



National Quality Measures for Breast Centers™ Program

CERTIFICATION APPLICATION
Step 1

Please check one

- Certified Participant
- Certified Quality Breast Center
- Certified Quality Breast Center of Excellence

Please complete

DATA ENTRY PERSON INFORMATION:

Quality ID # _____
Name (First, Last, Credentials) _____
Title _____
Phone number _____
Fax number _____
Email address _____
Name of Breast Center _____
Address Line 1 _____
Address Line 2 _____
City, State, Zip _____

OVERSIGHT PERSON INFORMATION (MUST BE DIFFERENT THAN ABOVE):

Name (First, Last, Credentials) _____
Title _____
Phone number _____
Fax number _____
Email address _____
Name of Breast Center _____
Address Line 1 _____
Address Line 2 _____
City, State, Zip _____

APPLICANT INFORMATION (IF DIFFERENT THAN ABOVE):

Name (First, Last, Credentials) _____
Title _____
Phone number _____
Fax number _____
Email address _____
Name of Breast Center _____
Address Line 1 _____
Address Line 2 _____
City, State, Zip _____



National Quality Measures for Breast Centers™ Program

CERTIFICATION APPLICATION

Step 2

These are the steps required to attain certification. Please review and check steps your center has completed.

Certified Participant in the NQMBC™ Program	Certified Quality Breast Center™	Certified Quality Breast Center of Excellence™
<input type="checkbox"/> Have already received the designation of <i>Program Participant</i>	<input type="checkbox"/> Have already received the designation of <i>Certified Participant</i>	<input type="checkbox"/> Have already received the designation of <i>Certified Quality Breast Center</i>
<input type="checkbox"/> Supplied data for 40% of the measures for which their quality breast center type should be able to measure performance. This data must span two consecutive data collection periods. (A data period is a six-month range during which time data is collected according to the parameters of the indicator). Please complete Page 3 to identify your completed measures.	<input type="checkbox"/> Supplied data for 75% of the measures for which their quality breast center type should be able to measure performance. This data must span two consecutive data collection periods. (A data period is a six-month range during which time data is collected according to the parameters of the indicator). Please complete Page 3 to identify your completed measures.	<input type="checkbox"/> Supplied data for 90% of the measures for which their quality breast center type should be able to measure performance. This data must span two consecutive data collection periods. (A data period is a six-month range during which time data is collected according to the parameters of the indicator). Please complete Page 3 to identify your completed measures.
<input type="checkbox"/> These two consecutive data collection periods being audited for certification must be within the last three years. Please identify these two consecutive data collection periods on Page 3.	<input type="checkbox"/> These two consecutive data collection periods being audited for certification must be within the last three years. Please identify these two consecutive data collection periods on Page 3.	<input type="checkbox"/> These two consecutive data collection periods being audited for certification must be within the last three years. Please identify these two consecutive data collection periods on Page 3.
<input type="checkbox"/> Agree to maintain data used to answer NQMBC questions for a minimum of three years. This data may be used in random audits to confirm valid responses.	<input type="checkbox"/> Agree to maintain data used to answer NQMBC questions for a minimum of three years. This data may be used in random audits to confirm valid responses.	<input type="checkbox"/> Agree to maintain data used to answer NQMBC questions for a minimum of three years. This data may be used in random audits to confirm valid responses.
<input type="checkbox"/> Agree to a random audit of the submitted data for review by the NQMBC. The NQMBC will, at their discretion, choose ONE question in a specific time period to be audited. If requested, the facility must agree to submit de-identified data used to confirm correct procedures were used to answer this question. Audits will not occur frequently and will be used to confirm valid answers to quality measures.	<input type="checkbox"/> Agree to a random audit of the submitted data for review by the NQMBC. The NQMBC will, at their discretion, choose ONE question in a specific time period to be audited. If requested, the facility must agree to submit de-identified data used to confirm correct procedures were used to answer this question. Audits will not occur frequently and will be used to confirm valid answers to quality measures.	<input type="checkbox"/> Agree to a random audit of the submitted data for review by the NQMBC. The NQMBC will, at their discretion, choose ONE question in a specific time period to be audited. If requested, the facility must agree to submit de-identified data used to confirm correct procedures were used to answer this question. Audits will not occur frequently and will be used to confirm valid answers to quality measures.
	<input type="checkbox"/> In addition to completing 75% of the measures, the facility must have performed above the 25th percentile on 75% of the measures for which their quality breast center type should be able to measure performance during the two consecutive data collection periods being examined for certification.	<input type="checkbox"/> In addition to completing 90% of the measures, the facility must have performed above the 25th percentile on 90% of the measures for which their quality breast center type should be able to measure performance during the two consecutive data collection periods being examined for certification.
<input type="checkbox"/> Must complete the application and return it to the NCBC office.	<input type="checkbox"/> Must complete the application and return it to the NCBC office.	<input type="checkbox"/> Must complete the application and return it to the NCBC office.

