

Preparing For A DICOE Site Visit

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What is DICOE?

- Diagnostic Imaging Center of Excellence
- Comprehensive assessment of entire imaging enterprise
- Designed for facilities that wish to go beyond the minimum standard of accreditation
  - Accreditation sets a minimum standard of technology and performance
- Goal is not to raise the minimum standard for accreditation, but to give facilities goals for a higher level of achievement

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Why DICOE?

- Some facilities go above and beyond the minimum standards and the ACR wants to recognize these facilities
- Demonstrates a facility's commitment to excellence to referring providers, patients, administrators and payers
- 3rd party payers have demonstrated interest in this type of program
- Bragging rights (good for advertisement)

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### Why DICOE?

- From ACR website:
  - Comprehensive assessment of the medical imaging facility, 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
  - Three-year status
  - Customizable materials for local public relations and marketing

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### Why DICOE?

- Working toward DICOE designation strengthens relationships within your entity
- Designated facilities can show their patients that they have a superior practice
- Gives patients confidence that this is where they want to have their imaging studies performed
- Gives referring physicians confidence that this is where they want to send patients

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### Why DICOE?

- Recipients believe referring physicians and payers will seek facilities that are acknowledged as top performers
- For payers and evolving federal government standards, demonstrating quality is becoming more important and will continue to be a major competitive factor in health care reform
- Economic environment is changing from volume model to value model.

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## Who Can Apply?

- Inpatient facilities
- Outpatient facilities
- Accredited by ACR in all modalities they provide
  - State accreditation in mammography is acceptable
  - Do not have to provide all modalities



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## Who Can Apply?

- An entity can be one facility or multiple facilities
- Multiple facilities must have same radiology group and same management team
- Site visit will see the main facility and possibly one of the off-site facilities



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## Sites With DICOE Status



As of February 28, 2015 there are 28 DICOE entities with 70 facilities

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### Requirements

- Accredited by ACR in all modalities they provide
- Participation in GRID (General Radiology Improvement Database)
- Participation in DIR (Dose Index Registry)
  - Applicable only to CT facilities
- Agree to an on-site survey from the ACR

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### Site Visit

- Team consists of
  - Radiologist
  - Medical Physicist
  - ACR Staff (technologist)
- One day visit
- Date arranged in collaboration with the facility
- Will tour the main facility and possible on off-site facility

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### Site Visit

- The facility decides who should be present for the site visit
  - Brownie points for demonstrating commitment
- A nominal agenda is provided
  - Much is covered in conversation
  - Presentations of high points are welcome
- The tour provides opportunities for
  - The facility to point out important features
  - The site visit team to ask questions
  - Suggesting recommendations for improvement based on observations from other facilities

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### Site Visit

- Each surveyor has designated elements of the DICOE program to cover
- Conversations take place
  - During the tour
  - Round-table discussions
  - One-on-one
- Electronic versions of policies and procedures are fine – no need to print hard copy

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### Areas Assessed

- Governance
- Personnel
- Facility organization and management
- Physical environment
- Equipment
- Radiation and general safety
- Quality Management
- Patient Rights
- Medical Records
- Infection Control
- Communication
- Utilization and appropriateness of services
- Emergency services

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### Governance

- Department/facility organization chart
- Who approves policy and procedures
- How policies/procedures are communicated to department and other entities
- Patient safety and quality of care
- How problems within the department are addressed

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### Personnel

- Supervising physician
  - Must have knowledge of imaging that you offer your patients
  - Must be engaged in clinical practice
- In large facilities, the Chair of large might not have clinical duties, but will have supervising physician for different specialties
- Staff (e.g. medical physicist, technologists, nurses) have knowledge about imaging and patient care

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### Personnel (cont'd)

- Technologists have state license (if exists) and be certified by ARRT, ARDMS, NMTCB, ARMRIT or CAMRT
- Other clinical staff must be state licensed when available
- Medical physicist credentialing must meet accreditation standards
- Adequately trained staff for all hours of operation

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### Organization and Management

- Responsibilities and reporting lines
  - This can be put in the organizational chart
- Hours of service
  - If facility provides urgent or emergency service, Imaging service hours appropriate
- 1 ACLS-certified person available when open
- If interventional procedures performed, procedure in place to admit a patient if with complications

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### Physical Environment

- If applicable, are there separate areas for inpatients and outpatients
  - Not mandatory
  - How emergencies and stats are handled
- Patient privacy
- Cleanliness
- Easy access for patients and staff

