PARTNER CLINIC PROGRAM GUIDE

West Virginia Program to Increase Colorectal Cancer Screening

PARTNER YEARS 2022-2025

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Welcome

Welcome to the *West Virginia Program to Increase Colorectal Cancer Screening* (WV PICCS), a CDC-funded program administered by the West Virginia University (WVU) Cancer Institute. WV PICCS is directed by Cancer Prevention and Control (CPC), a division of the WVU Cancer Institute.

The purpose of WV PICCS is to increase colorectal screening (CRC) rates in persons aged 45-75 in partnering clinics/health care systems in West Virginia. We are pleased to be partnering with your health system to increase your CRC screening rates.

WV PICCS will utilize practice facilitation principles to collaborate with you to assess your CRC screening rate and work with you to implement evidence-based intervention (EBI) strategies to improve your CRC screening rates.

Through this project, your health system will receive training and ongoing technical assistance from WV PICCS program staff to meet the following objectives:

- Assess current screening practices and baseline CRC screening rates.
- Participate in health information technology reassessment and recommendations of electronic health record (EHR) use for enhanced data utilization.
- Implement at least two EBIs (in addition to the required EBI - provider assessment and feedback).
- Navigate and track uninsured patients with a positive stool-based test to colonoscopy completion.
- Increase practice knowledge of CRC quality standards, timely follow-up, and rescreening schedules.
- Increase patient and public awareness of evidence-based CRC screening guidelines using small media (flyers, brochures, postcards, signs, and social media).

WV PICCS Staff Contact Information

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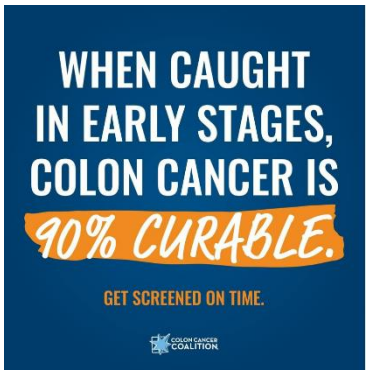
WV PICCS Responsibilities

- Providing technical assistance through site visits, video conferencing, telephone, and email correspondence.
- Conducting EHR assessments to determine functionality and needs.
- Making recommendations for improved EHR use.
- Providing program feedback to clinic providers and staff.
- Providing training to clinic staff on EBIs and assistance with implementing and/or adapting EBIs to use within clinic workflows and with their patient population.
- Providing training on patient navigation and tracking for uninsured patients needing a follow-up colonoscopy.
- Adapting existing culturally appropriate, tailored small media materials (flyers, postcards, posters, brochures) to increase patient/public awareness about CRC screening.
- Assisting with evaluation of EBI implementation processes and outcomes.



Partner Clinic Responsibilities

- Identifying clinic staff person(s) as point of contact responsible for project activities.
- Providing an onsite or virtual location for training and site visits.
- Participating in EHR assessments.
- Completing an assessment of current CRC screening practices, recommendations, and follow-up, including participation/facilitation of key informant interviews.
- Implementing at least 2 evidence-based interventions (in addition to the required provider assessment and feedback EBI) with assistance from WV PICCS.
- Conducting a small media campaign with project-developed materials to increase awareness of CRC screening among patients and the public/community.
- Communicating with WV PICCS staff about project questions, concerns, and participating in problem resolution.
- Participating in required data reporting and evaluation activities including those led by the Centers for Disease Control and Prevention (CDC), such as providing clinic annual CRC screening rates (2022-2025).
- Entering into the REDCap registry, CRC data for tests ordered if the EHR system does not adequately capture this information.
- Completing progress reports to submit to WV PICCS.
- Attending and promoting peer to peer learning events and trainings.
- Sharing CRC screening rate assessment and feedback with providers.
- Sharing WV PICCS newsletters and other relevant information with clinic staff and providers.

Project Reporting

Partner health systems are responsible for fully completing and submitting written progress reports to WV PICCS by the following dates:

- **BASELINE CRC SCREENING RATES AND PATIENT CHARACTERISTICS REPORT**
  - January 15, 2023, Baseline screening rates and patient characteristics
- **ANNUAL REPORTS**
  - Annual Screening Rates due January 15, 2024, 2025
  - Annual Progress Report due August 31, 2023, 2024

- **TRIANNUAL CLINIC AND PROVIDER SCREENING RATE REPORTS**: CRC clinic and provider screening rates submitted:
  - May 15 and September 15 of 2023
  - January 15, May 15 and September 15 of 2024
  - January 15 and July 15 of 2025

*See **Project Timeline** (pg. 9) for additional reporting requirements and time frames.

Project Funding

Your health system will enter a Memorandum of Understanding (MOU) and subcontract with WVU.

Partner clinic project funds will be dispersed as follows:

- 50% at initiation of signed subcontract
  - October 2022

- 25% upon Implementation of initial EBI and annual CRC screening rates
  - January 2023

- 25% upon receipt of CRC screening rates
  - May 2023

Budget Outline

West Virginia Program to Increase Colorectal Cancer Screening
July 1, 2022-June 29, 2023

Allowable Line Items	**WV PICCS Funding** **$15,000.00**
Project Implementation Expenses	
Electronic Health Record	
Personnel*	
Postage	
Printing and Copying	
Supplies:	
Telephone	
Other-	
GRAND TOTAL	**$15,000.00**

Electronic Health Record
Purpose: Electronic health record expense related to project activities, such as 1) exporting data in order to perform quality improvement reporting and patients in need of referral/follow-up; 2) developing a data export process to run provider screening rates for feedback and assessment; 3) build-in new reporting analytics not already present; and 4) training or program support expenses by program vendor for CRC screening improvement purposes.

Total: $

Personnel* (maximum request up to 75% of total budget)
Purpose: Staff person(s) time to coordinate and implement project activities to increase CRC screening.

Total: $

Postage
Purpose: Mailing expense for patient reminder letters, postcards, small media/educational materials, or primary mailing and /or return postage for FIT/FOBT kits.

Total: $

Printing and Copying
Purpose: Expense to print or copy reminder letters, or project-developed small media materials, such as flyers, postcards, and brochures to educate patients about colorectal cancer and importance of screening.

Total: $

Supplies
Purpose: Expenses to purchase materials and supplies to support project-related activities. These may include office supplies, mailing envelopes, printing paper, patient educational materials such as visual teaching aids/audio visuals to help educate patients about the colon anatomy, polyps, and screening tests, or other items to assist patients overcome structural barriers to CRC screening, such as transportation vouchers/gasoline gift cards.

Total: $

Telephone
Purpose: Telephone expense for placing reminder calls to patients in regard to outstanding CRC screening, need for CRC screening appointment, or to further assist patients in completing CRC screening.

