ACR Radiation Oncology Practice Accreditation (ROPA)

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BACKGROUND

• Historically
  • ACR was founded in 1923
    – ROPA was established 1986
      • > 30 year track record
    – Extension of Patterns of Care Studies
    – Sponsored
      • NCI
      • ACR

WHO IS ACCREDITED?

• As of July 24, 2018
  – 708 Facilities are Accredited
  – 37 Facilities are under Review
    • “Under Review”
      – Deferred/submitting corrective action
      – Site visit has not yet been completed
      – Final report unwritten

ACR nationally recognized accreditation programs

ACR ROPA is 1 of 11 Accrediting programs
ACR ROPA is a voluntary process and ACR has recommended to Legislators mandatory accreditation of all facilities

ROPA Program Growth 2006 – 2016

This talk provides you information on the ACR Radiation Oncology Practice Accreditation Program (ROPA) and how you prepare for the site survey.
ROPA in the United States

Why is Accreditation Important?

- Evidence of Quality
- Learning Process
- Commitment
- In the Public
- Recognition by Peers

What is Accreditation?

- Radiation Oncology process that evaluates:
  - Facility Environment
  - Personnel
  - Equipment
  - QA & QC
  - Peer Review
  - Safety
    - Patient
    - Staff
  - Policies and Procedures
ACR Radiation Oncology Practice Accreditation Program

• New applications
  – Provide available dates 3 months after submitting application
  – Final Report provided an average 4-6 weeks

• Renewals
  – Begin application 9 months to a year
  – Submit 3-6 months before accreditation expires

Two Parts to an On-site Survey

• Medical Components
• Physics Components

WHAT IS INVOLVED IN A SURVEY?

On-site Process

• Single Site Visit is one day
• Radiation Oncologist/Radiation Oncology Physicist
  – Radiation Therapist (as needed)
• Meet with Medical Director and key personnel for initial and exit interviews
• Tour the facility and check the physical landscape
• Review 10 selected charts and enter information, notes on electronic data collection form
  * We ask that facility designate 1 or 2 staff to provide assistance during survey (EMR, login issues, locating charts/plans/images in facility’s records)

During the Survey

• Physicist surveyor will interview the Chief Physicist
• Review policies and procedures
• Verify staffing and equipment
Physicist Interview Forms

- Instrumentation
- Simulation/Treatment Machine/Quality Assurance
- Treatment Planning (External and Brachy)
- General Quality Assurance
- Chart and Physics Documentation
  - Policy and Procedures Documentation
  - QA and CQI Documents
- Modalities
  - IMRT
  - SBRT
  - SRS
  - Proton
  - LDR
  - HDR
  - Seed Implant

Issues & Resolutions

- Prescription incomplete (EBRT & Brachy)
- Treatment planning QA
- CT simulator QA
- IMRT patient-specific QA constraints
- Periodic checks for patient setup equipment
- Barometer/thermometer calibration
- P&P annual review not updated
- Missing signatures on SRS/SBRT, QA, etc.
- Weeklies/EOT missing or > 7 days
- KV/MV iso coincidence check
- Physics peer-to-peer review or external audit
- Daily morning check for one angle of EDW (TG-142)
In summary, ACR accreditation demonstrates commitment on the facility to meeting the highest standards in the field of radiation oncology.

- Program requirements:
  - Radiation Oncology Parameters
  - Medical Physics Technical Standards
  - https://ropa.acr.org

- Contacts:
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ACR ROPA Committee

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