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### Equipment

- All units/modalities accredited
- Routine QC and corrective action program
- Adequate time available for QC functions
- Interpretation workstations should be in compliance with the ACR-AAPM-SIIM Technical Standards for Electronic Practice of Medical Imaging

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### Radiation and General Safety

- RSO identification and responsibilities
- Radiation safety committee that meets regularly
  - If multiple facilities – all facilities represented
  - RSO must be active member of committee
- Radiation and MRI hazard signs posted
  - Will look for the MRI zones
  - Picky about MRI zone III and IV
  - Must be in compliance with ACR MRI Safety White Paper
  - Patient screening
- Screening of patients to see if they have had previous related exams

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### Radiation and General Safety (cont'd)

- Contrast administration policies and procedures
  - Screen all contrast patients
  - Is Iso/LO contrast media used
  - Physician on-site during contrast injection
  - Protocols in case of contrast reaction
- Emergency preparedness policies and procedures
  - Crash carts
  - Emergency response (ED, 911, etc.)
- Optimization of imaging protocols
  - Meet regularly
  - Protocol modification controlled
  - Medical physicist included

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### Quality Management System

- How are quality and performance measured, analyzed and improved
  - Projects or activities
  - Responsibility for and oversight of the program
  - Methods for assessment
  - Data analysis, follow-up, or corrective action, as necessary
- Measuring performance allows practice to see where there are outliers and take action to improve quality of care

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### Quality Management System (cont'd)

- Quality Manual
  - Outlines methodology, practices, and policies for addressing how quality management is conducted
  - Statement of quality policy
  - Measurable quality objectives
  - Goal measurement and prioritization of activities
  - Reviewed at least annually
- Projects can include peer review, PQI or MOC
- Participation of technologists
  - Part of patient survey
  - Able to freely make suggestions
- GRID and DIR participation
  - Can participate in either level of GRID

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### Quality Management System (cont'd)

- Performance measurements must include
  - Threats to patient safety
  - Medication use
  - Procedures: wrong site, wrong patient, wrong procedure
  - Effectiveness of pain management system for interventional procedures including all biopsies.
- Sedation
- Infection control system
- Patient flow issues, excess wait time
- Customer satisfaction (clinical and administrative areas).
  - Satisfaction surveys should be developed both for patients and referring providers
- Discrepant radiology reports
  - The ACR Practice Guideline for Communication of Diagnostic Imaging Findings recommends expedited reporting of non-routine communications such as discrepant preliminary and final interpretations.
- Deaths, non-sentinel event, sentinel event, near-miss
- Other adverse events
- Medical record delinquency

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### Patient Safety System

- Should include medical errors and adverse patient events
- Clear expectations for patient safety
- Identify, implement and assess ways to prevent incidents (maybe perform a study)

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### Patient Rights

- Patient confidentiality
  - Agreement for staff that access to data
  - Release data internally on a "need to know" basis
- Compliance program (HIPAA and HITECH)
  - Educate staff
  - Define compliance issues
  - Corrective action for breach of confidentiality

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### Patient Rights (cont'd)

- Patient privacy
  - Waiting rooms, changing rooms, exam rooms etc.
- Patient complaint process
  - Protocol for addressing patient complaints
  - Notices posted telling patient how to make a complaint

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### Informed Consent

- Identify high-risk procedures
  - List?
- Consent forms
  - Explain risks, benefits, and alternatives for
    - High-risk procedures
    - Sedation
    - Participation in research projects

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### Medical Records

- Maintenance, storage, and handling of patient records
  - Safe from flood, fire, etc.
  - Secure access
  - Timely retrieval of records
  - Process for transferring records
- Confidentiality of medical records
  - Release forms
  - Inform patients how to obtain their records
- Radiology report contained in medical records
  - Interpreting physician
  - Who has authority to sign report
    - Interpreting whenever possible
  - Secure electronic signatures

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### Infection Control

- Prevention, control, and surveillance
- Clean rooms, equipment and devices
  - Routine cleaning
  - Approved cleaning/disinfection materials
- Collection and analysis of infection data

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### Communication

- Receiving orders for imaging studies
- Patient report turn around times
- Preliminary and critical findings
  - List of critical findings
  - Discrepancies

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### Utilization Review & Appropriateness of Services

- Image Gently and Image Wisely
- Determination of whether patient had relevant study performed recently
- Assistance for referring physicians when they order exams
  - Appropriateness Criteria
  - Clinical Decision Support
- Reduce unwarranted, inappropriate procedures
  - Training for staff
  - Can staff question unwarranted exams

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### Emergency Services

- Applies to facilities that provide emergency services
- Radiology staffing for ED imaging services
- Monitoring of unstable patients in Imaging
- Images and reports done in ER
  - Critical findings
  - Discordance

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### So, How Do We Prepare?