Total: $

Other
Purpose: (Indicate other anticipated project expenses not outlined in the above categories)

Total: $

Grand Total: $15,000.00

Project Timeline

TASKS	TIME FRAME
YEAR 1 ACTIVITY-IMPLEMENTATION	
• Assessment Site Visit: Review Program Manual, Conduct Environmental Scan • MOU and Subcontract paperwork • Schedule HIT Assessment • Identify Key Informants for Interview • CRC Screening Clinic Workflow processes	August 1, 2022– September 30, 2022
• Complete HIT Survey • Complete CRC Test Tracking Summary • Conduct HIT Assessment • Conduct Key Informant Interviews	October 1, 2022 – October 31, 2022
• Review Assessment Findings and Readiness and Capacity for Implementation • Register for use of REDCap, as necessary • COVID-19 Impact Survey	November 1- November 30, 2022
• Small Media Materials Developed to be Utilized in Clinics • Complete Implementation Plan	December 1 – December 31, 2022
• Conduct All Staff Training • Implement evidence-based interventions (Provider Assessment and Feedback and one other) • Participate in Monthly Technical Assistance meetings • Attend Peer-to-Peer Training Event (Date TBD) • Complete Implementation Progress Reports	January 1, 2023 – December 31, 2023
• CRC triannual screening clinic and provider rates, uninsured patient navigation report	May 15, 2023 September 15, 2023
• CRC Screening Rates and Patient Characteristics (Baseline) • Annual Progress Report (COVID-19, EBI Implementation)	January 15, 2023 August 31, 2023

YEAR 2 ACTIVITY- IMPLEMENTATION	
• Maintain evidence-based interventions previously implemented • Implement at least one new evidence-based intervention with monthly technical assistance • Attend Peer-to-Peer Training Event (Date TBD) • Complete Implementation Progress Reports	January 1, 2024 – December 31, 2024
• CRC triannual and annual screening and provider rates, uninsured patient navigation report	January 15, 2024 (2023 Annual) May 15, 2024 September 15, 2024
Annual Progress Report (COVID-19, EBI Implementation)	August 31, 2024
YEAR 3 ACTIVITY-MAINTENANCE	
• Maintain Evidence-Based Interventions • Participate in Quarterly Technical Assistance meetings • Attend Peer-to-Peer Training Event (Date TBD) • Complete Program Progress Reports	January - December 2025
• CRC triannual and annual screening and provider rates, uninsured patient navigation report	January 15, 2025 (2024 Annual)
• Final Screening Rate Report (Jan-Jun 2025)	July 15, 2025

Baseline and Readiness Assessments

Process Overview

The West Virginia Program to Increase Colorectal Cancer Screening (WV PICCS) uses a four-tiered approach to assess each partner clinic's readiness to engage in the initiative.

Both qualitative and quantitative data points will be collected over a four-month onboarding period with partner clinics. Surveys will be administered, for the most part, through the Qualtrics platform. Two validated tools, the Organizational Readiness for Implementing Change (ORIC) measure and the Readiness Thinking Tool, will be used to collect data points related to perceived clinic readiness from various parties at each clinic. A Health Information Technology (HIT) Survey and a Colorectal Cancer (CRC) Screening Clinic Workflow and Processes Survey will provide the context needed to facilitate more in-depth semi-structured interviews with key informants. An environmental scan will help the WV PICCS team visually understand workflow strengths and weaknesses and identify potential avenues for growth. A HIT-focused protocol will facilitate a greater understanding of data quality challenges and foster solutions to improve these issues in conjunction with EBI work. Finally, CRC screening data points will be collected to establish a baseline from which to assess the effectiveness of interventions.

The ORIC measure for all staff and providers will be administered after the initial WV PICCS training which will occur approximately 6 months after a clinic partnership begins. The Readiness Thinking Tool will be used before implementing any evidence-based intervention (EBI) throughout the implementation phase.

After assessments are completed, WV PICCS staff will synthesize the findings and present each clinic with an Initial Assessment Report to facilitate the beginning of implementation activities. In addition, assessments will be used to develop Clinic Implementation Plans for each clinic.

Tiered Approach to Readiness Assessments

Tier I

1. **HIT Survey.** The person completing this online survey will work with their clinic's electronic health record (EHR) for quality improvement. The survey will collect basic information on the EHR, staff capabilities, and functions that are needed to participate in WV PICCS.
2. **Environmental Scan.** During the initial site visit, WV PICCS staff will conduct an environmental scan to assess interior, exterior, and digital features of the clinic.
3. **CRC Screening Clinic Workflow and Processes Survey.** The person completing this online survey will have a strong knowledge of clinic workflow and practices. The survey will be used to acquire an overall understanding of current practices, policies, and workflow related to CRC screening. This information will provide important background needed to facilitate key informant interviews.

Tier II

4. **HIT Assessment.** Informed by the HIT survey, the WV PICCS HIT team will work with designated staff to begin the HIT protocol to assess for data quality challenges. The protocol will includes identifying staff electronic health record (EHR) roles, creating an EHR workflow, and talking with staff members about EHR-related challenges to identify potential data quality issues that could impact implementation.
5. **Key Informant Interviews.** WV PICCS staff will interview at least four individuals at each clinic site. These key informants will come from different staffing categories including administrative/clerical, leadership, clinical support, and providers. The interview questions were designed to understand workflow, processes, motivation, and clinic culture. The interviews will be used to clarify answers from the CRC Screening Clinic Workflow and Processes Survey.
6. **CRC Screening Test Tracking Summary.** The person completing this online survey will be asked to pull available data from their clinic's EHR. The survey will be used to collect baseline CRC screening test completion/return rates. The ability to accurately pull these reports will be assessed and facilitated during the HIT assessment process
7. **COVID-19 Impact Survey.** The person completing this online survey will have a strong knowledge of clinic workflow and organizational practices. The survey will be used to assess the effect of COVID-19 on clinic operations and specifically CRC screening initiatives.

