

Radiation Oncology Practice Accreditation How Do I...?

This document is a guide of general accreditation processes related to the online accreditation system, and is supplemental to information found on the [ACR Radiation Oncology Practice Accreditation](#) page.

If you have a question that is not outlined in this document, please contact the accreditation department:

Radiation Oncology Practice Accreditation Program

Phone: 1-800-770-0145 x3711

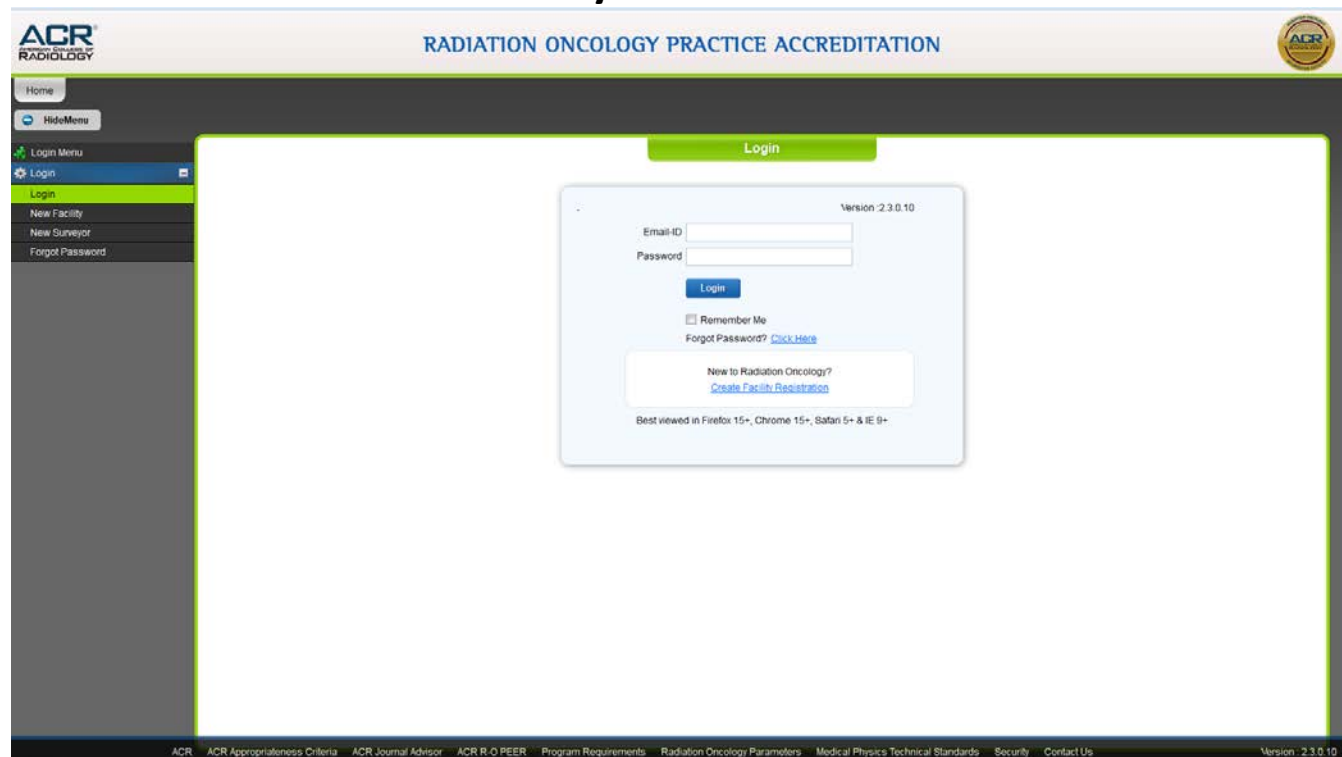
Email: rad-onc-accred@acr.org

Fax: 703-390-9836

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Access Online Accreditation System



How Do I Login?

Each Facility ID has only one online user; however, you may have multiple Facility IDs under a registered user's single login.

Go to the online accreditation system: <https://ropa.acr.org> (Please be sure to bookmark this page).

