IAC Accreditation Checklist
for CT

A guide to applying for accreditation.

Step 1: Getting Started

☐ **Review the *IAC Standards & Guidelines CT Accreditation***
The *Standards* are the basis for the IAC 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 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** (must be kept on file and available for submission to the IAC upon request)

☐ **Credential Information** (e.g., ABMS or board certification for physicians; RT (R), RT (R)(CT) for technologists)(must be kept on file and available for submission to the IAC upon request)

☐ **Certificates of Training and/or Experience** (e.g., certificate of 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 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, 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)

☐ 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.

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).

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

Case Study Requirements

Applicant facilities must submit a total of three case studies if applying in only one testing area and six case studies for two or more testing areas for each CT scanner. Each case study submitted must have been performed within 12 months prior to the date of submission of the application and must contain:

- the final report;
- 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).
- a variety of CT examinations performed at the facility to include at least one study 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

☐ <u>Body CT</u>

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

Soft Tissue Neck without, with, or without and with intravenous contrast such as:

- Tumor
- Cancer / metastasis
- Vocal cord disorder
- Other pathology

Chest (non-cardiac) without, with, or without and with intravenous contrast such as:

- Tumor
- Cancer / metastasis
- Pulmonary nodule
- COPD / emphysema
- Pneumothorax
- Other pathology

*Low Dose CT Lung Cancer Screening such as:

- Pulmonary nodule
- Tumor
- Cancer / metastasis
- Emphysema / COPD
- Other pathology

*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.

Abdomen without, with, or without and with intravenous contrast such as:

- 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

Pelvis without, with, or without and with intravenous contrast such as:

- 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.)

Extremity – Upper (shoulder, humerus, elbow, forearm, wrist, hand) or Lower (boney pelvis, hip, femur, knee, lower leg, ankle, foot) such as:

- Fracture
- Arthritis
- Tumor / cancer / metastasis
- Post-surgery
- Other pathology

CT exam that includes multiple anatomic regions such as soft tissue neck, chest, abdomen, and/or pelvis - without, with, or without and with intravenous contrast such as:

- Tumor / cancer / metastasis
- GI pathology
- GU pathology
- Other pathology

☐ <u>Coronary Calcium Scoring CT (CCS)</u>

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

- Mildly elevated calcium score
- Severely elevated calcium score
- Valvular / annular calcification

- Extra coronary pathology
- Other pathology

☐ <u>Coronary CTA</u>

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

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

Temporal Bone:
- Mastoiditis
- Cholesteatoma
- Tumor / cancer
- Other pathology

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

Orbits (without, with, or without and with intravenous contrast):
- Tumor / cancer
- Trauma / fracture
- Other pathology

Facial Bones (without, with, or without and with intravenous contrast):
- Tumor / cancer / metastasis
- Trauma / fracture
- Other pathology

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

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

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

☐ ## Neurological CT
All cases must contain pathology.

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

Brain (without, with, or without and with intravenous contrast):
- Acute stroke*
- Follow-up TIA
- Tumor
- Trauma / fracture
- Other pathology

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

Brain (without, with, or without and with intravenous contrast):
- Acute stroke*
- Follow-up TIA
- Tumor
- Trauma / fracture
- Other pathology

Cervical Spine:
- Trauma / fracture
- Herniated disc
- Tumor / cancer
- Other pathology

Thoracic Spine:
- Trauma / fracture
- Herniated disc
- Tumor / cancer
- Other pathology

Lumbar Spine:
- 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**
All cases must contain pathology.

Aorta (arch, thoracic, abdominal):
- Stenosis
- Aneurysm
- Post-surgery (e.g., endovascular stent placement)
- Other pathology

Chest / Pulmonary (non-cardiac):
- Pulmonary embolism
- Follow-up / post-anticoagulant therapy
- Other pathology

Extracranial CTA (carotid, vertebral, subclavian):
- Stenosis
- Aneurysm
- Post-stent placement
- Post-endarterectomy
- Trauma
- Other pathology

Extremity (upper or lower):
- Stenosis
- Aneurysm
- Trauma
- Post-surgery (e.g., stent placement, bypass)
- Other pathology

Intracranial / Cerebral CTA:
- TIA
- Stenosis
- Aneurysm
- Other pathology

Brain Perfusion:
- TIA

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 the 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 intersocietal.org/programs/ct-dental-ct/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.

☐ 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 3 to 5 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.

☐ **Certificates**: The facility Technical Director is e-mailed login details to review and order complimentary certificates within 2-3 weeks of 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