Tier III

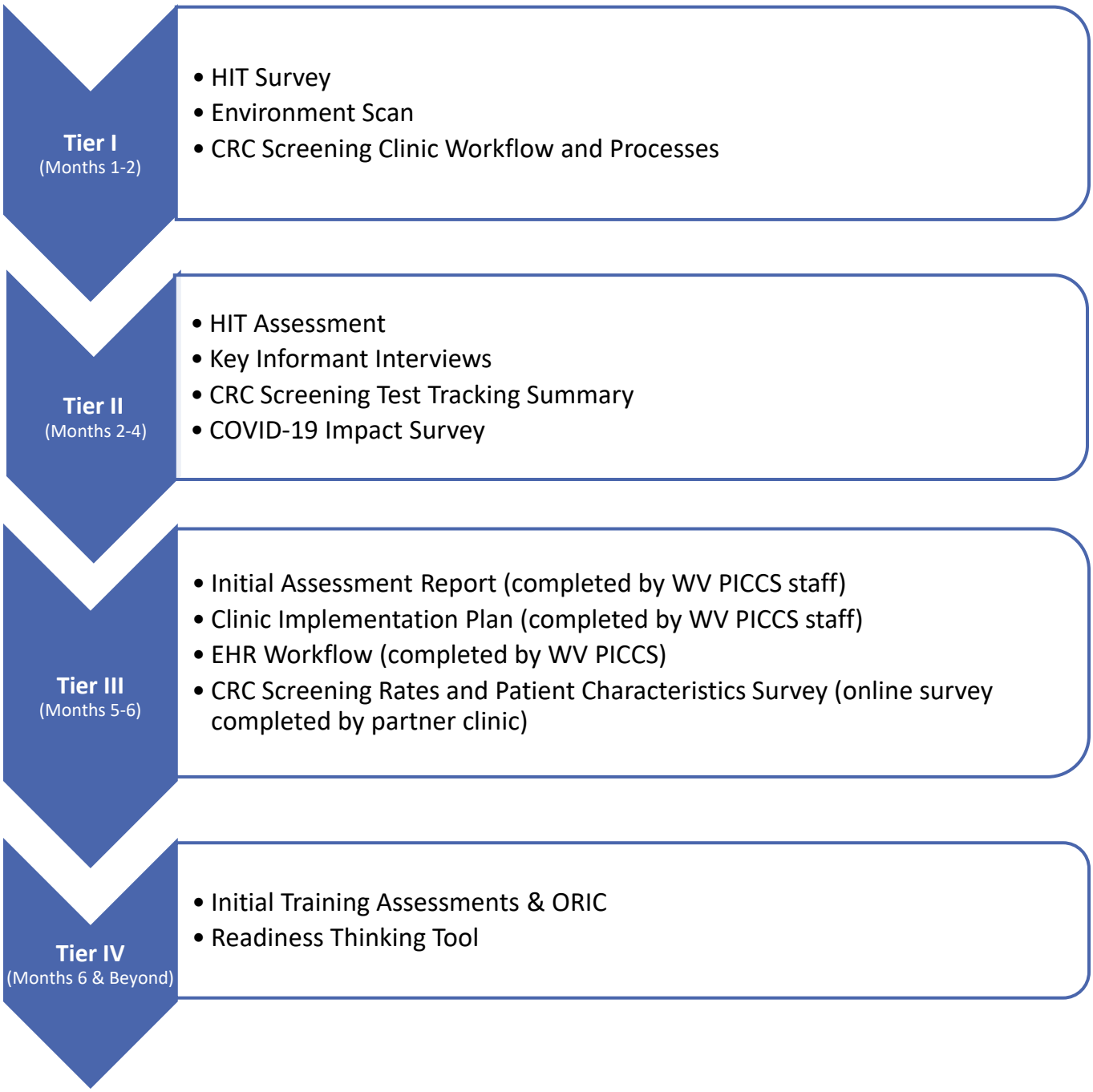
8. **CRC Screening Rates and Patient Characteristics Survey.** The person completing this online survey will be able to pull data from their clinic's EHR. The survey will be used to collect baseline CRC screening rates and patient characteristics (e.g., sex, nationality/ethnicity, and insurance status). The ability to accurately pull these reports will be assessed and facilitated during the HIT assessment process.

Tier IV

9. **Initial Training Assessments & Organizational Readiness to Implement Change (ORIC).** Before and after the initial WV PICCS staff and provider training session, participants will be asked to complete training assessments. The ORIC measure will be used to assess perceived clinic readiness to participate in WV PICCS.
10. **Readiness Thinking Tool.** This survey will be completed during regular meetings with PICCS staff prior to implementing new EBIs.

Baseline and Readiness Assessment Timeline

The Readiness Assessment Timeline outlines the assessment activities each partner clinic will complete each month during the onboarding process.



Evidence-Based Interventions (EBIs)

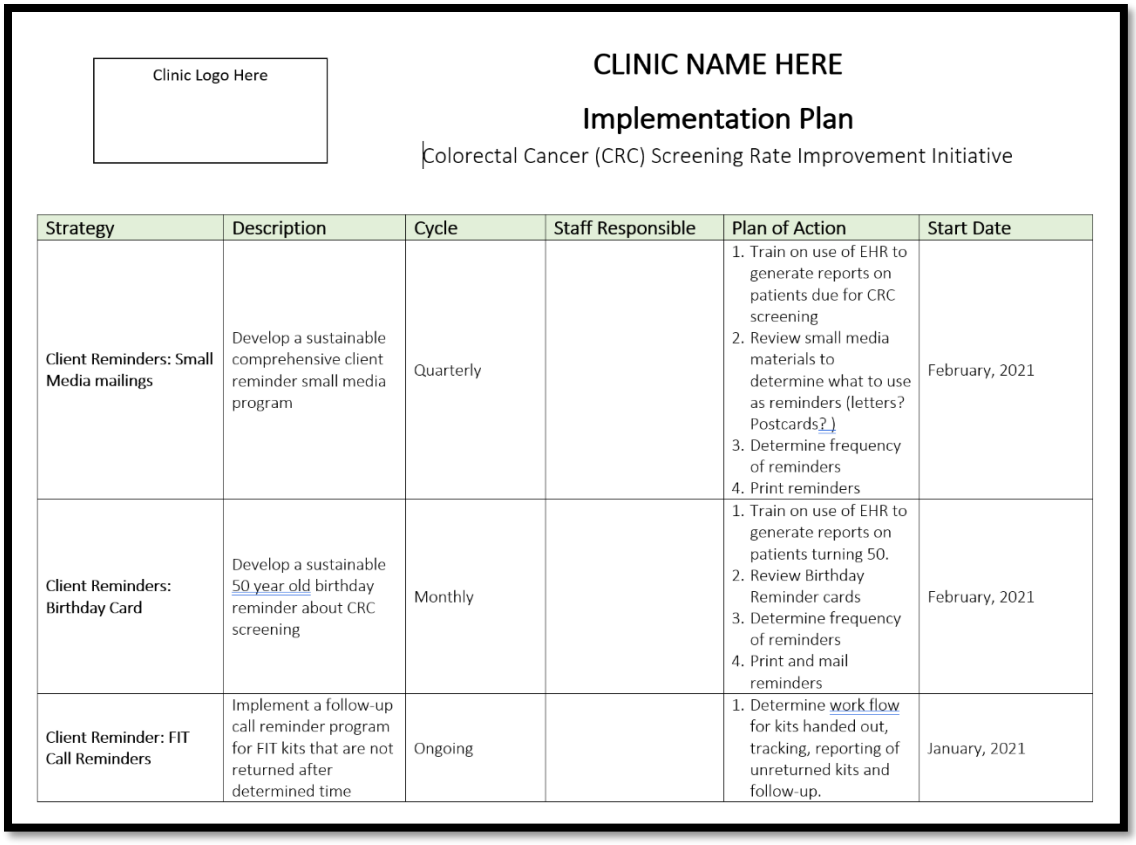
EBIs are tested strategies that have been identified as best practices. The EBIs in the WV PICCS program have been selected by the CDC due to their effectiveness in increasing CRC screening rates. WV PICCS will work with each clinic's CRC initiative team to select specific EBIs to implement during the project. In addition, the CDC has identified 2 supportive activities that can be pursued in addition to at least 3 EBIs. Each clinic will work closely with their WV PICCS contact to develop an implementation plan (pictured below).

Project EBIs:

- Client/Patient Reminders
- Provider Assessment & Feedback
- Reducing Structural Barriers
- Provider Reminder & Recall Systems

Supportive Activities:

- Patient Navigation
- Small Media



Clinic Logo Here

CLINIC NAME HERE

Implementation Plan

Colorectal Cancer (CRC) Screening Rate Improvement Initiative

Strategy	Description	Cycle	Staff Responsible	Plan of Action	Start Date
Client Reminders: Small Media mailings	Develop a sustainable comprehensive client reminder small media program	Quarterly		1. Train on use of EHR to generate reports on patients due for CRC screening 2. Review small media materials to determine what to use as reminders (letters? Postcards?) 3. Determine frequency of reminders 4. Print reminders	February, 2021
Client Reminders: Birthday Card	Develop a sustainable 50 year old birthday reminder about CRC screening	Monthly		1. Train on use of EHR to generate reports on patients turning 50. 2. Review Birthday Reminder cards 3. Determine frequency of reminders 4. Print and mail reminders	February, 2021
Client Reminder: FIT Call Reminders	Implement a follow-up call reminder program for FIT kits that are not returned after determined time	Ongoing		1. Determine work flow for kits handed out, tracking, reporting of unreturned kits and follow-up.	January, 2021

Client Reminders

Client/patient reminders are the letters, postcards, text messages, or phone calls that remind patients they are due for screening. These reminders have been shown to be a very effective tool to encourage patients to be screened for CRC.

