



IAC Accreditation Checklist for CT

A guide to applying for IAC CT accreditation.

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Step 1: Getting Started

Review the *IAC Standards & Guidelines for CT Accreditation*

The *Standards* are the basis for the IAC CT accreditation program and can be downloaded at www.intersocietal.org/ct/%20seeking/ct_standards.htm.

Perform a Thorough Facility Self-Assessment

Prior to completing the online application, facilities should ensure policies, protocols, images and final reports comply with the *IAC Standards*.

Create or Access Existing IAC Online Accreditation Account

To apply for IAC accreditation, login to your existing account (iaconlineaccreditation.org) or create a new IAC Online Accreditation account. To learn more about accessing or creating an Online Accreditation account, please visit iaconlineaccreditation.org/webdriver/AcctAssistance.aspx.

For facilities applying for reaccreditation, the IAC QuickFill Reaccreditation (www.intersocietal.org/QuickFill) feature retains previous application data (answers and attachments) and copies the information into your reaccreditation application, making reaccreditation easier than ever.

Step 2: Gather Information for Submission

Physician Medical License (for each state in which the facility is located)

Credential Information (e.g., ABMS or board certification for physicians; RT (R), RT (R)(CT) for technologists)

Certificates of Training and/or Experience (e.g., certificate of radiation safety training, CT equipment training)

CME/CE Information (for all medical staff and technical staff) - All staff members are required to have a minimum of 15 hours of CME/CE relevant to CT every three years. This documentation must be kept on file at the facility and available for review.

CT Unit Information and Documentation

Manufacturer, model, serial number, software version, date of installation, maximum slice capacity or cone beam

Report of acceptance test performed at the time of CT unit installation or CT system upgrade

Routine operator quality control (QC) documentation (phantom images and log sheets)

Report of preventative maintenance (PM) performed by the service engineer within the past 12 months (prior to date that the application will be submitted)

- Annual survey of image quality and radiation dose performed by a medical physicist or qualified expert within the past 12 months (prior to date that the application will be submitted)
- Post Installation Radiation Shielding Verification Survey (for new applicants or facilities that have replaced their CT unit since their prior application)

Policies and Protocols

- Preliminary and Final Interpretations Discrepancy Policy** (*only required if preliminary reports are generated*) - A mechanism for communicating any significant changes must be defined for those situations in which the final interpretation differs significantly from the preliminary report.
- Patient and Employee Safety Policy** - A policy to ensure patient and employee safety to include, patient radiation safety and personnel radiation exposure monitoring
- Acute Medical Emergency Policy** - A written policy for patient management that includes rapid recognition, response, and handling of the emergency situation.
- Incident Report Policy** (*e.g., extravasations, patient falls*) - A policy for documentation of incidents (adverse events) in the facility.
- Patient Confidentiality Policy** - A policy that all facility personnel must ascribe to professional principles of patient confidentiality as legally required by federal (HIPAA), state, local or institutional policy or regulation.
- Patient Identification Policy** - A policy that outlines the process that assures accurate patient identification immediately prior to initiating the procedure.
- Patient Pre-test Preparation Policy** (*if applicable*) - A policy for identifying and administering any necessary pre-test preparations (i.e., assessment of contraindications or sensitivities to intravenous contrast, administration of oral and/or intravenous contrast.)
- Patient Pregnancy Screening Policy** - A policy that outlines process that assures that patients who could be pregnant are identified. This must be documented and contain the signature/initials of the patient and/or technologist verifying the information. This procedure must include an explanation of the proper steps to be taken if a patient may be or is pregnant.
- Patient Complaint Policy** - A policy that outlines the process for patients to issue a complaint/ grievance in reference to the care/services they received at your facility.
- Primary Source Verification Policy** - A policy for verifying all medical and technical staff member credentials through the applicable issuing agencies.
- Medication and Contrast Administration and Supervision Policy** (*if applicable*) - A policy that delegates the supervision of the administration of contrast and/or medication administration to alternative licensed providers if the Medical Director or medical staff are not present.

Imaging Protocols

Imaging protocols for all CT examinations performed on adult and pediatric patients that include:

- title of CT examination and documentation of whether the imaging protocol is for an adult or pediatric patient;
- all technical factors (kV, mA, scan time, field of view, pitch, slice thickness, etc.); and
- effective (pre-determined) radiation dose.

