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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**
 |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**
 |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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**
 |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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)** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**
 |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**
 |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**
 |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.**
 |  |  |  |  |