

## Ultrasound Accreditation Frequently Asked Questions

### Application – General

**Q. Can the other departments of the hospital get accredited by the ACR, eg, the ER or OB department?**

A. If the other departments meet the same personnel and equipment qualifications and are able to submit quality clinical images they may be accredited by the ACR.

**Q. What is the cost of ultrasound accreditation?**

A. There is a fee of \$1200 for any 1 module (OB antepartum, gynecological, general, or vascular), \$1400 for 2 modules, \$1500 for 3 modules and \$1600 for all 4 modules.

**Q. Can a facility apply for trimester-specific ultrasound accreditation?**

A. Yes. You can apply for accreditation on any 1 trimester, any combination of 2 trimesters or all 3 trimesters. If your selection includes the first trimester, 2 of the exams must be endovaginal.

**Q. How long does the accreditation process take?**

A. On average, the process takes 4 to 6 months from start to finish.

**Q. How much time do I have to return the testing package to the ACR?**

A. The testing materials are due 45 days from the date the testing materials were mailed to your facility. The time frame is based on calendar days. After you apply for accreditation, you will receive all of the testing materials and labels. The due date is printed on the labels you receive. The 45 day timeframe is to make sure your facility gets through the accreditation process in a timely manner. If your facility needs extra time, please call an ACR accreditation representative at (800) 770-0145 and ask for an extension.

**Q. From what time period may clinical images be collected?**

A. Clinical images should represent current practice. The time period is established using the date your application is processed by the ACR (two months before the date of the application and 45 days following the date of the application). Since we do not know exactly when the application will be processed, do not collect images until you have received instructions with the testing material.

**Q. Does the facility need to purchase a phantom?**

A. The use of a phantom test object is *optional* at this time. Therefore, questions relating to characteristics associated with system sensitivity, image uniformity, and safety may be answered without the use of a phantom as a test object. None of the questions in the quality control section represents failure criteria. The data supplied by you will serve as a basis for the development of a realistic quality control program for future inclusion in the Ultrasound Accreditation Program as well as criteria for use of a phantom.

**Q. What options does a site have if they fail the initial test cycle?**

A. Facilities that do not meet the initial evaluation criteria will only be required to re-submit the procedure that was deficient. Facilities that re-apply after deficiency are required to submit their request for re-application, along with the fee of \$600 within 15 days of their report.

**Q. My facility did not pass accreditation. May we appeal the decision? If so, what's involved?**

- A. Yes. Facilities that receive a deficiency or a failure may *appeal* the determination in writing within 15 days of the date of the final report. You must send the *original images for all of the submitted cases in the category that did not pass* along with a letter describing your reason for appealing. Only those images reviewed for the original determination (and having the original labels) will be considered during the appeal evaluation. These will be forwarded to an arbitrator (a reviewer who did not participate in the initial review) with a copy of the previous reviews and the appeal letter written by the facility. *No other images will be sent to the reviewer for consideration in the evaluation.* The arbitrator's determination will be final.

**Q. We recently appealed an adverse accreditation decision. When should we receive the results of the appeal?**

- A. You should receive the appeal results within *30 to 45 days* of the date all required appeal materials were received by the ACR.

## **Personnel**

**Q. Must all physicians obtain 150 hours of CME?**

- A. Physicians must have earned at least 15 CME in ultrasound (half of which must be category 1) over the prior 36-month period.

**Q. How many examinations must a physician interpret per year?**

- A. Following initial qualifications, the physician should maintain competence by regular interpretation and performance of diagnostic ultrasound examinations. A minimum average of 9 examinations per month over a 24 month period is required.

**Q. Must all sonographers have ARDMS or ARRT (sonography) certification at the time of initial accreditation?**

- A. All sonographers should have ARDMS or ARRT (sonography) certification or be eligible for certification.

**Q. Must all sonographers have ARDMS or ARRT (sonography) certification at the time of reaccreditation?**

- A. With the exception of recent graduates, all sonographers must be certified RDMS, RT(S), RT(VS), RVT, or RVS at the time of application for renewal of accreditation. (Noncertified technologists should obtain certification within 24 months of graduation or cross training.)

**Q. What is the requirement for vascular accreditation?**

- A. At least 1 technologist who is certified as a registered vascular technologist (RVT) by the ARDMS, a vascular sonographer (VS) by the ARRT, or a registered vascular specialist (RVS, also known as RCVT) by Cardiovascular Credentialing International (CCI) must be available when vascular exams are performed if vascular accreditation is requested.

