ACR Radiation Oncology Practice Accreditation Program
Radiation Oncology Practice Accreditation (ROPA)
Locations

- ACR Headquarters-Reston, VA
- ACR Government Relations-Washington D.C.
- ACR American Institute for Radiologic Pathology-Silver Spring, MD
- ACR Center for Research and Innovation-Philadelphia, PA
- Chapters
We are ACR

- **Core Purpose**
  - To serve patients and society by empowering members to advance the practice, science and professions of radiological care.

- **Core Values**
  - Leadership, Integrity, Quality, Innovation
ACR nationally recognized accreditation programs
Introduction to ROPA

- Historically
  - Established 1986
    - 30+ year track record
  - Extension of Patterns of Care Studies
- Sponsored
  - NCI
  - ACR
ACR recommended to Legislators mandatory accreditation of all facilities.
The Fatal Error: March 14
Mr. Jerome-Parks’s early treatments had gone well, but multiple computer crashes occurred while the medical physicist tried to save a reformulated treatment plan. The instructions for the multileaf collimator were lost and the collimator leaves were fully open for three doses of radiation.
ROP A Program Growth 2006 – 2018

Applications Received

- 2017-18
- 2016-17
- 2015-16
- 2014-15
- 2013-14
- 2012-13
- 2011-12
- 2010-11
- 2009-10
- 2008-09
- 2007-08
- 2006-07
WHO IS ACCREDITED?

- As of July 1, 2021
  - Facilities are Accredited 676
  - Facilities are under Review 100
    - “Under Review”
      - Deferred/submitting corrective action
      - Site visit has not yet been completed
      - Final report unwritten
ROP A in the United States
What does ROPA provide

- Independent and objective survey of processes and outcomes
- Based upon standards and parameters, consensus statements, literature
- Comparison with database and national benchmarks
Data Collected

- Database Utilization allows
  - Analysis of personnel, processes
  - Analysis for patterns
  - Potential for quality improvement
STRATA

- Academic/CCC: Comprehensive Cancer Center or main teaching hospital of a medical school
- H1 Hospital based; > 600 patients
- H2 Hospital based; 201-599 patients
- H3 Hospital based; <200 patients
- F1 Freestanding; >600 patients
- F2 Freestanding; 201-599 patients
- F3 Freestanding; <200 patients
# Staffing/Resources Table for final report

<table>
<thead>
<tr>
<th></th>
<th>ALL</th>
<th>Academic/CCC</th>
<th>H1</th>
<th>H2</th>
<th>H3</th>
<th>F1</th>
<th>F2</th>
<th>F3</th>
</tr>
</thead>
<tbody>
<tr>
<td>New patients/radiation oncologist</td>
<td>205</td>
<td>156</td>
<td>278</td>
<td>215</td>
<td>140</td>
<td>203</td>
<td>238</td>
<td>160</td>
</tr>
<tr>
<td>New patients/Physicist</td>
<td>265</td>
<td>174</td>
<td>273</td>
<td>257</td>
<td>246</td>
<td>277</td>
<td>321</td>
<td>256</td>
</tr>
<tr>
<td>New patients/FTE dosimetrist</td>
<td>273</td>
<td>265</td>
<td>346</td>
<td>275</td>
<td>196</td>
<td>318</td>
<td>301</td>
<td>211</td>
</tr>
<tr>
<td>New patients/FTE therapist</td>
<td>74</td>
<td>65</td>
<td>90</td>
<td>73</td>
<td>56</td>
<td>70</td>
<td>81</td>
<td>75</td>
</tr>
<tr>
<td>FTE therapist/Rx machine</td>
<td>3.1</td>
<td>4.1</td>
<td>3.6</td>
<td>3.1</td>
<td>2.6</td>
<td>3.4</td>
<td>3.1</td>
<td>2.2</td>
</tr>
<tr>
<td>New patients/Rx machines</td>
<td>215</td>
<td>222</td>
<td>305</td>
<td>222</td>
<td>133</td>
<td>236</td>
<td>245</td>
<td>143</td>
</tr>
</tbody>
</table>
ACR Radiation Oncology Accreditation Checklist and Milestones
Initial, Renewal and Reinstatement Applications

