

Place facility label here, if applicable

Place UAP barcode label here, if applicable

Facility Name: _____

Site #: _____

UAP ID no. _____

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 _____

Ultrasound Accreditation Modules and Examinations

Check all types of accreditation you are seeking based on the type of ultrasound services this site provides (e.g. OB, Gyn, General, Vascular). Check the type of images you intend to submit from this site. All views for one exam must be from the same patient. Exams submitted cannot be performed on models or volunteers.

OB Antepartum US only Clinical images from a total of 4 exams must be submitted.

All three trimesters

1st Trimester - 1 exam,

2nd Trimester - 2 exams,

3rd Trimester - 1 exam

OR

Any combination of two trimesters – 2 exams of each trimester (if 1st trimester, both examinations must be endovaginal)*

1st Trimester - 2 exams

2nd Trimester - 2 exams

3rd Trimester - 2 exams

OR

One Trimester only - 4 exams (if 1st trimester, 2 of which must be endovaginal)*

1st Trimester

2nd Trimester

3rd Trimester

* Keep in mind that your site will only be accredited for the trimester specific exams selected.

Gynecological US only Clinical images from a total of 4 exams must be submitted.

Female Pelvis – 1 endovaginal (Required)

Female Pelvis – 3 endovaginal or transabdominal

General US only Clinical images from a total of 4 exams must be submitted.

Upper abdominal ultrasound, complete (Required)

Choose 3 different exams from the following list:

Female Pelvis

Renal / Urinary Tract

Transrectal Prostate

Pediatric Neurosonology

Small Parts: check one

Scrotum

OR

Thyroid / Parathyroid

Vascular US. Choose 1 exam from each exam category performed at this site (A, B, C and/or D). The specific exam may be chosen from either subcategory (e.g., arterial or venous). You will be required to submit a normal and an abnormal case for each exam selected. (At least one certified vascular technologist is required to apply for vascular accreditation.)

A. Peripheral Exams:

Arterial

OR

Venous

Arterial occlusive disease

Thrombosis - lower extremities

B. Cerebrovascular Exams: Required if cerebrovascular performed

Extracranial: Duplex carotid (Bilateral)

C. Abdominal Exams:

Liver

OR

Renal

Liver vasculature (not TIPS)

Renal artery stenosis

Liver transplantation

TIPS

D. Deep Abdominal Exams:

Aorta and branches

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Facility Name: _____

Site #: _____

UAP ID no. _____

Describe the ultrasound unit(s) at this site.

Unit # _____ Room Location # _____

Date of last equipment eval/ physics survey: _____

Manufacturer *see code table* _____

If other, specify manufacturer: _____

Model Name: _____ Serial Number: _____

Year Manufactured: _____
Place unit label here, if applicable

¹ Fixed—stays in one exam room ² Fixed mobile—portable within a single geographic location ³ Mobile—on a van that changes location

Primary Recording System: Check one ¹ Multiformat camera ³ Laser camera ⁵ Thermal paper ⁷ Polaroid
² Videotape ⁴ Color printer ⁶ Digital storage

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 # _____

Date of last equipment eval/ physics survey: _____

Manufacturer *see code table* _____

If other, specify manufacturer: _____

Model Name: _____ Serial Number: _____

Year Manufactured: _____
Place unit label here, if applicable

¹ Fixed—stays in one exam room ² Fixed mobile—portable within a single geographic location ³ Mobile—on a van that changes location

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Serial number: _____

Unit # _____ Room Location # _____

Date of last equipment eval/ physics survey: _____

Manufacturer *see code table* _____

If other, specify manufacturer: _____

Model Name: _____ Serial Number: _____

Year Manufactured: _____
Place unit label here, if applicable

¹ Fixed—stays in one exam room ² Fixed mobile—portable within a single geographic location ³ Mobile—on a van that changes location

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Did this new unit replace an older one? ¹ No ² Yes Which unit does this replace? Model name: _____
Serial number: _____

Facility Name: _____

Site #: _____

UAP ID no. _____

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 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 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. 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 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 (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 e RADPEER™ 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.