The login is:

Your email address

Your password should be:

- at least 10 characters and
- contain 3 of the following:
 - o Uppercase letter
 - o Lowercase letter
 - o Number
 - o Special Character (!, @, #, \$, %, ^, &, *)

How Do I Change the Login for the Account?

If the previous user is not available to work on your application, your Supervising Physician or listed Facility Administrator must authorize a login change by sending an e-mail to rad-onc-accred@acr.org with the following information:

- FML ID number(s)
- New Login's First & Last Name
- New Login's Email
- New Login's Phone

NOTE:

- Login changes are account specific and will only change the Facility ID(s) provided in the request.

How Do I Change my Password?

On the login page, click “Forgot Password”, and a link will be sent to your e-mail to set up a new password. Passwords can be reset an unlimited number of times.

Navigate ROPA



Use the tabs to see your current or previously submitted information to ACR. If there is a button indicating “Renew”, then you have an available item to update or submit. Previously submitted information becomes Read-Only and is displayed for historical purposes.


Home will show your list of draft or submitted applications. You may print legal forms and invoices on the following page(s).

Profile will display the registered user’s information. You can change the online user from this page. The password will remain the same unless changed.

Change Password will allow the registered user to update their password. Passwords can be reset an unlimited number of times.

Logout will allow the user to exit the application. Please make sure to save your work prior to logout.

Applications



The Radiation Oncology Practice Accreditation Program (ROPA) provides radiation oncologists with third-party, impartial peer review and evaluation of patient care. The facility's personnel, equipment, treatment-planning and treatment records as well as patient-safety policies and quality control/quality assessment activities are assessed.

Please Select Process Type

- ACCREDITATION SURVEY - INITIAL
- CONSULTATIVE SURVEY
- MINI AUDIT SURVEY


1. If you select consultative survey, this will not lead to accreditation. Consultative surveys are for only single facilities. The charge for a consultative survey is \$11,500 plus travel expenses for the survey team.
2. If you select mini audit survey, this will not lead to accreditation. Mini audit surveys are for only single facilities. The charge for a mini audit survey is \$5,000 plus travel expenses for the survey team.

Please contact an ACR Staff for additional information:
Phone 800-770-0145
Email : rad-onc-accred@acr.org

[Create New Application](#)

How Do I Apply for a New Facility?

If you are applying for the first time, please select process type and click the corresponding radio button. You will be required to enter Facility Information such as Facility Name, Address, Modality Information, Unit Information, Case Selection, and Personnel.



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Email : rad-onc-accred@acr.org

[Create New Application](#)

How Do I Add Another Site Under My Existing Application?

If you have already applied and you need to add another site to the same location, please go to “View” and click the button to “Add New Site”. This will add the site to the Facility ID for that location. Please note that you may have to contact the ACR in order to have the submitted application returned to its editing state.



RADIATION ONCOLOGY PRACTICE ACCREDITATION

Home Profile Change Password Logout Role: Facility User / trnav@acr.org

Hide Menu

Facility Menu

- Application Part I
- New Site
- ACR Test Site
- Part II

Practice - Application Sites Change Role: Facility User

Practice Name: **ROPA Test** Application Type: **Initial**
App Status: **Re-Submit** Application Current/Previous?: **Current**

[R-O PEER Invoice](#)
 [Download Invoice](#)
 [Add New Site](#)
 [Blank PDF Application](#)
 [Export Submitted Application to PDF](#)

Site Name	FMLID	Created Date	Site Status	Action
New Site		3/11/2015 1:12:46 PM	New	Close / Delete
ACR Test Site	9999	3/10/2013 9:12:36 AM	Re-Submit	Edit / Delete

Practice History

Practice Name :	ROPA Test
Number of sites :	2
Status Change Date :	03/04/2015
Application Accepted Date :	03/04/2015
Current Status :	Re-Submit

How Do I Apply for a New Site Under My Existing Accreditation?

If you are the login user for an existing facility at the accredited location(s), you need to apply as a new facility under the same email account. You will be able to link the site to the other accreditation accounts at your practice.

If you are the login user for an existing practice at the location and will submit the application for a new site, log in and click the button to “Add Site Add-On”.