☐ Initial 6 months prior to expiration date

☐ Renewal 8 months prior to expiration date

NOTE: Time to renew an application is sent to the facility listed in the radiation oncology database for the account. If personnel has changed since the last accreditation, log into the ROPA database and “Start Renewal” 8 months prior to expiration.

☐ Review Complete Accreditation Information: Radiation Oncology, available at the following address: www.acr.org/COInfo

☐ Application Submitted (New or Renewal) [http://acraac.org/pages/Login.aspx]
  - Fees
  - Facility Demographics
  - Personnel Documents
  - Treatment Machine Reports
  - Patient Census Data
  - Policy and Procedures
  - Survey Dates

☐ ACR accepts application

☐ Radiation Oncologists and Medical Physicists (Surveyors) attend the facility for the data collection via ROPA website [https://acraac.org/pages/login.aspx]

☐ ACR assigns Final Report to ROPA Committee to make final decision. ACR reviews the data and issues a Final Report. Final report issues email is sent to the Medical Director via ROPA database.
  - Facility reviews the final report noting areas for potential improvement.

☐ If final outcome is PASS:
  - ACR issues a 3-year accreditation certificate and mailing checklist to the attention of the Medical Director.

☐ If final outcome is DEFER:
  - The facility has 90 days to submit corrective action plan.

☐ If final outcome is DENY:
  - The facility has 90 days to submit Corrective Action Plan
  - Facility will receive notification that a Scheduled On-Site Survey (SOS) is required.

accreditationsupport.acr.org | 800-870-0145
**ROPA Application**

- [https://ropa.acr.org/Pages/Login.aspx](https://ropa.acr.org/Pages/Login.aspx)
- Create User (Initial Users)
- Initial or Renew (8 Months prior to expiration)
- **Part 1**
  - Demographics
  - Physician Release Form
- **Part 2**
  - Continuous Project Improvements (CQI)
  - Self-Assessment
  - Survey Agreement
  - Survey Dates
  - Payment *(**$9500** main site and **$3000** satellite sites)*
  - RO and MP PEER (**No charge for VHA**): PQI Project
Logistics

- Site Submits Application
- ACR reviews/accept application
- ROPA Toolkit
- ACR assigns a surveyor team (Radiation Oncologist and Medical Physicist)
- Submit 25 cases (Unique Identifier Number)
  - Breast, Lung, Prostate, Head and Neck and generic
  - Review a minimum of 10 cases
- Agenda
- Site Survey (Onsite or Virtual)
ROPAA Toolkit

- Prepare for site survey
- PEER Review
- Access to data collection forms
Onsite Process

- Single Site Visit is one day
- Meet with Medical Director and key personnel for initial and exit interviews
- Tour the facility and check the physical landscape
- Chart Review

* We ask that facility designate 1 or 2 staff to provide assistance during survey (EMR, login issues, locating charts/plans/images in facility’s records)
During the Survey (cont.)

- Physicist surveyor will interview the Chief Physicist
- Review polices and procedures
- Verify staffing and equipment
- Exit Interview
**What is evaluated during the survey?**

- Radiation Oncology process:
  - Facility Environment
  - Personnel
  - Equipment
  - Quality Assurance & Quality Control program
  - Peer Review
  - Safety
    - Patient
    - Staff
  - Policies and Procedures
Onsite Survey

- Offline Forms (data collecting)
- No need for Internet access
  - Created specifically for VHA
Virtual Site Surveys

- Due to COVID-19
- Microsoft Teams
- Virtual Tour (PowerPoint presentation)
- Screen Sharing
  - Two separate links for chart review
Two Parts to an Onsite Survey

