

Checklist for Negotiating the Logistics of the NCS with Providers

ADMINISTRATIVE INFORMATION

Name of Provider

Provider Location ID

Main point of contact

Name:

Phone:

Additional points of contact

Name:

Phone:

Name:

Phone:

Days of operation

M

T

W

Th

F

Sa

Su

Hours of operation

Days/Times of Prenatal Care Visits

Staff meetings - day and times for potential NCS training

Frequency of provider staff meetings

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PRESCREENING AND PROVIDER DATA CAPABILITIES

**Electronic/
Paper medical
records system /
combination**

Can the provider prescreen on any of the following:

- | | | |
|--|------------------------------|-----------------------------|
| Age (18+) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Woman is pregnant | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| First prenatal visit for this pregnancy in this provider frame | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Can the provider release information without patient consent?

- | | | |
|-----------------------|------------------------------|-----------------------------|
| Names of patients | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Addresses of patients | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Telephone numbers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Will location provide retrospective list of patients?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If building list in real time,

- | | | |
|---|------------------------------|-----------------------------|
| Will provider build the list, identifying total number of patients? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Could SC staff build list using records? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will SC staff build list by counting patients as they come in? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Can NCS staff be able to introduce the Study to the patient?

- | | | |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If no, could we train your staff during staff meetings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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FIRST PRENATAL VISIT

Describe steps of prenatal visit at this location (e.g., where do they check in?)
(list steps)

On average how much time does a first prenatal visit take?
(time in minutes)

What other tests are involved in this visit?

Is this a referral prenatal practice location? Yes No

Does this location accept walk-ins? Yes No

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PROVIDER LOCATION AND RESEARCH

Has this provider location conducted other research?

Yes No

If Yes, describe:

Are formal requirements/regulations/review processes required?

Yes No

If Yes, describe:

Who approves research at this practice location?

(full contact info)

Would NCS staff with security clearance fall under a HIPAA waiver?

Yes No

If Yes, describe:

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ARRANGEMENTS IN PROVIDER OFFICE

Can NCS Study information be placed in the waiting room (brochures, posters)? Yes No

Is there space available at this practice location for NCS staff to talk to patients? Yes No

If Yes, describe the available space:

Is there internet access availability at this practice location for NCS staff? Yes No

If Yes, describe:

(For real time listing) Would we be able to set up a table with study staff in the waiting room with NCS study information and a signup sheet? Yes No

If Yes, describe:

Is there private space available for NCS staff to speak with patients? Yes No

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If Yes, describe: