



QUALITY IS OUR IMAGE

How changes can happen in ACR Accreditation

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Disclosures

- None
 - except



Objectives

- Explain bigger picture: How ACR works
- Use patient journey as frame of reference
- Explain what ACR Q&S does
- Share the keys to change in ACR

- Reframe

“Word association”

If this society

Think this

ACR Core Purpose

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

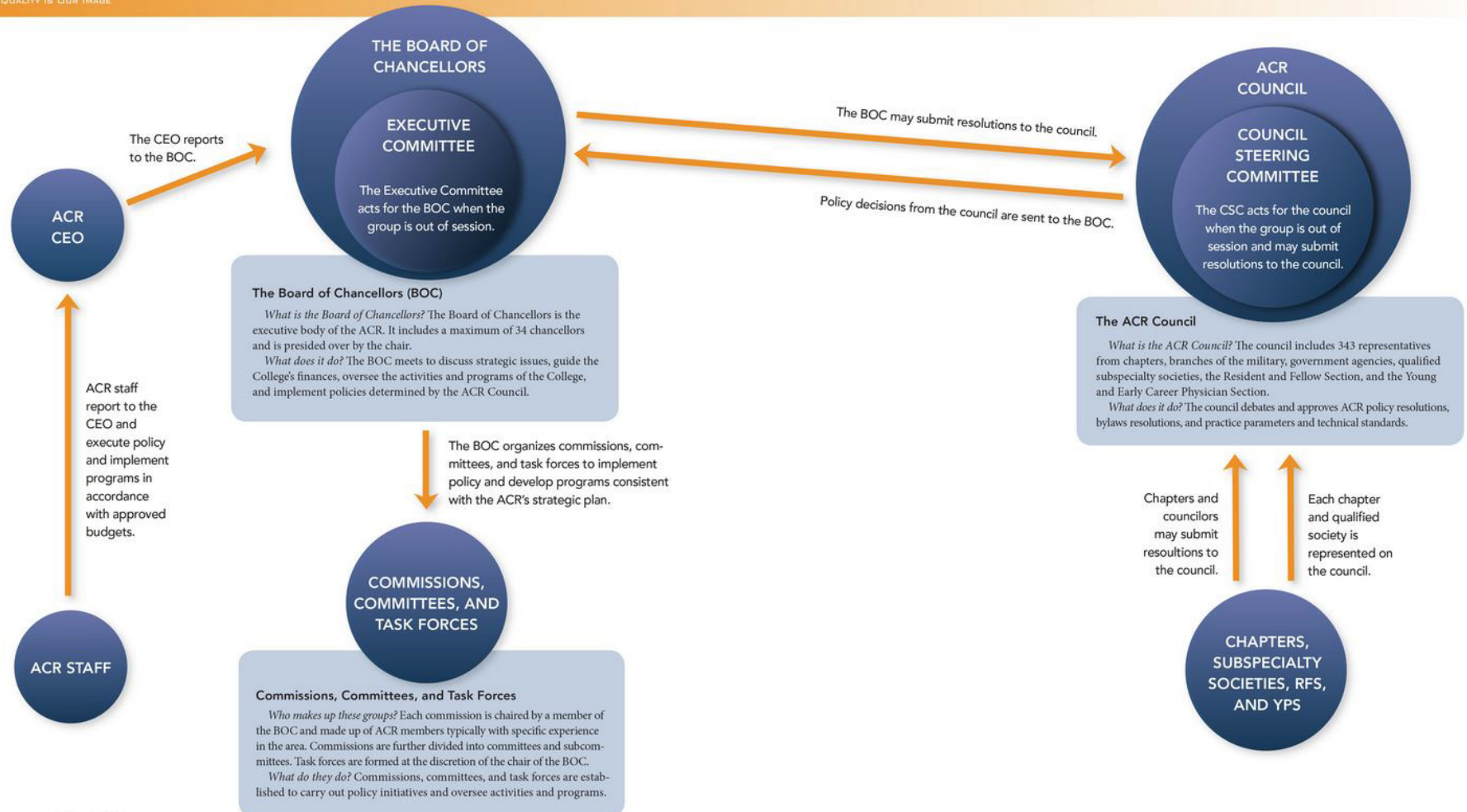
How Does the ACR Work?

With so many initiatives going on at once, the College needs a well-defined, streamlined structure that is well representative of its diverse constituency. But who does what, how do the different parts of the ACR fit together, and how are you represented in this structure?



