



ACR Accreditation Toolkit for Validation Site Surveys (MIPPA)

The ACR will be performing **unannounced** validation site surveys as part of the accreditation process. This checklist is designed to assist you in gathering and maintaining the documentation that is required for accreditation and will be reviewed during the survey. It is recommended you create a binder to keep this information in one place. Facilities will be surveyed with unannounced visits by representatives of the ACR or CMS at any time during the 3-year accreditation period. This checklist can also be used to prepare for a pre-accreditation and/or post-accreditation on-site survey as outlined in the Practice Site Accreditation Survey Agreement.

Table of Contents

Revisions	List of revisions
Tab 1	Site information
Tab 2	Personnel documentation for Physicians
Tab 3	Personnel documentation for Medical Physicists/MR Scientists
Tab 4	Personnel documentation for Technologists
Tab 5	<ul style="list-style-type: none">• Annual Physics Survey/Performance Evaluation Checklist• Tech QC checklist• NRC/State Inspection Report Checklist (if applicable)
Tab 6	Policy and procedures review
Tab 7	Physician peer review program evaluation
Tab 8	Image labeling evaluation
Tab 9	Resources

Revisions

Date	Page Number	Description of Revisions
7/8/13	15,16	Added the MIPPA requirement of patient record retention/retrieval, primary source verification, Office of Inspector General's exclusion list and consumer complaint policies. Also the consumer complaint notice that must be publically available. Added the new CT requirements for the medical physicist annual equipment evaluation and technologist QC
3/25/14	N/A	Removed the decal requirement for each unit and appropriateness/Outcome analysis for CT-guided interventional procedures.
4/30/15	3, 11, 18	Added information for Ultrasound Accreditation and Lung Cancer Screening.
12/10/15	7, 8	Added the checkbox for the XR 29 mandate for CT units and updated MRI Annual Medical Physicist's/MR Scientist's QC Tests that are required testing after July 1, 2016 .
3/18/16	7	Clarification that XR 29 is not an ACR accreditation requirement but must be checked during the site visit per federal regulation requirements.
5/5/16	4,5	Added column for Maintenance of Certification (MOC) and Osteopathic Continuous Certification (OCC) for AOBDR to Physician CME and CU requirements.
6/23/16	6	Added column for Maintenance of Certification (MOC) for the medical physicist.
4/9/18	4, 9, 8, 11, 15, 18, 19, 21, 22	Added MOC for ABIM for the interpreting physicians. Removed ACLS from page 9 and moved it to page 18. Updated the equipment evaluation tests for MR and ultrasound. Deleted notices to be posted for pregnant or potentially pregnant patients. Require documentation that peer review is performed and updated exam labeling for CT, MR.
1/8/19	Numerous	Total revamp – removed many 'recommended' policies, report ID, and streamlined the process. Added XR-29 verification

Tab 1

Facility Information				
Facility Name:				
Facility Address:				
Practice Site ID #:				
Practice Site Supervising Physician: *				
Practice Site Administrator name:*				
Practice Site Administrator email:*				
Accredited Modalities:	Modality	ID #	Modules Accredited In	Contact Person*
	CT			
			Lung CA Screening Y <input type="checkbox"/> N <input type="checkbox"/>	
	MRI			
	Breast MRI			
	NM			
	PET			
	UAP			

*If information is not correct in ACR accreditation database, please update to ensure report and corrective action emails go to the correct persons.

TAB 2

Interpreting Physician Personnel Qualifications Sheet

Make additional copies of this form as needed. Please include copies of each physician's board certification. *(Please refer to the Program Requirements from the links on Tab 9 for a list of the Boards accepted).* Provide **documentation** of **primary source verification**. Also include **documentation** of continuing experience and continuing medical education credits or proof of meeting MOC requirements. Facilities **must** also verify that personnel are not included on the Office of Inspector General's (OIG) exclusion list at <http://oig.hhs.gov/fraud/exclusions.asp>.

