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| Description: ACR_logo_blk_invert |  Breast Ultrasound Accreditation Program**1891 Preston White Drive, Reston, VA 20191-4397 Quality Assurance Questionnaire** |

**PRIVILEGED and CONFIDENTIAL • PEER REVIEW**

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*Only complete 1 form for your breast ultrasound facility. You may either complete this form by hand or by computer. To fill it out on your computer, save the file to your desktop, double-click the gray space and click or type your response. Tab to move to the next question.*

# Policies and Procedures

1. What is your policy for film/image retention? *check one*

 [ ]  Less than 5 years [ ]  5 years [ ]  6 - 10 years [ ]  11 - 20 years

 [ ]  Over 20 years [ ]  Lifetime of patient [ ]  Indefinitely

1. Are your reporting procedures in compliance with the ACR Practice Guideline for Communication of Diagnostic Imaging Findings?

 [ ]  No [ ]  Yes

1. Do you have a policy on report turn-around time?

 [ ]  No [ ]  Yes

1. What is the average time from examination to final report being sent to the referring physician? *check one*

 [ ]  Less than 12 hours [ ]  12 - 24 hours [ ]  24 - 72 hours [ ]  Greater than 72 hours

1. Is there a mechanism for immediate notification of unexpected findings or findings for emergency cases?

 [ ]  No [ ]  Yes

1. Do you have a policy in place to control the spread of infection among patients and personnel that includes adherence to universal precautions and the use of clean or aseptic techniques as warranted by the procedure or intervention being performed?

 [ ]  No [ ]  Yes

1. Do you have a policy in place to provide for the safety of patients and personnel that includes attention to the physical environment, the proper use, storage, and disposal of medications and hazardous material and their attendant equipment, and methods for addressing medical and other emergencies?

 [ ]  No [ ]  Yes

1. Do you have a policy in place to monitor, analyze and report, and periodically review complications and adverse events or activities that may have the potential for sentinel events[[1]](#footnote-1)?

 [ ]  No [ ]  Yes

1. Do you have a policy in place for educating and informing patients about procedures and/or interventions to be performed and facility processes for the same which include appropriate instructions for patient preparation and aftercare, if any?

 [ ]  No [ ]  Yes

1. Are there policies and procedures to ensure confidentiality of patient-related information?

 [ ]  No [ ]  Yes

1. Do you have a policy on consumer complaints and do you post a notice for patients listing consumer complaint contact information?

 [ ]  No [ ]  Yes

1. Do you have a written policy regarding who may administer intravenous sedatives, controlled agents, and contrast agents at your site?

 Sedatives [ ]  No [ ]  Yes [ ]  Not applicable

 Controlled Agents [ ]  No [ ]  Yes [ ]  Not applicable

 Contrast Agents [ ]  No [ ]  Yes [ ]  Not applicable

1. When is a pulse oximeter used for IV sedation? *check one*

 [ ]  Never [ ]  Sometimes [ ]  Always [ ]  Not applicable, IV sedated patients are not imaged

1. Do you have a written policy about how unexpected emergencies (cardiac or respiratory) are handled?

 [ ]  No [ ]  Yes

1. Does your QA program include a mechanism for obtaining follow-up on all operated cases?

 [ ]  No [ ]  Yes

1. Which individuals administer intravenous sedation? *check all that apply*

 [ ]  Radiologist [ ]  Other M.D. [ ]  Nurse/Physicians Assistant

 [ ]  Technologist [ ]  Other       [ ]  Not administered

1. Which individuals administer intramuscular sedation? *check all that apply*

 [ ]  Radiologist [ ]  Other M.D. [ ]  Nurse/Physicians Assistant

 [ ]  Technologist [ ]  Other       [ ]  Not administered

1. Which individuals administer oral sedation? *check all that apply*

 [ ]  Radiologist [ ]  Other M.D. [ ]  Nurse/Physicians Assistant

 [ ]  Technologist [ ]  Other       [ ]  Not administered

1. Which individuals administer intravenous contrast? *check all that apply*

 [ ]  Radiologist [ ]  Other M.D. [ ]  Nurse/Physicians Assistant

 [ ]  Technologist [ ]  Other       [ ]  Not administered

1. Is a physician on site when patients are imaged with contrast media?

 [ ]  No [ ]  Yes [ ]  Not applicable

PATIENT OUTCOME DATA

1. Who performs the breast ultrasound examinations in this facility?

 [ ]  Physician only [ ]  Sonographer only [ ]  Technologist only [ ]  Physician and sonographer

 [ ]  Physician and technologist

1. Is there a mechanism in place to determine the disposition of positive breast ultrasound cases?

 [ ]  No [ ]  Yes

1. You must provide all of the following outcome data collected for ultrasound-guided breast biopsies:

Beginning date:  Ending date: *(if possible, provide data for 1 year)* [ ]  NA, no biopsies performed

