Breast & Cervical Cancer Control Program (BCCCP)

Enhanced Role Registered Nurse (ERRN) Clinical Skills Assessment NC Division of Public Health / Chronic Disease and Injury Section

Cancer Prevention and Control Branch

BCCCP ERRN Name: County: Date:

BCCCP ERRN Email: Evaluator: Observation # of

Rating Scale

|  |  |
| --- | --- |
| **1 = Needs Improvement** | **Lacks skill(s) to adequately perform essential elements** |
| **2 = Satisfactory** | **Demonstrates adequate skills to perform essential elements; could benefit from coaching to enhance skills** |
| **3 = Excellent** | **Consistently demonstrates all essential elements** |

Evaluator [Physician or Advanced Practice Provider (APP)]:

Indicate plan for screenings: Medical Record Number

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| **Essential Elements** | **1** | **2** | **3** | **Comments** |
| **History, Intake, and Risk Assessment**   1. **Uses client-centered interviewing** 2. **Obtains essential history and risk assessments appropriate for breast and / or cervical cancer screening / diagnostic services** |  |  |  |  |

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| **Essential Elements** | **1** | **2** | **3** | **Comments** |
| **Physical Assessment**   1. **Inspects skin, lymphatics** 2. **Inspects breasts (sitting, lying)** 3. **Palpates / examines breasts using vertical strip method** 4. **Inspects / assesses female genitalia and cervix, palpates uterus and adnexae** 5. **Inspects peri-anal region** |  |  |  |  |

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| **Essential Elements** | **1** | **2** | **3** | **Comments** |  |
| **Laboratory Specimen Collection**   1. **Collects specimen for cervical cytology (Pap test), primary HPV, or co-testing** 2. **Maintains clean technique** 3. **Correctly labels and submits specimens to the lab** |  |  |  |  |  |

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| **Essential Elements** | **1** | **2** | **3** | **Comments** |
| **Assessment and Treatment**  **Uses subjective and objective findings based on clinical guidance to provide appropriate clinical care and recommendations per protocol / standing orders (SO)** |  |  |  |  |

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| **Essential Elements** | **1** | **2** | **3** | **Comments** |
| **Medical Consultation and Referral**   1. **Consults with physician / APP as needed during visit** 2. **Coordinates appropriate screening and / or diagnostic work-up per LHD standing orders / protocol** |  |  |  |  |

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| **Essential Elements** | **1** | **2** | **3** | **Comments** |
| **Education and Counseling**   1. **Provides education regarding screening guidelines and preventive health behaviors** 2. **Assists patient in identifying personal risk factors** 3. **Counsels patient on risk reduction**   **strategies**   1. **Informs patient regarding follow-up as indicated** |  |  |  |  |

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| **Essential Elements** | **1** | **2** | **3** | **Comments** |
| **Documentation**  **Accurately and thoroughly completes EMR documentation per agency policy, standing orders, and BCCCP programmatic requirements (which may include but is not limited to):**   * 1. **Subjective findings of assessments**   2. **Objective findings of assessments**   3. **Lab results**   4. **Patient notification of abnormal screening and / or diagnostic work-up results and need for additional follow-up** |  |  |  |  |

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| **Essential Elements** | **1** | **2** | **3** | **Comments** |
| **Coding**  **ERRN time documented in minutes and units1** |  |  |  |  |

1BCCCP providers are reimbursed on a *per capita* basis for patients enrolled / served; BCCCP ERRNs do not bill for services.

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| **Essential Elements** | **1** | **2** | **3** | **Comments** |
| **Programmatic Awareness for BCCCP ERRNs:**   1. **Patient notification of abnormal screening and / or diagnostic work-up results and need for additional follow up must be documented.**    1. **Patients must be notified of abnormal results; the 3rd attempt to notify a patient of an abnormal result must be by certified letter.** 2. **All patients enrolled receive patient navigation needs assessment.** 3. **By law, NC BCCCP funds cannot be used to pay for treatment. Patients may receive assistance with application for Breast & Cervical Cancer Medicaid (BCCM) to cover treatment costs for breast and / or cervical cancer (or precancerous lesions). Resources are offered to patients who are ineligible for BCCM.** 4. **LHD financial director / specialist is to receive monthly notification of the number of patients enrolled / served to assist with calculation of correct *per capita* reimbursement.** 5. ***Per capita* funds received are to be used to pay for screening / diagnostic services featured on the NC BCCCP Services Fee Schedule (allowable CPT codes / procedures).** 6. **Data must be reported through Med-IT for each patient enrolled and served.** |  |  |  |  |