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## Stereotactic Breast Biopsy Accreditation Program Quality Assurance Questionnaire

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*Some questions on the application are asked for survey purposes only in an effort to analyze trends in the practice of stereotactic breast biopsy. Your answers have no impact on the accreditation process. Only check one box per question.*

### PRACTICE DATA

1. Which of the following **best** describes where this practice is located? *check one*

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Hospital  | <input type="checkbox"/> 8 Surgical office                                    |
| <input type="checkbox"/> 2 Radiology private office - multiple modalities                | <input type="checkbox"/> 9 Oncology office                                    |
| <input type="checkbox"/> 3 Freestanding breast center                                    | <input type="checkbox"/> 10 HMO, PPO, etc.                                    |
| <input type="checkbox"/> 4 Comprehensive Cancer Center (NCI designee)                    | <input type="checkbox"/> 11 Mobile unit (unit operated at multiple locations) |
| <input type="checkbox"/> 5 Hospital outpatient center                                    |   |
| <input type="checkbox"/> 6 Ob/Gyn office   | <input type="checkbox"/> 99 Other <i>specify</i> _____                        |
| <input type="checkbox"/> 7 Primary care office (e.g. Family Practice, Internal Medicine) |   |

### POLICIES AND PROCEDURES

*Instructions: Only check one box per question.*

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

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> 1 Less than 5 years | <input type="checkbox"/> 3 6-10 years  | <input type="checkbox"/> 5 over 20 years | <input type="checkbox"/> 7 Lifetime of patient |
| <input type="checkbox"/> 2 5 years           | <input type="checkbox"/> 4 11-20 years | <input type="checkbox"/> 6 Indefinitely  | <input type="checkbox"/> 0 Not applicable      |

2. Are your reporting procedures in compliance with the *ACR Practice Guideline for Communication*?

- |                               |                                |   |
|-------------------------------|--------------------------------|---|
| <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes | <input type="checkbox"/> 0 Not applicable |
|-------------------------------|--------------------------------|---|

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

- |                               |                                |   |
|-------------------------------|--------------------------------|---|
| <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes | <input type="checkbox"/> 0 Not applicable |
|-------------------------------|--------------------------------|---|

4. What is the average time from examination to final report being sent to referring physician?

- |   |  |  |  |   |
|---|--|--|--|---|
| <input type="checkbox"/> 1 Less than 12 hours | <input type="checkbox"/> 2 12-24 hours | <input type="checkbox"/> 3 24-72 hours | <input type="checkbox"/> 4 Greater than 72 hours | <input type="checkbox"/> 0 Not applicable |
|---|--|--|--|---|

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

- |                               |                                |   |
|-------------------------------|--------------------------------|---|
| <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes | <input type="checkbox"/> 0 Not applicable |
|-------------------------------|--------------------------------|---|

6. When patients are being imaged, how often is a physician on site?

- |  |                                   |                                   |  |   |
|--|-----------------------------------|-----------------------------------|--|---|
| <input type="checkbox"/> 1 100-95% of the time | <input type="checkbox"/> 2 94-75% | <input type="checkbox"/> 3 74-50% | <input type="checkbox"/> 4 Less than 49% of the time | <input type="checkbox"/> 0 Not applicable |
|--|-----------------------------------|-----------------------------------|--|---|

7. Do you have a written policy regarding imaging patients during pregnancy?

- |                               |                                |   |
|-------------------------------|--------------------------------|---|
| <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes | <input type="checkbox"/> 0 Not applicable |
|-------------------------------|--------------------------------|---|

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8. 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?
- <sup>1</sup> No                       <sup>2</sup> Yes                       <sup>0</sup> Not applicable
9. 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?
- <sup>1</sup> No                       <sup>2</sup> Yes                       <sup>0</sup> Not applicable
10. 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<sup>1</sup>?
- <sup>1</sup> No                       <sup>2</sup> Yes                       <sup>0</sup> Not applicable
11. 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?
- <sup>1</sup> No                       <sup>2</sup> Yes                       <sup>0</sup> Not applicable
12. Are there policies and procedures to ensure confidentiality of patient-related information?
- <sup>1</sup> No                       <sup>2</sup> Yes                       <sup>0</sup> Not applicable
13. Is there a mechanism for handling patient complaints?
- <sup>1</sup> No                       <sup>2</sup> Yes                       <sup>0</sup> Not applicable
14. Do you have a written policy regarding who may administer intravenous sedatives, controlled agents, and contrast agents at your site?
- Sedatives    <sup>1</sup> No    <sup>2</sup> Yes                      Controlled Agents    <sup>1</sup> No    <sup>2</sup> Yes                      Contrast Agents    <sup>1</sup> No    <sup>2</sup> Yes
- <sup>0</sup> Not applicable
15. When is a pulse oximeter used for IV sedation?
- <sup>1</sup> Never                       <sup>3</sup> Sometimes
- <sup>2</sup> Always                       <sup>4</sup> Not applicable, IV sedated patients are not imaged                       <sup>0</sup> Not applicable
16. Do you have a written policy about how unexpected emergencies (cardiac or respiratory) are handled?
- <sup>1</sup> No                       <sup>2</sup> Yes                       <sup>0</sup> Not applicable
17. Does your QA program include a mechanism for obtaining follow-up on all operated cases?
- <sup>1</sup> No                       <sup>2</sup> Yes                       <sup>0</sup> Not applicable

<sup>1</sup> 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.

**PATIENT VOLUME AND OUTCOME DATA**

1. Indicate the outcome data collected and the period of time this data was collected: *enter a number on each line*

Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_

- a. \_\_\_\_\_ Total number of procedures  
 b. \_\_\_\_\_ Total number of cancers found  
 c. \_\_\_\_\_ Total number of benign lesions  
 d. \_\_\_\_\_ Total number of stereotactic biopsies needing repeat biopsy (open excisional or stereotactic biopsy)

Total Number	Repeat Biopsies	Cancers Found	
_____	_____	_____	Insufficient sample
_____	_____	_____	Non-concordance with imaging
_____	_____	_____	Ductal atypia, radial scar
_____	_____	_____	Other (specify) _____

- e. \_\_\_\_\_ Total number of complications:  
 \_\_\_\_\_ Hematomas requiring surgical attention  
 \_\_\_\_\_ Infections requiring treatment  
 \_\_\_\_\_ Other (specify) \_\_\_\_\_