ACR AMERICAN COLLEGE OF RADIOLOGY RADIATION ONCOLOGY PRACTICE ACCREDITATION

Home HideMenu Login Menu Login New Facility New Surveyor Forgot Password

Version :2.3.0.24

Email-ID

Password

Login

ACR AMERICAN COLLEGE OF RADIOLOGY RADIATION ONCOLOGY PRACTICE ACCREDITATION

Home Profile Change Password Live Chat Logout Role: Facility User / goldberg@mibs.org

HideMenu Facility Menu Application Part I Bryn Mawr Hospital H..... Paoli Hospital Bryn Mawr Hospital Part II Data Collection CAP ROPA Tool Kit ROPA Live Chat

Practice Home - Applications Change Role: Facility User

Practice Name: [Main Line Health](#) Application Type: [Renewal](#)

App Status: [Committee Chair Report Submitted - Accredited](#) Application Current/Previous?: [Current](#)

[Add Site Add-On](#)

Practice Name	City	State	Status Date	Status	Process Type	Action
Main Line Health	Bryn Mawr	PA	09/11/2015	Committee Chair Report Submitted - Accredited	Renewal	View
Main Line Health	Bryn Mawr	PA	04/30/2012	Accredited- Initiate Renewal	Initial	View

LIVE CHAT

ACR ACR Appropriateness Criteria ACR Journal Advisor ACR R-O PEER Program Requirements Radiation Oncology Parameters Medical Physics Technical Standards Security Contact Us Version :2.3.0.24

How Do I Start My Renewal Application?

Log into the online accreditation system <https://ropa.acr.org>, and click the Renew button. If this button is not available, you may already have an application open, or you may not be close enough to your renewal date. Please check the “Home” page to view open draft applications.

Home Profile Change Password Logout Role: Facility User / Christopher.Serago@mayo.edu

HideMenu

Facility Menu

- Application Part I
- Mayo Clinic Florida
- Part II
- Data Collection
- CAP

Practice Home - Applications

Practice Name: Department of Radiation Oncology/Mayo Clinic Florida Application Type: Initial

App Status: Accredited- Initiate Renewal Application Current/Previous?: Current

Practice will expire on 11/30/2015 2:01:00 PM. To renew, click on Renew button

Renew Consultative Survey

Practice Name	City	State	Status Date	Status	Process Type	Action
Department of Radiation Oncology/Mayo Clinic Florida	Jacksonville	FL	11/10/2012	Accredit- Initiate Renewal	Initial	View

How Do I Access My Draft Application?

Go to “Home” page, locate the Draft by using the Status column, and click the “View” link under the action column.

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Home Profile Change Password Logout Role: Facility User / carlene.qlmore@ohiohealth.com

HideMenu

Facility Menu

- Application Part I
- Riverside Methodist Hospital
- Riverside Radiation
- Part II
- Submit

Practice Home - Applications

Practice Name: OhioHealth Application Type: Renewal

App Status: Not Initiated Application Current/Previous?: Current

Practice Name	City	State	Status Date	Status	Process Type	Action
OhioHealth	Columbus	OH	not available	Not Initiated	Renewal	View
OhioHealth	Columbus	OH	10/15/2012	Accredit- Initiate Renewal	Initial	View

Completing My Patient Census Forms

Cases for On-Site Review

Completion to be directed by Radiation Oncologist.

Note:

- Once your survey date is confirmed, please log back into your [application](#) and under the tabs 'Data-Collection-Census Sheets-Page 2' submit cases of definitively treated patients who have recently completed treatment at your facility and have had at least one follow up visit.

Cases should include:

- Breast
 - Prostate
 - Head and Neck
 - Lung
 - "Generic" cases, such as seminoma, esophagus, cervix, colo-rectal, etc.
- Submit five cases of each disease site for the main site and only 2-3 cases from each disease site for each satellite. We also want to review cases that represent all of the modalities that you provide, such as IMRT, HDR, SRS, seed implant, and so forth. A minimum of two cases per physician will need to be reviewed. We will **not** review cases from any physician no longer in the practice.
 - We will select patients from this list whose records will be reviewed during the on-site survey. For these cases, patient records, simulation/port films/DRRs, and planning CT scans must be available for the surveyor(s). **If recent conversion to paperless medical records and cases we are reviewing were in the transition, please retrieve paper charts from offsite storage if any of them contain items not available in EMR.**
 - If you do not have enough cases in a particular disease site (for example, head and neck), simply include additional generic cases.

