### Practice Data

1. Which of the following best describes where this practice is located?  
   - Hospital  
   - Radiology private office - multiple modalities  
   - Freestanding breast center  
   - Comprehensive Cancer Center (NCI designee)  
   - Hospital outpatient center  
   - Ob/Gyn office  
   - Primary care office (e.g. Family Practice, Internal Medicine)  
   - Surgical office  
   - Oncology office  
   - HMO, PPO, etc.  
   - Mobile unit (unit operated at multiple locations)  
   - Other specify ________________

### Policies and Procedures

*Instructions: Only check one box per question.*

1. What is your policy for film/image retention?  
   - Less than 5 years  
   - 5 years  
   - 6-10 years  
   - 11-20 years  
   - 6 years  
   - Indefinitely  
   - Lifetime of patient  
   - Not applicable

2. Are your reporting procedures in compliance with the ACR Practice Guideline for Communication?  
   - No  
   - Yes  
   - Not applicable

3. Do you have a policy on report turn around time?  
   - No  
   - Yes  
   - Not applicable

4. What is the average time from examination to final report being sent to referring physician?  
   - Less than 12 hours  
   - 12-24 hours  
   - 24-72 hours  
   - Greater than 72 hours  
   - Not applicable

5. Is there a mechanism for immediate notification of unexpected findings or findings for emergency cases?  
   - No  
   - Yes  
   - Not applicable

6. When patients are being imaged, how often is a physician on site?  
   - 100-95% of the time  
   - 94-75%  
   - 74-50%  
   - Less than 49% of the time  
   - Not applicable

7. Do you have a written policy regarding imaging patients during pregnancy?  
   - No  
   - Yes  
   - Not applicable
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?

- [ ] 1 No  
- [ ] 2 Yes  
- [ ] 0 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?

- [ ] 1 No  
- [ ] 2 Yes  
- [ ] 0 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? 

- [ ] 1 No  
- [ ] 2 Yes  
- [ ] 0 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?

- [ ] 1 No  
- [ ] 2 Yes  
- [ ] 0 Not applicable

12. Are there policies and procedures to ensure confidentiality of patient-related information?

- [ ] 1 No  
- [ ] 2 Yes  
- [ ] 0 Not applicable

13. Is there a mechanism for handling patient complaints?

- [ ] 1 No  
- [ ] 2 Yes  
- [ ] 0 Not applicable

14. Do you have a written policy regarding who may administer intravenous sedatives, controlled agents, and contrast agents at your site?

   - Sedatives  
     - [ ] 1 No  
     - [ ] 2 Yes  
   
   - Controlled Agents  
     - [ ] 1 No  
     - [ ] 2 Yes  
   
   - Contrast Agents  
     - [ ] 1 No  
     - [ ] 2 Yes  

- [ ] 0 Not applicable

15. When is a pulse oximeter used for IV sedation?

- [ ] 1 Never  
- [ ] 2 Always  
- [ ] 3 Sometimes  
- [ ] 4 Not applicable, IV sedated patients are not imaged  
- [ ] 0 Not applicable

16. Do you have a written policy about how unexpected emergencies (cardiac or respiratory) are handled?

- [ ] 1 No  
- [ ] 2 Yes  
- [ ] 0 Not applicable

17. Does your QA program include a mechanism for obtaining follow-up on all operated cases?

- [ ] 1 No  
- [ ] 2 Yes  
- [ ] 0 Not applicable

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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.

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# 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)

<table>
<thead>
<tr>
<th>Total Number</th>
<th>Repeat Biopsies</th>
<th>Cancers Found</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Insufficient sample</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-concordance with imaging</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ductal atypia, radial scar</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other (specify) _______________________________</td>
</tr>
</tbody>
</table>

   **e.** ___________  Total number of complications:

   |              |                |
   |              | Hematomas requiring surgical attention |
   |              | Infections requiring treatment |
   |              | Other (specify) _______________________________ |

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