



## NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS

January 12, 2015

Anees B. Chagpar, MD, MSc, MA, MPH, MBA  
The Breast Center -- Smilow Cancer Hospital at Yale-New Haven  
Yale-New Haven Hospital  
20 York St, First Floor  
New Haven, CT 06510

Dear Anees B. Chagpar, MD, MSc, MA, MPH, MBA:

On behalf of the American College of Surgeons, National Accreditation Program for Breast Centers, I am taking this opportunity to congratulate you and your Breast Center team on achieving Three-Year Full Accreditation. NAPBC Accreditation is the seal of approval for breast centers from the American College of Surgeons and formally acknowledges your commitment to providing the highest quality evaluation and management of your patients with breast disease. As a NAPBC accredited Program you have demonstrated that your center meets the needs of breast patients by providing multidisciplinary, high-quality, patient-centered care. As a result of your accreditation, information about your breast program is included on the listing of accredited programs that can be found on our website [www.nabc-breast.org](http://www.nabc-breast.org). Included in this communication is your Performance Report reflecting ratings for all NAPBC standards including your surveyor comments. Centers that have been awarded full three-year accreditation will be able to promote your centers accreditation award locally. Your marketing/public relations department has access to a web based marketing page (<https://www.facs.org/quality-programs/napbc/accreditation/marketing>) that has resources that can be used to publicize your accreditation both internally and externally. As a first step, please encourage your marketing/public relations staff to post the NAPBC logo in a prominent place on your facility web site. If you have any questions regarding this decision, please contact the NAPBC Administrative office at 312-202-5185 or at [napbc@facs.org](mailto:napbc@facs.org). We want to thank you for your support of the breast center and all that you do to meet the needs of breast patients and their families. Your program is part of an elite group of breast, cancer, bariatric, trauma and education centers. Once again, congratulations on this achievement.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott H. Kurtzman".

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

A handwritten signature in blue ink, appearing to read "Cary S. Kaufman".

Cary S. Kaufman MD, FACS  
Chair, NAPBC Board of Directors

Attached (NAPBC Performance Report)

**National Accreditation Program for Breast Centers  
Performance Report**

**The Breast Center -- Smilow Cancer Hospital at Yale-New Haven**

**Survey Date:** December 17, 2014

**Surveyor:** James Frank, MD

**Survey Rating Summary**

	<b>Self Rating</b>	<b>Surveyor Rating</b>	<b>Surveyor Comment</b>
<b>Chapter 1 - Center Leadership</b>			
<b>1.1</b> Level of Responsibility and Accountability	Compliant	Compliant	Document defines medical director's responsibility. Dr.Chagpar is a strong, knowledgeable leader with vision.
<b>1.2</b> Interdisciplinary Breast Cancer Conference	Compliant	Compliant	The BPL appropriately reviews all activities of the program.
<b>1.3</b> Evaluation and Management Guidelines	Compliant	Compliant	NCCN guidelines are utilized.
<b>Chapter 2 - Clinical Management</b>			
<b>2.1</b> Interdisciplinary Patient Management	Compliant	Compliant	They have a full complement of specialists and ancillary staff. No flaws in the process of care detecting during chart review or conference.
<b>2.2</b> Patient Navigator	Compliant	Compliant	They have a well defined navigator program, actually referred to as "coordinators", involved in many phases of patient management.
<b>2.3</b> Breast Conservation	Compliant	Compliant	They have a high breast conservation rate.
<b>2.4</b> Sentinel Node Biopsy	Compliant	Compliant	They are fully compliant and review outlier cases.
<b>2.5</b> Breast Cancer Surveillance	Compliant	Compliant	They follow ASCO surveillance guidelines. They have a well established survivorship clinic with developing programs at affiliated sites.
<b>2.6</b> Breast Cancer Staging	Compliant	Compliant	They have a policy in place to monitor staging. All path reports accurately staged.
<b>2.7</b> Pathology Reports	Compliant	Compliant	All charts reviewed are fully CAP compliant and synoptic.
<b>2.8</b> Diagnostic Imaging	Compliant	Compliant	They are MQSA certified.
<b>2.9</b> Needle Biopsy	Compliant	Compliant	They have a high needle biopsy rate and the BPL actively monitors this. All charts reviewed demonstrated needle biopsies with the exception of 1 "needle phobic" patient.
<b>2.10</b> Ultrasonography	Compliant	Compliant	They are a BICOE.
<b>2.11</b> Stereotactic Core Needle Biopsy	Compliant	Compliant	BICOE.
<b>2.12</b> Radiation Oncology	Compliant	Compliant	They have an active quality program and observe NQF parameters.
<b>2.13</b> Medical Oncology	Compliant	Compliant	They are planning to participate in QOPI and follow NQF parameters.
<b>2.14</b> Nursing	Compliant	Compliant	They have a high percentage of ONS certified nurses.