ATTENTION: Use a unique patient identifier (ID number) that is not associated with the patient's medical record number (MRN). Do not include the patients' names, social security number, or date of birth. Your unique number will be the only number tied to the MRN during the time of the survey. You will need to provide the list of unique ID numbers with the corresponding MRNs to the surveyors (see Fig. A below).

List the cases by a numbering system of your choice. For example, if Mr. John Doe is a patient with prostate cancer, and has the MRN of 1234567, you can assign that case with a random number (i.e. 0000-99, 9999, 001, 1).

Patient Census Data

Please indicate the following treatment code next to the appropriate patient ID numbers if applicable:

TX Code:

- | | | | |
|------------|---------------------|-------------|---------------------|
| S = | Seed Implant | SR = | Stereotactic |
| H = | HDR | C = | Conformal |
| L = | LDR | T = | TBI |
| I = | IMRT | IG = | IGRT |
| P = | Protons | A = | APBI |
| E = | ELS | | |

Breast

*Facility can add, edit, and delete cases before ACR approves. Once cases have been approved, facility cannot update or change cases

Breast Prostate HeadNeck Lung Generic

Patient ID	Final Treatment Date	Treatment Code	Site Name	R-O PEER Staff	MD	Disease Site	Edit	Delete
9999	05/15/2013	SI	ACR Test Site	No	monzon	test	Edit	Delete
9999-0	05/22/2013	HD	ACR Test Site	N/A	monzon	test	Edit	Delete
		<input type="checkbox"/> Seed Implant <input type="checkbox"/> Stereotactic <input type="checkbox"/> HDR <input type="checkbox"/> Conformal <input type="checkbox"/> LDR <input type="checkbox"/> TBI <input type="checkbox"/> IMRT <input type="checkbox"/> IGRT <input type="checkbox"/> Protons <input type="checkbox"/> APBI <input type="checkbox"/> ELS	ACR Test Site	<input type="checkbox"/> Yes Select			Save Cancel	
							Edit	Delete

[Add New Patient](#)

Prostate

Breast Prostate HeadNeck Lung Generic

Patient ID	Final Treatment Date	Treatment Code	Site Name	R-O PEER Staff	MD	Disease Site	Edit	Delete
1111-0	05/31/2013	Stereotactic	ACR Test Site	N/A	monzon	test	Edit	Delete
1111-2	05/18/2012	Seed Implant	ACR Test Site	N/A	monzon	test	Edit	Delete

[Add New Patient](#)

Head & Neck

Breast Prostate HeadNeck Lung Generic

Patient ID	Final Treatment Date	Treatment Code	Site Name	R-O PEER Staff	MD	Disease Site	Edit	Delete
2222-1	05/25/2010	IMRT	ACR Test Site	N/A	monzon	brain	Edit	Delete
2222-0	05/16/2013	IGRT	ACR Test Site	N/A	monzon	trachea	Edit	Delete

[Add New Patient](#)

Patient Census Data—Continued

Please indicate the following treatment code next to the appropriate patient ID numbers if applicable:

TX Code:

S =	Seed Implant	SR =	Stereotactic
H =	HDR	C =	Conformal
L =	LDR	T =	TBI
I =	IMRT	IG =	IGRT
P =	Protons	A =	APBI
E =	ELS		

Lung

Breast | Prostate | HeadNeck | **Lung** | Generic

Enter Patient ID
 Enter Final TreatmentDate
 Select Treatment Code
 Enter MD
 Enter Disease Site

Patient ID	Final Treatment Date	Treatment Code	Site Name	R-O PEER Staff	MD	Disease Site	Edit	Delete
3333-1	05/26/2011	Seed Implant	ACR Test Site	N/A	monzon	aveoli	Edit	Delete

[Add New Patient](#)

