SMHW/WW QUALITY ASSURANCE FORM

Provider Name:		QA Reviewer:		Date:
SMHW/WW visit ☐	SMHW visit only ☐	6 Month New provider ☐	2 year biennale visit ☐	Re-visit ☐
Mammography unit name:		Cytology Lab name:		
Professional staff name and title of those conducting screenings:				
Name:		Name:		
Name:		Name:		
There are qualified SMHW/WW trained staff for all phases of service: Yes☐ No☐		**The provider site has a clean and inviting environment:** Yes☐ No☐		
There is an Internal QA program for SMHW/WW services: Yes☐ No☐		**SMHW/WW manual available either hard copy or on line:** Yes☐ No☐		
SMHW/WW materials are prominently displayed: Yes☐ No☐		**System in place to assure follow-up of abnormal and alert values:** Yes☐ No☐		

CHART VISIT RESULTS

Charts requested: **Charts available:**

Use: X= Done O = Not Done NA = Not Applicable D=Declined to document each client chart result.

	Criteria Visited	% req'd	Charts complete	Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	Chart 6	Chart 7	Chart 8	Chart 9	Chart 10	Chart 11	Chart 12	Chart 13	Chart 14	Chart 15	Chart 16	Chart 17	Chart 18	Chart 19	Chart 20
Eligibility	**Copies** of proof of age (proof of age is only expected once while SMHW client)	50																					
	Copies of proof of income (updated annually)	50																					
	SMHW/WW Eligibility Agreement Form signed annually	50																					
	History form (green) updated annually	50																					
Screening And Reports	**Physical exam,** = submitted information	80																					
	Mammogram scheduled if eligible.	80																					
	Clients with disease level blood pressure (>130/80) receive referrals for medical follow-up	100																					
	WW Lab results equal submitted results	80																					
	Client notified of **SMHW** test results.	80																					
Follow-Up	Documentation that client notified of **WW** screening/risk factor results in writing & verbally	80																					
	Abnormal and alert results for SMHW and WW receive appropriate follow-up and referral.	80																					
Billing-Reporting	Procedures and results submitted to SMHW/WW equal information in chart.	80																					
Patient Navigation (PN)	Documentation in chart of at least 2 contacts/visits and reflects follow up with a completed screening	80																					

Comments: