# IAC Accreditation Checklist

## for Echocardiography

*A guide to applying for accreditation.*

*Menu*

## Step 1: Getting Started

☐ Review the *IAC Standards and Guidelines for (Adult or Pediatric/Congenital) Echocardiography Accreditation*
The *Standards* are the basis for the IAC Echocardiography accreditation program and can be downloaded at www.intersocietal.org/programs/echocardiography/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

☐ **Equipment Information** (manufacturer, model and year)

☐ **Procedure Volumes** (estimated annual facility and staff procedure volume information)

☐ **Training/Experience Qualification Pathways for Physicians and Sonographers**

☐ **Certificate/Credential Information** (i.e., NBE, ABIM/ABP certificate(s) for physicians, RDCS, RCCS, RCS, ACS, or CRCS for sonographers [including dates and certificate/registry numbers])

☐ **Physician Medical License** (for each state the interpreting physician is licensed to practice must be kept on file)

☐ **An Estimate of the Number of Studies:**

- Interpreted by the Medical Director and every Medical Staff member
- Performed by the Technical Director and every Technical Staff member
- Interpreted by the Lead Congenital Echocardiographer and every Adult Congenital Medical Staff member for facilities applying in Adult Congenital Transthoracic only.
- Performed by the Lead Congenital Sonographer and every Congenital Technical Staff member for facilities applying in Adult Congenital Transthoracic only.

☐ **Continuing Medical Education (CME) Information for All Staff** (must be kept on file and available for submission to the IAC upon request):

- Medical Director(s)* – Required to have 30 hours CME relevant to cardiac imaging over a period of three years. At least 15 hours must be echocardiography-related.
- Medical Staff* – Required to have 15 hours CME relevant to cardiac imaging over a period of three years. At least 5 hours must be echocardiography-related.
- Technical Director and Technical Staff – Required to have at least 15 hours of cardiac imaging-related CME during their credentialing triennial cycle.

**Must be earned within the three-year period prior to application submission, even if they are new to the facility.*

- **Lead Congenital Echocardiographer & Lead Congenital Sonographer – Required to have at minimum 5 hours of CME relevant to congenital echocardiography.
- **Adult Congenital Medical Staff & Congenital Technical Staff – Required to have at minimum 3 hours of CME relevant to congenital echocardiography.

*** For adult echocardiography facilities applying in adult congenital transthoracic. These CME hours may be included in the overall minimum number of echocardiography-related CME.*

**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.

## Policies and Protocols

- ☐ **Infection Control Policy -** A policy to ensure appropriate precautions to protect both patients and facility personnel are taken, in accordance with universal precautions.
- ☐ **Critical Results Communication Policy -** A policy that outlines the steps taken for communication of critical findings to the referring provider.
- ☐ **Primary Source Verification Policy -** A policy for verifying all medical and technical staff member credentials through the applicable issuing agencies.
- ☐ **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.
- ☐ **Personnel Safety Policy (Ergonomics)** - A policy must be in place to address technical staff safety, comfort and avoidance of work-related musculoskeletal disorders (MSD).
- ☐ **Radiation Safety Policy** *(if applicable)* - A policy to ensure employee safety when in the presence of ionizing radiation.
- ☐ **Preliminary vs. Final Report Policy** *(if applicable)* - A policy that explains what steps are taken regarding notification of the referring physician or other medical personnel when there is a difference between the preliminary and final reports.
- ☐ **Policy for Use of Ultrasound Enhancing Agents (UEAs)** *(if applicable)* - A policy for the facility's use of UEAs including but not limited to; indications, administration, ultrasound system settings, monitoring for hypersensitivity reactions, and training.
- ☐ **Policy for Recommended Alternative Imaging** *(Adult Echo only)* - When Ultrasound Enhancing Agents (UEAs) cannot be used or the UEA does not provide adequate visualization, a policy must exist for recommended alternative imaging.
- ☐ **Policy for cleaning/decontaminating and leakage testing of TEE transducer** *(if applicable)*.
- ☐ **Moderate Sedation Policies** *(if applicable)* - Written policies must exist for the use of moderate sedation including, but not limited to training requirements for personnel providing moderate sedation; monitoring of vital signs and level of consciousness during and after the examination and; type of sedatives and appropriate dosing.
- ☐ **Facility-Specific, Step-by-Step Technical Protocols** - For all modalities (TTE, TEE, SE, ACTE and Fetal) the facility is applying for accreditation.
- ☐ **Quality Improvement (QI) Policy** - A written policy regarding QI that includes all procedures (TTE, TEE, SE, ACTE and Fetal) performed in the facility.

