

ACRO Accreditation

Michael Kuettel, MD, FACRO
Medical Director

Claudio Sibata, PhD, FAAPM, FACRO
Physics Director

Joyce Martin, LRT(T)
Administration Director

Rachael Spencer
Accreditation Coordinator

Executive Committee:
J. Michael Kerley, MD, FACRO
Michael Kuettel, MD, PhD, FACRO
Arno Mundt, MD, FACRO
William Rate, MD, PhD, FACRO
Norman Wallis, PhD

Conflict of Interest Statement

❑ **Michael R. Kuettel, MD, PhD, FACR, FACRO**

- Professor and Chair, Roswell Park Cancer Institute
- Chairman of Board, ACRO
- No potential conflicts

❑ **Claudio H. Sibata, PhD, FAAPM, FACRO**

- Physics Director, ACRO Accreditation
- Director, Physics Quality Control, Physics and Engineering Department, 21st Century Oncology
- No potential conflicts

ACRO Mission Statement

ACRO strives to ensure the highest quality care for radiation therapy patients and promote success in the practice of radiation oncology through education, responsible socioeconomic advocacy, and integration of science and technology into clinical practice.

History

- ❑ ACRO developed a program in 1995 to accredit radiation oncology practices
- ❑ Since then, ACRO Accreditation has undergone periodic revisions to reflect clinical and scientific advances within the field.
- ❑ In October 2010, ACRO Accreditation emerged from an extensive administrative review with an updated and intuitive Web-based accreditation system, powered by EqualEstro.



Goals of Accreditation

- ❑ To assist practices in providing comprehensive state of the art care
- ❑ To assist the healthcare consuming public to identify centers with the best practices
- ❑ To provide a comprehensive program for the continuous improvement of patient care



Unique Features

- ❑ Unbiased, blind, online case reviews by a panel of disease site experts
- ❑ 100% electronic compliant submission of case files
- ❑ Detailed & organized online process, with automatic status updates
- ❑ 100% focus on radiation oncology



Nuts and Bolts

- ❑ An online electronic medical record system with expert physician chart review
- ❑ Onsite physics and administrative review
- ❑ Onsite equipment review
- ❑ HIPAA compliant
- ❑ Comprehensive
- ❑ Delivered in timely fashion
 - ❑ Expectation: 90 days to accreditation

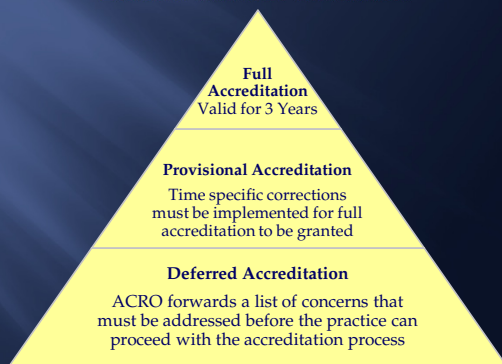


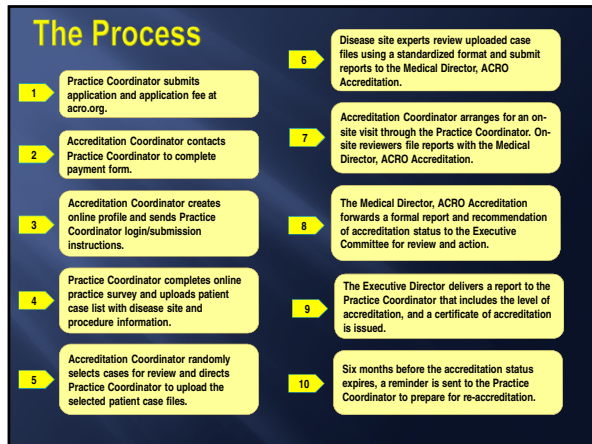
Why ACRO Accreditation?

- ❑ ACRO Accreditation provides national validation of our practices
 - Demonstration of quality to payers (CMS, Private Insurers)
 - Prepares radiation oncologists for eventual state/national mandates
 - Allows for benchmark comparisons
- ❑ ACRO Accreditation will
 - Develop national norms
 - Provide the front end for outcomes
 - Allows creation of registries
 - Allows demonstration of best practices




Levels of Accreditation






Key Personnel

- ❑ **Practice Coordinator:** Designated contact person at a practice applying for accreditation, and is the single point of contact with ACRO.
- ❑ **Accreditation Coordinator:** Responsible for day-to-day administration of the process and is the primary ACRO contact for the Practice Coordinator.
- ❑ **Disease Site Reviewers/Leaders:** Disease site specific experts, overseen by a team leader.
- ❑ **Medical Director:** Oversees the medical aspects of the Accreditation Program and creates formal recommendations/reports to the Executive Committee of the ACRO Board of Chancellors.



