ACR Ultrasound Accreditation: Requirements and Pitfalls

Presented to:
American Association of Physicists in Medicine

Presented by:
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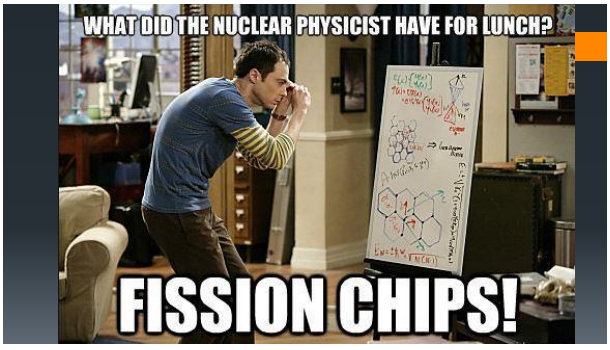
ACR Quality & Safety
August 03, 2016

Disclosures

NONE

Accreditation Update



Objectives

By the end of this presentation:

- Understand the impact accreditation may have on your practice
- Be aware of requirements and updates to the ACR Ultrasound Accreditation program
- Be able to apply for and successfully achieve ACR ultrasound accreditation

WHO ARE WE?

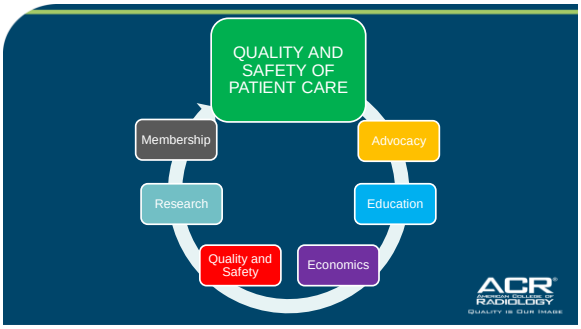
The American College of Radiology, founded in 1924, is a nonprofit professional medical society dedicated to serving patients and society by empowering radiology professionals to advance the practice, science and professions of radiological care.

Core Purpose of the ACR:

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

ACR Core Values

Leadership Integrity Quality Innovation



Advocacy The ACR advocates on behalf of the radiology profession and ACR membership with Congress, federal agencies and state legislative and regulatory bodies.

- **Education** ACR offers a comprehensive array of educational options to best meet your learning needs -- no matter what field of radiology you specialize in.
- **Economics** ACR Economics and Health Policy focuses on issues related to how radiologists and radiation oncologists are reimbursed for their services under the guidance of the Commission on Economics.
- **Quality & Safety** Improving the quality and safety of patient care is a core element of the ACR mission. The College takes a proactive and aggressive approach on key issues impacting radiology.
- **Clinical Research** The ACR produces scientific and health policy research to advance the practice of medical imaging and radiation oncology.
- **Membership** ACR membership offers exclusive services, benefits, and opportunities. Whether you're looking to advance your career, further your education, or sharpen your clinical skills, the ACR is your one-stop resource.

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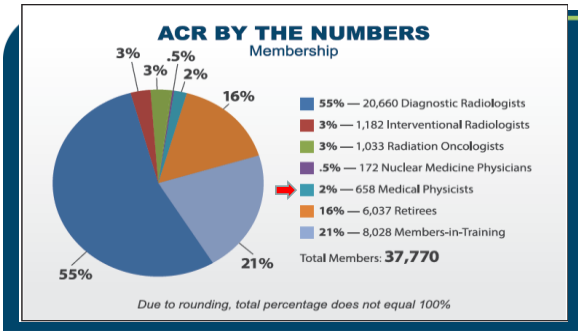


ACR Quality & Safety

- Over 38,000 accredited medical imaging facilities
- Radiology lexicons
- ACR BI-RADS®
- Lung-RADS™
- Practice Parameters and Technical Standards
- ACR Appropriateness Criteria®
- RADPEER™
- Founding member of Image Wisely® & Image Gently®
- Choosing Wisely® participant
- ACR Designated Lung Cancer Screening Center™
- Pay-for-Performance resources
- National Radiology Data Registry
- Lung Cancer Screening Registry
- Dose Index Registry®
- ACR Manual on Contrast Media

What is ACR Accreditation?

- Peer review process developed and monitored by experts
- Concept must be approved by the ACR Council
- Assesses specific parameters for each imaging modality
- Based on ACR Practice Parameters and Technical Standards
- Ongoing review of accreditation program by the committee
- Pilot tested before being launched

ACR Accreditation

- Staff qualifications
- Policies and procedures
- Protocols
- Equipment specifications
- Diagnostic image quality
- Therapeutic treatment quality

Goals of ACR Accreditation

- Set quality standards for imaging practices
- Provide recommendations for improvement
- Help sites improve quality of patient care
- Recognize quality imaging practices

ACR Nationally Recognized Accreditation Programs:

The ACR offers accreditation programs as mandated under the Medicare Improvements for Patients and Providers Act (MIPPA):

- CT
- Nuclear Medicine and PET
- MRI
- Breast MRI

The ACR offers accreditation for modalities mandated under the Mammography Quality Standards Act (MQSA):

- Mammography

ACR's Accreditation History

Since 1987, the ACR has accredited more than 38,000 facilities in 10 different imaging modalities.

