

Place facility label here, if applicable

Place BUAP barcode label here, if applicable

Facility Name: _____

Site #: _____

BUAP ID no. _____

BREAST ULTRASOUND ACCREDITATION PROGRAM MODALITY SECTION

Supervising Physician: _____

E-mail Address*: _____

Technologist Contact Person (contact person must be a technologist/sonographer): _____

Contact Telephone: _____

E-mail Address*: _____

*Automatic status updates will be e-mailed to the facility throughout the accreditation process.

How many units are there at this location? enter a number _____

Breast US Accreditation Modules

In addition to breast ultrasound, which of the following biopsy services (if any) are performed at this practice site location? Sites must apply for all services performed.

Ultrasound-Guided Breast Biopsy

- CNB - core needle biopsies.
- FNAC - fine needle aspiration cytology (this does not include cyst aspirations; FNAC involves the collection of tissue from a solid mass).

Describe the breast ultrasound unit(s) at this site.

Unit # _____ Room Location # _____

Manufacturer see code table _____

If other, specify manufacturer: _____

Model Name: _____ Serial Number: _____

Year Manufactured: _____

Place unit label here, if applicable

Transducer Frequency _____ MHz

Type of Array: Linear Curved Linear

Is this unit new since your last accreditation? 1 No 2 Yes

Withdrawn: 1 No 2 Yes

Date Inactivated: _____

Did this new unit replace an older one? 1 No 2 Yes

Which unit does this replace? Model name: _____

Serial number: _____

Unit # _____ Room Location # _____

Manufacturer see code table _____

If other, specify manufacturer: _____

Model Name: _____ Serial Number: _____

Year Manufactured: _____

Place unit label here, if applicable

Transducer Frequency _____ MHz

Type of Array: Linear Curved Linear

Is this unit new since your last accreditation? 1 No 2 Yes

Withdrawn: 1 No 2 Yes

Date Inactivated: _____

Did this new unit replace an older one? 1 No 2 Yes

Which unit does this replace? Model name: _____

Serial number: _____

Facility Name: _____

Site #: _____

BUAP ID no. _____

BREAST ULTRASOUND ACCREDITATION PROGRAM MODALITY SECTION

To help us determine the most effective methods for communicating with the radiology community, please tell us how you heard about the Breast Ultrasound Accreditation Program. *Check all that apply*

- | | |
|--|--|
| <input type="checkbox"/> Brochure mailing | <input type="checkbox"/> ACR booth (name of meeting) _____ |
| <input type="checkbox"/> Web site (describe) _____ | <input type="checkbox"/> Third party payer requirement (name of payer) _____ |
| <input type="checkbox"/> Conference (name) _____ | <input type="checkbox"/> State requirement |
| <input type="checkbox"/> Other (describe) _____ | |

PEER REVIEW PRACTICES FOR BREAST ULTRASOUND

Effective April 1, 2007, all sites initially applying for ACR accreditation and all sites renewing their accreditation must have active participation in a physician peer-review program. RADPEER™, or an equivalent peer review program, is required for accreditation. (Biopsy programs/modules are exempt from this requirement because outcomes are monitored as part of accreditation and physician peer review applies only to review of image interpretation.) This section will ask about your modality's current physician peer-review status. *This section must be completed.*

1. Does your group participate in the ACR's RADPEER™¹ or eRADPEER™² program for breast ultrasound?
¹ No ² Yes

If so, what is your RADPEER™ number? _____

2. If no, do you have a process for peer review that evaluates the accuracy of interpretation?
¹ No ² Yes

3. Approximately, what percentage of images is reviewed per physician per year?
 Less than 2% 3% 4% 5% 6% or greater

NOTE: For sites with an alternative physician peer-review program please answer the following questions.

4. Is there a peer-review process that includes a double reading assessment (2 physicians interpreting the same study)?
¹ No ² Yes
5. Does the peer-review process allow for random selection of studies to be reviewed on a regularly scheduled basis?
¹ No ² Yes
6. Are the exams and procedures representative of the work of each physician's specialty?
¹ No ² Yes
7. Does the reviewer assess agreement of the original report with the subsequent review (or with surgical or pathological findings)?
¹ No ² Yes
8. Is there a classification of peer-review findings with regard to level of quality concerns (one example would be a 4-point scoring scale)?
¹ No ² Yes
9. Are there policies and procedures for action to be taken on significantly discrepant peer-review findings for the purpose of achieving quality outcomes improvement?
¹ No ² Yes
10. Are summary statistics and comparisons generated for each physician by modality?
¹ No ² Yes
11. Is there summary data for each facility/practice by modality?
¹ No ² Yes

¹ RADPEER™ is a simple process that allows peer review to be performed during the routine interpretation of current images. If, during interpretation of a new examination, there are prior images of the same area of interest, the interpreting radiologist will typically form an opinion of the previous interpretation while interpreting the new study. If the opinion of the previous interpretation is scored, a peer review event has occurred. In RADPEER™, the report of the previous interpretation is scored by the reviewer using a standardized 4-point rating scale.

² eRADPEER™ is a web-based program that allows submission of scores and acquisition of reports through a secure web site. As in RADPEER™, the report of the previous interpretation is scored by the reviewer using a standardized 4-point rating scale. For information on RADPEER™ or eRADPEER™ please go to the ACR Web site at www.acr.org.