## QI Measures

☐ **Test Appropriateness** - A minimum of two cases per modality (TTE, TEE, SE, ACTE) per quarter must be evaluated for the appropriateness of the test performed and categorized as: appropriate/usually appropriate; may be appropriate; or rarely appropriate/usually not appropriate.

☐ **Interpretive Quality Review (Physician Interpretation Variability)** - A minimum of two cases per modality (TTE, TEE, SE, ACTE, Fetal) per quarter must be evaluated for the quality and accuracy of the interpretation based on the acquired images. The cases must represent as many physicians as possible. Differences in interpretation must be reconciled to achieve uniform examination interpretation.

☐ **Technical Quality Review (Sonographer Performance Variability)** - Two cases per modality (TTE, TEE, SE, ACTE Fetal) per quarter must be reviewed for image quality, completeness of the study and adherence to the facility protocol to be reviewed in QI meetings. The cases must represent as many sonographers as possible. Discrepancies in acquisition quality and variability must be reconciled to achieve uniform examination quality.

☐ **Final Report Completeness and Timeliness** - A minimum of two cases per modality (TTE, TEE, SE, ACTE Fetal) per quarter must be evaluated for completeness and timeliness of the final report as required in the Standards (refer to Standards 3.2A, 3.2.4A for report completeness and Standards 3.3A through 3.6A for report timeliness). The reports must represent as many physicians as possible. IAC Echocardiography now accepts applicable ImageGuideEcho Registry reports as QI documentation for the report completeness and timeliness QI measure.

☐ **Correlation** (Pediatric Only) - Must be performed with any appropriate imaging modality, surgical findings or clinical outcomes for a minimum of four cases annually with at least two cases per relevant testing area to be reviewed in QI meetings.

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

## Case Study Requirements

Case study submissions are required to assess the interpretative and technical quality of the facility. All details of the cardiac anatomy should be visualized adequately. It is understood that technical limitations will occasionally limit the sonographer's ability to adequately define cardiac structures and visualize the myocardium when performing TTE; however, the representative transthoracic cases submitted for review should demonstrate all appropriate views of the facility's protocol and be of above-average examination quality. All cases must be complete examinations; limited exams are not acceptable.

☐ **Adult Transthoracic (ATTE):**

5 or fewer staff = 4 cases per facility (2 AS, 2 LV)*
6 to 8 staff = 6 cases per facility (3 AS, 3 LV)*
9 to 15 staff = 8 cases per facility (4 AS, 4 LV)*
16 to 25 staff = 10 cases per facility (5 AS, 5 LV)*
Greater than 25 staff = 12 cases per facility (6 AS, 6 LV)*

**LV are cases of regional wall motion abnormalities due to coronary artery disease or myocardial infarction, not global LV dysfunction or diastolic dysfunction cases. Cases demonstrating Takotsubo cardiomyopathy (stress cardiomyopathy) with regional abnormalities will also be accepted. AS cases must be native valvular AS with a velocity of at least 2 m/sec.*

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| • When submitting case studies, try to represent as many CURRENT staff members as possible without duplicating.<br>• Cases submitted with the application must not be independently performed by sonographer or physician trainees.<br>• One case study must be submitted from the Technical Director.<br>• Medical Director must be represented. | • All cases must be complete examinations; limited exams are not acceptable.<br>• All cases must be selected from within the past 12 months from the date of application filing.<br>• The same case may not be submitted twice within a testing section. |

☐ Adult Stress:

The required stress case studies are based on the total number of staff (medical and technical) that perform/interpret stress echo in the applicant facility. The following are the required number of stress case studies per base facility:

5 or fewer staff = 4 cases per facility
6 to 8 staff = 6 cases per facility
9 to 15 staff = 8 cases per facility
16 to 25 staff = 10 cases per facility
Greater than 25 staff = 12 cases per facility