- 1986 – Radiation Oncology
- 1987 - Mammography Accreditation
- 1992 – FDA adopts ACR's mammography accreditation program
- **1995 – Ultrasound**
- 1996 – Stereotactic Breast Biopsy
- 1996 – MRI
- 1998 – Breast Ultrasound
- 1999 – Nuclear Medicine
- 2002 – CT, radiography/fluoroscopy, and PET
- 2010 - CMS accepts ACR as accrediting organization for MIPPA Breast MRI program launched

MODALITY	ACCREDITED FACILITIES
MAMMOGRAPHY	8274
MRI	7130
CT	6911
ULTRASOUND	4970
Nuclear Medicine	3566
Breast Ultrasound	2201
PET	1560
Stereotactic Breast Biopsy	1451
Breast MRI	1482
Radiation Oncology	665
Total	38,210

Diagnostic Imaging Center of Excellence (DICOE)

- Provides a comprehensive assessment of the entire medical imaging enterprise including structure and outcomes
- Participation in ACR registries at no cost
- Ongoing process for self-assessment
- Recognition that distinguishes your facility to providers, payers, patients and administrators

DICOE Eligibility:

- ACR accreditation in all modalities provided for which ACR offers accreditation
- Participates in Dose Index Registry® and General Radiology Improvement Database
- Has pledged to Image Gently® and Image Wisely®
- Site survey assessing multiple areas of quality, safety, procedures and personnel by an ACR survey team that includes a radiologist, medical physicist and technologist working with your team members

Areas of Assessment:

- Governance
- Personnel
- Facility organization and management
- Physical environment
- Equipment and IT infrastructure
- Radiation and general safety
- Quality management
- Policies and procedures
- Patient rights
- Medical records

DIAGNOSTIC IMAGING CENTER *of* EXCELLENCE

First International DICOE

Why Seek ACR accreditation?

- Peer-reviewed, educationally focused evaluation of practice
- Expert assessment of image quality
- Validate good practice through peer-review
- May document need for new or dedicated equipment, continuing education or qualified personnel
- Formal review may be used to meet criteria of state government, federal government or third party payers

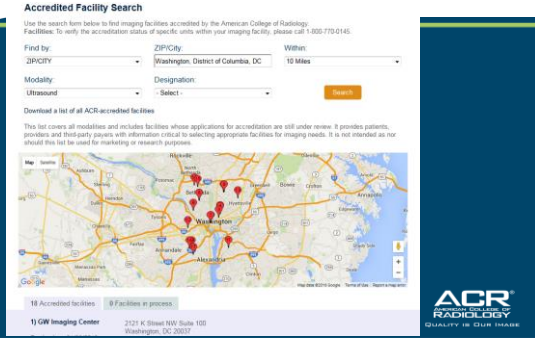
- Self assessment of practice quality
- Marketing tool – set a practice apart from the rest
- Patient confidence
- Better informed patients are seeking high quality care

✓ ---72% of Internet users say they looked online for health information *

✓ ---68% say the information they found influenced their medical decisions

*http://www.pewinternet.org/fact-sheets/health-fact-sheet

Patients can look for accredited facilities on the ACR website



ACR *Practice Parameters and Technical Standards* serve as the foundation for accreditation programs

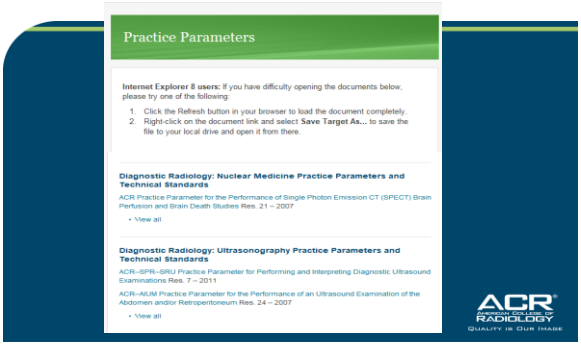
Practice Parameters and Technical Standards

Practice Parameters

- Describe recommended conduct in specific areas of clinical practice.
- Based on analysis of current literature, expert opinion, open forum commentary and formal consensus.
- Not intended to be legal standards of care or conduct, may be modified as determined by individual circumstances and available resources.

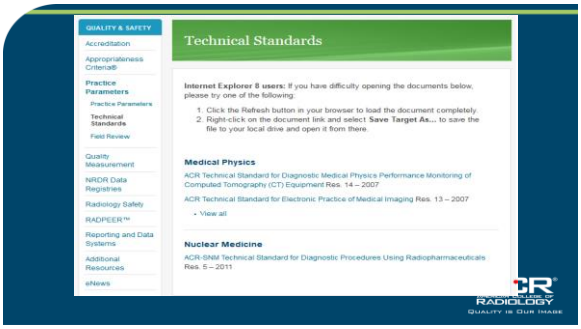
The Practice Parameters have been organized under the headings below. Some documents may be included under multiple headings:

