ACR LEARNING
NETWORK

Dear Learning Network Applicant,

We are delighted you are applying to participate in the ACR Learning Network!

Your responses to the application questions will provide insight about your team's readiness for a successful experience achieving performance improvement as we embark on working with a second cohort of sites in the network's improvement collaboratives.

The ACR envisions an ongoing and exciting future of supporting a learning network framework to help sites of all readiness levels pursue diagnostic excellence.

Thank you for your participation interest at the forefront of this program. We will keep your application information in strict confidence.

The ACR Learning Network Team

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We wanted to begin first with some background information about you and your organization.

* 1. Your organization's name, State/Territory, and website, if appropriate

Your organization's name

City/Town

State/Province   -- select state --

Website URL:

* 2. Your Name, role at the organization, and contact information

Your Name

Role at Organization

Email Address

Phone Number

3. Operations Lead

Name

Role at Organization

4. Physician Lead

Name

Role at Organization

We want to ask some general information questions about what types of formal and informal process you may have in place to exchange information and to solve any issues.

* 5. Which improvement framework **best** describes your organization's approach to improvement? Please select all that apply.

☐ LEAN

☐ Six Sigma

☐ Model for Improvement

☐ A3 Thinking

☐ No current efforts

☐ Other (please specify)

[   ]

* 6. How often do colleagues within your department, such as *techs, radiologists and operational leaders*, collaborate to share best practices and/or discuss any issues?

◯ Daily

◯ Weekly

◯ Monthly

◯ Quarterly

◯ Less often / Not sure

* 7. And, how often does your team collaborate, generally, with **_other_ _groups within your_ _organization_**, such as IT/EMR, referring physicians, scheduling - to share best practices and/or discuss any issues?

○ Daily

○ Weekly

○ Monthly

○ Quarterly

○ Less often / Not sure

8. Could you tell us a bit more about collaboration within your group and other groups in your organization?

Can you share an example of collaboration and/or your insights into what drives frequency of collaboration?

* 9. How much do you think the statement: *My organization has quality improvement resources available to us* - describes your organization?

○ Describes my organization well

○ Desribes my organization somewhat

○ Does not describe my organization

○ Not sure

* 10. How much do you think the statement: *My department has clearly defined quality improvement roles (ex, Vice Chair of quality, Quality Improvement manager)* - describes my organization?

○ Describes my organization well

○ Describes my organization somewhat

○ Does not describe my organization

○ Not sure

* 11. How much do you think the statement: *The managers and supervisors are responsible for leading quality improvement* - describes my organization?

- ◯ Describes my organization well
- ◯ Describes my organization somewhat
- ◯ Does not describe my organization
- ◯ Not sure

12. Which of the following types of data/reporting do you use? Please select all that apply.

- ☐ Visualizing operational resources
- ☐ Monitoring key performance indicators (KPIs)
- ☐ Maintaining image quality
- ☐ Accessing raw data sets (e.g., RIS/EHR data)

13. How often do you use those data sets?

	Daily	Weekly	Monthly	Quarterly	Less often / Not sure
Visualizing operational resources	○	○	○	○	○
Monitoring key performance indicators (KPIs)	○	○	○	○	○
Maintaining image quality	○	○	○	○	○
Accessing raw data sets (e.g., RIS/EHR data)	○	○	○	○	○

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* 14. For which collaborative are you applying?

If you wish to apply to multiple collaboratives, please use the link to this survey more than once. Thank you!

◯ Mammography Positioning

◯ Prostate MR Image Quality

◯ Lung Cancer Screening

◯ Incidental Pulmonary Nodule Recommendations Follow-up

◯ Other (please specify)

[   ]

◯ None of the above

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Mammography Positioning Questions

We want to ask you just a few background questions about your *Mammography practice.*

15. Approximately how many **Mammography <u>screening exams</u>** did your organization perform in the past 12 months?
If you are not sure, please provide your best guess. Numbers or ranges are welcome.

[   ]

16. Approximately how many Mammography **<u>technologists</u>** work, full-time or part-time, at your organization?
If you are not sure, please provide your best guess. Numbers or ranges are welcome.