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| • Any one of the following types of cases is acceptable for submission: (1) abnormal regional wall motion at rest due to coronary artery disease or myocardial infarction, OR (2) inducible regional wall motion abnormality due to coronary artery disease or myocardial infarction, OR (3) a stress case using ultrasound enhancing agents (may be normal or abnormal).<br>• When submitting case studies try to represent as many CURRENT staff members as possible without duplicating. | • One case study must be submitted from the Technical Director.<br>• Medical Director must be represented.<br>• All cases must be selected from within the past 36 months from the date of application filing.<br>• The same case may not be submitted twice within a testing section.<br>• Cases submitted with the application must not be independently performed by sonographer or physician trainees. |

☐ Adult Transesophageal (ATEE)

- One complete adult TEE case (that includes all standard views and Doppler assessments) for each physician that performs TEE.
- Cases submitted with the application must not be independently performed by physician trainees.
- TEE representative cases must have an indication or finding of significant mitral regurgitation or suspected cardiac source of embolus. At least one representative case from the facility must have a finding of significant mitral regurgitation.
- All cases must be selected from within the past 12 months from the date of application filing.
- The same case may not be submitted twice within a testing section.

  Note: Although "limited" or shorter pathology-directed TEE exams may be appropriate in some circumstances, these are not the types of cases that should be submitted for the purpose of facility accreditation review. Intraoperative TEE may be submitted if the facility physician performed the entire study including:

- Passing the probe
- Image acquisition and documentation
- Reporting
- Imaging archiving on echocardiography laboratory archiving system

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☐ **Adult Congenital Transthoracic (ACTE):**

The required adult congenital transthoracic case studies are based on the total number of staff (medical and technical) that perform/interpret adult congenital echo in the applicant facility. The following are the required number of adult congenital case studies per base facility:

5 or fewer = 4 cases per facility

6 to 8 staff = 6 cases per facility

9 to 15 staff = 8 cases per facility

16 to 25 staff = 10 cases per facility

Greater than 25 staff = 12 cases per facility

- One case study must demonstrate Tetralogy of Fallot (repaired or palliated)
- The remainder of the case studies must demonstrate complex congenital heart disease. The facility may choose from any of the following (1) Conotuncal defects (2) Atrioventricular canal defects (3) Tetralogy of Fallot (4) Single ventricle (Fontan) (5) D-Transposition of the great arteries (D-TGA) repaired, or congenitally corrected transposition (L-TGA) (6) Ross procedure.
- When submitting case studies try to represent as many CURRENT congenital staff members as possible without duplicating.

- One case study must be submitted from the Lead Congenital Sonographer.
- Lead Congenital Echocardiographer must be represented.
- All cases must be selected from within the past 12 months from the date of application filing.
- The same case may not be submitted twice within a testing section.
- Cases submitted with the application must not be independently performed by sonographer or physician trainees.

☐ **Pediatric Transthoracic (PTTE):**

The required pediatric TTE case studies are based on the total number of staff (medical and technical that perform and interpret pediatric transthoracic echocardiograms) in an applicant facility. The following are the required number of pediatric TTE case studies per base facility:

5 or fewer = 4 cases per facility (2 shunts, 1 simple obstruction, 1 complex defect)

6 to 8 staff = 6 cases per facility (2 shunts, 2 simple obstructions, 2 complex defects)

9 to 15 staff = 8 cases per facility (4 shunts, 2 simple obstructions, 2 complex defects)

16 to 25 staff = 10 cases per facility (4 shunts, 3 simple obstructions, 3 complex defects)

>25 staff = 12 cases per facility (4 shunts, 4 simple obstructions, 4 complex defects)

- All cases must be abnormal.
- When submitting case studies try to represent as many CURRENT staff members as possible without duplicating.
- Cases submitted with the application must not be independently performed by sonographer or physician trainees.
- One case study must be submitted from the Technical Director.
- Medical Director must be represented.
- All cases must be complete examinations.
- Initial studies demonstrating un-repaired defects are preferred. However, repaired defects will be accepted if the facility is unable to submit initial studies.
- All cases must be selected from within the past 12 months from the date of application filing.
- The same case may not be submitted twice within a testing section.