- Documentation and Reporting Practice Parameters
- Practice Parameters by Modality
  - General Diagnostic Radiology
  - Radiography
  - Computed Tomography (CT)
  - Magnetic Resonance Imaging (MRI)
  - Nuclear Medicine
  - Ultrasound
- Practice Parameters by Organ or Body System
  - Abdomen – Gastrointestinal
  - Abdomen – Genitourinary
  - Breast Imaging and Intervention
  - Cardiovascular
  - Chest
  - Musculoskeletal
  - Neuroradiology
- Practice Parameters by Radiology Subspecialty
  - Interventional Radiology
  - Pediatric
  - Radiation Oncology
  - Medical Physics



Technical Standards

- Describe technical procedures or practices that are quantitative or measurable.
- Often include specific recommendations for patient management, equipment specifications or settings.
- Based on analysis of current literature, expert opinion, open forum commentary and formal consensus.
- Intended to set a minimum level of acceptable technical proficiencies and equipment performance, may be modified as determined by individual circumstances and available resources.
  - Medical Physics
  - Nuclear Medicine


QUALITY & SAFETY
Accreditation
Appropriateness Criteria®
Practice Parameters
Practice Parameters
Technical Standards
Field Review
Quality Measurement
NRDR Data Registries
Radiology Safety
RADPEER™
Reporting and Data Systems
Additional Resources
eNews
Technical Standards
Internet Explorer 8 users: If you have difficulty opening the documents below, please try one of the following:
1. Click the Refresh button in your browser to load the document completely.
2. Right-click on the document link and select Save Target As... to save the file to your local drive and open it from there.
Medical Physics
ACR Technical Standard for Diagnostic Medical Physics Performance Monitoring of Computed Tomography (CT) Equipment Res. 14 – 2007
ACR Technical Standard for Electronic Practice of Medical Imaging Res. 13 – 2007
• View all
Nuclear Medicine
ACR-SNM Technical Standard for Diagnostic Procedures Using Radiopharmaceuticals Res. 5 – 2011
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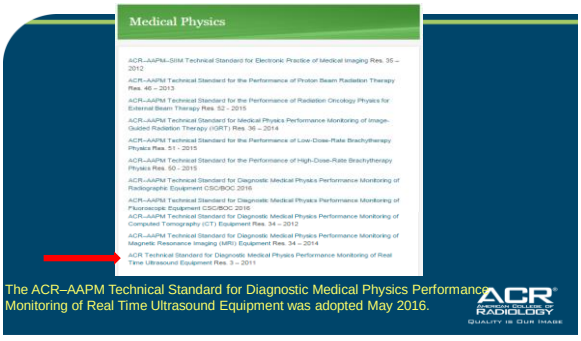
Medical Physics
ACR–AAPM–SIIM Technical Standard for Electronic Practice of Medical Imaging Res. 35 – 2012
ACR–AAPM Technical Standard for the Performance of Proton Beam Radiation Therapy Res. 46 – 2013
ACR–AAPM Technical Standard for the Performance of Radiation Oncology Physics for External Beam Therapy Res. 52 – 2015
ACR–AAPM Technical Standard for Medical Physics Performance Monitoring of Image-Guided Radiation Therapy (IGRT) Res. 36 – 2014
ACR–AAPM Technical Standard for the Performance of Low-Dose-Rate Brachytherapy Physics Res. 51 – 2015
ACR–AAPM Technical Standard for the Performance of High-Dose-Rate Brachytherapy Physics Res. 50 – 2015
ACR–AAPM Technical Standard for Diagnostic Medical Physics Performance Monitoring of Radiographic Equipment CSC/BOC 2016
ACR–AAPM Technical Standard for Diagnostic Medical Physics Performance Monitoring of Fluoroscopic Equipment CSC/BOC 2016
ACR–AAPM Technical Standard for Diagnostic Medical Physics Performance Monitoring of Computed Tomography (CT) Equipment Res. 34 – 2012
ACR–AAPM Technical Standard for Diagnostic Medical Physics Performance Monitoring of Magnetic Resonance Imaging (MRI) Equipment Res. 34 – 2014
ACR Technical Standard for Diagnostic Medical Physics Performance Monitoring of Real Time Ultrasound Equipment Res. 3 – 2011
The ACR–AAPM Technical Standard for Diagnostic Medical Physics Performance Monitoring of Real Time Ultrasound Equipment was adopted May 2016.
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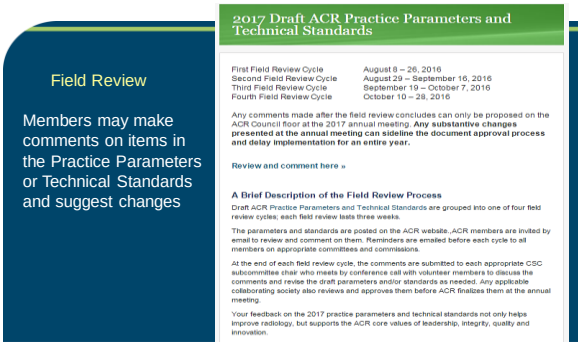
Field Review
Members may make comments on items in the Practice Parameters or Technical Standards and suggest changes
2017 Draft ACR Practice Parameters and Technical Standards
First Field Review Cycle August 8 – 26, 2016
Second Field Review Cycle August 29 – September 16, 2016
Third Field Review Cycle September 19 – October 7, 2016
Fourth Field Review Cycle October 10 – 28, 2016
Any comments made after the field review concludes can only be proposed on the ACR Council floor at the 2017 annual meeting. Any substantive changes presented at the annual meeting can sideline the document approval process and delay implementation for an entire year.
Review and comment here »
A Brief Description of the Field Review Process
Draft ACR Practice Parameters and Technical Standards are grouped into one of four field review cycles; each field review lasts three weeks.
The parameters and standards are posted on the ACR website. ACR members are invited by email to review and comment on them. Reminders are emailed before each cycle to all members on appropriate committees and commissions.
At the end of each field review cycle, the comments are submitted to each appropriate CSC subcommittee chair who meets by conference call with volunteer members to discuss the comments and revise the draft parameters and/or standards as needed. Any applicable collaborating society also reviews and approves them before ACR finalizes them at the annual meeting.
Your feedback on the 2017 practice parameters and technical standards not only helps improve radiology, but supports the ACR core values of leadership, integrity, quality and innovation.