How Does the ACR Work?

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ACR Chapters

- 50 states
- DC
- Puerto Rico
- CARROS
- Canada

Pre-Council caucuses

- Chapters
- States
- Specialties
- Geographic regions



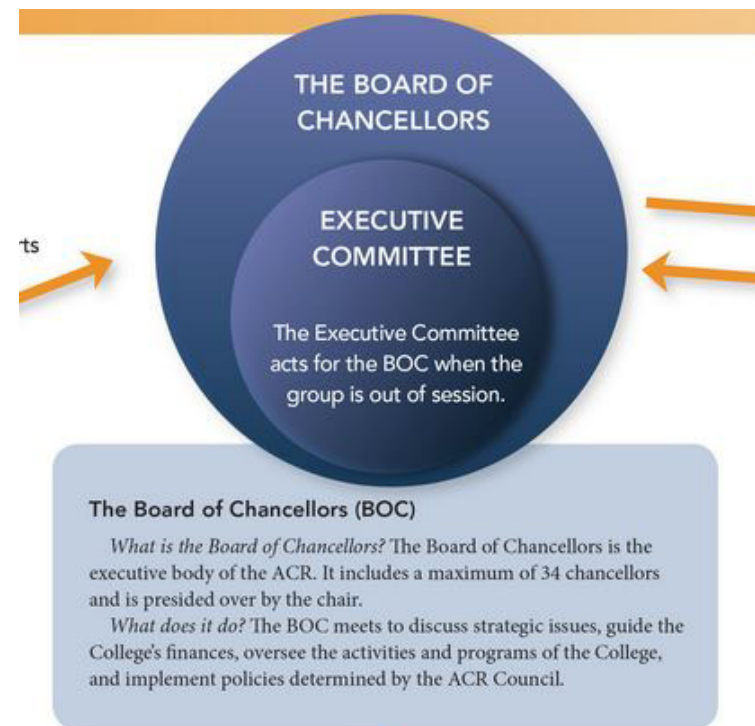
The ACR Council

What is the ACR Council? The council includes 343 representatives from chapters, branches of the military, government agencies, qualified subspecialty societies, the Resident and Fellow Section, and the Young and Early Career Physician Section.

What does it do? The council debates and approves ACR policy resolutions, bylaws resolutions, and practice parameters and technical standards.

ACR Board of Chancellors

- Max. 34 members
- Execute Council policy
- Oversight of programs
- Oversight of finances
- How does one end up on the BOC?



ACR Commissions

Operational

- Day-to-day
- Tend to align with HQ departments

Specialty

- Specific areas of concern

Specialty Commissions

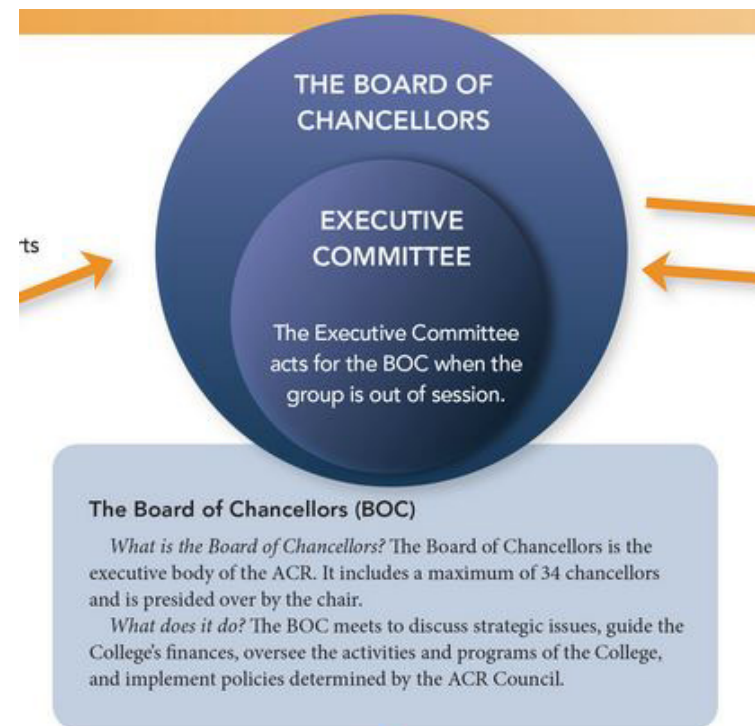
- Commission on Body Imaging
- Commission on Breast Imaging
- Commission on General, Small, Emergency and/or Rural Practice
- Commission on Interventional & Cardiovascular Imaging
- Commission on Medical Physics
- Commission on Neuroradiology
- Commission on Nuclear Medicine and Molecular Imaging
- Commission on Pediatric Radiology
- Commission on Radiation Oncology
- Commission on Ultrasound