Name	Copy of Board Cert/Alternate Pathway	MOC with ABR, ABNM, AOBR or ABIM	Modalities	Continuing Experience		CME	
				Requirements met	Documentation available	Requirements met	Documentation available
	<input type="checkbox"/>	<input type="checkbox"/>	CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Breast MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			NM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			PET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			UAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Breast MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			NM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			PET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			UAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Breast MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			NM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			PET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			UAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TAB 3

Medical Physicist/MR Scientist Personnel Qualifications Sheet

Make additional copies of this form as needed. Please include copies of each medical physicist/MR scientist's board certification (*Please refer to the Program Requirements from the links on Tab 9 for the acceptable alternate pathways to board certification*). Provide **documentation** of **primary source verification**. Also include **documentation** of continuing experience and continuing medical education credits (*there are no qualification for ultrasound*) or proof of meeting MOC requirements. Facilities **must** also verify that personnel are not included on the Office of Inspector General's (OIG) exclusion list at <http://oig.hhs.gov/fraud/exclusions.asp>.

Name	Copy of Board Cert or alternate pathway	Modalities	Continuing Experience		CME	
			Requirements met	Documentation available	Requirements met	Documentation available
	<input type="checkbox"/>	CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Breast MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		NM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		PET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		UAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Breast MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		NM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		PET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		UAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Breast MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		NM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		PET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		UAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Breast MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		NM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		PET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		UAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TAB 4

Technologist Personnel Qualifications Sheet

Make additional copies of this form as needed. Please include copies of each technologist’s state license (if applicable) and/or certification (Please refer to the Program Requirements from the links on Tab 9 for the certifications accepted). Provide **documentation of primary source verification**. Facilities **must** also verify that personnel are not included on the Office of Inspector General’s (OIG) exclusion list at <http://oig.hhs.gov/fraud/exclusions.asp>. If the technologist meets an alternative pathway from the modality program requirements, an attestation or documentation must be signed and available for review.

Name & Certification(s)	Meets ACR Certification Requirements	Copy of Certification(s)	Copy of State License (if applicable)	Copy documented training (if applicable)	Modalities	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CT	<input type="checkbox"/>
					MRI	<input type="checkbox"/>
					Breast MRI	<input type="checkbox"/>
					NM	<input type="checkbox"/>
					PET	<input type="checkbox"/>
					UAP	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CT	<input type="checkbox"/>
					MRI	<input type="checkbox"/>
					Breast MRI	<input type="checkbox"/>
					NM	<input type="checkbox"/>
					PET	<input type="checkbox"/>
					UAP	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CT	<input type="checkbox"/>
					MRI	<input type="checkbox"/>
					Breast MRI	<input type="checkbox"/>
					NM	<input type="checkbox"/>
					PET	<input type="checkbox"/>
					UAP	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CT	<input type="checkbox"/>
					MRI	<input type="checkbox"/>
					Breast MRI	<input type="checkbox"/>
					NM	<input type="checkbox"/>
					PET	<input type="checkbox"/>
					UAP	<input type="checkbox"/>

TAB 5

Annual Physics Survey/Performance Evaluation Checklist

Make additional copies of the pages as needed. Please complete the date of the most recent and the prior Annual Physics Survey/Performance Evaluation. Leave it blank if that modality is not ACR accredited or it was a new unit. Provide a **certificate of XR-29 compliance** for each CT unit.

CT Unit #: _____

<input type="checkbox"/>	Date of Most Recent:	<input type="checkbox"/> Corrective Action Needed
<input type="checkbox"/>	Date of Prior (if applicable):	

Annual Medical Physicist Survey and Technologist's QC Tests

The medical physicist must evaluate the performance of each CT unit at least annually. This evaluation should include, but not be limited to the tests listed below. A continuous QC program must be established for all CT units with the assistance of a qualified medical physicist utilizing the ACR's CT QC Manual. Corrective action documentation must be available for deficient tests.