The Technical Standards Being revised for 2017:

- ACR–AAPM Technical Standard for Diagnostic Medical Physics Performance Monitoring of Computed Tomography (CT) Equipment
- ACR–AAPM–SIIM Technical Standard for Electronic Practice of Medical Imaging

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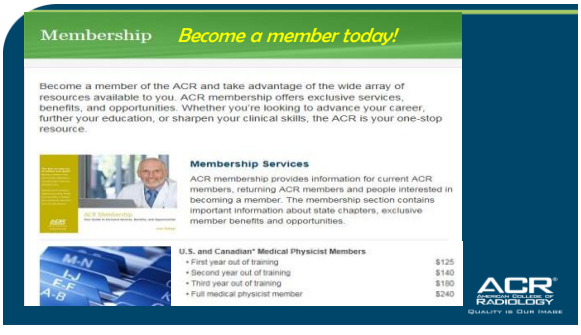


Preparing for ACR Accreditation

Applying for and achieving ACR accreditation is a team process that involves everyone in the facility

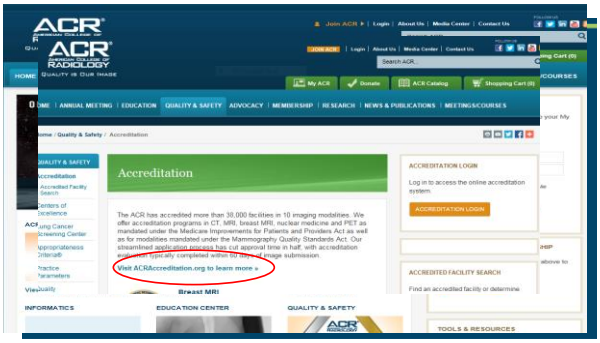
Accreditation Process

- Site applies for accreditation online
- ACR staff processes application and sends Testing Materials
- Site is allowed 45 days to submit testing items
- Once all Testing Materials received, items are sent for review
- Clinical images are reviewed by 2 Radiologists
- Submitted QC is reviewed by ACR staff
- Our streamlined application process has cut approval time in half, with accreditation evaluation typically completed within 30 - 60 days of image submission. Electronic submissions process the quickest.

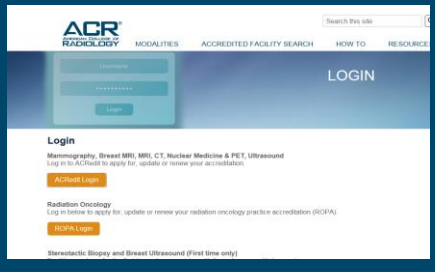
** Ultrasound is location based, not unit based

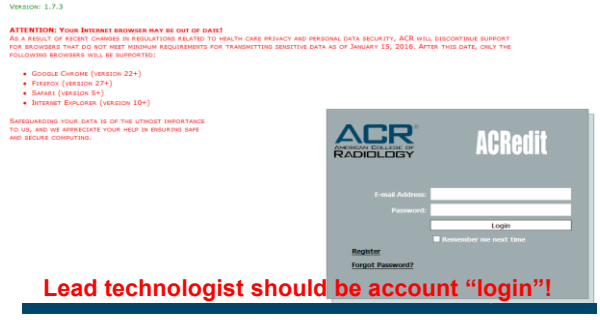
Dedicated Accreditation Webpage

http://www.acraccreditation.org/

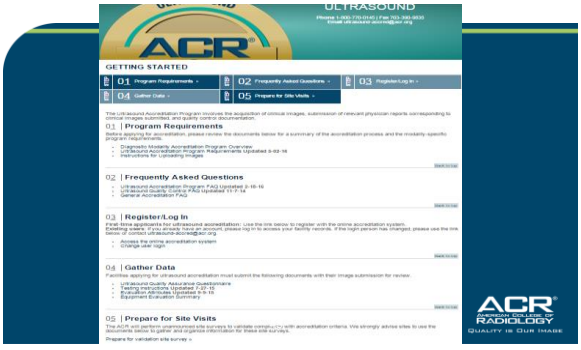


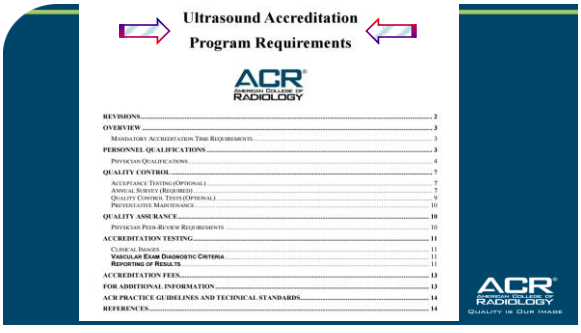
https://acredit.acr.org





Lead technologist should be account "login"!