## Accreditation Testing

**Q. May we use a model or a volunteer to obtain clinical images to submit for accreditation?**

- A. No. Any clinical image submitted for accreditation review must be of an actual patient who needed the examination. Use of volunteers or models, including staff from your facility is prohibited and may result in withholding, denial or revocation of accreditation. Attempting to “pass off” images taken from a volunteer or model as clinical images from a patient may constitute fraud.

**Q. A facility has chosen female pelvis in general ultrasound. Does the facility need to choose the GYN module?**

- A. Yes you are required to select the GYN module if you have selected a female pelvis in the General module.

**Q. Can endovaginal and transabdominal exams be submitted from the same patient as 2 different exams?**

- A. Endovaginal and transabdominal exams from 1 patient are considered 1 complete female pelvis exam, and both exams should be submitted.

**Q. How many female pelvis exams need to be submitted if a facility selects the GYN module as well as the female pelvis exam in the general module?**

- A. The facility must submit 5 complete female pelvis exams from 5 different patients.

**Q. Can abnormal examinations be submitted?**

- A.
- Clinical images for obstetrical and general accreditation should be normal exams.
  - Exams performed should be consistent with the ACR practice guidelines regarding ultrasound. Please refer to the Evaluation Attributes Document for additional guidance.
  - Vascular accreditation requires 1 normal and 1 abnormal case for each examination chosen. For vascular exams, include the diagnostic and physiologic criteria for interpretation. For arterial and carotid vascular work, the reports must contain results from noninvasive pressure testing, where appropriate, obtained either from the referral source or from actual testing performed at your own site of practice.

**Q. What type of case is considered an abnormal liver vasculature? Does it need to have a problem in the vasculature itself?**

- A. Abnormal liver vascular cases must include a vascular abnormality. An abnormality of the liver parenchyma does not qualify as an abnormal liver vasculature exam.

**Q. What are diagnostic criteria?**

- A. Diagnostic criteria are required only with the submission of vascular exams and should consist of a brief summary of the criteria the physician(s) at the facility use to determine normal vs abnormal exams. For duplex carotid exams, they should include the velocity table. Diagnostic criteria for DVT exams may include things like absence of thrombus, compressibility, phasic flow, and augmentation. There is no required format for your site’s criteria.

**Q. Can clinical images be submitted on thermal or other printer paper format?**

A. Images should be submitted in standard transparency form; however, images on thermal or other printer paper will be accepted. Videotapes are not accepted; however, CDs can be submitted. All images should be accompanied by the physician report. The physician report is used to confirm the date of examination and must include diagnostic physiologic and anatomic findings for all vascular exams. The physician report should follow the format outlined in the ACR Practice Guideline for Communication: Diagnostic Radiology. A sonographer or technologist worksheet does not take the place of the physician report.

**Q. Can the images be from a volunteer if a patient is not available?**

A.

- All clinical images must come from patient examinations.
- All views of an ultrasound examination must be from an examination performed on the same patient.

**Hint:** When submitting obstetrical images, choose examinations of a gestational age that allow all anatomy to be well demonstrated. First trimester examinations should include a fetal pole and allow the fetal heart rate to be documented. For ACR purposes, second trimester exams should be at least 18 but less than 26 weeks.

**Quality Assurance/Quality Control**

**Q. What type of quality control documentation should currently be in place?**

A. A quality assurance (QA) program should be in place for each scanner in the facility.

- The same tests must be performed during each testing period so that changes can be monitored over time and effective corrective action can be taken.
- Testing results, corrective action, and the effects of corrective action must be documented and maintained on-site.

The QA program *should* evaluate at least the following items in grayscale imaging mode.

- Photography and other hard copy recording
- Assurance of electrical and mechanical safety
- Acceptance testing of transducer frequency and focusing
- System sensitivity or penetration capability
- Image uniformity

Test Frequency

- QA tests should be done at least semiannually for each scanner.
- Test results must be documented so that trends in equipment performance can be identified and appropriate corrective action taken.

Transducers

- Tests should be done using 2 probes commonly used with any scanner employing more than 1 transducer.

**Q. What QC data needs to be submitted for accreditation?**

A. For each unit, submit a copy of your most recent physicist's or service engineer's report.