Applicant OR Data Entry Person's Signature

Date

Oversight Person's Signature

Date



National Quality Measures for Breast Centers™ Program

CERTIFICATION APPLICATION

Step 3 for

Screening Breast Center

Diagnostic Breast Center

Clinical Breast Center

(Treatment AND Comprehensive Breast Centers are listed on the following page)

Identify the two consecutive data collection periods that fall within the last three years who data is to be reviewed:

Data Period 1 _____ and Data Period 2 _____

Please check off the measures for which your center has submitted data on the list below.

SCREENING BREAST CENTER

2. Mammography Call Back Rate©

DIAGNOSTIC BREAST CENTER

1. Imaging Timeliness of Care – Time Between Screening Mammogram and Diagnostic Mammogram©
 2. Mammography Call Back Rate©
 3. Surgical Timeliness of Care – Time Between Diagnostic Mammogram and Open Surgical Biopsy/Excision (no needle biopsy performed) ©
 4. Imaging Timeliness of Care – Time Between Diagnostic Mammogram and Needle/Core Biopsy©
 6. Needle/Core Biopsy Rate©
 7. Pathology Timeliness of Care - Time Between Initial Breast Biopsy (excluding open surgical) and Pathology Results©

CLINICAL BREAST CENTER

1. Imaging Timeliness of Care – Time Between Screening Mammogram and Diagnostic Mammogram©
 3. Surgical Timeliness of Care – Time Between Diagnostic Mammogram and Open Surgical Biopsy/Excision (no needle biopsy performed) ©
 5. Surgical Timeliness of Care – Time Between Needle Biopsy and Initial Breast Cancer Surgery©
 6. Needle/Core Biopsy Rate©
 7. Pathology Timeliness of Care - Time Between Initial Breast Biopsy (excluding open surgical) and Pathology Results©
 8. Pathology Timeliness of Care –Time Between Open (incisional/excisional) Initial Breast Biopsy and Pathology Results©
 9. Pathology Timeliness of Care – Time Between Initial Breast Cancer Surgery and Pathology Results©
 10. Pathology Report Completeness - Tumor Size©
 11. Pathology Report Completeness - Margin Analysis©
 12. Pathology Report Completeness - Margins Identified©
 13. Pathology Report Completeness - Lymph Node Analysis©
 14. Pathology Report Completeness - Specimen Sampling Adequacy© Likely will need to change to 3 cm instead of 5 cm in future.
 16a. Pathology Report Completeness - ER AND PR Receptor Measurement for Invasive Disease©
 16b. Pathology Report Completeness - ER AND PR Receptor Measurement for Insitu Disease©
 17. Surgical Care - Sentinel Node Biopsy©
 23a. Breast Conservation Surgery - Overall Rate (actual patients) ©
 23b. Breast Conservation Surgery Rate for Eligible Patients (potential eligible candidates) ©
 25a. Post-Lumpectomy Radiation - Rate for Invasive Breast Cancer (actual) ©
 25b. Post-Lumpectomy Radiation - Rate for Invasive Breast Cancer (potential) ©

Please return to the NCBC Office via fax (574-267-8268) or via US Mail (P.O. Box 1334 Warsaw, IN 46581)



National Quality Measures for Breast Centers™ Program
CERTIFICATION APPLICATION
Step 3 for
Treatment Breast Center
Comprehensive Breast Center

Identify the two consecutive data collection periods that fall within the last three years who data is to be reviewed:

Data Period 1 _____ and Data Period 2 _____

Please check off the measures for which your center has submitted data on the list below.