Sonographer Requirements

Initial:

Registered or registry eligible* -

- American Registry of Diagnostic Medical Sonographers (ARDMS)
- American Registry of Radiologic Technologists, Sonography (ARRT) (S)

*All sonographers should obtain certification within 24 months of eligibility

Breast (BR) credential earned prior to June 30, 2010 will be accepted

Renewal:

All sonographers must be certified and currently registered as RDMS (OB or AB), RT(S), RT (VS), RVT, or RVS.

Initial and Renewal Vascular Accreditation Sites

- RVT (Registered Vascular Technologist) by the ARDMS
- Vascular Sonographer (VS) by the ARRT
- Registered Vascular Specialist (RVS) (also known as RCVT) by Cardiovascular Credentialing International (CCI)

Vascular tech must be on-site during the performance of ROUTINE vascular examinations.

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Ultrasound Accreditation Program Quality Control Requirements

- Eff. June 1, 2014, documentation of QC is required
- Includes acceptance testing, annual survey, routine QC tests, and preventive maintenance
- Initial applications & renewal submissions require annual survey reports
- Maximize the value of QC investment
- Physicist involvement is "strongly recommended"

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Specific tests are required for Annual Survey

- All machines and probes must be tested
- Image Uniformity
- System Sensitivity
- Physical and mechanical inspection
- Display Performance – machine and interpretation

An Ultrasound QC Manual *does not* yet exist

- Specific testing methods are not prescribed (subjective and objective methods are acceptable)
- Use of phantom(s) or test object(s) is required, but no specific vendor or model is given, and custom test objects are acceptable
- *No specific pass/fail performance criteria are prescribed*

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optional

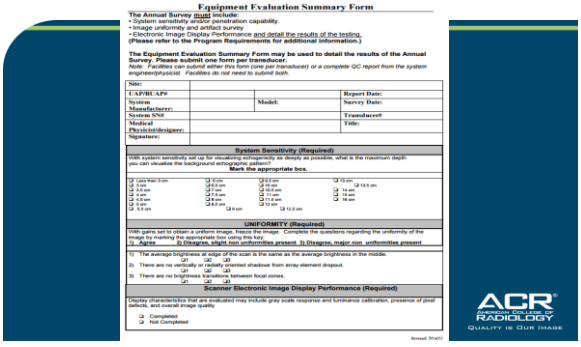
Annual Survey Tests

optional

optional

Annual Survey (System Performance Evaluation)

QC Test	Description
1. Physical and Mechanical Inspection	Assures the mechanical integrity of the equipment, and the safety of patient and operator.
2. Image Uniformity and Artifact Survey	Identifies the presence of artifacts, often axial or lateral streaks in scans of uniform sections of a phantom. The use of "in-air" images (i.e., images acquired without the use of gel or phantom) may also be useful in detecting superficial artifacts.
3. Geometric Accuracy (Optional)	Commonly involves use of the scanner calipers to measure known distances between phantom test targets in the axial and lateral directions and also in the elevational direction for 3D probes. Other tests of geometric accuracy are acceptable, e.g. verifying accuracy of the pixel size calibration in the image header.
4. System Sensitivity	Methods relying on visual determination of the maximum depth of visualization of speckle patterns or phantom targets, and quantitative measurements of signal-to-noise ratio (SNR), have been reported.
5. Ultrasound Scanner Electronic Image Display Performance	Maintaining the performance of the image display is critical for providing the greatest diagnostic benefit of the scanner. Display characteristics that are evaluated may include gray scale response and luminance calibration, presence of pixel defects, and overall image quality. These evaluations are typically performed using specialized test pattern images, and may also require photometric equipment. See ACR Technical Standard for Electronic Practice of Medical Imaging
6. Primary Interpretation Display Performance*	Primary diagnostic displays may be electronic soft-copy displays on a PACS workstation or hard-copy films. They should also include worklist monitors only if used for primary interpretation (other than color analysis). Display characteristics that are evaluated may include gray scale response and luminance calibration, presence of pixel defects, and overall image quality. These evaluations are typically performed using specialized test pattern images, and may also require photometric equipment. See ACR Technical Standard for Electronic Practice of Medical Imaging for additional information on tests and testing methods. (* Only required if located at the facility where ultrasound is performed.)
7. Contrast Resolution (Optional)	The use of both anechoic and low contrast echogenic targets has been suggested, as has the use of 2D cylindrical targets and 3D spherical targets.
8. Spatial Resolution (Optional)	Should be measured in the axial, lateral, and elevational directions. Various approaches have been described for these measurements via visual interpretation of groups of phantom pin/fiber targets and using computer-based algorithms to measure pin dimensions**.
9. Evaluation of QC Program (if applicable)	Provides an independent assessment of the QC program, checks that appropriate actions are taken to correct problems, identifies areas where quality and QC testing may be improved, and enables a comparison of QC practices with those of other ultrasound sites.