- Designate 1-2 people to spearhead
- Make a checklist of the requirements
- Meet regularly
  - Go through each point in the checklist
    - You will have many completed already
  - Be honest in your self-assessment
  - Bring in others as needed
    - This really does have to be a team effort
    - Radiologist
    - Transcription/records
    - Nursing
    - Lead tech in each area
    - Biomed
    - Administration

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### Documentation

- Have complete policies and procedures
  - Make sure that you have a policy written covering each item, as appropriate
  - Have documentation demonstrating that you follow your policies
- Document your Quality Management program
  - What projects are you working on?
  - What measurements are you making?
  - What do you do with the data?
- Electronic is fine
  - You do not need to print everything.

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## Policies and Procedures

- Must be reviewed regularly
  - Is a system in place to ensure that they are all reviewed?
  - Who approves changes
- Complete
  - Make sure that they cover everything that should be covered
  - Departments do a lot of things, but never document the practice
- Appropriate
  - Don't put into policy things that you don't want to be held to
  - Make policies general

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## Physics

- Remember that this is "above and beyond"
  - Facilities with DICOE are demonstrating that they exceed minimum standards – **underlying principle**
  - Physics reports should reflect this dedication
- Make sure that reports are consistent
  - Have seen multiple physicists providing substantially different reports – hard to follow
- Make sure that reports are complete
  - Is testing complete, all the boxes filled in?
  - Does everything pass or are there deficiencies?
  - Have deficiencies been identified in a summary?

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## Physics

- Follow up
  - Has the facility read the report?
    - At least the summary...
  - Have deficiencies been addressed?
    - Is a procedure in place?
    - Who is notified?
    - Who is responsible for repairs?
    - Is retesting done when needed?
    - How are non-repair issues handled?

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## Physics

- Cover more than just the regulations
  - Protocols
  - Image quality
    - Radiographic
    - Fluoroscopic
  - Dose issues
    - Pulsed vs. continuous fluoroscopy
    - Low dose rate fluoro when clinically feasible
    - Consistency between systems
  - AEC performance
    - Radiographic
    - Fluoro AERC
      - Typical entrance exposure rates
    - CT dose modulation

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## Physics

- These are not “requirements”, *per se*
  - Facility will not fail if CT dose modulation isn't evaluated, for example
  - Minimalist physics might lead to a comment to “beef up your physics game”
- Remember, even the accreditation manuals are starting points
  - May not address advanced features or new capabilities

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## So, What Happens?

- ACR staff organizes visit with facility and radiologist, physicist
- ACR team arrives on site
- Introductions
- Usually tour first
- Meet in conference room for open table discussion
- Team members individually review documents and talk to facility members
- After ACR team finishes its work, they meet together to discuss results
- Close-out meeting with facility team
  - Discuss any areas for improvement identified
  - Announce whether DICOE status is granted at the time or not

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## DICOE Awarded!

- YAY!
- Facility may announce status
- ACR will provide press release text and marketing materials



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## DICOE Not Awarded

- Not yet...
- Facility is provided with a list of improvements to be made
- Documentation and follow-up may be faxed/e-mailed to ACR
- If accreditation is still required for a modality, site visit can occur during accreditation process, but DICOE designation will be delayed until accreditation complete
- Once the required improvements have been made, DICOE status will be granted
  - No second site visit is generally required



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## Cost

- \$2500
- Surveyor expenses
- Get free participation in ACR registries



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## Re-Certification

- Three year certification
- After three years, another site visit will be required
- Facilities should maintain the same standards of excellence (or better) during the period.



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## Conclusion

- DICOE provides an opportunity for facilities to evaluate themselves and improve practices
- Facilities can then demonstrate the superior quality of their work
- Achieving DICOE is challenging
- Physicists can play an important role, both in physics support and in the critical evaluation of the facility

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## Many Thanks...

- To Marion Boston (ACR) for her help with this talk



I don't know why... I picture of Elvis just seemed important...

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Questions



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