WV PICCS staff can enhance your current client reminder efforts by:

- Editing reminders for content and appropriate reading level
- Developing reminders for use
- Developing customized client reminder programs
    - Past examples include:
        - Colonoscopy Telephone Intervention Program
        - FIT Follow-up Call Reminder Program

Sample Client/Patient Reminder Letter:

DATE

Dear <<PATIENT NAME>>,

Your health is important to us and our records show that you need to be tested for colon cancer. Screening for colon cancer should begin at age 45. As you age, your chance of getting colon cancer increases. It is important to have regular testing because you can find colon cancer when it is small and easier to treat and cure.

You have testing options:

- The FIT kit tests for colon cancer by checking for hidden blood in your stool. It is an easy way to test in the privacy of your own home.
- The FIT/DNA Cologuard® tests for hidden blood in the school and changes in DNA that could be a sign of cancer or pre-cancerous polyps.
- The colonoscopy is a test done at the hospital. It allows the doctor to look inside the colon for growths that can be cancer.

Please call <<CLINIC NAME>> at <<PHONE NUMBER>> to schedule an appointment to talk with your provider about which test is the best one for you.

If you are already up-to-date with your colon cancer testing, please let us know so we can update your records.

Take charge of your health today. Regular Testing for Colon Cancer saves lives.

Sincerely,

CLINIC STAFF

Provider Reminder and Recall Systems

Provider reminder and recall systems flag patients who are due for a screening. With this information, providers can ensure that patients are referred for CRC screening in a timely and efficient manner. Provider reminders can be provided in various ways including in client charts, EHR records, huddle meetings, 'sticky notes' or by email.

WV PICCS can enhance your current provider reminder and recall system by:

- Assessing your current practices and providing suggestions for enhancement

Providing hands-on support to implement new strategies (i.e. HIT support)

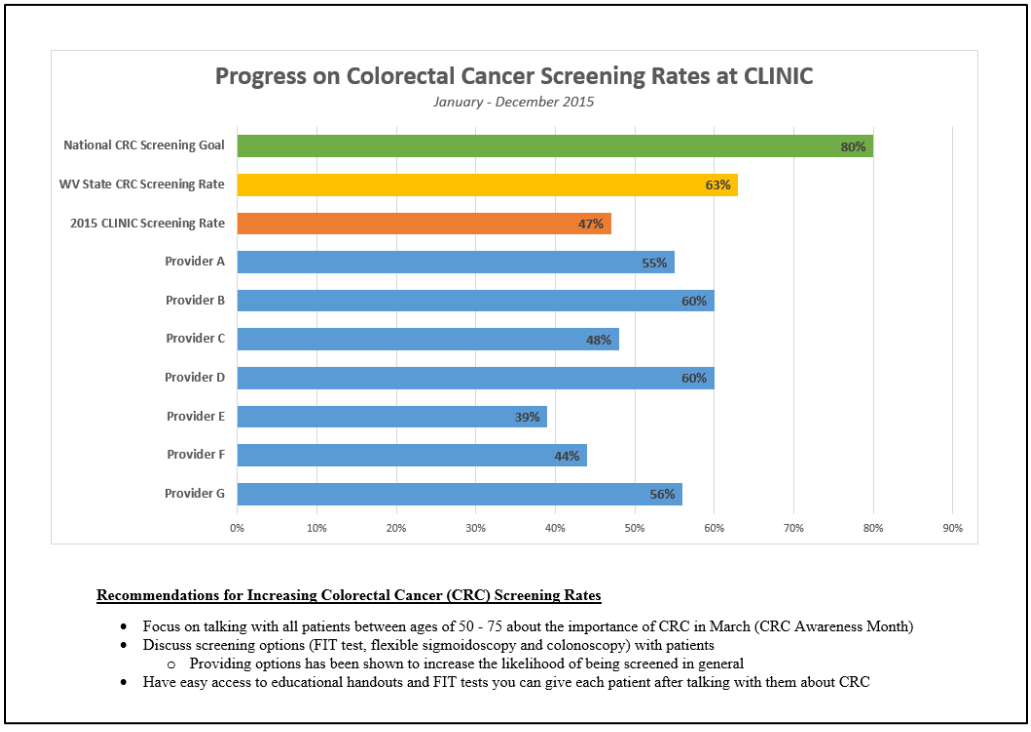
Provider Assessment and Feedback

Provider recommendation is the most effective way to increase CRC screening among patients. Because of this, it is important to assess current provider practices and make recommendations for enhancement. We will work with your clinic to acquire your providers' CRC screening rates on a triannual basis. With this information, we will work closely with your CRC initiative team to develop a sustainable system to provide targeted feedback to providers to enhance the CRC recommendation to patients.

WV PICCS staff can enhance your current provider assessment and feedback efforts by:

- Providing EHR support to generate provider CRC screening rate reports
- Developing a template report to present this information to providers
- Providing customized, targeted feedback messaging
- Developing a sustainable system to deliver regular provider assessment and feedback

Sample Provider Assessment & Feedback Report:



Reducing Structural Barriers

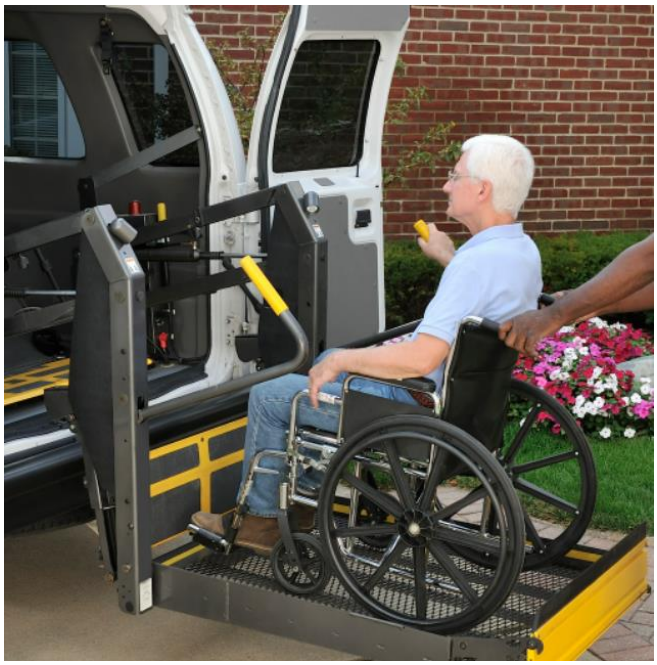
Structural barriers are the non-economic burdens that make access to cancer screening more difficult. Structural barriers are different for all clinics, but examples of common barriers are transportation challenges and hours of clinic services that may conflict with work schedules.

