



ACR Learning Network

ImPower Application



Congratulations on taking the first step towards joining the Learning Network!

1. If you are not yet familiar with ImPower and the Learning Network, please watch our [introductory video](#) prior to completing this application.
2. To ensure you have all the information needed to fill out the application, you can download a PDF version of the application and review this in conjunction with organizational leadership as needed.
3. Your responses to the questions that follow provide insight about your team's readiness for a successful experience achieving performance improvement.
4. We encourage your honesty and candor in the application responses; your information will be kept in strict confidence during the application process.

If you have any questions while filling out the application, you can reach out to us using the following link: <https://learningnetworksupport.acr.org/support/tickets/new>

Thank you!
The ACR Learning Network Team

Please provide contact information for yourself and your organization.

Organization Information

An organization consists of one or more facilities who are aligned clinically, operationally, and financially and are working together towards a common purpose. Ex: Health system, National radiology practice, Independent Radiology Practice, etc.

Organization Name	
Organization URL	
Has your organization previously participated in an ImPower cohort?	<ul style="list-style-type: none">• Yes• No• Unsure

Facility Information

A facility refers to a physical location and encompasses staff, equipment, protocols, policies and procedures specific to that location. Staff may be associated with more than one facility, but each facility may have unique differences that must be evaluated separately. Please list the main hospital, or location where team leads operate, or central management team is located.

Facility Name	
Facility Street Address	
Facility City	
Facility State	
Facility Zip code	

Primary Contact Information

The primary contact is the person completing the application and the primary point of contact during the interview process.

Contact Name	
Contact Role at Organization	
Contact Email Address	
Contact Phone Number	

Physician Leader Contact Information

A physician leader is a physician who has a vested interest in the project’s success.

Physician Leader Name	
Physician Leader Role at Organization	
Physician Leader Email Address	

Operational Leader Contact Information

The operations leader is a member of departmental leadership who has management authority over staff, protocols, policies and procedures in the project’s modality. They can support improvement projects by protecting staff time for program training and project work, gaining cross-department alignment when needed, and ensure strong support from department leadership.

Operational Leader Name	
Operational Leader Role at Organization	
Operational Leader Email Address	

Please provide process improvement and quality improvement details about your organization.

Which improvement framework best describes your organization’s approach to improvement? Please select all that apply.	<ul style="list-style-type: none">• LEAN• Six Sigma• Model for Improvement• A3 Thinking• ImPower• No Current Efforts• Other: Please specify
Please select from the choices below how you will identify a QI Coach for your project. <i>A critical role on the project team is that of the Quality Improvement (QI) Coach. This role is</i>	<ul style="list-style-type: none">• A QI professional who works within my department.• A QI professional who is an organizational-wide resource

typically fulfilled by a QI professional within your organization.	<ul style="list-style-type: none"> • We have a leader or staff member who is willing to fulfill the role • We would hire an outside consultant • I don't know how we will identify a QI coach
For which collaborative are you applying? <i>Please note: if you wish to apply to multiple collaboratives or bring multiple projects to the General Improvement Group, please complete one application per collaborative or per project. Thank you!</i>	<ul style="list-style-type: none"> • Mammography Positioning • Prostate MR Image Quality • Lung Cancer Screening • Recommendations Follow-up • General Improvement Group • Other

Improvement Collaborative Specific Questions

We will now ask you questions about your organization's processes and workflow.

Please enter the appropriate information for the associated collaborative and workflow for which you are applying.

- Mammography Positioning = Mammography screening exams
- Prostate MR Image Quality = Prostate MRI exams
- Lung Cancer Screening = LCS LDCT exams
- Recommendations Follow-up = Incidental pulmonary nodule recommendations follow-up
- General Improvement Group = Specific proposed project

Mammography Positioning Improvement Collaborative

How many exams did your organization perform in the past 12 months in this imaging modality?	<i>If you are not sure, please provide your best guess. Numbers or ranges are welcome.</i>
Approximately, how many technologists work, full-time or part-time, at your organization in this imaging modality?	
Approximately how many Radiologists work, full-time or part-time, at your organization in this imaging modality?	
How willing is your organization to do weekly manual audits of exams during ImPower?	<ul style="list-style-type: none"> • Very willing • Somewhat willing • Not very willing • Not at all willing • Unsure
Do you currently evaluate image quality?	<ul style="list-style-type: none"> • Yes, by using AI software • Yes, by completing manual audits • Yes, by communicating radiologist feedback • No, we don't currently evaluate image quality

Prostate MR Image Quality Improvement Collaborative

How many exams did your organization perform in the past 12 months in this imaging modality?	<i>If you are not sure, please provide your best guess. Numbers or ranges are welcome.</i>
Approximately, how many technologists work, full-time or part-time, at your organization in this imaging modality?	
Approximately how many Radiologists work, full-time or part-time, at your organization in this imaging modality?	
What magnet strength do you use for prostate MRI?	<ul style="list-style-type: none">• 3T• 1.5T• Both• Unsure
Who manufactures your MRI equipment?	<ul style="list-style-type: none">• Siemens• GE• Philips• Toshiba• Unsure• Other: Please specify
Do you use an endorectal coil?	<ul style="list-style-type: none">• Yes• No• Unsure
Do you have specific guidelines to prepare patients for a prostate exam?	<ul style="list-style-type: none">• Yes• No• Unsure
What is included in your patient prep?	<ul style="list-style-type: none">• NPO• Enema• Restricted diet• Refrain from ejaculation• No patient preparation guidelines
How willing is your organization to do weekly manual audits of exams during ImPower?	<ul style="list-style-type: none">• Very willing• Somewhat willing• Not very willing• Not at all willing• Unsure
Do you currently evaluate image quality?	<ul style="list-style-type: none">• Yes, by using AI software• Yes, by completing manual audits• Yes, by communicating radiologist feedback• No, we don't currently evaluate image quality