- Medical Components
- Physics Components
The Radiation Oncologist Perspective
**Data Collection Form – Radiation Oncologist**

For review of patient charts onsite

- **History and Physical/Consultation**
  - Staging/Consent form

- **Treatment Section** (External and Brachytherapy)
  - Prescription/dose/treatment volume
  - Treatment technique
  - Imaging

- **Patient Evaluation**
  - On treatment management (weekly)

- **Treatment Summary**
  - Communication with referring physician

- **Follow-up**
  - Plan
Brachytherapy

- Characteristics of procedure (LDR, HDR, seed implants)
- Written directive
- Post-implant dosimetry (timely)
- Safety survey
QA Activities Reviewed

- Departmental policies and procedures
- Formal, documented **CQI program** that includes:
  - Formal, documented physician peer review program
  - Chart rounds, new patient rounds
  - Morbidity & Mortality conferences
  - Internal outcomes/focus studies
  - Patient satisfaction survey
  - Port film/electronic image review
Why are Facilities Deferred clinically?

- Lack of physician peer review
- Lack of weekly on treatment notes
- Inadequately documented H&P, staging, work-up information, follow up information in the chart
- Treatment outside the accepted standard of care
- Inadequate portal imaging policy
- Incomplete prescriptions, prescription not signed prior to first treatment
- **Lack of implementation of prior correction action items (from previous survey)**
- Lack of physician coverage
- **Systemic issues**
The Physicist Perspective
Data Collection Form – Medical Physic

- Chart and Physic Documentation
- Simulation
- Treatment Planning
  - Modalities
Physics Interview

- Instrumentation
- Simulation/Treatment Machine/Quality Assurance
- Treatment Planning (External and Brachytherapy)
- General Quality Assurance
Accreditation Standards (Physics)

- ACR Practice Parameters and Technical Standards
- AAPM Task Group Reports Recommendations (TG 51, 53, 66, 103, 106, 119, 120, 142)
Medical Physicist Charts

Physics Chart Checks:
- Pre-treatment (initial)
- Documentation of weekly physics chart check
- Documentation that physicist checked the chart within 1 week from end of treatment
Medical Physicist Charts

Documentation

- Documentation includes delivered doses to volumes of target and non-target tissues, in the form of dose volume histograms (DVH) and representative cross sectional isodose treatment plans

- Inverse planning performed
Medical Physicist Charts

Documentation (cont.)

- Prior to the start of treatment, accuracy of dose delivery documented by irradiating a phantom containing a calibrated dosimetry system to verify that the dose delivered is the dose planned.
Medical Physicist Review Charts

Treatment Plan/MU Calculation Procedures

- Double check of treatment plans/MU calculations for accuracy prior to patient treatment whenever possible but before the first fraction
Medical Physicist Interview

Physics Quality Management (QM) Program:

This involves equipment and procedures used in radiation treatment to ensure a consistent and safe fulfillment of the dose prescription. This includes:

- Procedures and protocols
- Calibration procedures/constancy checks
Medical Physicist Interview

- Independent calibration/output check of each beam of treatment machine
- Records of treatment planning computer systems acceptance/commissioning and periodic tests
- Procedures for checking integrity of mechanical and electrical patient care devices
- Radiation protection program
- Physicist peer review program (TG 103)
Medical Physicist Interview

- Brachytherapy records including written directive, treatment parameters and safety survey of the patient and the area
Reasons for Deferral (Physics Issues)

- Treatment machine calibration/output within acceptable national standard (AAPM TG 51 and 142)
- Treatment machine daily, monthly, and annual QA records (AAPM TG 51 and 142)
- ADCL calibration of equipment within last 2 years
- Treatment planning system acceptance, commissioning, and periodic testing records
Reasons for Deferral (Physics Issues)