WV PICCS can enhance your current efforts to reduce structural barriers by:

- Working with clinic staff to identify barriers unique to your site
- Developing strategies to reduce or eliminate those barriers
- Providing training to staff regarding structural barrier resolution

Sample Strategies to Reduce Structural Barriers:

- A mailed FIT program
- A FLU-FIT combined program. http://flufit.org/
- Saturday or evening office hours
- Telehealth visits
- Providing assistance with transportation
- Combined cancer screening events



Patient Navigation

Patient navigators work with patients to 'navigate' them through the health care system. Some patients experience barriers to care. Patient navigators work with them to resolve these barriers and ensure they receive care. Effective patient navigation has been shown to increase CRC screening rates. Most clinics have a staff member who take on this role. We will be working with these individuals to further develop their expertise.

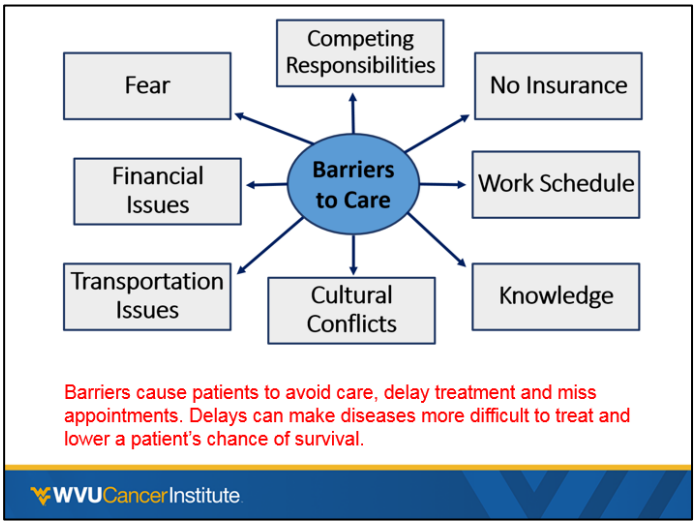
WV PICCS staff can enhance your current patient navigation efforts by:

- Providing training in patient navigation and motivational interviewing
- Developing strategies to resolve or reduce common barriers to care
- Developing systems to track patients through barriers to screening completion

Patient navigation services may vary based on patient need, but at a minimum, patient navigation for men and women served by this initiative must include:

- Assessment of individual patient barriers to cancer screening, diagnostic services, and initiation of cancer treatment
- Patient education support
- Resolution of patient barriers (e.g., transportation, translation services)
- Patient tracking and follow-up to monitor patient progress in cancer screening, diagnostic testing, and initiating of cancer treatment
- A minimum of two, but preferably more, contacts with the patient, due to the centrality of the patient-navigator relationship
- Collection of data to evaluate the primary outcomes of patient navigation—cancer screening, and/or diagnostic testing, and treatment initiation if needed.

<u>Sample Slide from Patient Navigation Training</u>:



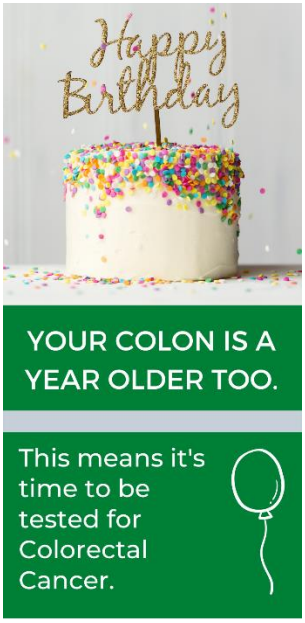
Small Media

Small media pieces are any educational or motivational materials that are distributed/displayed throughout a health care system. It has been shown that patients need to interact with or be exposed to a health message four times before they make a behavior change. Small media is a tool to increase the number of touches patients have with CRC messaging, which can drive them to be screened.

WV PICCS staff can enhance your small media efforts by:

- Developing customized pieces of small media
  - Postcards, posters, flyers, inserts, etc.
- Providing educational handouts
  - Tested messages and appropriate reading levels

<u>Sample Small Media Materials</u>:



Your Customized Clinic Information here and on reverse

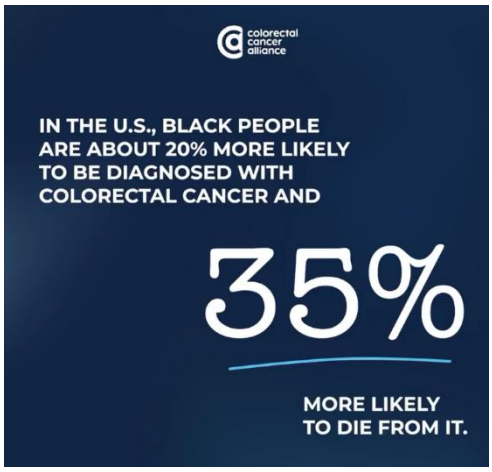
Linkage to Follow-up Colonoscopy

Screening for CRC is a process that may involve more than one test. For patients with a positive or abnormal stool-based screening test (FOBT, FIT, FIT-DNA), a follow-up colonoscopy must be obtained. The financial cost for additional testing is a barrier preventing uninsured patients from getting the needed follow-up. To reduce this barrier WV PICCS can provide additional funding to cover follow-up colonoscopy for uninsured patients up to the allowable CMS reimbursement rate, currently $1,600 per colonoscopy. WV PICCS will help to facilitate the development of partnerships between primary care clinics and endoscopy providers and negotiate a reduced fee colonoscopy.

Criteria for use of these additional funds include:

1. The follow-up colonoscopy must be for **asymptomatic, uninsured adults aged 45-75 years** who have a positive or abnormal stool-based screening test

2. Reimbursement for a colonoscopy may not:
    a. Exceed the Center for Medicare and Medicaid Services
    b. Supplant other available resources for payment of the colonoscopy



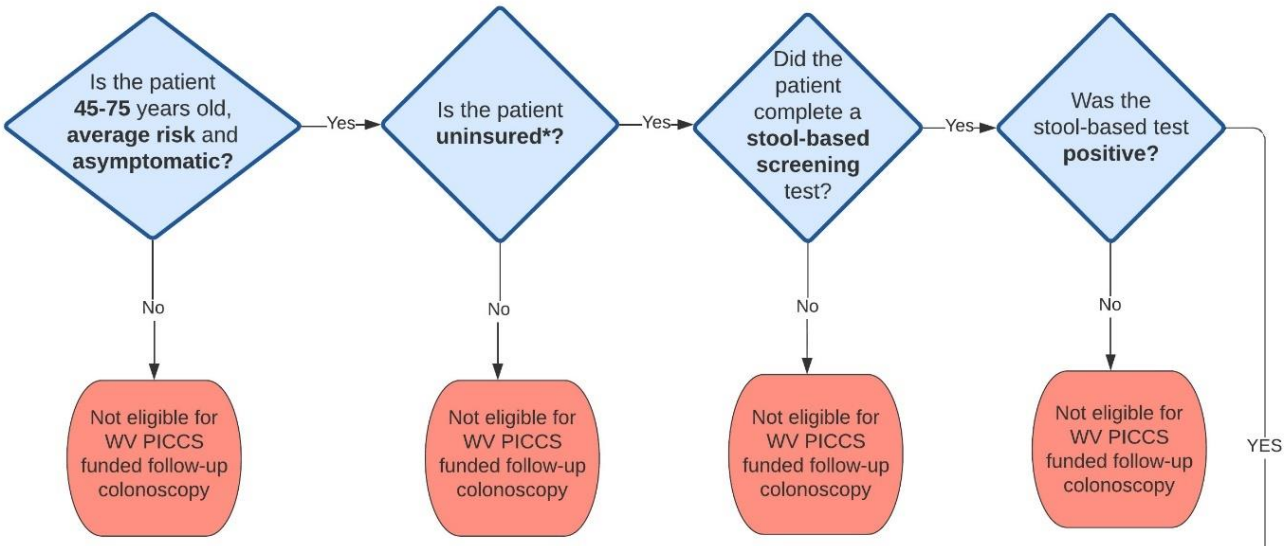
WV PICCS is responsible for payment of services to the colonoscopy provider on behalf of the uninsured patient and will pay invoices from the hospital/endoscopist.