[   ]

17. Approximately how many Mammography **<u>radiologists</u>** work, full-time or part-time, at your organization?
If you are not sure, please provide your best guess. Numbers or ranges are welcome.

[   ]

18. How willing is your organization to do manual audits of exams?

○ Very willing

○ Somewhat willing

○ Not very willing

○ Not at all willing

19. What do you currently perceive are your site's **<u>challenges</u>** in mammography positioning?

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Prostate MR Image Quality Questions

We want to ask you just a few background questions about your practice's experience with *Prostate MRI*.

20. Approximately how many **Prostate MRI exams** did your organization perform in the past 12 months?
If you are not sure, please provide your best guess. Numbers or ranges are welcome.

[   ]

* 21. What magnet strength do you use for prostate MRI?

◯ 3T

◯ 1.5T

◯ Both

◯ Unsure

* 22. Who manufactures your MRI equipment? Please check all that may apply

☐ Siemens

☐ GE

☐ Philips

☐ Toshiba

☐ Unsure

☐ Other (please specify)

[   ]

* 23. Do you use an endorectal coil?

○ Yes

○ No

○ Unsure

* 24. Do you have any recommendations for patient preparation?

○ Yes

○ No

○ Not sure

* 25. Do you have a mechanism for QA of prostate MR exams?

○ Yes

○ No

○ Unsure

Lung Cancer Screening Questions

We want to ask you just a few background questions about your practice's experience with Lung Cancer Screening.

26. Approximately how many <u>Low Dose CT volume</u> (screening and diagnostic exams) did your organization perform in the past 12 months?
If you are not sure, please provide your best guess. Numbers or ranges are welcome.

[   ]

* 27. Do you measure the number of patients eligible for lung cancer screening?

◯ Yes

◯ No

◯ Not sure

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28. You mentioned that you measure the number of people who are eligible for Lung Cancer Screening. How do you calculate this?

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* 29. Which of the following describes your organization's status of a patient navigator?

◯ We have one (or more) patient navigator(s) in place

◯ We don't currently have a patient navigator, but we are actively planning to hire a patient navigator

◯ We don't have a patient navigator and don't have any plans to hire one

◯ Not sure

* 30. Which of the following best describes your relationship with your referring provider?

◯ We meet as a mult-disciplinary team to discuss LCS

◯ We don't meet as a team, but we have open communication with provider clinic

◯ We don't talk routinely, but we feel comfortable reach out for patient care

◯ We do not have a relationship with referring provider

◯ Not sure

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Recommendations Follow-up Questions

We want to ask you just a few background questions about your practice's experience with *Incidental Pulmonary Nodule Recommendations Follow-up.*

* 31. Do you currently evaluate the quality of recommendations made for incidental pulmonary nodules?

○ Yes

○ No

○ Not sure

* 32. What type of system for incidental pulmonary nodule recommendations follow-up do you have?

○ Automated system

○ Person

○ Automated system and person

○ Other (please specify)

[   ]

○ We don't have a system

33. What percentage of your incidental pulmonary nodule recommendations are being completed in the proposed or indicated timeframe?

○ 0 to 20%

○ 21 to 40%

○ 41 to 60%

○ 61% or greater

○ Not sure

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Willingness to Commit Human Resources & Defining Success

* 34. How willing is your organization to commit human (time and effort of front-line staff) resources to quality improvement assignments, training, process?

○ Very willing to commit

○ Somewhat willing to commit

○ Not very willing to commit

○ Not at all willing to commit

○ Not sure

35. What does success look like for your organization with the deployment of this program?

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Just a few questions for classification purposes only.

* 36. 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.   Please select one answer.

○ 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

○ Teleradiology

○ Locum Tenens

○ Other (please specify)

[   ]

* 37. Would you describe the setting of your practice or employment to be primarily...

○ Urban

○ Suburban

○ Rural

○ Not sure

Thank you! We very much appreciate your time and participation!

If you would like to apply to another collaborative, please click on the following link: LINK TO NEW APPLICATION