

# Clinic Assessment

## INSTRUCTIONS

Please return completed assessment form via email to Dana Huffman no later than close of business Monday, August 31, 2020. If you need assistance completing this document, please contact Dana Huffman at 334-206-3035 or email [dana.huffman@adph.state.al.us](mailto:dana.huffman@adph.state.al.us) .

**CLINIC NAME:**

**LOCATION:**

**PROJECT TEAM LEAD NAME AND CONTACT INFORMATION:**

## PATIENT POPULATION FOR BREAST AND CERVICAL CANCER SCREENING

Total Number of Active Patients:

Number of Uninsured Active Patients:

Total number of active patients women 21-64 years of age:

Number of uninsured active patients women age 21-64 years of age:

Total number of active patients women 50-74 years of age:

Number of uninsured active patients women 50-74 years of age:

Does your clinic currently have a breast and/or cervical cancer screening rate goal?  
If yes, please enter goal below:

Breast Cancer Screening Goal

Cervical Cancer Screening Goal

**RECOMMENDATIONS:**

1. Does your clinic provide screening recommendations for Breast and Cervical Cancer to every eligible patient?

2. Does your clinic have clinical guidelines available to providers for Breast and Cervical cancer screening? If yes, please provide a copy of these guidelines.

i. How are these guidelines made available to providers? (For example, EHR reminder, in writing in the examine room).

ii. How are providers given feedback about his or her own performance in providing screening services?

1. Has your clinic identified appropriate patient education screening messages? If yes, please attach a sample.

2. Does your clinic assess patient's risk status prior to screening?

3. Does your clinic provide one-on-one counseling and education to patients? If yes, please identify which staff member(s) is/are responsible for this task.

**How often does your clinic do the following to promote Breast and Cervical Cancer Screenings?**

	<b>Often</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Not at all</b>	<b>Don't know</b>
Deliver personal telephone reminders to patients					
Deliver automated telephone reminders to patients					
Send text msg or email reminders to patients					
Mail printed reminders such as post cards, letters, or newsletters					
Provide feedback to providers about his/her own performance in providing screening services					
Use the automated reminder for providers to recommend screening					
Use patient navigator to overcome patient specific barriers					
Use social media, newspaper, radio, etc. to promote screening services					

## **SCREENING POLICIES AND PROCEDURES:**

1. Does your Health System have a written Breast cancer screening policy or protocol to use? If yes, please provide a copy written policy and protocol.
2. Does your clinic have a written Cervical cancer screening policy or protocol to use? If yes, please provide a copy written policy and protocol.
3. How does your clinic notify patients about abnormal breast or cervical cancer screening results? Please identify which staff member(s) is/are responsible for this task.
4. What is your clinic's process for tracking outstanding and/or abnormal findings?
5. Does your clinic provide Patient Navigation services for abnormal breast or cervical cancer screening results? If yes, please identify which staff member(s) is/are responsible for this task.

## CLINIC SPECIFIC PROCESSES

How often does your clinic engage in the following activities to improve breast and cervical cancer screening and follow up?

	Daily	Weekly	Semi-monthly	Quarterly	Don't Know
Call the day before to remind patient of scheduled appointments					
Conduct daily huddles that include reviewing scheduled patients who need Breast or Cervical Cancer Screenings					
Track patients who have screening <b>orders</b>					
Track patients who <b>complete</b> screening					
Review all breast and cervical cancer screening results noting follow up needs for abnormal results					
Track patients who have <b>“abnormal” mammogram or pap</b>					
Track <b>referrals</b> for diagnostic work-up of <b>“abnormal”</b> mammogram or pap					
Track when the referred diagnostic work-up is <b>completed</b>					

## ELECTRONIC HEALTH RECORD (EHR)

	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
Does your EHR send prompts to providers at the time of the patient encounter about which of their patients are eligible for Breast and/or Cervical Cancer Screening?			
Does your EHR have the capacity to send correspondences or reminders to patients eligible for Breast or Cervical Cancer Screening?			
Does your EHR have the capacity to send reminders or correspondence to patients about screening test results?			
Are you able to use your EHR to systematically identify all patients eligible <u>or</u> due for Breast or Cervical Cancer Screening?			

**ELECTRONIC HEALTH RECORD (CONTINUED)**

**Using the EHR currently in place, how are the following generated for a majority of your patients?**

	<b>Automatically generated from the EHR</b>	<b>Automatically generated from something other than EHR (specify)</b>	<b>Available, but not automated (hand counts, etc.)</b>	<b>Not able to generate</b>
Alert Staff of abnormal breast and/or cervical cancer screening results that need follow up				
List of patients who are due or overdue for Breast and/or Cervical Cancer Screening				
Point-of-care reminders when patients are due for Breast and/or Cervical Cancer Screening				
Breast Cancer Screening Rates				
Cervical Cancer Screening Rates				
Track system for <b>abnormal</b> breast and cervical cancer screening results				

**How accurate is the Breast and Cervical Cancer Screening data generated from your EHR?**

**Very accurate** – *would use data as primary source for reports or patient care decision*

**Somewhat accurate**- *would need a secondary audit before using data for reports or cross check with additional documentation for patient care decision*

**Not at all accurate**- *would not use for reports or patients care decision*

What are your clinic's strengths?

What are areas where you feel improvement is needed?

Is there anything else you would like to share about your clinic?

Please provide tentative dates and times in September to schedule an on-site visit at each clinic for ADPH staff to walk through, ask questions, and shadow clinic staff. This will take a full morning or afternoon.

Please provide tentative dates and times in September for each clinic to complete an audit of records to confirm baseline breast and cervical screening rates. The audit will require 10% or 100 records, whichever is less. One or two our staff will come for the audit. Please inform us of your system's policy for outside entities accessing patient records. Call Dana with any question about what is needed for the audit or walk through at 334-206-3035.