Equipment Evaluation Summary Form

The Annual Survey must include:
- System sensitivity and/or penetration capability.
- Image uniformity and artifact survey
- Electronic Image Display Performance and detail the results of the testing.

(Please refer to the Program Requirements for additional information.)

The Equipment Evaluation Summary Form may be used to detail the results of the Annual Survey. Please submit one form per transducer.
Note: Facilities can submit either this form (one per transducer) or a complete QC report from the system engineer/physicist. Facilities do not need to submit both.

Site:			
U/AP/BU/AP#			**Report Date:**
System Manufacturer:		**Model:**	**Survey Date:**
System SN#			**Transducer#**
Medical Physicist/designee: Signature:			**Title:**

System Sensitivity (Required)

With system sensitivity set up for visualizing echogenicity as deeply as possible, what is the maximum depth you can visualize the background echographic pattern?
Mark the appropriate box.

☐ Less than 3 cm ☐ 3 cm ☐ 3.5 cm ☐ 4 cm ☐ 4.5 cm ☐ 5 cm ☐ 5.5 cm
☐ 6 cm ☐ 6.5 cm ☐ 7 cm ☐ 7.5 cm ☐ 8 cm ☐ 8.5 cm ☐ 9 cm
☐ 9.5 cm ☐ 10 cm ☐ 10.5 cm ☐ 11 cm ☐ 11.5 cm ☐ 12 cm ☐ 12.5 cm
☐ 13 cm ☐ 13.5 cm ☐ 14 cm ☐ 15 cm ☐ 16 cm

UNIFORMITY (Required)

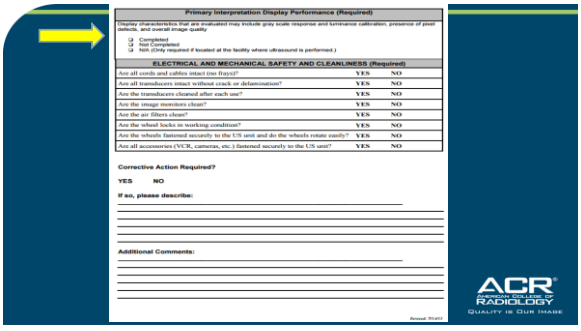
With gains set to obtain a uniform image, freeze the image. Complete the questions regarding the uniformity of the image by marking the appropriate box using this key:
A) Agree B) Disagree, slight non uniformities present C) Disagree, major non uniformities present

1) a) The average brightness at edge of the scan is the same as the average brightness in the middle. ☐A ☐B ☐C
b) There are no vertically or radially oriented shadows from array element dropout. ☐A ☐B ☐C
c) There are no brightness transitions between focal zones. ☐A ☐B ☐C

Scanner Electronic Image Display Performance (Required)

Display characteristics that are evaluated may include gray scale response and luminance calibration, presence of pixel defects, and overall image quality

☐ Completed
☐ Not Completed



Primary Interpretation Display Performance (Required)

Display characteristics that are evaluated may include gray scale response and luminance calibration, presence of pixel defects, and overall image quality

☐ Completed
☐ Not Completed
☐ N/A (Only required if located at the facility where ultrasound is performed.)

ELECTRICAL AND MECHANICAL SAFETY AND CLEANLINESS (Required)

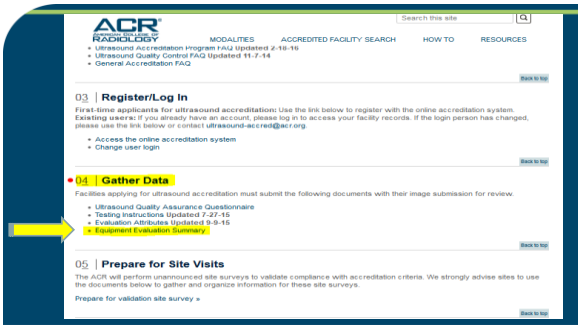
Are all cords and cables intact (no frays)?	YES	NO
Are all transducers intact without crack or delamination?	YES	NO
Are the transducers cleaned after each use?	YES	NO
Are the image monitors clean?	YES	NO
Are the air filters clean?	YES	NO
Are the wheel locks in working condition?	YES	NO
Are the wheels fastened securely to the US unit and do the wheels rotate easily?	YES	NO
Are all accessories (VCR, cameras, etc.) fastened securely to the US unit?	YES	NO

Corrective Action Required?

YES NO

If so, please describe:

Additional Comments:



- Ultrasound Accreditation Program FAQ Updated 2-18-16
- Ultrasound Quality Control FAQ Updated 11-7-14
- General Accreditation FAQ

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03 | **Register/Log In**

First-time applicants for ultrasound accreditation: Use the link below to register with the online accreditation system.
Existing users: If you already have an account, please log in to access your facility records. If the login person has changed, please use the link below or contact ultrasound-accred@acr.org.

- Access the online accreditation system
- Change user login

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04 | **Gather Data**

Facilities applying for ultrasound accreditation must submit the following documents with their image submission for review.

- Ultrasound Quality Assurance Questionnaire
- Testing Instructions Updated 7-27-15
- Evaluation Attributes Updated 9-9-15
- Equipment Evaluation Summary

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05 | **Prepare for Site Visits**

The ACR will perform unannounced site surveys to validate compliance with accreditation criteria. We strongly advise sites to use the documents below to gather and organize information for these site surveys.

