

Place facility label here, if applicable

Facility Name: \_\_\_\_\_

**WORKSHEET ONLY  
YOU MUST APPLY ONLINE**

**ULTRASOUND ACCREDITATION PROGRAM MODALITY SECTION**

Supervising Physician: \_\_\_\_\_

Supervising Physician email address (This email will be used to send your Final Report and other important information. Please be sure that this is email is correct.): \_\_\_\_\_

Technologist/Sonographer Contact Person: \_\_\_\_\_ Technologist/Sonographer Contact Telephone: \_\_\_\_\_

Appointment Telephone: \_\_\_\_\_ Technologist/Sonographer E-mail Address: \_\_\_\_\_

How many units are there at this location? (enter a number): \_\_\_\_\_ Type of Submission for Clinical Images:  Film  CD

**Ultrasound Accreditation Modules and Examinations**

You must select all modules that are routinely performed. **DO NOT SEND IMAGES UNTIL NOTIFIED.** All views for one examination must be from the same patient. Exams submitted cannot be performed on models or volunteers.

**OB Antepartum US** Clinical images from a total of 4 exams must be submitted. Please select one option below.

**Option 1:** All three trimesters

**Option 2:** Any combination of two trimesters\*; please select two below.

**Option 3:** One trimester only\*; please select only one below.

1st Trimester endovaginal - 1 exam

1st Trimester Endovaginal - 2 exams

1st Trimester - 4 exams, 2 of which must be endovaginal

2nd Trimester - 2 exams

2nd Trimester - 2 exams

2nd Trimester - 4 exams

3rd Trimester - 1 exam

3rd Trimester - 2 exams

3rd Trimester - 4 exams

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

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

Female Pelvis Endovaginal- 1 (**Required**)

Please tell us how many of each additional exam type you will submit (for a total of 3 below).

Female Pelvis \_\_\_\_\_

Female Pelvis Endovaginal \_\_\_\_\_

**General US** Clinical images from a total of 4 exams must be submitted. Please select a pathway below.

This site performs upper abdominal exams.

This site does NOT perform upper abdominal exams.

Upper abdominal ultrasound, complete (**Required**)

Please tell us how many of each exam type you will submit (for a total of 4).

Choose 3 additional exams from the following list:

You MUST submit at least 1 exam from each category performed at your site. If you perform small parts, you must select at least 1 scrotal or 1 thyroid exam.

Upper Abdominal

Renal Urinary Tract \_\_\_\_\_

Renal / Urinary Tract

Transrectal Prostate \_\_\_\_\_

Transrectal Prostate

Pediatric Neurosonology \_\_\_\_\_

Pediatric Neurosonology

Small Parts:

Small Parts: *check one*

Scrotum \_\_\_\_\_

Scrotum OR

Thyroid

Thyroid \_\_\_\_\_

**Vascular US.** Choose 1 exam from each exam category performed at this site (A, B, C and/or D). You must submit 2 normal cases for each exam selected.

**A. Peripheral Exams:**

Arterial occlusive disease

Bypass graft

Thrombosis-lower extremities

Thrombosis - upper arm

Vein mapping

Incompetence

**B. Cerebrovascular Exams:**

Extracranial carotid

**C. Abdominal Exams:**

Liver vasculature

Liver transplantation

TIPS

Renal artery stenosis

Renal vein thrombosis

Renal artery thrombosis

**D. Deep Abdominal Exams:**

Aorta and branches

Inferior Vena Cava and draining veins

Place facility label here, if applicable

Facility Name: \_\_\_\_\_

Place UAP barcode label here, if applicable

Site #: \_\_\_\_\_ UAP ID no. \_\_\_\_\_

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

Unit # \_\_\_\_\_ Room Location # \_\_\_\_\_

Manufacturer *see code table* \_\_\_\_\_

Model Name: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Year Manufactured: \_\_\_\_\_

Place unit label here, if applicable

*If other, specify manufacturer:* \_\_\_\_\_

Operating Location:	<input type="checkbox"/> Fixed (services this facility only)	<input type="checkbox"/> Mobile (services more than one facility)
Date of last equipment evaluation/physics survey:	_____ (mm/dd/yyyy)	
Primary Recording System (select one):	<input type="checkbox"/> Multiformat camera	<input type="checkbox"/> Thermal paper
	<input type="checkbox"/> Digital storage	<input type="checkbox"/> Laser camera
	<input type="checkbox"/> Videotape	<input type="checkbox"/> Color printer
	<input type="checkbox"/> Polaroid	
<b>FOR EXISTING ULTRASOUND APPLICANTS ONLY:</b>		
Has the unit listed above been withdrawn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please provide the date it was inactivated: _____	
Is the unit listed above new since your last accreditation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, did this new unit replace an older one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Which unit does this replace?	<i>Model name:</i> _____	<i>Serial number:</i> _____

Unit # \_\_\_\_\_ Room Location # \_\_\_\_\_

Manufacturer *see code table* \_\_\_\_\_

Model Name: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Year Manufactured: \_\_\_\_\_

Place unit label here, if applicable

*If other, specify manufacturer:* \_\_\_\_\_

Operating Location:	<input type="checkbox"/> Fixed (services this facility only)	<input type="checkbox"/> Mobile (services more than one facility)
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	<input type="checkbox"/> Videotape	<input type="checkbox"/> Color printer
	<input type="checkbox"/> Polaroid	
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Which unit does this replace?	<i>Model name:</i> _____	<i>Serial number:</i> _____

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*

- 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 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™<sup>1</sup> or eRADPEER™<sup>2</sup> program for ultrasound?

<sup>1</sup> No <sup>2</sup> 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?

<sup>1</sup> No <sup>2</sup> 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?

<sup>1</sup> No <sup>2</sup> Yes

5. Does the peer review process allow for random selection of studies to be reviewed on a regularly scheduled basis?

<sup>1</sup> No <sup>2</sup> Yes

6. Are the exams and procedures representative of the work of each physician's specialty?

<sup>1</sup> No <sup>2</sup> Yes

7. Does the reviewer assess agreement of the original report with the subsequent review (or with surgical or pathological findings)?

<sup>1</sup> No <sup>2</sup> 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)?

<sup>1</sup> No <sup>2</sup> 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?

<sup>1</sup> No <sup>2</sup> Yes

10. Are summary statistics and comparisons generated for each physician by modality?

<sup>1</sup> No <sup>2</sup> Yes

11. Is there summary data for each facility/practice by modality? <sup>1</sup> No <sup>2</sup> Yes

<sup>1</sup> 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.

<sup>2</sup> 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](http://www.acr.org).