Lung Cancer Screening Improvement Collaborative

<p>How many exams did your organization perform in the past 12 months in this imaging modality?</p>	<p><i>If you are not sure, please provide your best guess. Numbers or ranges are welcome.</i></p>
<p>Do you measure the number of patients eligible for lung cancer screening?</p>	<ul style="list-style-type: none"> • Yes • No • Unsure
<p>You mentioned that you measure the number of patients who are eligible for lung cancer screening. How do you calculate this?</p>	
<p>What software system or tracking systems are you using to follow LCS patients?</p>	<ul style="list-style-type: none"> • Excel / Manual • EPIC • Nuance • MedInformatix • Agamon • Lung View • Philips • Thynk Health • Eon • Cerner • Inflo • Other
<p>Which of the following describes your organization's status of a patient navigator?</p>	<ul style="list-style-type: none"> • We have multiple patient navigators • We have one patient navigator • We don't currently have a patient navigator, but we are actively planning to hire one. • We don't have a patient navigator and don't have any plans to hire one. • Unsure
<p>Which of the following best describes your relationship with your referring provider?</p>	<ul style="list-style-type: none"> • We meet as a multi-disciplinary team to discuss LCS • We don't meet as a team, but we have consistent communication with our provider clinics • We don't talk routinely, but we feel comfortable reaching out regarding patient care • We don't have a relationship with our referring providers • Unsure

Recommendations Follow-up Improvement Collaborative

How many exams did your organization perform in the past 12 months in this imaging modality?	<i>If you are not sure, please provide your best guess. Numbers or ranges are welcome.</i>
Do you currently evaluate the quality of follow-up recommendations made for incidental pulmonary nodules?	<ul style="list-style-type: none"> • Yes • No • Unsure
What software or tracking systems are you using to manage patients?	<ul style="list-style-type: none"> • Excel / Manual • Epic • Cerner • Nuance • Eon • Inflo • Medtronic • Agamon • Radloop • Other
What percentage of your incidental pulmonary nodule follow-up recommendations are being completed in the proposed or indicated timeframe?	<ul style="list-style-type: none"> • 0 - 20% • 21 - 40% • 41 - 60% • 61% or greater • Unsure • Not currently tracking
How willing is your organization to do weekly manual audits of exams during ImPower?	<ul style="list-style-type: none"> • Very willing • Somewhat willing • Not very willing • Not at all willing • Unsure
Do you currently evaluate image quality?	<ul style="list-style-type: none"> • Yes, by using AI software • Yes, by completing manual audits • Yes, by communicating radiologist feedback • No, we don't currently evaluate image quality

General Improvement Group and Other

Please provide a brief summary of the problem that you're trying to solve.	
What modality or modalities would be involved in the project? <i>Please select all that apply</i>	<ul style="list-style-type: none"> • X-ray • CT • MR

	<ul style="list-style-type: none"> • US • NM • Mammo • IT • 3D Lab • Research • Other: Please specify
<p>Has your organization already tried to solve this problem within the specified modality/modalities or elsewhere within your organization?</p>	<ul style="list-style-type: none"> • Yes • No • Unsure

Willingness to Commit Resources and Defining Success

<p>How willing is your organization to commit this staff time? <i>Each project team will consist of 4 - 6 frontline staff and leaders; each team member will need to participate between 4 - 6 hours/week for the duration of the project.</i></p>	<ul style="list-style-type: none"> • Very willing to commit • Somewhat willing to commit • Not very willing to commit • Not at all willing to commit • Unsure
<p>By participating in ImPower, what would success look like for your organization?</p>	

Organization Demographics

Just a few final questions! Please tell us about your organization's practice type and setting.

<p>Which of the following best reflects your current site or place of employment or practice? If you have multiple sites, please think about the site at which improvement project will occur.</p>	<ul style="list-style-type: none"> • Academic practice (university, medical center, municipality, state, or medical school) • Independent private practice radiology group • National radiology practice/entity, which is supported by private equity or venture capital • Hospital, hospital system, or hospital-affiliated physician practice group • Non-hospital affiliated physician practice group or multi-specialty entity • Uniformed services - Army, Navy, Air Force, Marines, Coast Guard, Public Health • VA or other government practice
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	<ul style="list-style-type: none"> • Teleradiology • Locum Tenens • Other
Would you describe the setting of your practice or employment to be primarily...	<ul style="list-style-type: none"> • Urban • Suburban • Rural • Unsure

Next Steps.....

After application submission, you will be contacted by ACR Learning Network to schedule an interview.

If you are accepted to join an ImPower cohort, you will need to sign a Participation Agreement and pay the ImPower fee.

To avoid delays in participation, please provide contact information for these items below to the best of your availability.

Participation Agreement

Please tell us the person that has the legal authority to execute a Participation Agreement on behalf of your organization.

An agreement will be needed prior to participating in ImPower. To avoid delays in signing the agreement, it is helpful to notify the person you list as the signatory that they will be receiving an email from DocuSign shortly.

Participation Agreement Signatory Name	
Signatory Role at Organization	
Signatory Email	

Accounts Payable Contact Information

There is a fee to participate in the ImPower program. Please indicate who and where we should direct the invoice.

Accounts Payable Contact Name	
Accounts Payable Contact Email	
Invoice Address is	<ul style="list-style-type: none"> • Same as facility address • Different than facility address, I'll specify
Invoice Street Address	
Invoice City	
Invoice State	
Invoice Zip code	