

Place facility label here, if applicable

Place NMAP barcode label here, if applicable

Facility Name: _____

Site #: _____

NMAP ID #: _____

NUCLEAR MEDICINE ACCREDITATION PROGRAM MODALITY SECTION

Supervising Physician: _____

E-mail Address*: _____

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

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): _____

Operating location

Freestanding

Hospital

Mobile

Describe the imaging unit(s) at this site.

Unit # _____ Specify room location or "mobile" _____

Unit Vendor: (see code table) _____

Camera Model Name: _____ Serial #: _____

Year manufactured: _____
Place unit label here, if applicable

Date of last equipment eval/ physics survey: _____

If other, specify vendor: _____

Number of Heads:

1 2 3

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Withdrawn: 1 No 2 Yes Date Inactivated: _____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: _____

Type of imaging: 1 General 2 SPECT 3 Cardiac 4 PET (please complete separate PET module section)

Check the type of exams you will submit based on the type of exams done on this unit. Each unit must be accredited for each type of imaging performed on that unit. **DO NOT SEND FILMS UNTIL NOTIFIED.** All views for one examination must be from the same patient.

Module 1. General Nuclear Medicine (planar). Clinical images from a total of 2 exams must be submitted.

REQUIRED

Whole Body Bone-1 exam OR Spot Bone - 1 exam

PLUS: Select one of the following

- Whole Body Bone
- Spot Bone
- Hepatobiliary
- Perfusion Lung (including ventilation study)
- MUGA

Module 2. SPECT. Clinical images from a total of 2 exams must be submitted.

REQUIRED

Bone SPECT - 1 exam

PLUS: Select one of the following

- Bone SPECT
- Brain SPECT
- Hepatic blood pool
- Liver SPECT
- Myocardial Perfusion

Module 3. Nuclear Cardiology Imaging. (Requires 2 exams even if myocardial perfusion exam is submitted under SPECT.) Clinical images from a total of 2 exams must be submitted.

REQUIRED

SPECT Myocardial Perfusion Study

PLUS: Select one of the following.

- Cardiac function study (i.e. MUGA)
- Gated myocardial perfusion

Facility Name: _____

Site #: _____

NMAP ID no. _____

NUCLEAR MEDICINE 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 Nuclear Medicine Accreditation Program. *Check all that apply*

- Brochure mailing
- Web site (describe) _____
- Conference (name) _____
- Other (describe) _____
- ACR booth (name of meeting) _____
- Third party payer requirement (name of payer) _____
- State requirement

PEER REVIEW PRACTICES FOR NUCLEAR MEDICINE

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. 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 nuclear medicine?
- 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 (2 physicians interpreting the same study) assessment?
- 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.