Prepare for validation site survey »

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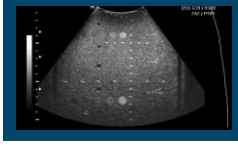
Routine QC program

- A continuous QC program is essential to assure the proper functioning of all ultrasound equipment and to identify problems before the diagnostic utility of the equipment is significantly impacted
- All machines and transducers in routine clinical use should be tested semiannually

Routine QC Program

Typically performed by:

- Equipment service engineer
- Appropriately trained sonographer
- Biomed



Routine QC tests

Likely performed by sonographer(s) in the clinical practice twice per year (quarterly testing is recommended)

Routine QC

	QC Test	Description	Minimum Frequency
1.	Physical and Mechanical Inspection	Assures the mechanical integrity of the equipment, and the safety of patient and operator.	Semiannually
2.	Image Uniformity and Artifact Survey	Identifies the presence of artifacts, often axial or lateral streaks in scans of uniform sections of a phantom. The use of "in-air" images (i.e., images acquired without the use of gel or phantom) may also be useful in detecting superficial artifacts. All transducer ports on each scanner should be tested using at least 1 transducer.	Semiannually
3.	Geometric Accuracy (mechanically scanned transducers only)	Commonly involves use of the scanner calipers to measure known distances between test targets. Measurement is required only in the mechanically scanned directions.	Semiannually
4.	Ultrasound Scanner Electronic Image Display Performance	Maintaining the performance of the image display is critical for providing the greatest diagnostic benefit of the scanner. They should also include worklist monitors only if used for primary interpretation (other than color analysis). Display characteristics that are evaluated may include gray scale response, presence of pixel defects, and overall image quality. These evaluations are typically performed using specialized test pattern images. See ACR Technical Standard for Electronic Practice of Medical Imaging for additional information on tests and testing methods.	Semiannually

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Ultrasound Evaluation Attributes

Outlines accreditation image requirements

GENERAL ULTRASOUND EXAMINATIONS
Complete Upper Abdominal Exam

- Liver
  - Complete visualization of liver
  - Tissue texture
  - Vascular/ductal anatomy
- Gall Bladder and Biliary Duct
  - Complete visualization of gall bladder in multiple vi
  - Size of extra hepatic duct
- Pancreas
  - Complete visualization of pancreatic bed in multiple
  - Tissue texture
- Spleen
  - Complete visualization of splenic bed & region in m
  - Tissue texture
- Kidneys
  - Representative views
  - Renal length
- Doppler US utilized when appropriate

GYNECOLOGICAL ULTRASOUND EXAMINATIONS
Female Pelvis Exam

- Uterus
  - Size, shape, orientation
  - Endometrium
  - Myometrium
  - Cervix/vagina
- Adnexa
  - Ovaries: Size & shape
  - Ovary tissue texture
- Cul-de-Sac

***For GYN Module, at least one exam must be an endovaginal exam.**

Small Parts

Scrotum	Thyroid/Parathyroid
• Complete evaluation of testis • Tissue texture • Epididymis evaluation & other perititesticular structures • Doppler when indicated	• Complete evaluation in multiple views • Tissue texture

http://www.acr.org/~/media/ACR/Documents/Accreditation/US/EvaluationAttri

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Submission of Images

UPLOAD

- Electronic *Recommended*
  Three choices to upload images!
  1. Web client – choose images
  2. Windows client – choose folders
  3. Windows client – connect to your PACS
- CD
- Film

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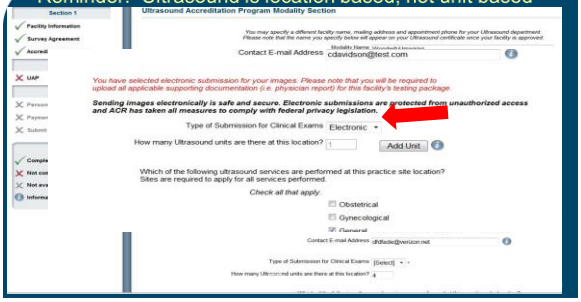
Reminder: Ultrasound is location based, not unit based



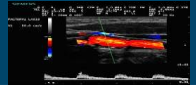
Benefits of Electronic Submission

- Secured server, files encrypted
- Mitigates the risk of losing images
- Reduces errors in incorrect submission format
- Cuts costs associated with burning and shipping CDs or films
- Reduces delays in shipping items between facilities, ACR and reviewers
- Reduces turnaround time
- Ensures compliance with HIPAA regulations throughout the process

Exam Submission - Clinical Images Only

Modules:

- Obstetrical
  - 1st, 2nd, 3rd, or any combination of trimesters
- Gynecological
- General
- Pediatric
- Vascular
  - Peripheral
  - Cerebrovascular
  - Abdominal
  - Deep Abdominal



Ultrasound Submission Review:
Review Sheet Attributes

A. Report Identification
B. Exam Identification
C. Image Quality
D. Anatomic Coverage
E. Additional Recommendations
F. Additional Comments

Ultrasound Scoring

5 – Excellent
4 – Good
3 – Satisfactory
2 – Marginal
1 – Poor

Accreditation Outcome

- Determined by radiologist reviewers
- Scoring based on ACR Practice Parameters
- Each category must pass for site to be accredited
- Final report issued to site
- Certificate and Media Kit are issued upon approval
- Accreditation is granted for three years