Annual Medical Physicist's QC Tests	
<ul style="list-style-type: none"> • Review of CT protocols • Scout Prescription accuracy and alignment light accuracy • Image thickness • Table travel accuracy • Radiation beam width • Low-contrast performance 	<ul style="list-style-type: none"> • Spatial resolution • CT number accuracy • Artifact evaluation • Dosimetry • CT number uniformity • Acquisition display calibration (<i>grey level performance</i>)

XR 29 Compliance*

Per federal regulation, XR 29 compliance must be verified as a part of periodic accreditation of CT facilities. ACR surveyors will check to see if a certificate of compliance (or other acceptable documentation) has been uploaded in the database and is available on site for each ACR accredited CT unit.

<input type="checkbox"/>	XR 29 Compliant	<input type="checkbox"/> Certificate of compliance
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* Note: Compliance with XR-29 is not required for accreditation.

TAB 5

Annual Physics Survey/Performance Evaluation Checklist

Make additional copies of the pages as needed. Please complete the date of the most recent and the prior Annual Physics Survey/Performance Evaluation. Leave it blank if that modality is not ACR accredited or it was a new unit.

MR Unit #: _____

<input type="checkbox"/>	Date of Most Recent:	<input type="checkbox"/> Corrective Action Needed
<input type="checkbox"/>	Date of Prior <i>(if applicable)</i> :	

Annual Medical Physicist Survey/Technologist's QC

The following is a list of QC tests that must be included in the Annual Medical Physicist Survey and technologist's QC: Corrective action documentation must be available for deficient tests.

Medical Physicist's/MR Scientist's Annual QC Tests	
<ul style="list-style-type: none"> • Setup and Table Position Accuracy • Center Frequency • Transmitter Gain or Attenuation • Geometric Accuracy Measurements • High-Contrast Spatial Resolution • Low-contrast Detectability • Artifact Evaluation • Film Printer Quality Control (if applicable) • Visual Checklist 	<ul style="list-style-type: none"> • Magnetic Field Homogeneity • Slice Position Accuracy • RF Coil checks RF Coil checks: SNR Volume coil percent image uniformity (PIU) RF Coil checks: Percent Signal Ghosting (PSG) • Soft-Copy Displays (Monitors) • MR Safety Program Assessment • Review of Technologist Weekly QC

TAB 5

Annual Physics Survey/Performance Evaluation Checklist

Make additional copies of the pages as needed. Please complete the date of the most recent and the prior Annual Physics Survey/Performance Evaluation. Leave it blank if that modality is not ACR accredited or it was a new unit.

NM Unit #: _____

<input type="checkbox"/>	Date of Most Recent:	<input type="checkbox"/> Corrective Action Needed
<input type="checkbox"/>	Date of Prior:	

Annual Medical Physicist Report/Technologist’s QC Tests

The following test results must be reviewed by a qualified medical physicist and documented in an annual survey report. Corrective action documentation must be available for deficient tests.

Annual Medical Physicist’s QC Tests	
<ul style="list-style-type: none"> • Intrinsic Uniformity • System Uniformity • Intrinsic or System Spatial Resolution • Sensitivity • Energy Resolution • Count Rate Parameters • Monitor Display • Overall System Performance for SPECT Systems <i>(if performed)</i> • System Interlocks 	<p>Dose Calibrator Tests <i>(If have a dose calibrator)</i></p> <ul style="list-style-type: none"> • Linearity • Accuracy with NIST <p>Thyroid uptake and counting systems <i>(If have a thyroid probe)</i></p>

TAB 5

Annual Physics Survey/Performance Evaluation Checklist

Make additional copies of the pages as needed. Please complete the date of the most recent and the prior Annual Physics Survey/Performance Evaluation. Leave it blank if that modality is not ACR accredited or it was a new unit.

PET Unit #: _____

<input type="checkbox"/>	Date of Most Recent:	<input type="checkbox"/> Corrective Action Needed
<input type="checkbox"/>	Date of Prior:	

Annual Physics Survey

The following test results must be reviewed by a qualified medical physicist and documented in an annual survey report. Corrective action documentation must be available for deficient tests

Annual Medical Physicist's QC Tests

- ACR – Approved Phantom testing
- Dose Calibrator testing
 - Linearity
 - Accuracy with NIST traceable standard

TAB 5

Annual Physics Survey/Performance Evaluation Checklist

Make additional copies of the pages as needed. Please complete the date of the most recent and the prior Annual Physics Survey/Performance Evaluation. Leave it blank if that modality is not ACR accredited or it was a new unit.