Generic

*Facility can add, edit, and delete cases before ACR approves. Once cases have been approved, facility cannot update or change cases

Breast | Prostate | HeadNeck | Lung | **Generic**

Patient ID	Final Treatment Date	Treatment Code	Site Name	R-O PEER Staff	MD	Disease Site	Edit	Delete
4444	05/15/2013	<input type="checkbox"/> Seed Implant <input type="checkbox"/> Stereotactic <input type="checkbox"/> HDR <input type="checkbox"/> Conformal <input type="checkbox"/> LDR <input checked="" type="checkbox"/> TBI <input type="checkbox"/> IMRT <input type="checkbox"/> IGRT <input type="checkbox"/> Protons <input type="checkbox"/> APBI <input type="checkbox"/> ELS	ACR Test Site	<input type="checkbox"/> Yes Select	monzon	test	Save Cancel	
5555-1	05/12/2011	TB	ACR Test Site	N/A	monzon	test	Edit	Delete
6666	05/12/2011	HD	ACR Test Site	N/A	Lucey	Liver	Edit	Delete

[Add New Patient](#)

Change My Submitted Application

How Do I Change My Submitted Cases Before Approval?

You may modify how ACR receives your patient census data.

The login user can add, edit, and delete cases before ACR approves them for review. Once the cases have been approved, you must notify the ACR of a case change request; see [How Do I Change My Submitted Cases After Approval](#). Please go to “Data Collection”, click the “Census Sheets” tab found on the left hand side, followed by the “Next” button on Page 1. Click the “Delete” link for case(s) you wish to remove, the “Add New Patient” link for case(s) you wish to add, and the “Edit” link for case(s) you wish to change.

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RADIATION ONCOLOGY PRACTICE ACCREDITATION

Home Profile Change Password Logout

Role: Facility User / mray@acr.org

HideMenu

Facility Menu

Application Part I

ACR Test Site

Part II

Data Collection

View Facility Dates

Census Sheets

Available Census Sheets

ROPA Tool Kit

Census Sheets - Page 2

Change Role: Facility User

Practice Name: ROPA Test

Application Type: Initial

App Status: Census Cases submitted - Surveyors Assigned

Application Current/Previous?: Current

Save Previous Next

Patient Census Data

Please indicate the following treatment code next to the appropriate patient ID numbers if applicable: If you are performing brachytherapy (LDR/HDR), IMRT, IGRT, stereotactic radiosurgery, TBI, Mammo Site, etc., please include representative cases among those submitted by indicating this next to the ID number

The cases submitted should be recently treated patients who have had one follow up visit, if possible. Please provide 5 breast, 5 prostate, 5 lung, 5 head & neck and 5 generic cases (such as cervix, pancreas, rectum, seminoma, etc). We also want to review cases that represent all of the modalities that you provide, such as IMRT, HDR, SRS, seed implant, and so forth. We need to review at least 2 cases per physician in the practice. We will no longer review cases from any physician who are no longer with the practice

*Facility can add, edit, and delete cases before ACR approves. Once cases have been approved, facility cannot update or change cases

Breast Prostate HeadNeck Lung Generic

Patient ID	Final Treatment Date	Treatment Code	Site Name	R-O PEER Staff	MD	Disease Site	Edit	Delete
9999	05/15/2013	Seed Implant	ACR Test Site	No	monzon	test	Edit	Delete
9999-0	05/22/2013	HDR	ACR Test Site	N/A	monzon	test	Edit	Delete
				N/A			Edit	Delete

Add New Patient

How Do I Change My Submitted Cases After Approval?

Please review the Program Requirements for Radiation Oncology found on the [ACR Radiation Oncology Practice Accreditation](#) page.

Note: Some modalities have required cases for submission, which may not be changed.

Case change requests must come from an e-mail address listed on your accreditation account prior to the onsite survey. Please send an e-mail to rad-onc-accred@acr.org with the following information:

- FML ID number
- Please remove (state case to drop/remove)
- Please add (state case to add or change)

NOTE: ACR does **not** require an electronic upload submission of patient charts and/or images. These will be reviewed onsite by our surveyors during the case review.