

## Standards Deficiency Resolution

If a deficiency(ies) is identified during the survey process, the center has up to one-year from the date of survey to resolve the deficiency(ies). **Please Note:** The NAPBC has identified three standards as *Critical Standards*. Compliance with Critical Standards at the time of survey is required. Deficiencies noted in Standard 1.1 – Level of Responsibility and Accountability, Standard 1.2 – Interdisciplinary Breast Cancer Conference, and/or Standard 2.1 – Interdisciplinary Patient Management will result in Accreditation Deferred status and must be resolved prior to moving forward in the accreditation process.

A cover letter and all resolution documentation should be submitted by the Breast Program Leader (BPL), or their representative, to the National Accreditation Program for Breast Centers, 633 North Saint Clair Street, Chicago, Illinois, 60611-3211. Documentation is reviewed by the NAPBC Standards and Accreditation Committee on a monthly basis. Please allow between 30-60 days for final determination. A letter will be sent to the BPL, or their representative, with a final determination. Centers that do not resolve deficiency(ies) within a 12-month period will be required to reapply for accreditation.

The required documentation for each standard is outlined below:

### **Chapter One – Center Leadership**

#### **Standard 1.1 – Level of Responsibility and Accountability – *Critical Standard***

- Documentation outlining organizational structure of the breast center, and leadership roles and responsibilities.
- A roster of the breast center steering committee or leadership.
- A copy of the minutes from the most recent steering committee or leadership meeting.
- A copy of the By-laws, policies and procedures, or other facility-approved methods used to document the level of responsibility and accountability designated to the Breast Program Leader (BPL).

#### **Standard 1.2 – Interdisciplinary Breast Cancer Conference – *Critical Standard***

- Documentation describing the breast cancer conference structure to include frequency, multidisciplinary attendance, and case selection criteria and presentation or a copy of the breast cancer conference schedule/calendar, including multidisciplinary attendance records, from the last complete year.
- Conference summary documentation of case presentation, treatment recommendations, national guideline discussion, and clinical trial consideration.

- Documentation that the BPL is monitoring the breast cancer conference activity, including conference frequency, case selection criteria, prospective case presentation and total case presentation annually, conference format, multidisciplinary attendance, use of AJCC staging, clinical trial consideration, and national guideline discussion.

### **Standard 1.3 – Evaluation and Management Guidelines**

- A list of breast care evaluation and management guidelines utilized by the center identifying the originating organization, i.e., the American Cancer Society (ACS), the American Society of Clinical Oncology (ASCO), the American Society for Therapeutic Radiology and Oncology (ASTRO), National Quality Forum (NQF), and/or the National Comprehensive Cancer Network (NCCN).

## **Chapter Two – Clinical Management**

### **Standard 2.1 – Interdisciplinary Patient Management – *Critical Standard***

- Documentation that the breast cancer patient is being managed by an interdisciplinary team, e.g., progress notes outlining referrals to appropriate providers, consultation notes outlining treatment course.

### **Standard 2.2 – Patient Navigator**

- Documentation of qualifications and/or successful completion of a recognized patient navigator training program, and role and responsibilities for the individual(s) serving as the patient navigator.

### **Standard 2.3 – Breast Conservation**

- Documentation summarizing the percent of early stage breast cancer (Stage 0, I, II) patients receiving breast conserving surgery for the last complete year (self-calculating table built into the SAR).
- Copy of board certification for surgeon(s) performing breast conservation.
- Documentation that the BPL is monitoring the breast conservation rate on an annual basis.

### **Standard 2.4 – Sentinel Node Biopsy**

- Documentation summarizing the number of sentinel lymph node biopsies performed or considered for patients with early stage breast cancer (Clinical Stage I, II) for the last complete year (self-calculating table built into the SAR).
- Copy of board certification for surgeon(s) performing sentinel node biopsy.
- Documentation that the BPL is monitoring the sentinel node biopsy rate on an annual basis.

### **Standard 2.5 – Breast Cancer Surveillance**

- Documentation describing the process in place to ensure patient follow-up/surveillance.
- Copy of center's follow-up/surveillance plan.

### **Standard 2.6 – Breast Cancer Staging**

- Documentation describing the process in place to monitor physician use of AJCC staging in treatment planning for breast cancer patients.
- Documentation that the BPL is monitoring breast cancer staging and discussing the utilization of staging with the breast center staff.

### **Standard 2.7 – Pathology Reports**

- Documentation that the CAP Cancer Committee guidelines are followed for all invasive and non-invasive (after January 1, 2010) breast cancers, including estrogen and progesterone receptors, and Her2 status.
- Board certification of pathologist(s).

### **Standard 2.8 – Diagnostic Imaging**

- Documentation outlining diagnostic imaging services available, either on-site or by referral.
- Documentation of Mammography Quality Standards Act (MQSA) certification for facility and radiologist(s).
- Board certification of radiologist(s) reading imaging studies.

### **Standard 2.9 – Needle Biopsy**

- Documentation that palpation-guided or image-guided needle biopsy is utilized as the initial diagnostic approach.
- Documentation that the BPL reviewed needle biopsy compliance annually.