UAP Unit #: _____

<input type="checkbox"/>	Date of Most Recent:	<input type="checkbox"/> Corrective Action Needed
<input type="checkbox"/>	Date of Prior:	

Annual Physics Survey

The following test results must be reviewed by a qualified medical physicist or designee. Corrective action documentation must be available for deficient tests

Annual Medical Physicist's or Designee QC Tests
<p><u>Mandatory Tests</u></p> <ul style="list-style-type: none"> • Physical and Mechanical inspection • Image uniformity & artifact survey • System sensitivity • Scanner electronic imaging display performance <p><u>Optional Tests</u></p> <ul style="list-style-type: none"> • Geometric accuracy • Primary interpretation display performance • Contrast resolution • Spatial resolution

TAB 5

Technologist QC Checklist

When surveyed, you will be asked to provide the past three months of QC performed on each unit (or the last performed if the frequency of the test is less than three months). Leave it blank if that modality is not ACR accredited.

CT Quality Control Tests

The continuous QC program must include, but not be limited to the following.

Technologist's QC Tests	
<ul style="list-style-type: none">• Water CT number and SD (daily)• Artifact evaluation (daily)• Wet laser QC (<i>weekly</i>)	<ul style="list-style-type: none">• Visual checklist (<i>monthly</i>)• Dry laser QD (<i>monthly</i>)• Acquisition display QC (<i>monthly</i>)

MR Quality Control Tests

The following is a list of QC tests that must be performed weekly by technologists:

Technologist's QC Tests	
<ul style="list-style-type: none">• Setup and table positioning accuracy• Center frequency• Transmitter gain or attenuation• Geometric accuracy	<ul style="list-style-type: none">• High contrast resolution• Low-contrast detectability• Artifact analysis• Film quality control (<i>if applicable</i>)• Visual checklist

TAB 5

Technologist QC Checklist

NM Quality Control Tests

The following is a list of QC tests and frequencies that must be performed by technologists:

Technologist's QC Tests	
<ul style="list-style-type: none">• Intrinsic or system uniformity (<i>each day of use</i>)• Intrinsic or system spatial resolution (<i>weekly</i>)• Center-of-rotation• High-count floods for uniformity correction for SPECT systems (<i>frequency as recommend by medical physicist</i>)• Overall system performance for SPECT systems (<i>Semi-annual; recommend quarterly</i>)	<ul style="list-style-type: none">• Dose Calibrator Tests (daily, quarterly and semiannual for each dose calibrator)<ul style="list-style-type: none">Daily - Tests are performed to verify that the calibrator is accurate and reliable for the assay of doses administered to patients.Quarterly - A linearity test must be performed to document that accurate readings are provided through the entire range of activities used clinically. Other qualified personnel may do these tests.Semiannual -All non-exempt radionuclide sources must be tested to verify that radioactivity is not leaking from the sources. Other qualified personnel may also do these tests.• Thyroid Uptake and Counting Systems (each day of use, if system at facility)<ul style="list-style-type: none">- Standards are measured to verify energy calibration and sensitivity for the measurement of organ function and the assay of patient samples.

PET Quality Control Tests

The following is a list of QC tests that must be performed by technologists:

Technologist's QC Tests
<ul style="list-style-type: none">• Dose Calibrator testing<ul style="list-style-type: none">- Linearity (<i>quarterly</i>)- Accuracy with NIST traceable standard (<i>annually</i>)

TAB 5

NRC/State Inspection Report Checklist

Please complete the date of the most recent NRC and State Inspection report (if applicable). Attach copies of each report and be sure to include any corrective action documentation if appropriate. Leave it blank if that modality is not ACR accredited.