CDC requires that clinics who use funds for follow-up colonoscopy must report aggregate data on the results and final diagnosis. This includes:

1. Number of patients with CDC-paid follow-up colonoscopy
2. Number of patients with normal colonoscopy results
3. Number of patients with abnormal results
4. Number of patients with adenomatous polyps
5. Number of patients with colorectal cancer
6. Number of patients with benign polyps

WV PICCS will provide a template to report aggregate data and a reporting schedule.

Determining Eligibility for WV PICCS Funded Follow-Up Colonoscopy After a Stool-Based Screening Test



- If patient is **uninsured**, **average risk, asymptomatic,** and tested positive on a **stool-based screening test,** then he/she is eligible for WV PICCS funded follow-up colonoscopy.
- Use referral form provided to indicate this patient is eligible for the WV PICCS covered colonoscopy.
- Make sure the colonoscopy provider knows to bill WV PICCS/WVU Cancer Institute and to not balance bill the patient.
- Navigate patient to completion of follow-up colonoscopy

Eligible for WV PICCS funded follow-up colonoscopy

Refer to colonoscopy provider and navigate patient to completion

Additional Information and Resources for your Colorectal Cancer Screening Program

WV PICCS staff has additional resources to assist with your efforts to increase your CRC screening rates.

These resources include:

- Access to the Strollin' Colon: A 10-foot by 12-foot inflatable colon that shows what a healthy colon looks like as well as what it looks like when cancer is present. This is a great tool for health fairs and other community events.

- Access to the Mini Colon: A 4-foot by 6-foot inflatable "mini" colon that shows what polyps look like including depictions of diseases that increase a person's risk for developing colon cancer. This is a great tool for health fairs, community events, and have on display in your clinic's lobby or waiting room.

Mini Colon

Strollin' Colon

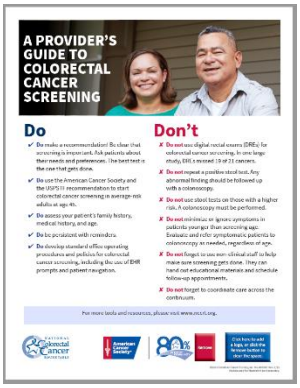
- WV PICCS peer-to-pear learning events: Gather with statewide health systems, primary care providers, key partner organizations, and content experts to share CRC screening best practices, lessons learned, discuss long-term implementation and sustainability strategies, and develop actions plans for continued improvement in CRC screening.

- Support to promote Colorectal Cancer Awareness Month (March)
  - Customized press releases and talking points
  - Access to a promotion toolkit

- Communication templates such as patient reminder letters, reminder call scripting, and language for standing orders.

Centers for Disease Control & Prevention
Basic Information and facts on colorectal cancer for patients and providers: Statistics, Patient Education Materials and Videos.
https://www.cdc.gov/cancer/colorectal/
Check out *The Bums and the Bees* patient education video.

American Cancer Society
Extensive and updated patient information on Screening Guidelines, Risk Factors, Early Detection, Diagnosis and Treatment. Downloadable resources and videos.
https://www.cancer.org/cancer/colon-rectal-cancer.html
Check out the downloadable patient infographics: *Colorectal Cancer: Catching it Early* and *Colorectal Cancer Screening Guidelines for people at Average Risk*



National Colorectal Cancer Roundtable
Support for clinics and organizations dedicated to increasing CRC Screening Rates through its 80% in Every Community Campaign emphasizing health equity. Extensive, updated library of clinician education material including webinars, evidence-based interventions, and media toolkits.
https://nccrt.org/

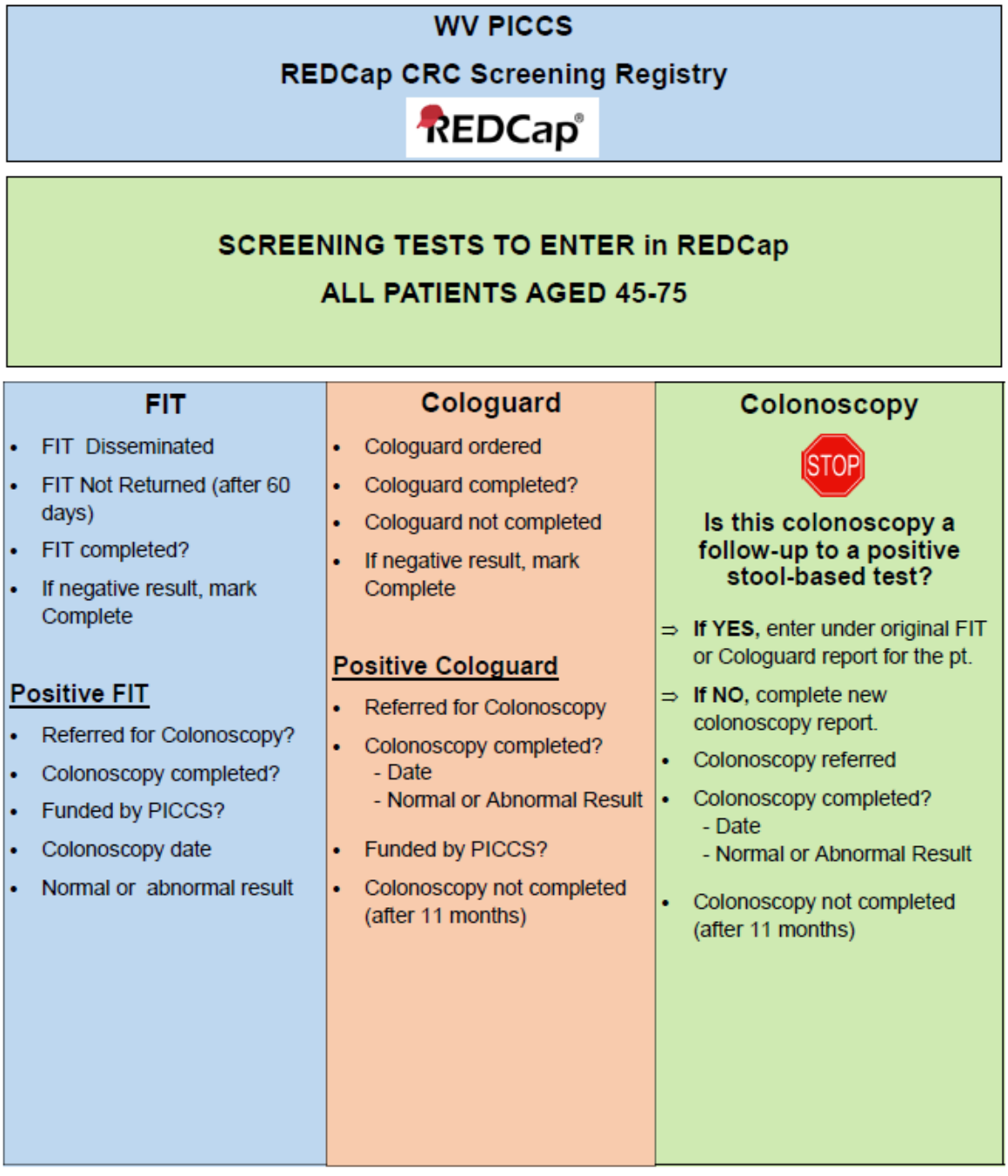
Colorectal Cancer Alliance
Colorectal Cancer information and patient support.
https://www.ccalliance.org/
Explore the free downloadable patient education materials in the *Shop*. Printed material may be ordered by clinics at a very low cost.

