

BACKGROUND

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

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ACR nationally recognized accreditation programs



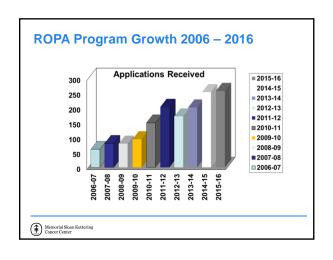
ACR ROPA is 1 of 11 Accrediting programs ACR ROPA is a voluntary process and ACR has recommended to Legislators mandatory accreditation of all facilities

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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

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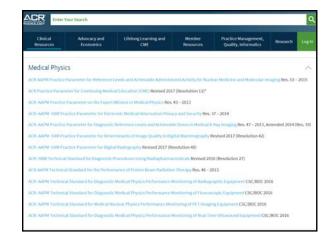




What is Accreditation?

- 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

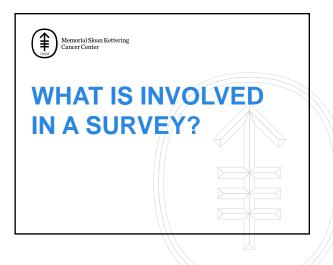
- · New applications
 - Provide available dates 3 months after submitting application
 - Final Report provided an average 4-6 weeks
- Renewals
 - Begin application 9 months to a year
 - Submit 3-6 months before accreditation expires



Two Parts to an On-site Survey

- Medical Components
- Physics Components

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On-site Process

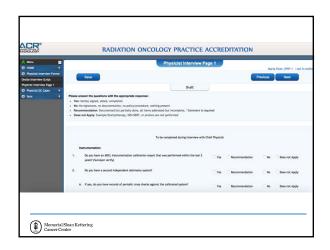
- · Single Site Visit is one day
- Radiation Oncologist/Radiation Oncology Physicist
 - Radiation Therapist (as needed)
- Meet with Medical Director and key personnel for initial and exit interviews.
- Tour the facility and check the physical landscape
- Review 10 selected charts and enter information, 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)

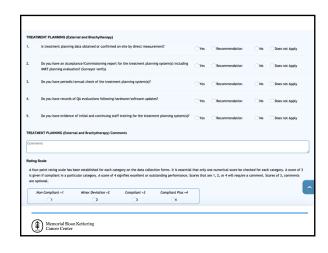
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During the Survey

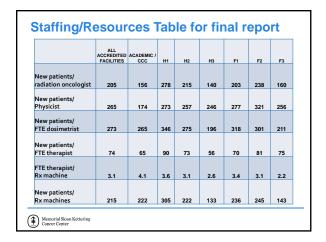
- · Physicist surveyor will interview the Chief Physicist
- Review polices and procedures
- Verify staffing and equipment

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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 Memorial Sloan Kettering Cancer Center

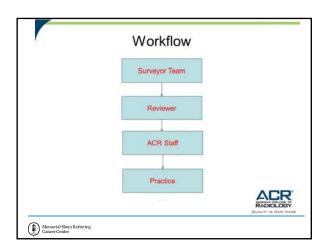




Prescription incomplete (EBRT & Brachy) Treatment planning QA CT simulator QA IMRT patient-specific QA constraints Periodic checks for patient setup equipment Barometer/thermometer calibration P&P annual review not updated Missing signatures on SRS/SBRT, QA, etc. Weeklies/EOT missing or > 7 days KV/MV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

Common Issues Found

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ACR ROPA Committee

- Christopher Pope, M.D., ROPA Chair
- Seth Rosenthal, MD, FACR, RO Commission Chair
- Matthew Pacella, M.S., FACR ROPA Physics Subcommittee
- ACR Staff:
 - Brian Monzon, MBA, RT(T)(R)
 - Melody Blake, BS, RT (R)(T)
 - Shannon Rexrode M.Ed., RT(T)
 - Mike Ray, ACR Associate

- Alan Hartford, M.D., FACR (Guidelines and Standards Representative)-Liaison
- Shannon Fogh, M.D.
- Michael Haas, M.D.
- Michael Seider, M.D., Ph.D.,
- Rena Zimmerman, M.D.
- Join Y. Luh. M.D.
- Indra Das, Ph.D., FACR
- Tariq Mian, Ph.D., FACR
- · Jennifer Johnson, M.S., M.B.A.
- Debbie Schofield, M.S.
- Niko Papanikolaou, Ph.D.