Nuclear Medicine

<input type="checkbox"/>	Date of Most Recent NRC inspection:	<input type="checkbox"/> Corrective Action Needed
<input type="checkbox"/>	Date of Most Recent state inspection:	<input type="checkbox"/> Corrective Action Needed

PET

<input type="checkbox"/>	Date of Most Recent NRC inspection:	<input type="checkbox"/> Corrective Action Needed
<input type="checkbox"/>	Date of Most Recent state inspection:	<input type="checkbox"/> Corrective Action Needed

TAB 6

Policies and Procedures Checklist

Please have your policy and procedure manual available for the surveyors to review. Please check off all policies or procedures included in your manual and if a policy is not applicable to your site, write NA (not applicable) after the specific policy.

General

Pregnancy

- Identification, management of pregnant, potentially pregnant patients

Patient/Personnel Safety

- Policy related to radiation protection for a patient and personnel
- Procedure for radiation monitoring
- Policy on sedation
- Policy on reducing exposure for pediatric patients (if applicable)
- Policy on disposal of hazardous materials and medications
- Policy on infection control
- Policy on monitoring complications and adverse events
- Policy on confidentiality
- Policy on Consumer Complaints (**required for CMS sites**)
- Complaint Notice Posted (available on our website at <http://www.acr.org/~media/ACR/Documents/Accreditation/PatientNotice.pdf>)
Facilities must make publically available a notification for patients, family members or consumers that they may file a written complaint with the ACR (**required for CMS sites**)
- Policy on Patient Record Retention/Retrieval (facility must have a process in place for all patients to obtain copies of their records and images that is HIPAA compliant. Patients should be made aware of this process at the time of examination or if requested by the patient at a later date) (**required for CMS sites**)

TAB 6

Policies and Procedures Checklist

General continued

Verification of Personnel *(CMS Sites Only)*

- Policy on Licensing Verification (using the primary source for verification)
- Verify that personnel are not included on the Office of Inspector General's (OIG) exclusion list at <http://oig.hhs.gov/fraud/exclusions.asp>.

Contrast Administration per the ACR Manual on Contrast Media

- Policy on administration of IV sedatives, controlled agents and contrast agents
- Policy to document adequate resources to manage contrast reactions and potential adverse events
- Physician on-site when contrast is administered (if contrast administered)

Adherence to ACR Practice Guideline for Communication of Diagnostic Findings

- Communication Policy and system to expedite report delivery that ensures receipt
- Policy shared with others within the institution where the interpreting physicians provide services
- Policy on maintaining a list of findings that constitutes critical test results
- Policy on documenting all preliminary communications
- Policy on communication of findings to self-referred patients *(Mandatory if self-referred patients accepted)*

TAB 6

Policies and Procedures Checklist

CT Policies and Procedures

Pediatric Patients

- Facility tailors CT examinations to minimize exposure to pediatric patients (*if pediatric patients scanned*)
- Specific pediatric examination protocols
- Policies and procedures in accordance with ALARA specific to CT

Lung Cancer Screening Designation

- Report includes management recommendations (Lung-RADS™)
- Procedure for referring the patient to a qualified health care providers if abnormal findings for self-referred patients

MR Policies and Procedures

MRI Safety

- Policy for pediatric patient scanning (*if applicable*)
- Policy on site access restrictions (MR Zones)
- Policy on thermal burns and SAR
- Policy on response of personnel during and after a quench (*deliberate and unplanned*)
- Policy on cryogen safety
- Policy on reporting of MR accidents to FDA via Medwatch Program
- Policy on hearing protection for patients/persons in MR scan room
- Documentation of medical director/MR safety officer's name and responsibilities

Screening

- Screening forms for patients or their representatives
- Policy on screening of visitors or other personnel in MR scan room
- Policy on contrast agent safety (*if contrast administered*)
- Policy on device and object screening

Policies and Procedures Checklist

MR Policies and Procedures continued

Emergency Procedures – Zone II through IV

- Policy on crash cart/location/check
- Policy on how to handle emergencies/codes in Zone IV (*Scanner room*)

MR Education for personnel

- Policy on educating MR staff, non-MR staff and emergency personnel
- Policy on ongoing education

Nuclear Medicine and PET Policies and Procedures

Laboratory Safety

- Laboratory safety manual
- Laboratory safety manual reviewed and updated at least annually by Nuclear Medicine physician and Radiation Safety Officer
- The review date is documented
- If accredited in **cardiology module** for nuclear medicine or PET, at least one staff person is ACLS certified.