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If the site does not pass the first time:

- **Repeat**
  - ✓Site retests the deficient area(s)
- **Appeal**
  - ✓Site appeals the final outcome
  - ✓The original images are reviewed by a senior reviewer not involved with the first review
- **Withdraw**
  - ✓ Site withdraws the section from accreditation process

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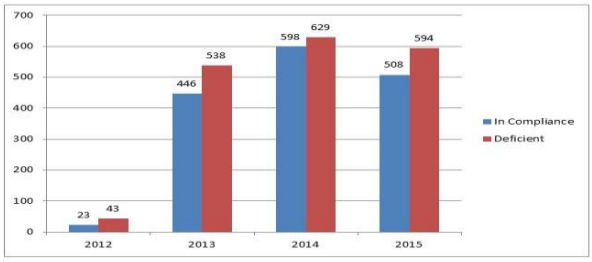
If the site does not pass the second time:

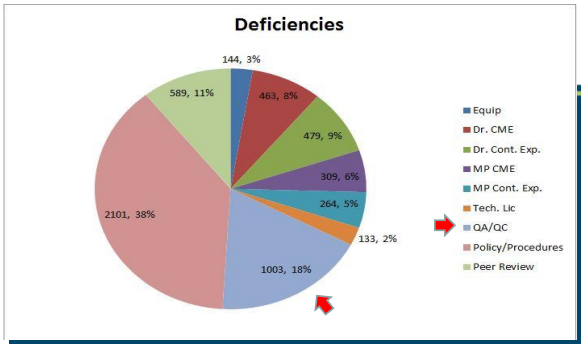
- **Reinstate with Corrective Action Plan**
  - ✓Site will submit a corrective action plan that ACR staff technologist must approve prior to image submission
  - ✓All testing to be resubmitted
- **Appeal**
- **Withdraw**

Compliance Monitoring After Accreditation Granted

- Random On-Site Surveys
- Validation Site Surveys
- Targeted Film Checks

VSS Outcomes *(Through 2015)*

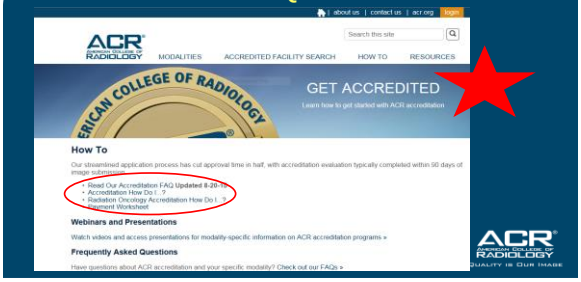




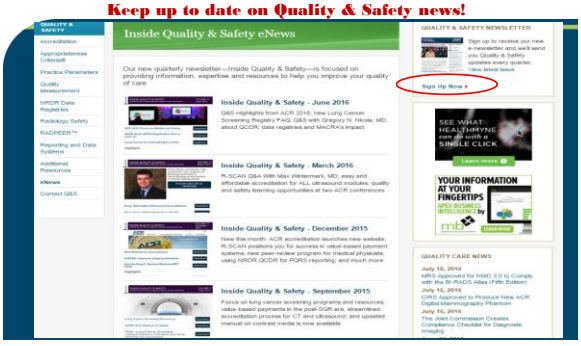
Common Pitfalls in Ultrasound Accreditation

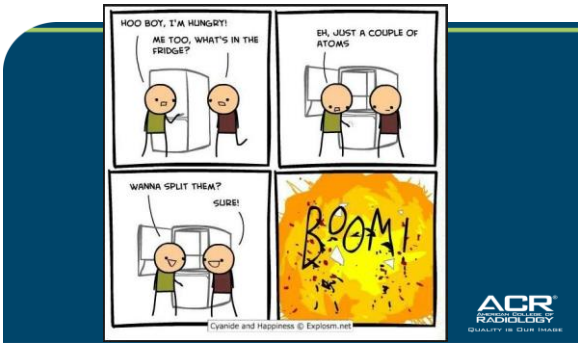
- Failure to review required attributes/testing instructions
- Incomplete Annual Survey report
- Failure to perform annual QC
- Lack of credentialed personnel
- Failure to send complete set of clinical images
- Submitting tech worksheets in place of physician reports
- Failure to submit diagnostic criteria for vascular exams

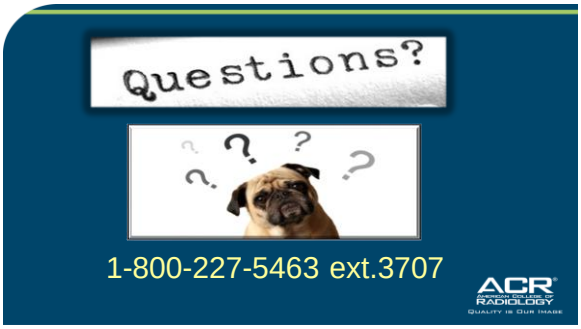
Accreditation Questions????



Keep up to date on Quality & Safety news!






Questions?
1-800-227-5463 ext.3707
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Thank You!
Lake Thoreau Reston, VA