Operational Commissions

- Commission on Economics
- Commission on Government Relations
- Commission on Human Resources
- Commission on Informatics
- Commission on International Relations
- Commission on Leadership and Practice Development
- Commission on Membership and Communications
- Commission on Patient- and Family-Centered Care
- Commission on Publications and Lifelong Learning
- Commission on Quality and Safety
- Commission on Research
- Commission for Women and Diversity

ACR Board of Chancellors

- Commission Chairs
- At Large
- YPS
- Leadership



Commission on Quality & Safety
and
Department of Quality & Safety

Meet the Physician



David B. Larson, MD, MBA, Professor of Pediatric Radiology in the Department of Radiology at Stanford University, currently serves as the Department's Vice Chair for Education and Clinical Operations. He is a national thought leader in radiology quality improvement and patient safety and a regular speaker regarding topics ranging from pediatric CT radiation dose optimization to radiologist peer review.

“Quality is about delivering consistent excellence.”

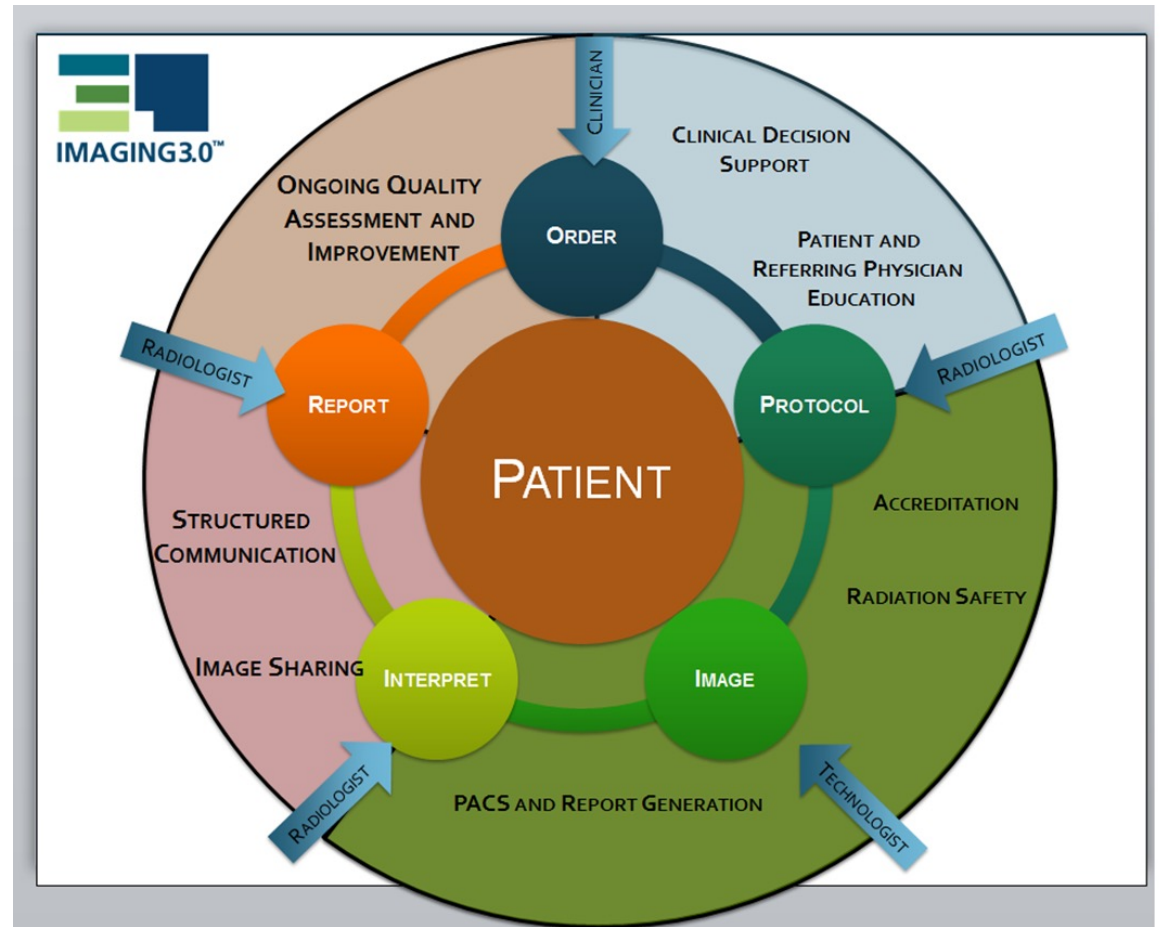
“Continuous improvement is the dedication to the proposition that we can always become better.”