Key Personnel (continued)

- ❑ **Physics Director:** Oversees the physics aspects of the Accreditation Program on site visits and creates formal recommendations/reports to the Medical Director. Oversees Physics Committee
- ❑ **Administrative Director:** Oversees the administrative aspects of the Accreditation Program on site visits and creates formal recommendations/reports to the Medical Director
- ❑ **Physics Committee:** Assists Physics Director with physics issues: review of standards, review of reports

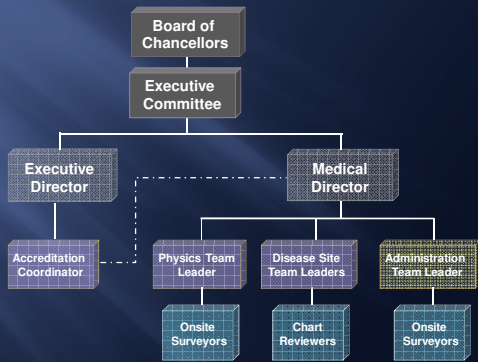


Key Personnel (continued)

- ❑ **Surveyors:** Board certified physicists and certified RTT/CMDs; complete the onsite review of equipment, facilities and case records of a practice.
- ❑ **Executive Committee, ACRO Board of Chancellors:** This Committee oversees the day-to-day functions of the College and assigns formal accreditation status on behalf of the ACRO Board of Chancellors.
- ❑ **Executive Director:** Delivers final accreditation report to the practice.



ACRO Accreditation Org Chart



Directors

- ❑ **Medical Director-Michael Kuettel, MD, FACRO**
 - Oversees all aspects of medical chart reviews
 - Oversees physics and administrative components of accreditation review
 - Makes final recommendation for accreditation to Executive Committee
- ❑ **Physics Director-Claudio Sibata, PhD, FACRO**
 - Oversees all aspects of the physics review
 - Reviews all physics reports
- ❑ **Administrative Director-Joyce Martin, LRT(T)**
 - Oversees all aspects of administrator review
 - Reviews all administrative reports



ACRO Accreditation Disease Site Leaders

Breast Cancer David Wazer, MD, FACRO	Gastro-Intestinal Cancer William Regine, MD
Genitourinary Cancer Michael Kuettel, MD, PhD, FACRO	Gynecologic Cancer Arno J. Mundt, MD, FACRO
Head and Neck Cancer Dwight Heron, MD, FACRO	Lung Cancer Shilpen Patel, MD
Lymphoma & Sarcoma Mary Hebert, MD, FACRO	Neurological Cancer Dheerendra Prasad, MD
Brachytherapy D. Jeffrey Demanes, MD, FACRO	



Disease Site Team Leader Responsibilities

- ☐ Develops and maintains chart measures to establish chart review standards
- ☐ Oversees/Mentors chart reviewers
- ☐ Maintains ACRO Clinical Guidelines
- ☐ Participates in monthly conference calls




Chart Reviewer Responsibilities

- ☐ Each chart reviewer electronically audits and grades charts using furnished online grading tool
 - Tool vetted and periodically amended
- ☐ Questions, concerns, discrepancies resolved w/ disease site team leader
- ☐ Work load– Up to four charts a week (15-60 min./week)
- ☐ \$100/reviewed chart
- ☐ Periodic conferences with team leader to establish standards
- ☐ Charts are to be reviewed and evaluation completed within 11 calendar days of acceptance (includes two weekends)
- ☐ Chart reviewers are responsible for notifying the Accreditation Coordinator of a lack of availability (vacation, travel, etc.)




Chart Reviewer Qualifications

- ❑ Board certification in radiation oncology
- ❑ In the active practice of radiation oncology
- ❑ ACRO member in good standing
- ❑ No less than five years of practice experience
- ❑ Complete an annual training course
- ❑ Maintain annual certification as an active reviewer



ACRO ACCREDITATION DEMO

Please login

Login

Password

[Lost password](#)

If you forget your password, click on the **Lost password** link. The system will send you an email with a new temporary, case specific password.

Please note: for training purposes, the demo version of the system was used. The actual site looks exactly the same without the word demo at the top.

