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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)