|  |  |  |  |
| --- | --- | --- | --- |
| **Overall** | **Total #** | **# Core Needle Biopsies** | **# FNAC Biopsies** |
| **# of ultrasound-guided breast biopsies** |       |       |       |
| **# cancers found**  |       |   |   |
| **# benign lesions** |       |   |   |
|  **# biopsies needing repeat biopsy** |       |   |   |
|  **# complications** |       |   |   |
|  |  |  |  |
| **Repeats - Core Needle Biopsy**  | **Total #** | **Repeat Biopsies by Core** | **Repeat Biopsies by Excision** |
| **Insufficient sample** |       |       |       |
| **Discordance with Imaging** |       |       |       |
| **Cellular atypia, radial scar** |       |       |       |
| **Other (Please specify):**       |       |       |       |
|  |  |  |  |
| **Repeats - FNAC Biopsy**  | **Total #** | **Repeat Biopsies by Core** | **Repeat Biopsies by Excision** |
| **Insufficient sample** |       |       |       |
| **Discordance with Imaging** |       |       |       |
| **Cellular atypia** |       |       |       |
| **Other (Please specify):**       |       |       |       |
|  |  |  |  |
| **Complications** | **Total #** | **# Core Needle Biopsies** | **# FNAC Biopsies** |
| **Hematomas (requiring intervention)** |       |       |       |
| **Infection** |       |       |       |
| **Pneumothorax** |       |       |   |

QUALITY CONTROL

*For each quality assurance task listed below identify the frequency at which each task is performed and the individual responsible for the test performance. In addition,**please* ***submit a copy of your most recent Annual System Performance Evaluation for each unit****.*

|  |  |  |
| --- | --- | --- |
| **Quality Assurance Task** | **Frequency Routinely Performed** | **Individual Who Routinely Performs Task** |
| 1. Maximum depth of visualization & hard-copy recording with a tissue-mimicking phantom | [ ]  Not done [ ]  Daily[ ]  Weekly  | [ ]  Monthly [ ]  Yearly[ ]  Quarterly [ ]  Semi-Annually  | [ ] Medical Physicist/Designated Personnel[ ]  Radiological Technologist/Sonographer[ ]  Service Engineer |
| 2. Vertical and horizontal distance accuracy | [ ]  Not done [ ]  Daily[ ]  Weekly  | [ ]  Monthly [ ]  Yearly[ ]  Quarterly [ ]  Semi-Annually  | [ ] Medical Physicist/Designated Personnel[ ]  Radiological Technologist/Sonographer[ ]  Service Engineer |
| 3. Uniformity | [ ]  Not done [ ]  Daily[ ]  Weekly  | [ ]  Monthly [ ]  Yearly[ ]  Quarterly [ ]  Semi-Annually  | [ ] Medical Physicist/Designated Personnel[ ]  Radiological Technologist/Sonographer[ ]  Service Engineer |
| 4. Electrical-mechanical cleanliness condition | [ ]  Not done [ ]  Daily[ ]  Weekly  | [ ]  Monthly [ ]  Yearly[ ]  Quarterly [ ]  Semi-Annually  | [ ] Medical Physicist/Designated Personnel[ ]  Radiological Technologist/Sonographer[ ]  Service Engineer |
| 5. Anechoic void perception | [ ]  Not done [ ]  Daily[ ]  Weekly  | [ ]  Monthly [ ]  Yearly[ ]  Quarterly [ ]  Semi-Annually  | [ ] Medical Physicist/Designated Personnel[ ]  Radiological Technologist/Sonographer[ ]  Service Engineer |
| 6. Ring down | [ ]  Not done [ ]  Daily[ ]  Weekly  | [ ]  Monthly [ ]  Yearly[ ]  Quarterly [ ]  Semi-Annually  | [ ] Medical Physicist/Designated Personnel[ ]  Radiological Technologist/Sonographer[ ]  Service Engineer |
| 7. Lateral resolution | [ ]  Not done [ ]  Daily[ ]  Weekly  | [ ]  Monthly [ ]  Yearly[ ]  Quarterly [ ]  Semi-Annually  | [ ] Medical Physicist/Designated Personnel[ ]  Radiological Technologist/Sonographer[ ]  Service Engineer |
| 8. Quality control checklist | [ ]  Not done [ ]  Daily[ ]  Weekly  | [ ]  Monthly [ ]  Yearly[ ]  Quarterly [ ]  Semi-Annually  | [ ] Medical Physicist/Designated Personnel[ ]  Radiological Technologist/Sonographer[ ]  Service Engineer |
| 9. Adherence to universal infection control procedures | [ ]  Not done [ ]  Daily[ ]  Weekly  | [ ]  Monthly [ ]  Yearly[ ]  Quarterly [ ]  Semi-Annually  | [ ] Medical Physicist/Designated Personnel[ ]  Radiological Technologist/Sonographer[ ]  Service Engineer |
| 10. Clean transducers | [ ]  Not done [ ]  Daily[ ]  Weekly  | [ ]  Monthly [ ]  Yearly[ ]  Quarterly [ ]  Semi-Annually  | [ ] Medical Physicist/Designated Personnel[ ]  Radiological Technologist/Sonographer[ ]  Service Engineer |
| 11. Greyscale photography | [ ]  Not done [ ]  Daily[ ]  Weekly  | [ ]  Monthly [ ]  Yearly[ ]  Quarterly [ ]  Semi-Annually  | [ ] Medical Physicist/Designated Personnel[ ]  Radiological Technologist/Sonographer[ ]  Service Engineer |
| 12. General preventative maintenance | [ ]  Not done [ ]  Daily[ ]  Weekly  | [ ]  Monthly [ ]  Yearly[ ]  Quarterly [ ]  Semi-Annually  | [ ] Medical Physicist/Designated Personnel[ ]  Radiological Technologist/Sonographer[ ]  Service Engineer |

1. A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. See JCAHO’s Hospital Accreditation Standards book. [↑](#footnote-ref-1)