[From the Quality and Safety Newsletter.](#)

Overarching goal

Enable radiology professionals to use appropriate tools to improve the outcomes and experience of our patients, and to manage population health.

Patient journey



Quality and Safety develop tools to support every aspect of a patient journey through radiology.

Is an imaging exam necessary? If yes, which one?

[ACR Appropriateness Criteria](#)
(with [Patient friendly summaries](#))

Is the imaging being performed safely and well?

[ACR Practice Parameters and Technical Standards](#)

[ACR Accreditation](#)
(with patient focused resources)

Does the radiologist have access to the best evidence when interpreting this study?

[Reporting and Data Systems \(RADS\)](#)

[Managing Incidental Findings](#)

These tools support the radiologist in delivering excellent care.

Did the patient come in with the right order?

[ACR Appropriateness Criteria](#)

[Clinical Decision Support](#)

Did the imaging team follow to acquire the image safely and well ?

[ACR Accreditation](#)

[Contrast Manual](#)

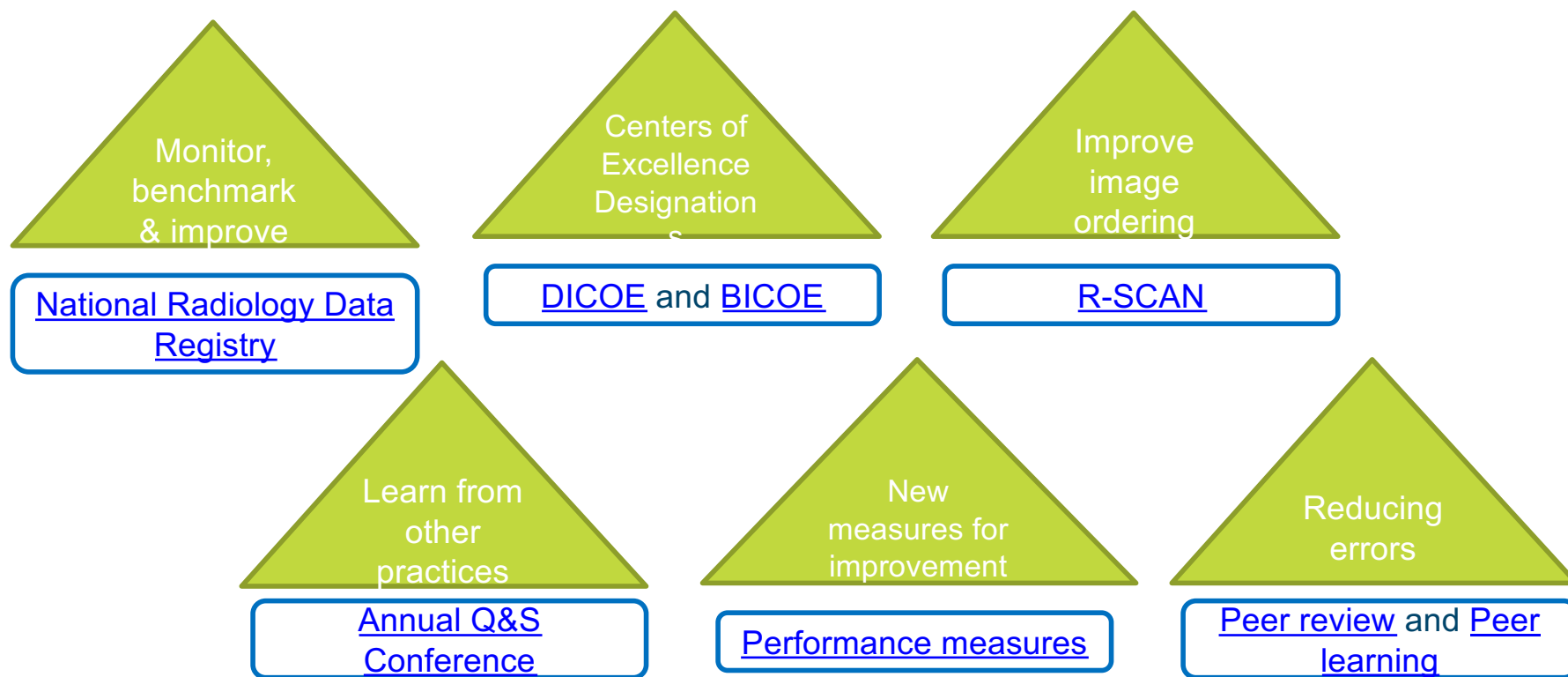
[Radiology Safety](#)