### **Standard 2.10 – Ultrasonography**

- Documentation of accreditation from the American College of Radiology (ACR) for radiologists that perform diagnostic breast ultrasound procedures, and/or certification from the American Society of Breast Surgeons (ASBS) for surgeons that perform diagnostic breast ultrasound procedures.
- Documentation that radiologists or surgeons are in the process of obtaining accreditation/certification through ACR or ASBS for breast ultrasound. Documentation confirming receipt of application will suffice.

### **Standard 2.11 – Stereotactic Core Needle Biopsy**

- Documentation of accreditation from the American College of Radiology (ACR) for radiologists that perform stereotactic core needle biopsy procedures, and/or certification from the American Society of Breast Surgeons for surgeons (ASBS) that perform stereotactic core needle biopsy procedures.
- Documentation that radiologists or surgeons are in the process of obtaining accreditation/certification through ACR or ASBS for stereotactic core needle biopsy. A copy confirming receipt of an application will suffice.

### **Standard 2.12 – Radiation Oncology**

- Documentation of the radiation oncology services available either on-site or by referral.
- Board certification of radiation oncologist(s) consulting with and/or treating breast cancer patients.
- A list of radiation oncologists currently participating or planning to participate in the American Society of Therapeutic Radiology and Oncology (ASTRO) quality improvement program – Performance Assessment for the Advancement of Radiation Oncology Treatment (PAAROT).

### **Standard 2.13 – Medical Oncology**

- Documentation of the medical oncology services available either on-site or by referral.
- Board certification of medical oncologist(s) consulting with and/or treating breast cancer patients.
- A list of medical oncologists currently participating or planning to participate in the American Society of Clinical Oncology (ASCO) quality improvement program – the Quality Oncology Practice Initiative (QOPI).

### **Standard 2.14 – Nursing**

- Documentation that the breast center nursing staff have appropriate credentials and/or specialized knowledge and skills:
  - Advanced Practice Oncology Nursing Certificate
  - Nurse Practitioner Certificate
  - Oncology Certified Nurse (OCN) Certificate
  - Documentation of breast cancer knowledge and skills from previous education and experience in the care of patients with diseases of the breast.
- Documentation that nurse assessment follows evidence-based standards of practice and symptom management.

### **Standard 2.15 – Support and Rehabilitation**

- Documentation of the supportive services available to patients and family members onsite or by referral.
- Documentation that the BPL reviews all support and rehabilitation services annually.

### **Standard 2.16 – Genetic Evaluation and Management**

- Documentation outlining genetic evaluation, management, and counseling services available either onsite or by referral.
- Documentation outlining professionals involved in genetic evaluation, management, and counseling.
- Documentation that appropriate patients receive genetic evaluation, testing and counseling.
- Documentation of board certification for all individuals providing genetic counseling.

### **Standard 2.17 – Educational Resources**

- Documentation that culturally appropriate educational resources are available for patients, i.e., booklets, brochures, video resources, and/or internet resources.
- Documentation outlining process and procedure used to educate breast cancer patients and provide with appropriate resources.
- Documentation that educational resources are reviewed and/or updated on an annual basis.

### **Standard 2.18 – Reconstructive Surgery**

- Documentation that reconstructive surgery options are discussed with appropriate breast cancer patients and referred to board certified reconstructive surgeons for consultation and treatment.
- Board certification of reconstructive surgeon(s).

### **Standard 2.19 – Evaluation and Management of Benign Breast Disease**

- Documentation that evaluation and management of patients with benign breast disease follow nationally recognized guidelines.
- Documentation of the center's policy that identifies national guidelines utilized for the evaluation and management of benign breast disease.

## **Chapter Three – Research**

### **Standard 3.1 – Clinical Trial Information**

- Documentation outlining the process for providing information about breast cancer-related clinical trials to patients
- Samples of written/printed information provided to patients related to available clinical trials.

### **Standard 3.2 – Clinical Trial Accrual**

- Documentation outlining breast cancer clinical trial accrual for the last complete year, including year, trial name or group, number of cases accrued.
- Documentation that the BPL is monitoring the breast cancer clinical trial accrual on an annual basis.

## **Chapter Four – Community Outreach**

### **Standard 4.1 – Education, Prevention, and Early Detection Programs**

- Documentation of two education, prevention and/or early detection programs coordinated on-site or with other facilities or local organizations for the last complete year or current year.
- Documentation describing the process used to follow-up with patients found to have positive findings as a result of participation in breast cancer education, prevention, and/or early detection programs.

## **Chapter Five – Professional Education**

### **Standard 5.1 – Breast Center Staff Education**

- Documentation of at least one annual educational activity, other than attendance at the multidisciplinary breast cancer conference, provided to physicians, nurses, AND allied health staff for the last complete year or current year. Documentation is to include name of meeting, date(s), schedule or agenda, and the number of participants.

## **Chapter Six – Quality Improvement**

### **Standard 6.1 – Quality and Outcomes**

- Documentation of the center's participation in two or more quality improvement initiatives related to breast care in the last complete or current year.
- Documentation that quality improvement initiative outcomes were communicated to the breast center staff, participants of the interdisciplinary breast cancer conference, and/or the cancer committee.
- Documentation that the BPL is monitoring the quality improvement and outcomes on an annual basis.