Fight Colorectal Cancer
Extensive information on CRC diagnosis, treatment options, staging, clinical trials. Especially helpful for newly diagnosed patients and families.
https://fightcolorectalcancer.org/

WV PICCS
WV PICCS will create specific colorectal cancer fact sheets for your clinic. Talk to your WV PICCS Program Coordinator for more information.

REDCap Colorectal Cancer Screening Registry

The REDCap registry is available for health systems whose Electronic Health Record system cannot collect sufficient data on orders for CRC testing, the tracking of results and subsequent referrals for follow-up colonoscopies. The graphic below is guidance for clinics using REDCap on which tests should be tracked in the registry and the entry points. Registration and training will be made available to health systems who can benefit from using the registry.



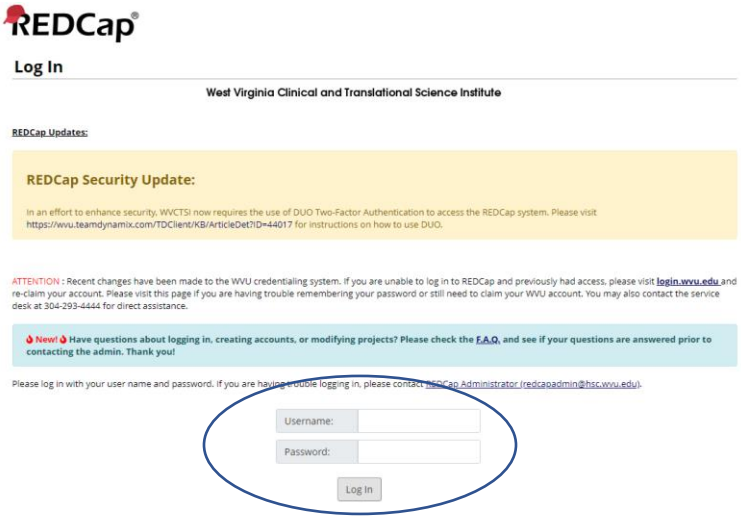
WVPICCS Quick-Reference Guide for REDCap

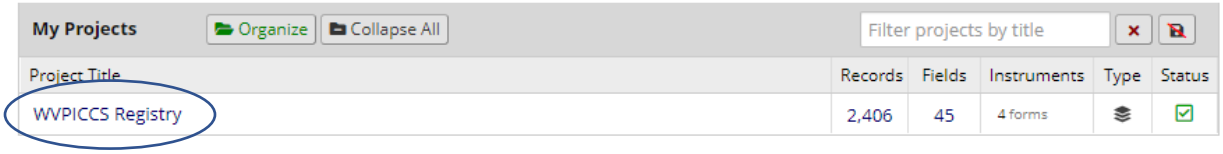
Request a REDCap Account

1. To begin the process of obtaining a REDCap account, complete the following survey: https://redcap.link/WVUGuestAccountSurvey. This survey will give us the necessary information to request your WVU guest account on your behalf.
2. Once WVU ITS creates your WVU guest account, you will receive an email with instructions to claim the guest account and to submit your REDCap account request.

Log in

1. Go to https://redcaplive.wvctsi.org/redcap/
2. Log in using your WVU guest account credentials.
3. Select the 'WVPICCS Registry' project from the 'My Projects' section.

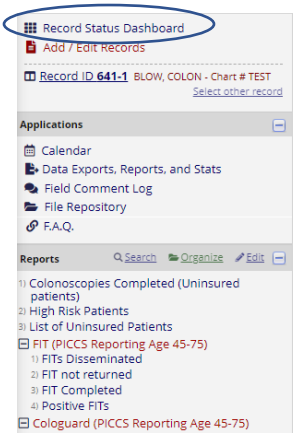


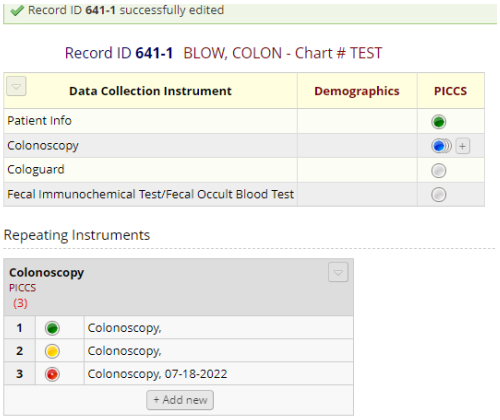


View the Record Status Dashboard

The Record Status Dashboard displays all your patient records. You can navigate to a record by clicking on the Record ID or by selecting a status icon to go to a specific form. To view the Record Status Dashboard:

1. Click on 'Record Status Dashboard' in the Data Collection section of the left-hand menu.

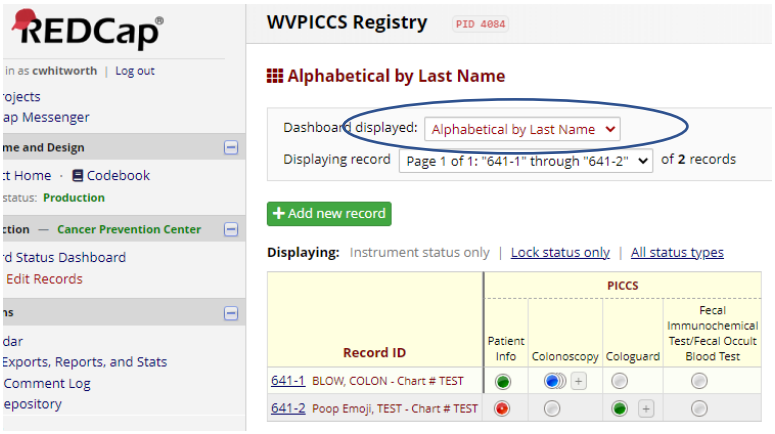




Sort the Record Status Dashboard Alphabetically by Last Name

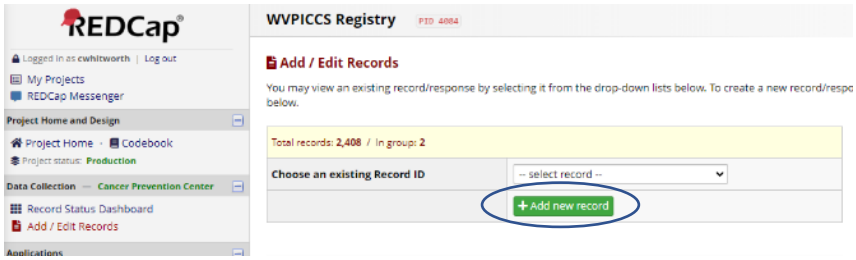
A custom dashboard is available to sort the records alphabetically by last name. To use the 'Alphabetical by Last Name' dashboard:

1. Click on 'Alphabetical by Last Name' in the 'Dashboard displayed' dropdown at the top of the Record Status Dashboard page.