What is the current state of evidence and consensus regarding this study?

[Reporting and Data Systems \(RADS\)](#)

[Managing Incidental Findings](#)

Additional tools support ongoing improvement and demonstration of excellence.



ACR members shape every aspect of the Commission's work.

ACR Appropriateness Criteria

Authored by panels of ACR members.
Transparent evidence-based methodology.
Participation from non-radiology partners.

ACR Practice Parameters and Technical Standards

Authored by member committees.
Approved by ACR Council. Input from all members during field reviews.

ACR Accreditation

Submissions reviewed by peers in active practice. Criteria based on PP&TS.

National Radiology Data Registry

Framework for data collection, reporting, benchmarking, and research from member committees.

Performance measures

Measure prioritization, definition, testing, and implementation overseen by member committee.

Reporting and Data Systems (RADS) and Managing Incidental Findings

Authored by member committees.

QC Manuals

Authored by member committees.

Contrast Manual

Authored by member committees.

MR Safety Manual

Authored by member committees.

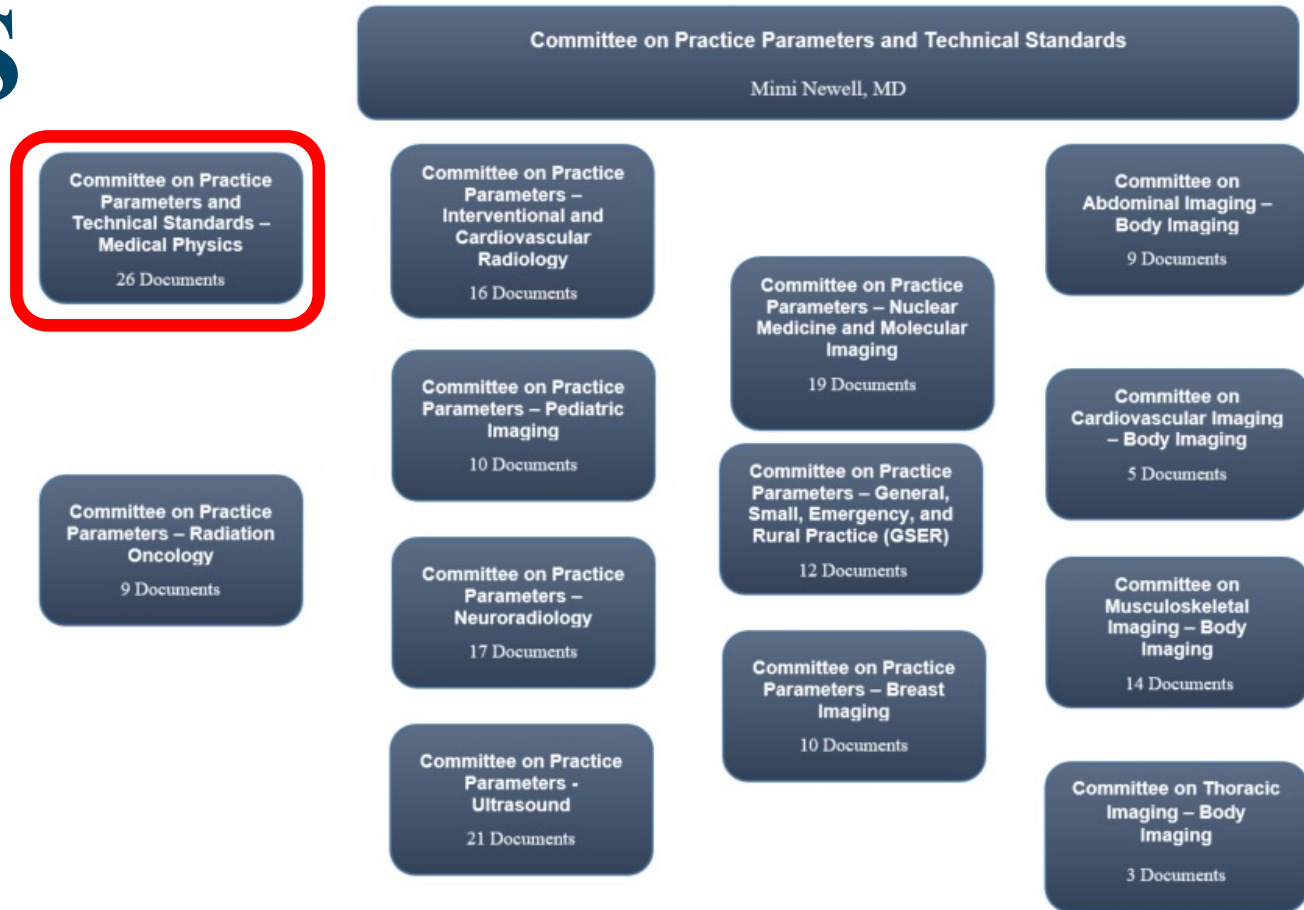
- The Commission on Quality and Safety engages over 1,000 members in these activities.

