

North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) and WISEWOMAN Program

Pre-Assessment Survey MUST be completed & returned prior to Triennial Program Review

Agency/Contractor _____

BCCCP Navigator: _____ WISEWOMAN Navigator: _____

Assessment Completed By: _____
(Name)
(Position/Job Title)
(Date)

Performance Management		
Breast Cancer Performance Indicator	CDC Standard	FY _____ as of _____
1. Screening mammograms provided to women > 50 years of age	≥ 75%	
2. Abnormal screening results with complete follow-up	≥ 90%	
3. Abnormal screening results; Time from screening to diagnosis > 60 days	≤ 25%	
4. Treatment started for breast cancer	≥ 90%	
5. Breast cancer; time from diagnosis to treatment >60 days	≤ 20%	
Cervical Cancer Performance Indicator	CDC Standard	FY _____ as of _____
6. Initial Program Pap test, women 30+ with no pap in last 10 years or never screened	≥ 35%	
7. Abnormal screening with complete follow-up	≥ 90%	
8. Abnormal screening results: time from screening to diagnosis >60 days	≤ 25%	
9. Treatment started for diagnosis of HSIL, CIN 2,3, CIS, Invasive Cancer	≥ 90%	
10. HSIL, CIN 2,3; time from diagnosis to treatment >60 days	≤ 20%	
11. Invasive carcinoma; time to diagnosis to treatment >60 days	≤ 20%	
Screening Rate	Most recent 12-month period _____ to _____	Previous 12-month period _____ to _____
12. What is your screening rate for mammograms? (Number of women who receive age-appropriate mammograms divided by the number of women who are due for a mammogram during a one-year period)	_____ %	_____ %
13. What is your screening rate for cervical cancer screening (Pap and/or HPV testing)? (Number of women who receive age-appropriate cervical cancer screening divided by the number of women who are due for screening during a one-year period)	_____ %	_____ %
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 receiving risk reduction counseling	100%	
4. Percentage of participants with abnormal blood pressure values who receive follow-up as defined by NC WISEWOMAN policy	100%	
5. Percentage of participants who 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 by NC WISEWOMAN policy	≥60%	
8. Percentage of participants actively enrolled 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%	

BCCCP/WISEWOMAN Pre-Assessment Survey

Name: _____ Title: _____		
13. Current contracts or letters of agreement are on file for the following services: <input type="checkbox"/> Breast U/S <input type="checkbox"/> Colposcopy <input type="checkbox"/> Fine Needle Aspiration <input type="checkbox"/> Pathology <input type="checkbox"/> Radiology <input type="checkbox"/> Surgical Consult <input type="checkbox"/> WISEWOMAN Medical Evaluation <input type="checkbox"/> Mammograms – the contracted facility is accredited under the Mammography Quality Standards Act (MQSA) regulations <input type="checkbox"/> Pap tests – the facility is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA '88) <input type="checkbox"/> WISEWOMAN Lab Services – the facility is certified under the most recent Clinical Laboratory Improvement Amendments (CLIA) or other approved certification.		
14. Laboratory services for cervical cytology testing are provided by:	Name of Lab/Facility: _____	
15. Analysis of blood for total cholesterol, HDL, and glucose/Hgb a1C is conducted	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite (If off site please provide name of reference lab _____)	
16. a. The CLIA certificate for the onsite lab is current	a. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
b. The CLIA certificate for the offsite lab is current	b. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
17. Contracts for ALL services provided above are reviewed and renewed annually <input type="checkbox"/> Yes <input type="checkbox"/> No		
18. List all health care professionals and/or agencies to whom you refer women receiving BCCCP/WISEWOMAN services. Additional worksheets for this question are attached for your use. Name and Title: _____ Agency or Organization: _____ Address: _____ _____	BCCCP <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 _____	WISEWOMAN <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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. The agency conducts continuous quality improvement activities at least annually (describe: _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Policies and procedures are reviewed and updated at least annually	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. For WISEWOMAN providers: Policy in place for management of patients with abnormal blood pressure results (including alert blood pressure and undiagnosed hypertension)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. For WISEWOMAN providers: Does your agency provide team-based care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Standing orders/protocols are in NC Public Health Nursing Professional Development Unit (PHNPDU) format and are reviewed and updated at least annually	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. An electronic health record policy has been submitted to the NC State Archives (required for LHDs/ highly recommended for contract providers)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical Procedures & Program Resources		
26. Current copies of the following are available and accessible to all relevant staff:		

BCCCP/WISEWOMAN Pre-Assessment Survey

Breast & Cervical Cancer Control Program

- BCCCP Program Manual
- Breast Screening Manual: A Guide for Health Departments and Providers
- Cervical Screening Manual: A Guide for Health Departments and Providers

Responses

- Yes No
- Yes No
- Yes No

WISEWOMAN Project

- WISEWOMAN Training Manual
- Med South Lifestyle Program Manual
- 2017 ACC/AHA and JNC-7 hypertension guidelines
- 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol
- 2022 ADA Standards of Medical Care in Diabetes

Responses

- Yes No NA
- Yes No NA
- Yes No NA
- Yes No NA
- Yes No NA

27. The BCCCP/WISEWOMAN Training Manual is reviewed 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.)
- b. Minimize administrative barriers (simplify enrollment protocol, enhance clinic flow, etc.)
- c. Provide alternative screening sites (breast care center, mobile exam unit, etc.)
- d. Provide alternative screening hours (evening, weekend, etc.)
- e. Provide transportation
- f. Provide translation
- g. Provide childcare
- h. Provider reminders (chart flags, EHR/EMR flags, spreadsheet, reports, etc.)
- i. Other _____

- a. Yes No
- b. Yes No
- c. Yes No
- d. Yes No
- e. Yes No
- f. Yes No
- g. Yes No
- h. Yes No
- i. Yes No

BCCCP/WISEWOMAN Pre-Assessment Survey

<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 breast or cervical precancerous lesions.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>36. Each patient signs a consent form each program year 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>	<p style="text-align: center;">Additional training completed:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <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>	<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 Worksheet 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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Additional Worksheet 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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