



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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Division of Public Health

**NORTH CAROLINA
BREAST AND CERVICAL CANCER CONTROL PROGRAM and/or WISEWOMAN PROGRAM
MONITORING VISIT PROCESS**

The North Carolina Breast and Cervical Cancer Control Program (BCCCP) and the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Program are supervised and monitored by the Cancer Prevention and Control Branch of the Chronic Disease and Injury Prevention Section of the Division of Public Health. BCCCP is funded by the National Breast and Cervical Cancer Early Detection Program in the Centers for Disease Control and Prevention (CDC). WISEWOMAN is funded by a CDC multi-grant.

Both programs are administered by Local Health Departments and by some additional non-health department agencies. Some agencies may provide only BCCCP services, while others may provide both BCCCP and WISEWOMAN services.

The monitoring process for BCCCP and WISEWOMAN has been designed so that monitoring events for both programs can be accomplished simultaneously. Procedures for monitoring remotely using this process have been developed to avoid delay when travel is not feasible for the State staff.

The monitoring process is designed to verify and document the quality of services and efficiency of operations of the BCCCP/WISEWOMAN providers in North Carolina. When program services do not meet established standards, a corrective action plan will be required.

Monitoring Process:

A. Administration - The Monitoring Team will:

1. Monitor the CDC Performance Indicators monthly via a desk review. Compliance with Performance Indicators determines revised budget changes throughout the fiscal year and annually.
2. Monitor NC BCCCP/WISEWOMAN screening and follow-up providers who have:
 - been active providers for at least 12 full months and selected for program review
 - had documented problems or clinical concerns after orientation, training, and/or consultation
3. Perform on-site or remote monitoring of all providers approximately every 3 years. Providers may be re-evaluated more frequently based upon the following indicators:
 - Persistent non-compliance with monthly monitored CDC Performance Indicators
 - Follow-up on corrective action plan implementation
 - At the request of service provider

B. Monitoring Criteria - Monitoring criteria have been developed by the NC BCCCP/WISEWOMAN staff and are based on both programmatic and clinical agreement addenda or contractual scope of work requirements. The clinical records selected for monitoring are a sample from the computerized listing of the NC BCCCP/WISEWOMAN data received from providers. Evaluations are completed on a minimum of 5 records and not to exceed 10 records within a 3-year period.

1. Guidelines for Monitoring for Districts

- Schedule all counties to be monitored in a District for review on the same or consecutive days if possible.

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- Each individual county within a District will be assessed for its own performance regarding charting, follow-up, patient navigation, and other clinical concerns.
 - A medical record review will be done for each county. One report to the Health District will address performance indicators and general management as a district, as well as findings of concern for individual counties.
 - Each county will receive a copy of the cover letter and attachments.
 - Corrective Action Plans will be required (if applicable) if the deficiency has potential negative impact on patient care or program performance.
2. **Guidelines for Record Selection:**
- Ten (10) patient encounters will be randomly selected of women screened within the previous 3 years. (During the monitoring event, a minimum of 5-10 records per program will be reviewed).
 - Women screened may or may not have been enrolled in both programs.
 - The confirmation letter, a copy of the monitoring visit process, and monitoring tools will be sent to the agency ahead of time.
 - The list of names and screening dates selected for the monitoring event will be sent to the BCCCP and/or WISEWOMAN navigator in advance of the event.
- a. **BCCCP encounters randomly selected include:**
- At least two participants with normal breast and two with normal cervical findings
 - At least two participants with abnormal breast and two with abnormal cervical findings
 - The abnormal breast findings should include a participant with an abnormal CBE and a participant with a normal CBE and abnormal mammogram
 - At least one participant who applied for BCCM
 - The remaining records are randomly selected
- b. **WISEWOMAN encounters randomly selected include:**
- At least two participants with normal screening findings
 - At least two participants with abnormal screening findings
 - The abnormal findings should include one or more participants with alert values
 - The remaining records are randomly selected
- C. **Measurement of Criteria** - Monitoring criteria are measured against documented evidence of program administration, enrollment, screening, referral, follow-up, and education services in the patient's clinical record.
- D. **Analysis of the Variations** - The monitoring team will analyze the variations between the monitoring criteria and documented practice to determine the nature and scope of any identified problems. If the variations have potential negative impact on patient care or program performance, corrective action may be required.
- E. **Planned Action and Follow-Up** - After the monitoring event is complete, a summary of findings will be discussed. Copies of the monitoring reports will be sent to the appropriate members of the program staff within 60 days. A corrective action plan template will be provided to respond to monitoring findings. A response must be submitted within 60 days of the report. The Monitoring Team will re-evaluate approximately 6-12 months after the corrective action plan is approved. Persistent non-compliance may result in forfeiture of continued funding.
- F. **Monitoring Documentation** - All monitoring documentation is to be maintained by the Provider agency.