ACRO ACCREDITATION DEMO

Chart Reviewer

REVIEWER

Patients in queue for approval

Reference	Exam name	Submitted	Due Date	Status
565752	Head & Neck	2011-07-20 20:23:39	2011-08-04 20:24:18	Of course
62487	Head & Neck	2011-07-20 20:23:44	2011-08-04 20:24:18	Reviewer

Total: 2 items

This is the general overview screen that you will see when you first login. It shows charts that have been assigned, due dates, and status. **Click on the edit pencil** to go to the checklist (see next slide). **Click on the man** to see the chart, aka dataset. Charts are assigned every Friday and you will receive email notification. Chart reviews are due 11 days from the date they are assigned providing reviewers 2 weekends to complete reviews. An email reminder will be sent after 1-week. Reviews 2 weeks late will be considered delinquent.

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Chart Reviewer
Logout

DECEMBER

Patient Reference: 654897

HEAD & NECK CANCER CHART REVIEW

Give a grade to each criterion and leave a comment if necessary.

Back to patient list

Review criteria	Definitive ChemorT or RT	Post-Operative ChemorT or RT	Points
H&P			
Relevant history stated	Duration of symptoms. Alcohol and tobacco history and current usage detailed.	Duration of symptoms. Alcohol and tobacco history and current usage detailed.	5
Comment			
Relevant physical findings	Full H&P exam including indirect mirror exam or fiberoptic exam. Review of prior sites endoscopy allowed.	Full H&P exam including statement regarding current state of post-operative healing.	5
Comment			
Appropriate staging	T1&N1 stage should be based on all available data including from physical exam and CT scan. PET information if available. M0 if clinically indicated.	T and N1 stage confirmed by pathology report.	3
Comment			

Pathology report required

Staging: size of primary tumor, margin status, size, number and location of lymph nodes, extent of post-operative resection.

This is what a blank checklist looks like. The chart number is the same as the patient reference. There is a grading and comment section for each item. Practices will see anonymous grades and comments provided for each chart reviewed.

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Back to patient list

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H&P			
Relevant history stated	Duration of symptoms. Alcohol and tobacco history and current usage detailed.	Duration of symptoms. Alcohol and tobacco history and current usage detailed.	5
Comment	No pertinent history found.		
Relevant physical findings	Full H&P exam including indirect mirror exam or fiberoptic exam. Review of prior sites endoscopy allowed.	Full H&P exam including statement regarding current state of post-operative healing.	5
Comment	Examination examination included detailed and pertinent findings.		
Appropriate staging	T1&N1 stage should be based on all available data including from physical exam and CT scan. PET information if available. M0 if clinically indicated.	T and N1 stage confirmed by pathology report.	3
Comment	Adequate films and pathology requests.		

Pathology report required

Staging: size of primary tumor, margin status, size, number and location of lymph nodes, extent of post-operative resection.

Grading System: Each chart is graded on a 0-100 scale. A passing score is 70 out of 100. Each item must be scored on a 0-5 scale: 5 is exceptional, 3 is adequate, 0 is missing or incomplete. There is an optional comment field for each item. If you are unsure about a chart, you can save a draft and request that your Disease Site Team Leader review your work. If you have any questions regarding grading, contact the appropriate team leader.

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Comment			
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Comment			

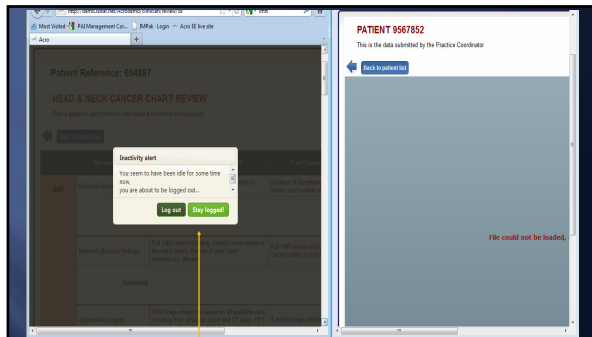
Pathology report required

Staging: size of primary tumor, margin status, size, number and location of lymph nodes, extent of post-operative resection.

Microsoft Word - 654897.docx

Microsoft Word - 654897.docx

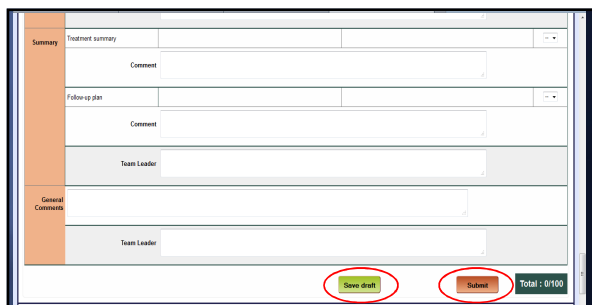
You can either put the windows side by side or you may print the chart checklist by going to File, Print and then enter the information at another time.