<u>Types of Cases to be Submitted</u>:

- Shunt lesions (i.e., atrial septal defects, ventricular septal defects or patent ductus arteriosus)
- Complex defects (i.e., shunt lesions plus an obstruction, mitral or tricuspid atresia, atrioventricular canal defect, Tetralogy of Fallot, ventricular hypoplasia, anomalous coronary artery, truncus arteriosus, interrupted aortic arch)
- Simple obstruction (i.e., aortic and/or pulmonary valve stenosis, coarctation of the aorta)

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☐ **Pediatric Transesophageal (PTEE):**

First-Time Application:

1 case per physician that includes a complete examination (not focused/limited) including all the views listed in the *Standards*.

- Cases submitted with the application must not be independently performed by physician trainees.
- All cases must be selected from within the past 36 months from the date of application filing.
- The same case may not be submitted twice within a testing section.

Reaccreditation Application: It is recognized that many TEEs are performed in situations (i.e., in the OR or interventional catheterization suite) that may limit or prevent complete evaluation due to time constraints or are focused studies to answer specific clinical questions. For these reasons, physicians in facilities that are applying for reaccreditation may submit:

- 1 case per physician which may be a focused examination, (if represented with a complete examination on the previous application) or
- 1 case per physician which must be a complete examination (if physician is new to the facility and not represented with a complete examination performed in the facility as part of a previous application)
- All cases must be selected from within the past 36 months from the date of application filing.

☐ **Fetal:**

The required fetal case studies are based on the total number of staff (medical and technical) that perform and interpret fetal echo in an applicant facility. The following are the required number of fetal case studies per facility:

5 or fewer = 4 cases per facility (1 shunt, 1 simple obstruction, 1 case with an indication or finding of fetal arrhythmia and 1 case of hypoplastic ventricle)

6 to 8 staff = 6 cases per facility (2 shunts, 2 simple obstructions, 1 case with indication or finding of fetal arrhythmia and 1 case of hypoplastic ventricle)

9 to 15 staff = 8 cases per facility (4 shunts, 2 simple obstructions, 1 case with an indication or finding of fetal arrhythmia and 1 case of hypoplastic ventricle)

16 to 25 staff = 10 cases per facility (4 shunts, 3 simple obstructions, 1 complex defect, 1 case with an indication or finding of fetal arrhythmia and 1 case of hypoplastic ventricle)

>25 staff = 12 cases per facility (4 shunts, 4 simple obstructions, 2 complex defects, 1 case with an indication or finding of fetal arrhythmia and 1 case of hypoplastic ventricle)

- Cases submitted with the application must not be independently performed by sonographer or physician trainees.
- All cases must be selected from within the past 12 months from the date of application filing.
- The same case may not be submitted twice within a testing section.

☐ **Multiple Sites:**

If an application includes one or more multiple sites, the following cases are required in addition to the base facility case studies outlined for each testing area:

Adult Facility:

- 1 abnormal TTE (AS or LV case*) from each site.
- 1 representative Adult TEE case and its final report for each physician that performs TEE at the multiple site, unless previously represented at the main site (if applicable).
  1 stress echocardiogram from each site. Any one of the following types of cases is acceptable for submission; abnormal regional wall motion at rest due to coronary artery disease or myocardial

Pediatric Facility:

- 1 abnormal PTTE; any one of the following types of cases are acceptable for submission; shunt, simple obstruction, or complex defect.
- 1 representative PTEE case and its final report for each physician that performs PTEE at the multiple site, unless previously represented at the main site.

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infarction, inducible regional wall motion abnormality due to coronary artery disease or myocardial infarction or a stress case using ultrasound enhancing agents (may be normal or abnormal).
- 1 adult congenital transthoracic echocardiogram from each site. The facility may choose from any of the following (1) Conotuncal defects (2) Atrioventricular canal defects (3) Tetralogy of Fallot (4) Single ventricle (Fontan) (5) D-Transposition of the great arteries (D-TGA) repaired, or congenitally corrected transposition (L-TGA) (6) Ross procedure

**LV are cases of regional wall motion abnormalities due to coronary artery disease or myocardial infarction, not global LV dysfunction or diastolic dysfunction cases. Cases demonstrating Takotsubo cardiomyopathy (stress cardiomyopathy) with regional abnormalities will also be accepted. AS cases must be native valvular AS with a velocity of at least 2 m/sec.*

- 1 abnormal fetal case study from each site (if applicable); any one of the following case types is acceptable for submission; complex defect, fetal arrhythmia, shunt, simple obstruction, or hypoplastic ventricle.

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/echocardiography/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 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