



NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS

[Date]

Sample

[Name of Breast Program Leader]

[Name of Center]

[Name of Hospital, if affiliated]

[Street address]

[City, State Zip]

Dear [Breast Program Leader]:

Congratulations! We are pleased to inform you that you have successfully completed the NAPBC survey process and are awarded a Three-Year Full Accreditation.

The NAPBC recognizes and applauds your center's commitment to providing the highest quality evaluation and management of your patients with breast disease.

Your recently completed survey was structured to assess compliance with the 27 standards established by the NAPBC and to assure that your patients were afforded access to the full range of critical services for their disease.

Included in this communication is your Performance Report reflecting ratings for the 27 standards including surveyor comments, a Certificate of Accreditation, and a Press Release that can be used by your center to promote your accreditation award locally. A digital ad has been developed for centers that have been awarded a full three-year accreditation, and will be sent via email upon request.

Congratulations on your centers' dedication to the care of your patients.

Sincerely,

Scott H. Kurtzman, MD, FACS
Chair, NAPBC Standards and Accreditation Committee

David P. Winchester, MD, FACS
Chair, NAPBC Board of Directors

National Accreditation Program for Breast Centers Performance Report

[Name of Breast Center]

Survey Date: [Date]
Surveyor: Dr. Sample SAR

Survey Rating Summary

	Self Rating	Surveyor Rating	Surveyor Comment
Chapter 1 - Center Leadership			
1.1 Level of Responsibility and Accountability	Compliant	Compliant	
1.2 Interdisciplinary Breast Cancer Conference	Compliant	Compliant	Surveyor Comments
1.3 Evaluation and Management Guidelines	Compliant	Compliant	
Chapter 2 - Clinical Management			
2.1 Interdisciplinary Patient Management	Compliant	Compliant	Surveyor Comments
2.2 Patient Navigator	Compliant	Compliant	Surveyor Comments
2.3 Breast Conservation	Compliant	Compliant	Surveyor Comments
2.4 Sentinel Node Biopsy	Compliant	Compliant	Surveyor Comments
2.5 Breast Cancer Surveillance	Compliant	Compliant	Surveyor Comments
2.6 Breast Cancer Staging	Compliant	Compliant	Surveyor Comments
2.7 Pathology Reports	Compliant	Compliant	Surveyor Comments
2.8 Diagnostic Imaging	Compliant	Compliant	
2.9 Needle Biopsy	Compliant	Compliant	
2.10 Ultrasonography	Compliant	Compliant	Surveyor Comments
2.11 Stereotactic Core Needle Biopsy	Compliant	Compliant	
2.12 Radiation Oncology	Compliant	Compliant	
2.13 Medical Oncology	Compliant	Compliant	
2.14 Nursing	Compliant	Compliant	Surveyor Comments
2.15 Support Rehabilitation	Compliant	Compliant	Surveyor Comments

2.16 Genetic Evaluation and Management	Compliant	Compliant	Surveyor Comments
2.17 Educational Resources	Compliant	Compliant	
2.18 Reconstructive Surgery	Compliant	Compliant	Surveyor Comments
2.19 Evaluation and Management of Benign Breast Disease	Compliant	Compliant	Surveyor Comments

Chapter 3 - Research

3.1 Clinical Trial Information	Compliant	Compliant	
3.2 Clinical Trial Accrual	Compliant	Compliant	Surveyor Comments

Chapter 4 - Community Outreach

4.1 Education, Prevention, and Early Detection Programs	Compliant	Compliant	Surveyor Comments
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Chapter 5 - Professional Education

5.1 Breast Center Staff Education	Compliant	Compliant	Surveyor Comments
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Chapter 6 - Quality Improvement

6.1 Quality and Outcomes	Compliant	Compliant	Surveyor Comments
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Accreditation Award

Total number of standards rated - Compliant 27

Total number of standards rated - Non-compliant 0

Accreditation Award*

Three-Year Full Accreditation

Final Comments

Surveyor Remarks

Surveyor Final Comments

Accreditation Award Defined

Three-Year/Full Accreditation is granted to centers that comply with 90% or more (24 or more) of the standards with recommendation for improvement in any deficient standards within a 12-month period. A Performance Report, Certificate of Accreditation, and Marketing Kit is issued, and these centers are surveyed at a 3-year interval from the date of the survey.

Three-Year Contingency Accreditation is granted to centers that meet less than 90% but more than 75% (between 20 and 24) of the standards as reflected in the Performance Report. The contingency status is resolved by the submission of documentation of compliance within 12 months. The documentation required to resolve deficiency for each standard is available on the NAPBC Web site. Three-Year/Full Accreditation is granted following submission, review, and approval of documentation to establish compliance. An updated Performance Report is issued along with a Certificate of Accreditation and Marketing Kit following resolution of deficiencies. These centers are surveyed at a 3-year interval from the date of the survey. A deficiency would be defined as any standard with a rating of 2 - Noncompliant. Accreditation Deferred status will be granted to those centers unable to resolve outstanding deficiencies within the 12-month provisional period. Centers that do not resolve this status at the end of a 12-month period will be required to reapply for accreditation.

Accreditation Deferred is granted to centers that meet less than 75% (less than 20) of the standards as reflected in the Performance Report. The deferred status is resolved by the submission of documentation for compliance and resurvey within 12 months. The documentation required to resolve deficiency for each standard is available on the NAPBC Web site. Three-Year/Full Accreditation is granted following submission, review, and approval of documentation to establish compliance and the results of the resurvey in 12 months. An updated Performance Report is issued along with a Certificate of Accreditation and Marketing Kit following resolution of deficiencies. These centers are surveyed at a 3-year interval from the date of the resurvey. Centers that do not resolve this status at the end of a 12-month period will be required to reapply for accreditation.

Deficiency Resolution

Deficiencies identified during survey must be corrected within 12 months. Upon receipt, review, and approval of the deficiency(ies) by NAPBC, an updated Performance Report and Certificate of Accreditation will be issued reflecting the resolution of deficiencies and updated accreditation award. A Marketing Kit will also be included.

Appealing a Decision

If you wish to appeal an accreditation award or standard deficiency(ies) listed in this report, please submit a letter indicating your appeal with documentation showing that your center met the criteria at the time of survey. All appeals should be received within 45 days of receipt of this report. Appeals and supporting documentation should be addressed to: Cindy Burgin, Manager, National Accreditation Program for Breast Centers, 633 North Saint Clair Street, Chicago, Illinois 60611-3211.

Marketing Materials

If the current Performance Report indicates that your center received a Three-Year/Full Accreditation, then the Performance Report, Certificate of Accreditation, and Marketing Kit have been included in this mailing.

If the current Performance Report indicates that your program received a Three-Year with Contingency Accreditation, then only the Performance Report is provided at this time. The Certificate of Accreditation and Marketing Kit will be provided when the contingency status is resolved.

SAMPLE