This is the logout warning. If you are reviewing a chart, the system is unaware that there is activity since the chart opens in a separate screen and may automatically log you out. Click the Stay logged button in order to save your work!



Once the chart review has been submitted, this is what the chart checklist will look like and will show as "completed" with a green check on the overview screen.



Be sure to click save draft frequently!

The system will log you out automatically and will not save your data. Click the submit button in order to complete the review. While comments are optional, there must be a grade for each section in order to submit the review and you can not make any modifications once it's been submitted.

Physics Structure

- Physics Director
 - Claudio H Sibata, PhD
 - Oversees all aspects of physics reviews
 - Reviews all physics reports
 - Makes recommendation for accreditation to Medical Director
- Physics Committee
 - Mathew Podgorsak, PhD
 - Todd Pawlicki, PhD
 - Ray Kaczur, MS
 - Review physics reports when there are issues that needs to be decided by the committee. e.g., conflict of interest, new procedures not covered in the standards
 - Reviews standards for accreditation
 - Any other issue relevant to physics reviews
 - Reviews all administrative reports
- Physics Surveyors



Facility Information Online System

- Contact Information
- Patient demographics and services provided
- Staff information
- Major equipment
- Physics equipment
- Beam data
- QA program
- Documentation



Physics Onsite Survey


- Review website material prior to visit. Any issues needing verification noted. Data are printed.
- Review all material from the website for verification and update while on site.
- Review documentation on:

▪ Staffing	▪ Registration & State Inspections
▪ Major Equipment	▪ Internal/External Audits
▪ Physics Equipment	▪ Peer Review
▪ QA Program	▪ Charts Review
▪ CQI Program	




Physics Onsite Survey

- Teletherapy Services Provided at the facility:
 - IMRT
 - IGRT
 - US
 - 2D/2D shift
 - CBCT
 - Calipso
 - Other
 - Radiosurgery




Physics Onsite Survey

- Teletherapy Services Provided at the facility
 - TBI
 - TSE
 - SBRT
 - Respiratory gating
 - Other
- Brachytherapy Services Provided at the facility
 - LDR including PSI
 - HDR
 - Other



Physics Onsite Survey

- QA Program
 - Beam data comparison with published data
 - Calibration done by independent method of all clinical beams
 - Any other independent checks done on procedures
 - All therapy (external and brachytherapy) and ancillary devices have adequate QA program with daily, monthly and annual checks with appropriate documentation.



Physics Onsite Survey

□ QA Program

- All treatment planning systems (external and brachytherapy) have commissioning reports and QA program with appropriate documentation
- All special procedures have QA program and appropriate documentation
- Treatment QA



Physics Onsite Survey

□ QA Program

- Treatment QA
 - Second MU independent check/IMRT QA prior to txt
 - Initial, weekly and end of treatment chart check done
 - In vivo dosimetry. Are tolerances reasonable?
 - Are manual entries allowed in R&V?
 - Are changes allowed in R&V parameters once the plan is imported?



Physics Onsite Survey

□ CQI Program

- Committee
- Chart rounds
- M&M conferences
- Peer review
- Annual review of charts (external and brachytherapy)

□ License & registration

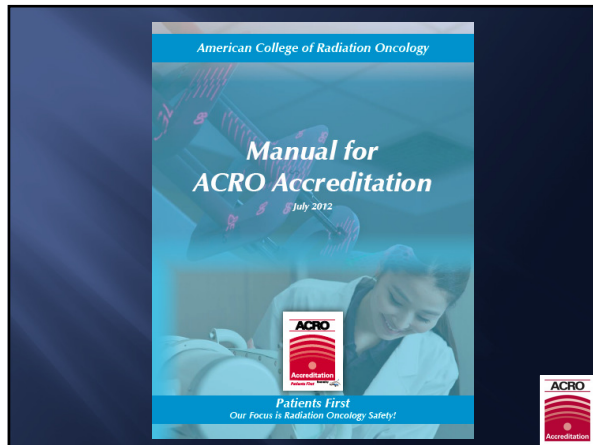
- State inspection recommendations
- Internal/external audit recommendations



Physics Surveyor Training

- ❑ Webinar with the Physics Director
 - Requirements to be a surveyor
 - Process of accreditation, concentrated on the physics process
 - Review of website material
 - Report requirements
- ❑ One visit with experienced physics surveyor
 - Offered to all new physics surveyors





Thank you!