PP&TS

Medical Physics

26 PP&TS documents (14%)

~3% of ACR membership



Accreditation



Breast MRI »



Breast Ultrasound »



CT »



Mammography »



MRI »



Nuclear Medicine &
PET »



Radiation Oncology
Practice »



Stereotactic Breast
Biopsy »



Ultrasound »

Enter Your Search

Clinical
Resources

Advocacy and
Economics

Lifelong Learning and
CME

Mem
Resou

Clinical Resources

Accreditation 

ACR Appropriateness Criteria[®]

Breast Imaging Resources

Clinical Decision Support >

Collaborative Guidelines

Colon Cancer Screening Resources

Contrast Manual

Incidental Findings

Interventional Radiology Resources

Lung Cancer Screening Resources >

Medical Physics Resources

Practice Parameters >

Quality and Safety News

Radiation Oncology Resources >

QC manuals all free online

- <https://www.acr.org/Clinical-Resources/Medical-Physics-Resources>

ACR Accreditation Programs

- Designed by members
- Self assessment
- Peer review
- Standards for quality and safety

Changing CTDI, considerations

- CMS-approved program
- Tied to reimbursement
- Decades as a standard
- IEC standard
- Must be generalizable
- Measurement equipment & cost

Changes in ACR

- Evidence
- Consensus

Changing CTDI in CTAP

- Evidence
- CTAP Physics SC
- CTAP Clinical Cmte
- Accred Chairs Cmte
- Q&S Commission
- Med Phys Commission
- CMS approval if necessary
- Build functionality into ACREDIT+
- Notify facilities and stakeholders of upcoming change





Helical CTDI Study

A team of clinical researchers is investigating the generalizability of helical CTDI measurements as described by Leon et al in a 2020 paper published in JACMP.

Medical physicists who perform equipment performance evaluations on CT systems are invited to add a few extra measurements to their routine and submit their measurements as part of the study.

Measurements MUST be submitted in the spreadsheet available at URL below. Please be sure to read the instructions in the Excel file.

PLEASE DO NOT SUBMIT DATA MORE THAN ONCE FOR ANY INDIVIDUAL CT SYSTEM.

Researchers: Dustin Gress, Stephanie Leon, Bryan Schwarz, Izabella Barreto, Bob Kobistek, Chad Dillon, Jim Tomlinson, Mahadevappa Mahesh, & Dina Hernandez

Download Excel sheet at the following URL:
<https://app.box.com/w/Helical-CTDI>

Leon et al, "The helically-acquired CTDIvol as an alternative to traditional methodology," JACMP 2020:
<https://doi.org/10.1002/acm2.12944>

Last name *

First name *

Date of measurements *

Dosimetry system calibration confirmation *

By checking this box and submitting your data you are attesting that your radiation dosimetry system was calibrated with a NIST-traceable source within 24 months of the submitted measurements.

Attestation regarding protected information *

By checking this box you attest that you have permission to submit the data, and you have not included in the submission any PHI, facility information, or CT device identifiers.

File Upload *

Drag and drop your Excel file below.

Drag and drop files here or [browse files](#)

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Participate!



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■ <https://twitter.com/DustinGress>

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