete follow-up	≥ 90%	
6. Abnormal screening results: time from screening to diagnosis >90 days	≤ 25%	
7. Treatment started for diagnosis of HSIL, CIN 2,3, CIS, Invasive Cancer	≥ 90%	
8. HSIL, CIN 2,3; time from diagnosis to treatment >90 days	≤ 20%	
9. Invasive carcinoma; time to diagnosis to treatment >60 days	≤ 20%	

WISEWOMAN Performance Indicators	CDC STANDARD	FY ____ as of ____
1. Percentage of screening target number met or exceeded	100%	
2. Percentage of women receiving valid risk reduction counseling	≥90%	
3. Percentage of follow up for abnormal blood pressure	100%	
4. Percentage of follow up for alert blood pressure	100%	
5. Percentage of women attending at least one session of HBSS or HC.	≥80%	
6. Percentage of women with complete programs	≥60%	

Fiscal Management	Results	Comments
1. Verification that all fee schedules and income eligibility guidelines in use are current	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
2. Evidence that current contracts or letters of agreement are in place with all providers	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3. Current CLIA certification is on file for laboratory provider(s)	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
4. Current MQSA certification is on file for mammography provider(s)	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No	

5. Evidence that a budget monitoring process/system is in place with separate accounts for BCCCP and WISEWOMAN	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
6. Verification that appropriate payment(s) are made for BCCCP/ WW procedures (Review payment invoices and vouchers from encounters reviewed)	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
7. Verification that patients are not charged inappropriately for BCCCP/ WW covered services (Verify patient ledger of encounters reviewed)	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
8. Verification that sliding scale fee is applied appropriately for income. Consult with the administrative consultants if indicated.	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
9. Evidence that BCCCP/WW funds are requested on the basis of the number of women served (and Health Coaching or Lifestyle Program sessions for WISEWOMAN)	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
<u>Clinical Management</u>	<u>Results</u>	<u>Comments</u>
1. A review of not less than 5 or more than 10 medical records and documents to include normal and abnormal findings.		
a. Consent Form is current, signed and dated annually	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
b. HIPAA consent is signed and current relative to agency policy	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
c. Documentation of all referrals to a medical provider for evaluation of abnormal results is present	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
d. Patient education is documented (i.e., Colorectal cancer screening, physical activity, nutrition, smoking behavior, insurance information, etc.)	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	

e. Patients are informed of results of examinations and all test results	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
f. Documentation is present of all attempts to notify patient of abnormal results [The third attempt must be documented by certified letter return receipt.]	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
g. Documentation of outcome of all follow up services provided to patient is present	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
h. Case closure due to non-compliant patient is documented Patient status is updated/ documented	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
i. Pap test reports are filed in medical record	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
j. Mammogram results are filed in medical record	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
k. Patient Navigation for abnormal/alert findings is appropriately documented:		
BCCCP -		
Needs Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Patient Navigation Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
WISEWOMAN -		
Needs Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Patient Navigation Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
l. BCCM application is completed for all eligible women	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
2. Evidence of a tracking system in place for follow up of abnormal results and annual rescreeing (i.e., computer program, notebook, tickler cards, logs)	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3. Evidence that appropriate materials for patient education are available and provided	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
4. Evidence of accurate medical record documentation	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	

5. Medical record organization is logical and consistent	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA																
<u>General Management</u>	<u>Results</u>	<u>Comments</u>															
1. Evidence that BCCCP and WW patient services are discussed as part of a policy and procedure/ clinical service review	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA																
2. Evidence of a regular schedule (at least annually) of clinical record reviews conducted by staff and corrective plans made and implemented for identified deficiencies	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA																
3. Are there additional quality improvement exercises conducted regularly? (Describe in "Comments")	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA																
4. Are standing orders/protocols in NC Board of Nursing format?	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA																
5. Evidence that ERRN competencies are maintained according to UNC guidelines	<input type="checkbox"/> Yes <input type="checkbox"/> No																
6. Evidence of timely submission of patient services/data following the date of service	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA																
7. Evidence that clinical forms are current and reflect required program data fields	BCCCP <input type="checkbox"/> Yes <input type="checkbox"/> No WISEWOMAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA																
8. Current copies of the following information are available and accessible? <u>Breast & Cervical Cancer Control Program</u> <table data-bbox="162 1659 1331 1953" style="width: 100%; border: none;"> <thead> <tr> <th style="width: 80%;"></th> <th colspan="2" style="text-align: right;"><u>Responses</u></th> </tr> </thead> <tbody> <tr> <td>■ BCCCP Training Manual</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>■ BCCCP Patient Navigation Kit (Included in PY 21-22 Training Manual)</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>■ Breast and Cervical Screening Manuals: A Guide for Health Departments and Providers</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td>■ Recruitment and Education Resource Notebook</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> </tbody> </table>				<u>Responses</u>		■ BCCCP Training Manual	<input type="checkbox"/> Yes	<input type="checkbox"/> No	■ BCCCP Patient Navigation Kit (Included in PY 21-22 Training Manual)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	■ Breast and Cervical Screening Manuals: A Guide for Health Departments and Providers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	■ Recruitment and Education Resource Notebook	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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9. Current copies of the following information available and accessible?

WISEWOMAN Project

- | | | | |
|---|------------------------------|-----------------------------|-----------------------------|
| ■ WISEWOMAN Training Manual | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| ■ Med South Lifestyle Program Manual | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| ■ 2017 ACC/AHA and JNC8 Hypertension Guidelines | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| ■ 2018 AHA/ ACC/ AACVPR/ AAPA/ ABC/ ACPM/ ADA/ AGS/ APhA/ ASPC/ NLA/ PCNA <i>Guideline on the Management of Blood Cholesterol</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| <hr/> | | | |
| ■ American Diabetes Association Clinical Practice Recommendations | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

Additional Comments or Findings: _____

Name and Title of Agency Persons at Exit Conference

- Cindy Herndon, Nurse Consultant
- Angie Moody, Nurse Consultant
- Sherry Wright, Nurse Consultant
- _____
- Health Director: _____
- Director of Nursing/RN Supervisor: _____
- BCCCP Navigator: _____
- WISEWOMAN Navigator: _____
- _____
- _____

Agency Comments at Exit Conference

