

**North Carolina Breast and Cervical Cancer Control Program (NC BCCCP)
and/or WISEWOMAN Program
Triennial Program Review**

Agency/Contractor: _____ Date of Event: _____

Time Frame Covered by Review: _____ to _____

Cancer Branch Review Team:

- Linda Buehler, BSN, RN, NC BCCCP/WISEWOMAN Nurse Consultant
- _____, NC BCCCP/WISEWOMAN Nurse Consultant
- Sherry Wright, RN, NC BCCCP/WISEWOMAN Nurse Consultant
- Other: _____

Agency personnel present at the entrance conference:

- Health Director: _____
 - Director of Nursing/Nursing Supervisor: _____
 - BCCCP Navigator: _____
 - WISEWOMAN Navigator: _____
 - Other: _____
-

Sources utilized for collection of information:

- Patient Chart via EMR HIS/Vendor System Staff Member Log Books/Tickler File Program 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 allocated funds expended for each woman screened	100%	
3. Percentage of participants who receive risk reduction counseling	100%	
4. Percentage of women with abnormal blood pressure values who receive follow-up as defined by NC WISEWOMAN policy	100%	
5. Percentage of participants that attend at least one session of health coaching or another lifestyle program as part of enrollment visit	100%	
6. Percentage of participants actively enrolled in health coaching or another lifestyle program who receive a second session	≥ 80%	
7. Percentage of participants enrolled in health coaching or another lifestyle program who complete sessions as defined in NC WISEWOMAN policy	≥ 60%	
8. Percentage of participants actively enrolled in program who complete their screening cycle	≥ 30%	
9. Percentage of participants with an alert screening value seen by a healthcare provider within one week of screening or documentation that reflects why consultation did not occur.	100%	

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 based on 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 (for each program year)	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 rescreening (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	
General Management	Results	Comments
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 PHNPDU 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 NC PHNPDU and UNC Gillings School of Global Public Health policies	<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?														
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Additional Comments or Findings: _____

- Name and Title of Agency Persons at Exit Conference**
- Linda Buehler, NC BCCCP/WISEWOMAN Nurse Consultant
 - _____, NC BCCCP/WISEWOMAN Nurse Consultant
 - Sherry Wright, NC BCCCP/WISEWOMAN Nurse Consultant
 - _____
 - Health Director: _____
 - Director of Nursing/RN Supervisor: _____
 - BCCCP Navigator: _____
 - WISEWOMAN Navigator: _____
 - _____
 - _____

Agency Comments at Exit Conference