Lung Cancer Policies and Procedures

Smoking Cessation

- Mechanism in place to refer patients for smoking cessation counseling or provide smoking cessation materials

Imaging Protocol

- Specific protocols for lung cancer imaging that includes adjusting for patient size

TAB 7

Physician Peer Review Evaluation Checklist

Please have available your policies and procedures for physician peer review. If your site participates in RADPEER™, please provide your RADPEER™ number and documentation of active reviews in prior 6 months.

Peer Review Policy

- Cardiologist only – Cardiac catheterization correlation performed
- BMRAP facility – maintain a medical outcomes audit program

Check below whether your site uses RADPEER™ or an alternative physician peer review program.

RADPEER™

- Participates in RADPEER™ # _____
- Last submitted data to the ACR in previous six months

Alternative Physician Peer Review Program (*any alternative program must include the following*)

- Double reading (2 MDs interpreting the same study) assessment
- Random selection of studies reviewed on a schedule basis
- Exams and procedures representative of the actual clinical practice of each physician
- Reviewer assessment of the agreement of the original report with subsequent review (or with surgical or pathological finding)
- Classification of peer review findings with regard to level of quality concerns? (*e.g.; 3-point scoring scale*)
- Policies and procedures for action to be taken on significant discrepant peer review findings for the purposed of achieving quality outcomes improvement
- Summary statistics and comparisons generated for each physician by modality
- Summary data for each facility/practice by modality
- Documentation that peer review is performed.

TAB 8

Image Labeling Evaluation

The surveyor will review one exam for labeling from each accredited modality at the facility. If exams are on a computer, have someone available to pull up images for the surveyor. The information listed below are required to be displayed on all images.

Patient Demographics for all modalities:

- Patient name (first and last)
- Patient age or date of birth
- Medical record number
- Date/time of examination
- Institution name
- Patient gender

Modality Specific Labeling

CT

- Anatomic orientation label
- mA/kV
- Pitch (*if available*)
- Rotation time
- Reconstructed image thickness (*slice width*)
- Reconstructive filter/kernel
- Display field of view (FOV)
- Table position
- Window level/Window width

TAB 8

Image Labeling Evaluation

Image labeling continued

MRI

- Interslice gap (can be inferred from slice position)
- Slice thickness
- Field of view
- Plan Scan or scout for location of sagittal or axial slices (spine exams)
- Acquired matrix
- Size scale (film only)
- Number that correlates with 'plan scan' or scout identifying the location of each slice
- Laterality, left or right of midline section
- Label that indicates location of slice relative to other slices

Breast MRI

- Laterality, left or right of midline section

Nuclear Medicine

- Image labeling to include orientation and laterality

PET

- Image labeling to include orientation and laterality

Resources

[DMAP Overview Requirements](#)

[Breast MRI Program Requirements](#)

[CT Program Requirements](#)

[MRI Program Requirements](#)

[Nuclear Medicine Program Requirements](#)

[PET Program Requirements](#)

[Ultrasound Program Requirements](#)

[ACR Guidance Document on MR Safe Practices: 2013](#)

[Manual on Contrast Media](#)

[Communication of Diagnostic Imaging Findings](#)

[ACR-SPR Practice Parameter for Imaging Pregnant or Potentially Pregnant Adolescents and Women with Ionizing Radiation](#)

[ACR Position Statement on Quality Control and Improvement, Safety, Infection Control and Patient Education and Improvement](#)

[ACR-SIR Practice Parameter for Sedation/Analgesia](#)

[XR-29 FAQs](#)