Comment: Imaging protocols may be based on age, size or weight. All pediatric imaging protocols must contain technical factors that yield a lower radiation dose than the adult imaging protocol for the same anatomical region.

Quality Improvement

- A written process (policy) must be in place that outlines the periodic assessment of all QI measures:
 - Test Appropriateness (Appropriate Use Criteria – AUC)
 - Technical Quality (Clinical Image Quality) and Safety of the Imaging Process
 - Interpretive Quality (Report Accuracy)
 - Report Completeness and Timeliness
 - Radiation Safety (patient radiation dose, staff occupational radiation monitoring)
- The minutes of the most recent two QI Committee meetings (for applications of reaccreditation) that include the results of periodic quality assessments of the QI measures and notations of corrective action plans (if appropriate).
Note: The *Standards* requires that QI Committee meetings are convened at least twice each year (i.e., biannually).
- Documentation of patient radiation dose tracking for each CT unit included in the application that includes the data for 30 consecutively performed CT examinations. Note: It is highly recommended to use the [Facility CT Dose Tracker](#).

Sample versions of policies, QI meeting minutes and protocols listed above can be found at www.intersocietal.org/ct/seeking/sample_documents.htm.

Case Study Requirements

Applicant facilities must submit six case studies for each CT scanner for review of the interpretive and technical (clinical image) quality. **Each case study to be submitted must have been performed within 12 months prior to the date of submission of the application and must contain:**

- the final report;
- a completed CT Scan Parameter Form (download at www.intersocietal.org/ct/seeking/case_studies.htm); and
- all images (source and reconstructed) that have been reviewed by the interpreting physician.

The case studies to be submitted must demonstrate an extensive variety of CT examinations that include:

- all testing areas selected in the application (e.g., Coronary Calcium Scoring CT; Coronary CTA; Neurological CT and Acute Stroke; Maxillofacial CT Body CT and Low Dose CT [LDCT] Lung Cancer Screening; and Vascular CTA).
e.g., If your facility is applying in one testing area, you must submit six case studies for that testing area. If your facility is applying in two testing areas, you must submit three cases for each testing area.
- as many different CT examinations performed at the facility for each testing area selected
e.g., neurological CT - brain, lumbar spine, cervical spine, etc.; body CT - abdomen, chest, extremity, etc.
- as many different medical staff members who interpret CT examinations and technical staff members who perform CT examinations. All case studies to be submitted must have been interpreted and performed by current medical and technical staff members. At least one case study interpreted by the Medical Director must be submitted.
- some type of pathology

Case Study Requirements (Listed by Testing Area)

<input type="checkbox"/>	<p>Body CT</p> <p>Soft Tissue Neck without, with, or without and with intravenous contrast that must demonstrate pathology such as:</p> <ul style="list-style-type: none"> • Tumor • Cancer / metastasis • Vocal cord disorder • Other pathology <p>Chest (non-cardiac) without, with, or without and with intravenous contrast that must demonstrate pathology such as:</p> <ul style="list-style-type: none"> • Tumor • Cancer / metastasis • Pulmonary nodule • COPD / emphysema • Pneumothorax • Other pathology <p>*Low Dose CT Lung Cancer Screening that must demonstrate pathology such as:</p> <ul style="list-style-type: none"> • Pulmonary nodule • Tumor • Cancer / metastasis • Emphysema / COPD • Other pathology <p><i>*Low Dose CT Lung Cancer Screening Accreditation: If applying in Body CT and Low Dose CT Lung Cancer Screening, at least one Low Dose CT (LDCT) Lung Cancer Screening case study must be submitted that demonstrates some pathology. If applying in Body CT for ONLY Low Dose CT (LDCT) Lung Cancer Screening, all submitted case studies for the Low Dose CT (LDCT) Lung Cancer Screening examinations must demonstrate various pathologies. All Low Dose CT Lung Cancer Screening questions in the application must be answered. Refer to the Appendix in the IAC Standards and Guidelines for CT Accreditation for guidance.</i></p>	<p>Abdomen without, with, or without and with intravenous contrast that must demonstrate pathology such as:</p> <ul style="list-style-type: none"> • Tumor • Cancer / metastasis • Liver pathology (e.g., hepatitis, hemangioma, etc.) • GI pathology (e.g., hernia, obstruction, etc.) • Renal pathology (e.g., cyst, stone, etc.) • Adrenal pathology (e.g., cyst, tumor, etc.) • Pancreatic pathology (e.g., pancreatitis, etc.) • Other pathology <p>Pelvis without, with, or without and with intravenous contrast that must demonstrate pathology such as:</p> <ul style="list-style-type: none"> • GU pathology (e.g., bladder cancer, tumor, calcification, etc.) • Uterine / ovarian pathology (e.g., fibroid, cyst, tumor, etc.) • Prostate pathology (e.g., cancer, BPH, etc.) <p>Extremity – Upper (shoulder, humerus, elbow, forearm, wrist, hand) or Lower (boney pelvis, hip, femur, knee, lower leg, ankle, foot) that must demonstrate pathology such as:</p> <ul style="list-style-type: none"> • Fracture • Arthritis • Tumor / cancer / metastasis • Post-surgery • Other pathology <p>CT examination that includes multiple anatomic regions such as soft tissue neck, chest, abdomen, and/or pelvis - without, with, or without and with intravenous contrast that must demonstrate pathology such as:</p> <ul style="list-style-type: none"> • Tumor / cancer / metastasis • GI pathology • GU pathology • Other pathology
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Coronary Calcium Scoring CT (CCS)