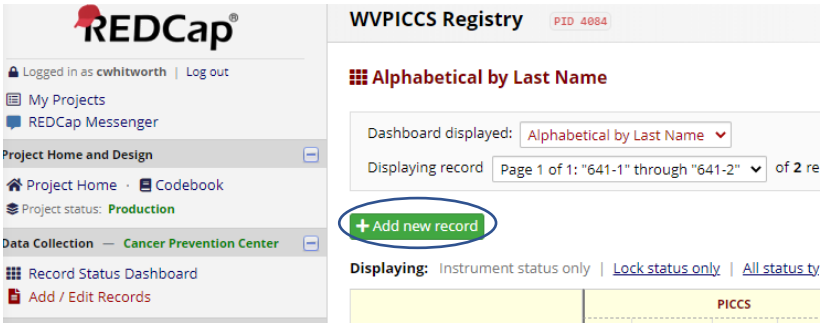
Add a new record

1. Click on 'Add/Edit Records' in the Data Collection section of the left-hand menu.
2. Click the green '+ Add new record' button.



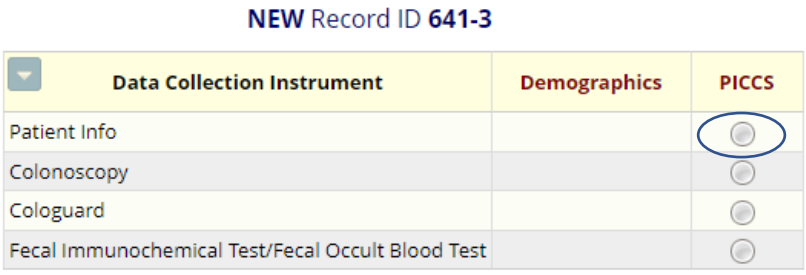
OR

1. Click on 'Record Status Dashboard' in the Data Collection section of the left-hand menu.
2. Click on the green '+ Add new record' button.

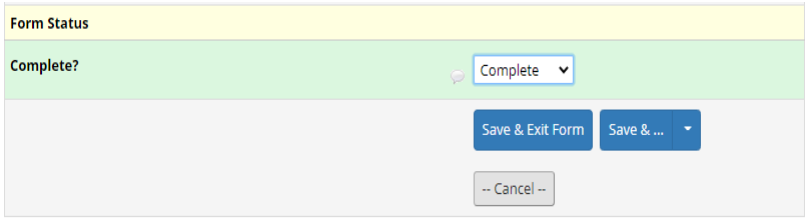


THEN

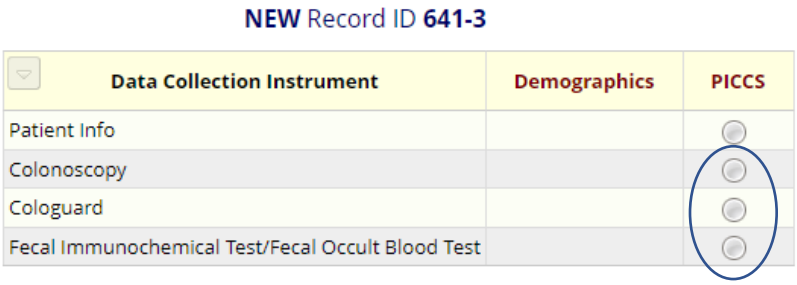
1. Click Patient Info under PICCS.



2. Complete the data fields for demographics. If all data fields are complete, mark the Form Status as 'Complete.' If not, make another choice. Click Save & Exit Form.

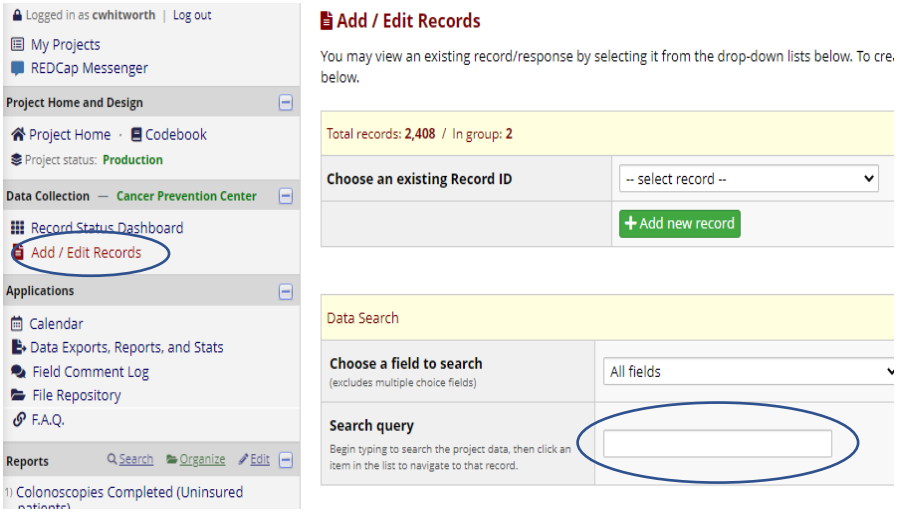


3. Click the gray status icon for the screening type you'd like to enter information and complete the form.



Search for a record

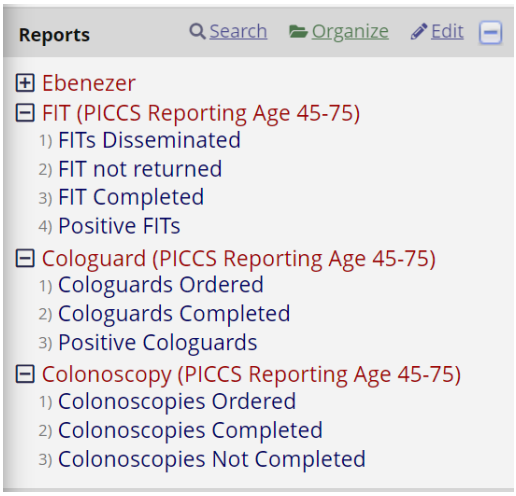
1. Click on 'Add/Edit Records' in the Data Collection section of the left-hand menu.
2. In the Data Search box, limit your search to a specific field (i.e. Chart Number or last name) or begin typing in the Search Query text box.



Built in Reporting`

Reports have been prebuilt into REDCap and are available for use.

If you have additional reporting needs, please contact: Andrea Calkins (alcalkins@hsc.wvu.edu) or Adam Baus (abaus@hsc.wvu.edu).



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