- Lack of QA documentation of 3D conformal, IMRT, SRS, SBRT, Proton treatment plans
- Lack of documentation of dose volume constraints and records of DVHs
- Lack of Imaging QA (Simulator, PET/CT, IGRT, CBCT) (TG 66)
- No physics review of treatment chart (weekly, EOT)
- Brachytherapy documentation of written directive, machine/source/plan QA, total dose, safety survey
Reasons for Deferral (Physics Issues)

- Documentation of training for personnel involved in special procedures (e.g., Protons, SRS, SBRT, TBI, TSI, HDR, LDR)
- No records of violation report/response from NRC/State
- Physics policy and procedures manual
- Independent calibration/output check of treatment machine (TLD’s, RPC, or independent physics peer review)
- Staffing level of physicist/dosimetrist
- Systemic Issues
ACR ROPA Committee

- Bill Small, MD, FACR, FASTRO, FACRO, RO Commission Chair
- Warren Inouye, M.D., ROPA Chair
- Richard Lafontaine, FACR, ROPA Physics Subcommittee Chair
- ACR Staff:
  - Brian Monzon, MBA, RT(T)(R)
  - Melody Blake, MHA, RT(T)(R)
  - Shannon Rexrode DHA, M.Ed., RT(T)
  - Mike Ray, Sr. Accreditation Assistant
- Naomi Schechter, M.D. (Parameters and Standards Representative)-Liaison
- Christopher Pope, M.D., FACR Vice Chair
- Patrick Conway, M.D., FACR
- Mark Sobzcak, M.D., FACR
- John Lee, M.D.
- Jeremy Karlin, M.D.
- Matthew Pacella, MS, FACR
- Tobin Hyman, M.S.
- Lee Ann Zarger, M.S.
- Holly Lincoln, M.S.
- Debbie Schofield, M.S.
Who does what

- The surveyors act as data collectors; **do not** provide any accreditation outcome to the Practice
  - Surveyors make suggestions but does not affect their accreditation
- All data from the application and the survey are compiled and submitted to **the Committee**, who makes the final decision and recommendations regarding accreditation
Final Report and Status of Accreditation
Workflow

Surveyor Team

Reviewer

ACR Staff

Practice
Final Report

- Electronic (PDF form)
- Deficiencies
  - Highlighted after each section
- Recommendations
  - Provided at the end of the final report
Possible Outcomes

- **Full accreditation** for three years with recommendations
- **Deferral**: The practice has 90 days to submit a corrective action plan
- **Denial of accreditation**: The practice must submit corrective action within 90 days, re-apply after 6-9 months and participate in a follow up survey (additional application fees apply)
Overall Timeframe

- **Application (Site)**
  - Initial 1-3 Months
  - Renewal 1 Month

- **Scheduling (ACR)**
  - 1-3 Months

- **Final Report (Committee and ACR)**
  - 1-3 weeks
Testimonial

“The ACR remains committed to helping facilities achieve excellence and looks forward to a great many years of continued service to radiation oncologists nationwide”
—Patrick Conway, MD, FACR, Committee Member of the ACR radiation oncology accreditation committee.

“ACR is the nation’s oldest and most widely accepted accrediting body in radiation oncology. Achieving ACR accreditation allows radiation oncology facilities to demonstrate to their patients, communities, payers and referring physicians that they are committed to providing the highest quality care. The ACR program, and the trust and recognition it has earned, is rock solid,”

— Albert L. Blumberg, MD, FACR, former ACR President.
Questions - Contacts

• Brian Monzon – Program Manager
  bmonzon@acr.org (800) 770-0145 (x6116)

  ▪ Shannon Rexrode – Accreditation Specialist
    srexrode@acr.org (800) 770-0145 (x6824)

• Melody Blake – Accreditation Specialist
  mblake@acr.org (800) 770-0145 (x6231)

• Mike Ray – Sr. Accreditation Assistant
  mray@acr.org (800) 770-0145 (x6867)