The case study submissions must demonstrate as many different types of CCS examinations performed at the facility as possible. All case study submissions must contain pathology such as:

- Mildly elevated calcium score
- Severely elevated calcium score
- Valvular / annular calcification
- Extra coronary pathology
- Other pathology



Coronary CTA

The case study submissions must demonstrate as many different types of Coronary CTA examinations performed at the facility as possible. All case study submissions must contain pathology such as:

- Obstructive CAD
- Non-obstructive CAD
- LV dysfunction secondary to myocardial infarction
- Prior coronary bypass
- Other pathology related to coronary arteries (e.g., left main, LAD, RCA, circumflex)
- Other pathology related to cardiac anatomy (e.g., LV, bicuspid valve, tricuspid valve, LA, LV, RA, RV)



Maxillofacial CT

For facilities/CT units that perform various types of CT examinations of MAXILLOFACIAL CT:

Temporal Bone that must demonstrate pathology such as:

- Mastoiditis
- Cholesteatoma
- Tumor / cancer
- Other pathology

Sinus that must demonstrate pathology such as:

- Chronic sinusitis
- Deviated nasal septum
- Polyps
- Trauma / fracture
- Other pathology

Orbits without, with, or without and with intravenous contrast that must demonstrate pathology such as:

- Tumor / cancer
- Trauma / fracture
- Other pathology

Facial Bones without, with, or without and with intravenous contrast that must demonstrate pathology such as:

- Tumor / cancer / metastasis
- Trauma / fracture
- Other pathology

Mandible that must demonstrate pathology such as:

- Tumor / cancer
- Trauma / fracture
- Dental pathology
- Other pathology

For facilities/CT units that perform CT examinations of SINUS ONLY:

Sinus that must demonstrate pathology such as:

- Chronic sinusitis
- Deviated nasal septum
- Polyps
- Trauma / fracture
- Other pathology



Neurological CT

For facilities/CT units that perform CT examinations of BRAIN ONLY:

Brain without, with, or without and with intravenous contrast that must demonstrate pathology such as:

- Acute stroke*
- Follow-up TIA
- Tumor
- Trauma / fracture
- Other pathology

For facilities/CT units that perform CT examinations of BRAIN AND SPINE:

Brain without, with, or without and with intravenous contrast that must demonstrate pathology such as:

- Acute stroke*
- Follow-up TIA
- Tumor
- Trauma / fracture
- Other pathology

Cervical Spine that must demonstrate pathology such as:

- Trauma / fracture
- Herniated disc
- Tumor / cancer
- Other pathology

Thoracic Spine that must demonstrate pathology such as:

- Trauma / fracture
- Herniated disc
- Tumor / cancer
- Other pathology

Lumbar Spine that must demonstrate pathology such as:

- Trauma / fracture
- Herniated disc
- Tumor / cancer
- Other pathology

**Acute Stroke Accreditation – Facilities that apply for Acute Stroke Accreditation must submit at least one acute stroke brain CT examination that demonstrate some pathology. The Acute Stroke Imaging questions in the application must be answered. Refer to the Appendix in the IAC Standards and Guidelines for CT Accreditation for guidance.*



