



1891 Preston White Drive, Reston VA 20191-4397

Ultrasound Accreditation Program Quality Assurance Questionnaire

PRIVILEGED and CONFIDENTIAL • PEER REVIEW
Release or disclosure of this document is prohibited in accordance with
Code of Virginia 8.01-581.17

Some questions on the application are asked for survey purposes only in an effort to analyze trends in the practice of imaging. Your answers have no impact on the accreditation process. Only check one box per question.

Practice Data

1. Of the total ultrasound units, indicate how many are fixed or mobile. *Enter a number on each line.*

- A. _____ Number of fixed US units
B. _____ Number of fixed mobile US units
C. _____ Number of mobile US units (vans change locations)

2. What is the average number of sonograms performed at this facility per month? *check one*

- ¹ 0-10 ² 11-25 ³ 26-50 ⁴ 51-75 ⁵ 76-100
 ⁶ 101-250 ⁷ 251-500 ⁸ 501-750 ⁹ over 750

3. Indicate the number of exams/month for the procedures listed. *Enter numbers in blocks. Enter "0", if the procedure is not performed at your facility.*

- A. Antepartum OB US
B. Female Pelvis US
C. Upper Abdominal US
D. Renal/Urinary Tract US
E. Extracranial Carotid US
F. Transcranial Vascular US
G. Aorta and Branches US
H. IVC & Draining Veins US
I. Liver Vascular US
J. Renal Vascular US
K. Peripheral Arterial US
L. Peripheral Venous US
M. Scrotal US
N. Thyroid US
O. Transrectal Prostate US
P. Pediatric Neurosonology US

Policies and Procedures

1. What is your policy for film/image retention?

- ¹ Less than 5 years
 ³ 6-10 years
 ⁵ over 20 years
 ⁷ Lifetime of patient
 ² 5 years
 ⁴ 11-20 years
 ⁶ Indefinitely
 ⁰ Not applicable

2. Are your reporting procedures in compliance with the *ACR Practice Guideline for Communication*?

- ¹ No
 ² Yes
 ⁰ Not applicable

3. Do you have a policy on report turn around time?

- ¹ No
 ² Yes
 ⁰ Not applicable

4. What is the average time from examination to final report being sent to referring physician?

- ¹ Less than 12 hours
 ² 12-24 hours
 ³ 24-72 hours
 ⁴ Greater than 72 hours
 ⁰ Not applicable

5. Is there a mechanism for immediate notification of unexpected findings or findings for emergency cases?

- ¹ No
 ² Yes
 ⁰ Not applicable

6. When patients are being imaged, how often is a physician on site?

- ¹ 100-95% of the time
 ² 94-75%
 ³ 74-50%
 ⁴ Less than 49% of the time
 ⁰ Not applicable

7. Do you have a policy in place to control the spread of infection among patients and personnel that includes adherence to universal precautions and the use of clean or aseptic techniques as warranted by the procedure or intervention being performed?

- ¹ No
 ² Yes
 ⁰ Not applicable

8. Do you have a policy in place to provide for the safety of patients and personnel that includes attention to the physical environment, the proper use, storage, and disposal of medications and hazardous material and their attendant equipment, and methods for addressing medical and other emergencies?

- ¹ No
 ² Yes
 ⁰ Not applicable

9. Do you have a policy in place to monitor, analyze and report, and periodically review complications and adverse events or activities that may have the potential for sentinel events¹?

- ¹ No
 ² Yes
 ⁰ Not applicable

10. Do you have a policy in place for educating and informing patients about procedures and/or interventions to be performed and facility processes for the same which include appropriate instructions for patient preparation and aftercare, if any?

- ¹ No
 ² Yes
 ⁰ Not applicable

11. Are there policies and procedures to ensure confidentiality of patient-related information?

- ¹ No
 ² Yes
 ⁰ Not applicable

¹ A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. See JCAHO's Hospital Accreditation Standards book.

12. Is there a mechanism for handling patient complaints?

¹ No ² Yes ⁰ Not applicable

13. Do you have a written policy regarding who may administer intravenous sedatives, controlled agents, and contrast agents at your site?

Sedatives ¹ No ² Yes Controlled Agents ¹ No ² Yes
 Contrast Agents ¹ No ² Yes ⁰ Not applicable

14. When is a pulse oximeter used for IV sedation?

¹ Never ³ Sometimes
 ² Always ⁴ Not applicable, IV sedated patients are not imaged ⁰ Not applicable

15. Do you have a written policy about how unexpected emergencies (cardiac or respiratory) are handled?

¹ No ² Yes ⁰ Not applicable

16. Does your QA program include a mechanism for obtaining follow-up on all operated cases?

¹ No ² Yes ⁰ Not applicable

17. Does your quality assurance program include a mechanism for obtaining outcome data regarding positive sonograms and pathological correlation? *Check one.*

¹ No ² Yes

18. Do you correlate obstetrical ultrasound reports with fetal outcome? *Check one.*

¹ No ² Yes ⁰ Not applicable – OB Ultrasound not performed at this site

Quality Control

For each quality assurance task listed below, identify the frequency at which each task is performed and the individual responsible for the test performance. Code: P = medical physicist; T = radiologic technologist or sonographer; S = service engineer. **Additionally, please submit a copy of your most recent physicist's or service engineer's report for each unit.**

	Individual who routinely performs task	Frequency Routinely Performed						
		Not Done	Daily	Weekly	Monthly	Every 3 months	Every 6 months	Yearly *
1. Grey scale photography	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
2. Hard copy output quality test (digital only)	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
3. Electrical safety cleanliness	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
4. Universal infection control procedure	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> P ⁴	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
5. System sensitivity and/or penetration capability	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
6. Uniformity	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
7. Maximal depth of visualization and hard copy recording with a phantom	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
8. Low contrast object detectability	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Note: * **Continuous quality control consists of performing the above tests at least SEMIANNUALLY.** If tests are not done more frequently than once a year, please consult with your medical physicist to establish a continuous quality control program for your facility (refer to the 'Quality Control' section in the Ultrasound Accreditation Program Requirements).

Personnel Information

1. For reaccreditation, are all sonographers ARDMS (OB, AB, VT**), ARRT(S, VS) or CCI(RVS, RCVT) Sonography certified? *Check one.*
 1 No 2 Yes 0 Not applicable

(If you checked "No", please submit status for all technologist who are not ARDMS or ARRT sonography certified)

Name	Graduation Date	Scheduled Exam Date
1. _____	_____	_____
2. _____	_____	_____

2. If you are applying for vascular accreditation, do you have at least one vascular technologist RVT, RT(VS) or RVS certified? *Check one.*
 1 No 2 Yes 0 Not applicable

****Breast (BR) credential earned after June 30, 2010 will not be accepted.**