TREATMENT BREAST CENTER OR COMPREHENSIVE BREAST CENTER

Performance should be able to be measured for all indicators

- 1. Imaging Timeliness of Care – Time Between Screening Mammogram and Diagnostic Mammogram©
- 2. Mammography Call Back Rate©
- 3. Surgical Timeliness of Care – Time Between Diagnostic Mammogram and Open Surgical Biopsy/Excision (no needle biopsy performed) ©
- 4. Imaging Timeliness of Care – Time Between Diagnostic Mammogram and Needle/Core Biopsy©
- 5. Surgical Timeliness of Care – Time Between Needle Biopsy and Initial Breast Cancer Surgery©
- 6. Needle/Core Biopsy Rate©
- 7. Pathology Timeliness of Care - Time Between Initial Breast Biopsy (excluding open surgical) and Pathology Results©
- 8. Pathology Timeliness of Care –Time Between Open (incisional/excisional) Initial Breast Biopsy and Pathology Results©
- 9. Pathology Timeliness of Care – Time Between Initial Breast Cancer Surgery and Pathology Results©
- 10. Pathology Report Completeness - Tumor Size©
- 11. Pathology Report Completeness - Margin Analysis©
- 12. Pathology Report Completeness - Margins Identified©
- 13. Pathology Report Completeness - Lymph Node Analysis©
- 14. Pathology Report Completeness - Specimen Sampling Adequacy©
- 15. Five Year Stage Specific Survival Rate©
- 16a. Pathology Report Completeness - ER AND PR Receptor Measurement for Invasive Disease©
- 16b. Pathology Report Completeness - ER AND PR Receptor Measurement for Insitu Disease©
- 17. Surgical Care - Sentinel Node Biopsy©
- 18. Patient Satisfaction Survey - Use©
- 19. Patient Satisfaction - Survey Development©
- 20. Patient Satisfaction Survey Response Rate©
- 21. Patient Satisfaction Survey Measure - Shared Decision Making for Choice of Surgical Option for Breast Surgery©
- 22. Patient Satisfaction Survey Measure - Cosmetic Results Following Breast Reconstruction©
- 23a. Breast Conservation Surgery - Overall Rate (actual patients) ©
- 23b. Breast Conservation Surgery Rate for Eligible Patients (potential eligible candidates) ©
- 24a. Chemotherapy Use - Rate for Stage II and III ER Negative and PR Negative Breast Cancer (actual) ©
- 24b. Chemotherapy Use - Rate for Stage II and III ER Negative and PR Negative Breast Cancer (potential) ©
- 25a. Post-Lumpectomy Radiation - Rate for Invasive Breast Cancer (actual) ©
- 25b. Post-Lumpectomy Radiation - Rate for Invasive Breast Cancer (potential) ©
- 26a. Adjuvant Endocrine Therapy - Rate for Invasive Breast Cancer (actual) ©
- 26b. Adjuvant Endocrine Therapy - Rate for Invasive Breast Cancer (potential) ©
- 27. Radiation Therapy – Break in Treatment ©
- 28. Reconstructive Breast Surgery- Myocutaneous Tissue (Flap) Complication Rate©
- 29. Adjuvant or Neoadjuvant Chemotherapy- Complications Resulting in Inpatient Hospitalization Rate©
- 30. Ambulatory Breast Cancer Surgery-Unplanned Overnight Stay Rate©
- 31. Breast Conservation Surgery - Re-Excision Rate©

Please return to the NCBC Office via fax (574-267-8268) or via US Mail (P.O. Box 1334 Warsaw, IN 46581)