



ACR Accreditation Toolkit for Validation Site Surveys

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.

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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.

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 <i>(*Update ACredit)</i>
	CT			
			Lung CA Screening Y <input type="checkbox"/> N <input type="checkbox"/>	
	MRI			
	Breast MRI			
	NM			
	PET			
	UAP			

TAB 2

Interpreting Physician Personnel Qualifications Sheet

Make additional copies of this form as needed. Please include copies of each physician’s current state license and board certification (*Please refer to the Program Requirements from the links on Tab 10 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 State License	Copy of Board Certification	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"/>	<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"/>	<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"/>	<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"/>	<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 10 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 Certification	Copy of Documentation of alternate pathway if not boarded	MOC	Modalities	Continuing Experience		CME	
					Requirements met	Documentation available	Requirements met	Documentation available
<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"/>	<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"/>	<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"/>	<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 10 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 must be signed and available for review. If accredited in the **cardiac MR module**, attach copies of each MR technologist's BCLS certification.

Name & Certification(s)	Meets ACR Certification Requirements	Copy of Certification(s)	Copy of State License (if applicable)	Copy of BCLS/ACLS Certification (if applicable)	Modalities	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> BCLS	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"/> BCLS	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"/> BCLS	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"/> BCLS	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. A **certificate of compliance** must be available 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):	<input type="checkbox"/> Corrective Action Needed

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. The qualified medical physicist should determine the frequency of each test and who should perform it based on the facility and CT usage. Corrective action documentation 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-contract 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 for a certificate of compliance (or other acceptable documentation) 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.

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> :		<input type="checkbox"/> Corrective Action Needed

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 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) • 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.

NM Unit #: _____

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

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 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 • 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.

PET Unit #: _____

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

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 available for deficient tests

Annual Medical Physicist's QC Tests
<ul style="list-style-type: none">• ACR – Approved Phantom testing• Dose Calibrator testing<ul style="list-style-type: none">- 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.

UAP Unit #: _____

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

Annual Physics Survey

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

Annual Medical Physicist's or Designee QC Tests

Mandatory Tests

- Physical and Mechanical inspection
- Image uniformity & artifact survey
- System sensitivity

- Scanner electronic imaging display performance

Optional Tests

- 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. If a Radiation Safety Committee is necessary, the most recent minutes should be available for review.

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
- Consent forms for scanning pregnant patients
- Pregnant personnel

Patient/Personnel Safety

- Policy for available life support equipment (appropriate to patient population)
- Procedure for handling seriously ill or unconscious patients, if applicable
- Policy on sedating patients
- Policy on sedating pediatric patients
- Policy on monitoring sedated patients
- 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>.

Disaster

- Disaster policy (fire and other natural disasters)

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 serious contrast reactions
- Physician on-site when contrast is administered

Orientation Program for Employees

- Documented orientation program
- Document verification of orientation program completion for each employee
- Documented procedures for updates to orientation program

Adherence to ACR Practice Guideline for Communication of Diagnostic Findings

- System to expedite report delivery that ensures receipt
- Is the 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

Policies and Procedures Checklist

CT Policies and Procedures

Pediatric Patients

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

MR Policies and Procedures

MRI Safety

- Policy on unforeseen ferrous objects in MR scan room
- Policy on thermal burns and SAR
- Policy on response of personnel during and after a quench
- Policy on reporting of MR accidents to FDA via Medwatch Program
- Policy on hearing protection for patients/persons in MR scan room
- Policy on visitors in the MR room – Zone IV
- 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 that screens patient's renal status before contrast administration

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
- Is the review 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.

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™ # _____ Average percentage of images reviewed per physician: _____
- Participates in alternative peer review program. Average percentage of images reviewed per physician: _____
- Last submitted data to the ACR in previous six months

Alternative Physician Peer Review Program (*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

Patient Report Evaluation

The surveyor will review one patient report for each modality accredited at the facility. If the patient reports are on a computer, someone must be available to show the surveyor the reports. The following must be included on each patient report.

Demographics that should be included in report

- Patient name and additional identifier such as medical record number or date of birth
- Date of examination noted on reports

Body of Report should include the following

- A findings section that includes specific details

Report Completion

- Report should be signed by the interpreting physician
- Date report is sent
- If electronic or rubberstamp used, is access secured?

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

TAB 9

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

Modality Specific Labeling

CT

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

Breast MRI

- Laterality, left or right of midline section

Image Labeling Evaluation

Modality Specific 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

Nuclear Medicine

- Image labeling to include orientation and laterality
-

PET

- Image labeling to include orientation and laterality
- Technologist's name, initials or other means of identifications

TAB 10

Resources

DMAP Overview Requirements: <https://www.acraccreditation.org/DMAP-Overview>

Breast MRI Program Requirements: <https://www.acraccreditation.org/-/media/ACRAccreditation/Documents/Breast-MRI/Requirements.pdf?la=en>

CT Program Requirements: <https://www.acraccreditation.org/-/media/ACRAccreditation/Documents/CT/Requirements.pdf?la=en>

MRI Program Requirements: <https://www.acraccreditation.org/-/media/ACRAccreditation/Documents/MRI/Requirements.pdf?la=en>

Nuclear Medicine Program Requirements: <https://www.acraccreditation.org/-/media/ACRAccreditation/Documents/NucMed-PET/Nuclear-Medicine-Requirements.pdf?la=en>

PET Program Requirements: <https://www.acraccreditation.org/-/media/ACRAccreditation/Documents/NucMed-PET/PETRequirements.pdf?la=en>

Ultrasound Program Requirements: <https://www.acraccreditation.org/-/media/ACRAccreditation/Documents/Ultrasound/Requirements.pdf?la=en>

ACR Guidance Document on MR Safe Practices: 2013: <http://onlinelibrary.wiley.com/doi/10.1002/jmri.24011/pdf>

Manual on Contrast Media <http://www.acr.org/Quality-Safety/Resources/Contrast-Manual>

ACR Practice Guideline for Communication of Diagnostic Findings: www.acr.org/-/media/ACR/Files/Practice-Parameters/communicationdiag.pdf?la=en

ACR-SPR Practice Guideline for Imaging Pregnant or Potentially Pregnant Adolescents and Women with Ionizing Radiation http://www.acr.org/~/media/ACR/Documents/PGTS/guidelines/Pregnant_Patients.pdf

ACR Position Statement on Quality Control and Improvement, Safety, Infection Control and Patient Education <https://www.acr.org/Advocacy-and-Economics/ACR-Position-Statements/Quality-Control-and-Improvement>

ACR-SIR Practice Guideline for Sedation/Analgesia <https://www.acr.org/-/media/ACR/Files/Practice-Parameters/sed-analgesia.pdf?la=en>