IAC Accreditation Checklist
for Dental CT

A guide to applying for IAC Dental CT accreditation.

Step 1: Getting Started

☐ **Review the *IAC Standards & Guidelines Dental CT Accreditation***
The *Standards* are the basis for the IAC Dental CT accreditation program and can be downloaded at www.intersocietal.org/programs/ct-dental-ct/standards. These *Standards* define the complete, minimum requirements for which an accredited practice is held accountable.

☐ **Perform a Thorough Practice Self-Assessment**
Prior to beginning the accreditation application, applicant practices should review current policies, protocols and final reports to ensure compliance with the *IAC Standards*.

☐ **Create or Access Existing IAC Online Accreditation Account**
To access the IAC Online Accreditation application, login to your existing account (iaconlineaccreditation.org) **or** create a new IAC Online Accreditation account (if you're a first-time applicant). To learn more about accessing or creating an Online Accreditation account, please visit iaconlineaccreditation.org/webdriver/AcctAssistance.aspx.

Step 2: Gather Information for Submission

☐ **Dentist or Physician State License** (for each state in which the practice is located)

☐ **Credential Information** (i.e., ADA or ABMS board certification for dentists or physicians; state license or national certification for dental hygienists and/or dental assistants)

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

☐ **Continuing Medical Education (CME) / Continuing Education (CE) Information for All Staff** (must be kept on file and available for submission to the IAC upon request) - All staff members are required to have a minimum of 15 hours of CME/CE relevant to Dental CT every three years.

Helpful Resource – Continuing Education (CE/CME) Finder
Looking for CE/CME? Visit the CE/CME course calendar on the IAC website to search through a robust calendar of in-person, virtual and on-demand courses.

CT Unit Information and Documentation

☐ Manufacturer, Model, Serial Number, Date of Installation, Year of Manufacture

☐ 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) *(only if seeking reaccreditation)*

☐ Post Installation Radiation Shielding Verification Survey (for new equipment or equipment included in the previous accreditation that has had a major change within the past three years)

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 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.

<u>Imaging Protocols</u> (for all dental CT examinations performed on adult and pediatric patients) that include:

☐   a title of the specific CT examination and documentation of whether the imaging protocol is for an adult or pediatric patient;

☐   all specific technical factors (e.g., kVp, mA, scan time, field of view, slice thickness, etc.); and

☐   average/estimated patient 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 Dental CT Dose Tracker.

> **Helpful Resource – Sample Document Repository**
> Sample versions of policies and protocols listed above can be found in the IAC Sample Document Repository
> >> Select Dental CT under modality or use the search bar.

Case Study Requirements

Applicant practices must submit a total of six case studies for each CT unit for peer 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 Dental CT Scan Parameter Form; and
- all images (source and reconstructed) that have been reviewed by the interpreting physician.

The case studies to be submitted must include:

- As many different dental/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 dental/medical and technical staff members. At least one case study interpreted by the Dental/Medical Director must be submitted.

- Demonstrate some pathology such as:

  - Dentoalveolar Pathology
  - Impacted Teeth
  - Maxillofacial Trauma
  - Congenital Deformities

  - Maxillofacial or Dental Infection
  - TMJ Disorder
  - Dental Implant Treatment Planning
  - Post-op Treatment

For details and instructions on case study image submission, please visit www.intersocietal.org/case-study-upload-submission.

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 practices will provide detailed information about the practice and upload the supporting documentation (detailed above in Step 2). For practices 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.

☐ Practices 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 practice. **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 and submit case study images (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.** Practices are now required to upload all materials through IAC's HIPAA-compliant, secure medical imaging sharing service.
For more details on uploading cases, please visit www.intersocietal.org/case-study-upload-submission.

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

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 practice via a notification letter that may be downloaded from the Online Accreditation account.
For expedited applications, ensure that the case study images are received by the IAC within two business days after final submission of the application.

Helpful Resource – Quick Links
Upcoming Webinars | On Demand Webcasts | Marketing Your IAC Accreditation