IAC Accreditation Checklist
for MRI

A guide to applying for accreditation.

Step 1: Getting Started

☐ Review the *IAC Standards and Guidelines for MRI Accreditation*
The *Standards* are the basis for the IAC MRI accreditation program and can be downloaded at www.intersocietal.org/programs/mri/standards. These *Standards* define the complete, minimum requirements for which an accredited facility is held accountable.

☐ Perform a Thorough Facility Self-Assessment
Prior to beginning the accreditation application, applicant facilities 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, log in to your existing account (iaconlineaccreditation.org) **or** create a new account (first-time applicants only). To learn more about accessing or creating an account, please visit iaconlineaccreditation.org/webdriver/AcctAssistance.aspx.

☐ Applying for Reaccreditation?
Facilities applying for reaccreditation should login to their existing IAC Online Accreditation account and verify all their facility details and staff contact information is accurate and current prior to starting a new application. For details and resources related to applying for reaccreditation, visit www.intersocietal.org/reaccredit.

Step 2: Gather Information for Submission

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

☐ **Credential Information** (e.g., ABMS or board certification for physicians; RT (R), RT (R)(MRI), ARMRIT for technologists)

☐ **Certificates of Training and/or Experience** (i.e., equipment training, when applicable)

☐ **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 MRI 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.

MRI Unit Information and Documentation

☐ Manufacturer, model, serial number, field strength, date of installation, year of manufacture

☐ Report of acceptance test performed post installation or post system upgrade

☐ Routine operator quality control (QC) documentation (phantom images and QC test results/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)

Policies and Protocols

☐ **Environmental Safety** - A policy that outlines the process for the management of contraindications to the MRI environment, hearing protection and avoidance of radio-frequency burns.

☐ **Acute Medical Emergency Policy** - A policy that outlines the process for the management of acute medical emergencies (e.g. respiratory/cardiac arrest, quench, etc.) in the MRI environment.

☐ **Patient Pregnancy Screening Policy** - A policy that outlines the 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 staff 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

☐ **Contrast Administration and Supervision Policy** *(if applicable)* - A policy that outlines the process for screening patients for possible contraindications (e.g., Renal disease, diabetes, etc.), contrast material sensitivity, allergies to medication and the delegation of 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.

☐ **Education, Training and Screening Policies for all Facility Staff and Ancillary Personnel** - A written policy must be established to educate, train and screen all MRI facility staff members and personnel that may be required to enter the MRI environment.

☐ **Stress Protocols for Cardiovascular MRI Only** *(if performed)* - MRI safety policies in a cardiovascular facility must include a detailed description of graded protocols and/or infusion protocols used.

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

☐ The minutes of the two most recent 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).

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

Case Study Requirements

Applicant facilities must submit 3 case studies for each MRI 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
- 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 MRI examinations that include:

- all testing areas selected in the application (i.e., body MRI, cardiovascular MRI, musculoskeletal MRI, neurological MRI, breast MRI and MRA)
  (e.g., if your facility is applying in 2 testing areas, you must submit 3 cases for each testing area; if your facility is applying in 1 testing area, you must submit 3 case studies for that testing area)

- as many different MRI examinations performed at the facility for each testing area selected
  (e.g., neurological MRI - brain, lumbar spine, cervical spine, etc.; musculoskeletal MRI - knee, shoulder, wrist, etc.)

- as many different medical staff members who interpret and technical staff members who perform MRI examinations. At least 1 case study interpreted by the Medical Director must be submitted. All case studies to be submitted must have been performed/interpreted by current technical/medical staff members.

- some type of pathology

☐ **Body MRI**

The case studies must demonstrate as many different types of Body MRI examinations performed at the facility as possible. **All cases must contain pathology.**

Abdomen without, with, or without and with intravenous contrast such as:	**Pelvis without, with, or without and with intravenous contrast such as:**
• Liver pathology (e.g., hepatitis, hemangioma, etc.) • Biliary pathology (e.g., cyst, stone, etc.) • GU / Renal pathology (e.g., cyst, stone, etc.) • Adrenal pathology (e.g., cyst, tumor, etc.) • Pancreatic pathology (e.g., pancreatitis, tumor, etc.) • Other pathology	• 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.) **Soft Tissue Neck without, with, or without and with intravenous contrast such as:** • Tumor / cancer / metastasis • Other pathology

☐ **Breast MRI**

The case studies must demonstrate as many different types of Breast MRI examinations performed at the facility as possible. **All cases must contain pathology such as**:

• Unknown primary malignancy • Metastatic axillary lymphadenopathy	• Implant rupture • Other pathology related to breast anatomy

☐ **Cardiovascular MRI**

The case studies must demonstrate as many different types of Cardiovascular MRI examinations performed at the facility as possible. **All cases must contain pathology such as:**

- Myocarditis/cardiomyopathy
- Right ventricular dysplasia
- Cardiac mass

- Valvular disease
- Other pathology related to cardiac anatomy (e.g., LA, LV, RA, RV)

☐ **Musculoskeletal MRI**

The case studies must demonstrate as many different types of Musculoskeletal MRI examinations performed at the facility as possible. **All cases must contain pathology.**

Extremity – Upper (e.g., shoulder, humerus, elbow, forearm, wrist, hand) or Lower (boney pelvis, hip, femur, knee, lower leg, ankle, foot) such as:
Ligament / tendon tear

- Osteomyelitis / infection
- Tumor / cancer / metastasis
- Other pathology

Spine – Cervical, Thoracic or Lumbar spine without or without and with intravenous contrast such as:

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

☐ **Neurological MRI**

The case studies must demonstrate as many different types of Neurological MRI examinations performed at the facility as possible. **All cases must contain pathology.**

Brain / Orbits / Internal Auditory Canals without, with, or without and with intravenous contrast such as:

- Infarct
- Multiple Sclerosis
- Tumor / cancer / metastasis
- Trauma / fracture
- Hearing loss
- Other pathology related to brain anatomy

Spine – Cervical, Thoracic or Lumbar spine without or without and with intravenous contrast such as:

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

☐ **MRA**

The case studies must demonstrate as many different types of MRA examinations performed at the facility as possible. **All cases must contain pathology.** If applying in MRA, the facility must also be granted in or applying in Body MRI, Neurological MRI or Cardiovascular MRI.

Body MRA:

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

Extracranial MRA (carotid / subclavian):

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

Extremity MRA (upper or lower):

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

Intracranial / Cerebral MRA:

- Stenosis
- Aneurysm
- Other pathology

Thoracic Aorta MRA:

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

Comment: If your facility does not perform the required exams listed above, please contact the IAC MRI staff to discuss possible alternatives.

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. For facilities applying for reaccreditation, clicking the purple arrow icon in the *Available Actions* column will load your reaccreditation application and auto-fill a portion of your previous application data into your next application.

☐ 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).

Step 4: 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.
The application fee paid during final submission covers the three-year accreditation cycle. View the complete fee structure at www.intersocietal.org/programs/mri/program-fees.

☐ Facilities are 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. Our staff is available to help imageshare@intersocietal.org should you require assistance.

Step 5: 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 are received by the IAC within two business days after final submission of the application.

☐ **Certificates**: The facility Technical Director is e-mailed login details to review and order complimentary certificates approximately 2-3 weeks <u>after</u> receiving notification the facility has been granted. Facilities are also invited to order optional plaques or additional certificates at this time. For details, visit www.intersocietal.org/certificates.

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