



Dear Facility Administrator:

The American College of Surgeons (ACS) Commission on Cancer (CoC) recognizes your institution's commitment to maintaining your cancer program and participating in the CoC Accreditation Program. The manual *Cancer Program Standards 2009, Revised Edition*, includes eight important areas of program activity, and the survey process is based on an objective evaluation of the 36 standards set forth in the current manual.

The accreditation award acknowledges the program's performance compared to the standards. One of the following accreditation awards is assigned to each program:

Three-Year with Commendation is awarded when the program complies with all standards and receives a commendation rating for one or more of the eligible standards. Facilities receiving this accreditation award at the time of the survey will be evaluated for eligibility to receive the CoC Outstanding Achievement Award.

Three-Year Accreditation is awarded when the program complies with all standards, but did not receive any commendation ratings for the eligible standards.

Three-Year Accreditation with Contingency is given when the program is found to be deficient in up to seven standards. This status may be upgraded with submission of compliance documentation at the end of the contingency time period.

Accreditation Deferred is given when a **new** program is rated deficient in one standard. This status may be upgraded with submission of compliance documentation at the end of the contingency time period.

Non-accreditation is given when eight or more standards are rated deficient.

The Performance Report

The Accredited Cancer Program Performance Report (Performance Report) provides a comprehensive summary of your survey outcome and accreditation award. Your facility's Performance Report is now available by accessing the password-protected CoC Datalinks system at https://datalinks.facs.org/NCIC_login.cfm?CFID=1617&CFTOKEN=68694901. The link to the report can be found on the CoC Datalinks activity menu.

The *cover page* identifies the facility name and location (city and state), the facility identification number (FIN), the survey date, the surveyor's name, and the accreditation award assigned.

Page two provides information about the use of the Performance Report and background information on the CoC and the Accreditation Program.

Page three provides summary information for the facility, including the current category, the survey date, the initial accreditation award, overall rating as calculated by the CoC, and comparison data based on surveys performed in 2007, 2008, and 2009. The current accreditation award and updated accreditation information is also included, if applicable.

Page four provides a complete list of the standard(s) found to be deficient at the time of the survey, if applicable. Accompanying the deficiency is the assigned rating received for that standard and updated performance information when the deficiency is resolved. Also recorded on this page are areas of commendation and a description of the reason for commendation, as appropriate. If no deficiencies are found and/or commendations awarded, then this page will be blank.

Pages five and six of the Performance Report shows your facility's rating for each standard and compares your performance in each standard to accredited facilities surveyed during 2007, 2008, and 2009.

Page seven repeats the list of standards found to be deficient at the time of the survey accompanied by the reason for the deficiency and expectations for compliance. At the top of this page, you will also find the date that compliance documentation is to be received by the CoC for resolution of deficiencies. This documentation must be submitted to upgrade the accreditation status. If no deficiencies are found, then this page will be left blank.

Page eight provides additional comments or suggestions to improve program activity that may, or may not, be directly related to a standard. This page will be blank if additional comments or suggestions are not recorded.

Appealing a Decision

If you wish to appeal an accreditation award or standard deficiency listed in the initial Accredited Cancer Program Performance Report, please submit a cover letter indicating the reason for your appeal along with documentation showing that the cancer program was meeting criteria at the time of the survey (be sure that the cover letter includes your facility/network name and FIN). Appeals will not be reviewed without appropriate supporting documentation for each standard being appealed.

All appeals should be received by the CoC within 45 days of receipt of the Performance Report. Appeals are to be **UPLOADED** through the "Appeals" link located on the CoC Datalinks activity menu. Appeals are processed once a month through the Program Review Subcommittee.

The outcome of the appeal will be released by an e-mail notification that will be sent to the cancer program's contact staff (chair, liaison, administrator, and registrar) informing them of the updated Performance Report. The updated Performance Report will be accessible via the CoC Datalinks activity menu.

Do not send appeals and deficiency resolution documentation to the CoC at the same time as these are two different processes. Deficiency resolution documentation should not be uploaded until after the appeal response has been received by the cancer program.

NOTE: Forty-five days after receiving your initial Performance Report, (appeal time period), the report is final. There will be no further requests for changes to commendation standards accepted after that time period.

Deficiency Resolution

If deficiencies in a standard or standards are identified and listed on pages four and seven of the report, then you must access *the Deficiency Resolution Documentation: Surveys 2010 and Forward* on the ACS website at <http://www.facs.org/cancer/coc/surveyresources.html> for information about the documentation to resolve the deficiencies.

Resolution documentation is to be received by the due date documented at the top of page seven of the Performance Report. The cover letter and supporting documentation are to be UPLOADED through the “Deficiency Resolution” link located on the CoC Datalinks activity menu. Deficiency resolutions are processed within 30 days of receipt.

Upon review and approval of the deficiency resolution documentation, an updated Performance Report will be issued that reflects the resolution of deficiencies and upgraded accreditation status, when appropriate. The updated Performance Report will be accessible via the CoC Datalinks activity menu.

Marketing Materials

If the current Performance Report indicates that your program received either a Three-Year with Commendation or Three-Year Accreditation, then the press release, marketing kit, and Certificate of Accreditation have been mailed to the cancer registrar at your facility.

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 press release, marketing kit, and Certificate of Accreditation will be provided when the contingency status is resolved.

Improving Your Program

Programs with identified deficiencies to be corrected or those seeking to improve performance should consider taking one or both of the following steps:

1. Access the Best Practices Repository at <http://www.facs.org/cancer/coc/bestpractices.html> to obtain samples of policies and procedures, tracking tools, and other materials that have been designed to assist programs.
2. Contract with a CoC-trained independent cancer program consultant who can provide guidance with program development and improvement. The list of CoC-trained independent cancer program consultants is available at

<http://www.facs.org/cancer/ctrconsultant.html>. Programs negotiate the scope of services and fees with the consultant selected.

Please feel free to contact one of the following members of the Accreditation and Standards team if you have any questions or would like additional information about your cancer program's status or Performance Report.

Debbie Etheridge (detheridge@facs.org or by phone at 312-202-5291)
Lisa Landvogt (llandvogt@facs.org or by phone at 312-202-5314)
Vicki Chiappetta (vchiappetta@facs.org or by phone at 312-202-5288)
Asa Carter (acarter@facs.org or by phone at 312-202-5180)

Sincerely yours,

A handwritten signature in cursive script that reads "Daniel P. McKellar, MD".

Daniel P. McKellar, MD, FACS
Chair, Accreditation Committee

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