<b>2.15</b> Support and Rehabilitation	Compliant	Compliant	They offer a broad array of supportive services. They have a well established on site program for lymphedema, cancer rehab and complementary medicine. This is in the same space as their survivorship program.
<b>2.16</b> Genetic Evaluation and Management	Compliant	Compliant	An active genetics program that is regularly discussed at the breast leadership meetings. The genetics/high risk specialist was present at the site visit.
<b>2.17</b> Educational Resources	Compliant	Compliant	They have a excellent offering of patient education resources.
<b>2.18</b> Reconstructive Surgery	Compliant	Compliant	They have a well developed reconstructive surgical program offering options unavailable at many centers. The BPL monitors and does research on reconstruction for mastectomy patients. All patients mastectomy reviewed had reconstruction.
<b>2.19</b> Evaluation and Management of Benign Breast Disease	Compliant	Compliant	10 cases of ADH reviewed all were managed appropriately.
<b>2.20</b> Breast Cancer Survivorship Care			
<b>Chapter 3 - Research</b>			
<b>3.1</b> Clinical Trial Information	Compliant	Compliant	They have a "multi-tiered" approach to providing information to patients.
<b>3.2</b> Clinical Trial Accrual	Compliant	Compliant	They have documented commitment to and excellence in clinical trial accrual.
<b>Chapter 4 - Community Outreach</b>			
<b>4.1</b> Education, Prevention, and Early Detection Programs	Compliant	Compliant	They have numerous, well attended outreach activities.
<b>Chapter 5 - Professional Education</b>			
<b>5.1</b> Breast Center Staff Education	Compliant	Compliant	They have appropriate educational activities satisfying this standard's requirements. Kerin Adelson, a new medical oncologist, will need to produce activities for next cycle.
<b>Chapter 6 - Quality Improvement</b>			
<b>6.1</b> Quality and Outcomes	Compliant	Compliant	They have multiple, well planned and relevant QI initiatives.
<b>6.2</b> Quality Improvement	Compliant	Compliant	They are compliant in breast related NQF parameters.

### Accreditation Award

Total number of standards rated – Compliant	27
Total number of standards rated – Non-compliant	0
<b>Accreditation Award*</b>	Three-Year Full Accreditation

### Final Comments

#### Surveyor Remarks

This is a world class breast center. It's last NAPBC accreditation was in 2011 and there were no deficiencies. Since that evaluation they have added new programs and new providers, continually upgrading their patient services and research commitment.

There is strong, well focused leadership by Dr. Anees Chagpar, a surgical oncologist.

The Cancer Center is an NCI designated site with an analytic caseload of 7300. It is a new member of NCCN. It is

based out of a new, state of the art cancer hospital. They have a strong track record in clinical and basic science research.

They have robust survivorship and navigator programs. There are on site fellowships in breast surgery and breast reconstruction. The radiation oncology department is exploring new techniques available at few other centers in the country. They have a well established commitment to outreach programs and have well established community philanthropic support. There is strong administrative support for the breast program.

The breast conference was well attended and focused on several unusual cases which prompted a lively discussion amongst the well educated oncology subspecialist. There was frequent reference to clinical trials and NCCN guidelines. There were no flaws detected in the process of care during the chart review.

All in all, an exemplary facility with strong leadership and well integrated, compassionate multidisciplinary care.

### **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.