Vascular CTA

Intracranial / Cerebral CTA that must demonstrate pathology such as:

- TIA
- Stenosis
- Aneurysm
- Other pathology

Extracranial CTA (carotid, vertebral, subclavian) that must demonstrate pathology such as:

- Stenosis
- Aneurysm
- Post-stent placement
- Post-endarterectomy
- Trauma
- Other pathology

Aorta (arch, thoracic, abdominal) that must demonstrate pathology such as:

- Stenosis
- Aneurysm
- Post-surgery (e.g., endovascular stent placement)
- Other pathology

Chest / Pulmonary (non-cardiac) that must demonstrate pathology such as:

- Pulmonary embolism
- Follow-up / post-anticoagulant therapy
- Other pathology

Extremity (upper or lower) that must demonstrate pathology such as:

- Stenosis
- Aneurysm
- Trauma
- Post-surgery (e.g., stent placement, bypass)
- Other pathology

Brain perfusion that must demonstrate pathology such as:

- TIA

For complete details on case study submission, please visit www.intersocietal.org/ct/seeking/case_studies.htm.

Step 3: Complete Online Application

- IAC Online Accreditation has two major aspects: an account profile and an application questionnaire.** After completing required fields and sections of the account profile (Manage Staff, Manage Sites and Manage Equipment), proceed to the questionnaire by clicking the *Applications* tab.
- It is within the questionnaire that applicant facilities will provide detailed information about the facility and upload the supporting documentation (detailed above in Step 2). For facilities applying for reaccreditation, the IAC QuickFill Reaccreditation feature retains and copies previous application data into your reaccreditation application.
- When the questionnaire is completed, the [Begin Pre-submission Check] button is presented on the Conclusion screen. Once the pre-submission case requirements check is initiated, changes to the application are not permitted unless the IAC staff find errors in the case selection.

Step 4: Pre-Submission Case Study Requirements Check

- About two weeks prior to the expected final submission date, the pre-submission case study requirements check must be initiated. IAC staff will review case study documentation in the application to ensure accurate case study selection, staff and site representation.
- Facilities will receive an e-mail from the IAC within two business days to update their case study documentation, as requested, or proceed to final submission.
- The check is performed to provide a more efficient application submission and review process for the facility. **Case study images should not be uploaded until the pre-submission case study check is complete.**
- Once the pre-submission case study requirements check has been completed and any errors rectified, you will proceed to final submission via the conclusion screen of the online application (see Step 5).

Step 5: Submitting the Application

- During final submission, the payment method will be selected, and you will be instructed to upload the case study images and fee* (if paid by check) within 5 business days.
- Effective January 1, 2021, shipped case study materials are no longer accepted.** Facilities are now required to upload all materials through IAC's HIPAA-compliant, secure medical imaging sharing service. [View Instructions»](#)

For more details on uploading cases, please visit www.intersocietal.org/case-uploads.

**The application fee paid during final submission covers the three-year accreditation cycle. View the complete fee structure at www.intersocietal.org/ct/seeking/fees.htm.*

Step 6: After You Submit

- After submission, the application is locked and becomes your final application submission. A read-only copy of the submitted application questionnaire is accessible by using the Applications link (click on Online Application Tools icon) in your Online Accreditation account.
- Upon submission of the application and case studies the IAC will begin the internal review process. The internal review, peer review and board review are conducted prior to a decision being rendered.
- The application review process takes approximately 8 to 10 weeks* to complete. The accreditation decision will be provided to the facility via a notification letter that may be downloaded from the Online Accreditation account.

**For expedited applications, ensure that the case study images and QC phantom images are received by the IAC within two business days after final submission of the application.*

Quick Links

- Sample Documents (www.intersocietal.org/ct/seeking/sample_documents.htm)
- Upcoming Webinars (www.intersocietal.org/ct/main/upcoming_events.htm)
- On Demand Webcasts (www.intersocietal.org/ct/main/on_demand.htm)
- Frequently Asked Questions (www.intersocietal.org/ct/main/faq.htm)
- CME Resources (www.intersocietal.org/ct/main/cme_resources.htm)
- Quality Improvement (QI) Self-Assessment Tool (www.intersocietal.org/QITool)

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