



IAC Accreditation Checklist

for Vascular Interventional

(Peripheral Arterial, Deep Venous, Hemodialysis Access)

A guide to applying for accreditation.

[Menu](#)

[Step 1: Getting Started](#)

[Step 2: Gather Information for Submission](#)

[Step 3: Complete Online Application](#)

[Step 4: Submitting the Application](#)

[Step 5: After You Submit](#)

Step 1: Getting Started

- ☐ **Review the *IAC Standards and Guidelines for Vascular Interventional Accreditation***
The *Standards* are the basis for the IAC Vascular Interventional accreditation program and can be downloaded at www.intersocietal.org/programs/vascular-interventional/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, login to your existing account (iaonlineaccreditation.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 iaonlineaccreditation.org/webdriver/AcctAssistance.aspx.

Step 2: Gather Information

- ☐ **Equipment Information** (manufacturer, model, and year)
- ☐ **Training/Experience Qualification Pathways for Staff**
- ☐ **Physicist Report** (if fluoroscopy performed) – A physicist report must be available for all pieces of equipment used for the purposes of fluoroscopy.
- ☐ **Procedure Complication Log** – The procedure complication log is an individual log kept for each operator to document the outcomes, including complications, of the procedures that they have performed on individual patients.
- ☐ **Continuing Medical Education (CME) Information** (must be kept on file and available for submission to the IAC upon request)



Helpful Resource – Continuing Education (CE/CME) Finder

Looking for CE/CME? Visit the [CE/CME Finder](#) on the IAC website to search through a robust calendar of in-person, virtual and on-demand courses.

Policies and Protocols

- ☐ **Protocol for Sterilization of Reusable Medical Instruments** (*Standard 3.5.4A*)
- ☐ **Policies, Protocols and Procedures Regarding Administration and Supervision of Intravascular Contrast Agents**, if used (*Standard 1.9.3B*)
- ☐ **Radiation Safety Policy** – Each facility must have a radiation safety policy that includes training and education requirements for all facility staff that perform or are involved in fluoroscopic procedures. (*Standard 1.10.5*)

- ☐ **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. (*Standard 4.1 A*)
- ☐ **Patient Complaint Policy** - A policy that outlines the process for patients or other customers to issue a complaint/grievance in reference to the care/services they received at your facility. (*Standard 4.2A*)
- ☐ **Primary Source Verification Policy** - A policy for verifying all medical and technical staff member credentials through the applicable issuing agencies. (*Standard 4.3A*)
- ☐ **Procedure Protocols** - There must be a written protocol for each procedure performed in the facility with indications, contraindications, pretreatment evaluation and reporting outcomes. (*Standard 1.9B*)
- ☐ **Allergic Reaction Policy** - Treatment of allergic reactions or toxicity that results from the use of any administered medications during the procedure and/or during recovery ensuring patient safety, including supplies to be used, staff to be present and medications for administration. (*Standard 1.9.1B*)
- ☐ **Incident Reports/Adverse Event Policy** - A policy for documentation of adverse events (i.e., contrast reactions, patient falls, emergencies) must be in place. (*Standard 3.1.2.6A*)
- ☐ **Patient Pregnancy Policy** - For all clinical procedures there must be a process that assures that patients who could be pregnant are identified. (*Standard 1.10.1B*)
- ☐ **Patient Pre-Procedure Preparation Policy** - There must be a policy in place for determining and administering any necessary pre-test preparations. (*Standard 1.10.2B*)
- ☐ **Contrast/Medication Administration and Supervision Policy** (*Standard 1.10.3B*)
- ☐ **Protocol for Patients Requiring Escalation of Care** (*Standard 1.10.4B*)
- ☐ **Patient Radiation Dose Evaluation Policy** (*Standard 1.10.5B*)
- ☐ **Patient Post-Procedure Follow-up Policy** (*Standard 1.10.6B*)
- ☐ **Quality Improvement (QI) Policy** - A written policy regarding QI that reflects the current *Standard* requirements. (*Standard 1.1C*)
- ☐ **Treatment and/or Referral for Patient with Complications of Procedures Performed** - The facility must have a written policy and process to track and document the outcomes of all patients evaluated and/or treated. (*Standard 2.1.4C*)
- ☐ **QI Meeting Minutes** - Prepare minutes from a minimum of two QI meetings per year. (*Standard 3.1C*)



Helpful Resource – Sample Document Repository

Sample versions of policies and protocols listed above can be found in the [IAC Sample Document Repository](#)
>> Select Vascular Interventional under modality or use the search bar.

Please Note: Other documentation (policies, protocols, licenses, etc.) detailed in the *Standards* should be kept on file and available for review at the time of the site visit.

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.

Step 4: Submitting the Application

- ☐ Once you have completed the appropriate sections of the Account Profile, the accreditation questionnaire and required uploads, you will submit your facility's application using the submit button indicated. 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.
- ☐ Facilities will have 5 days to upload the IAC Accreditation Agreement* (if modified) and fee** (if paid by check).
**It is important to have the appropriate personnel at your facility review the IAC Agreement and decide if changes are needed prior to application submission.*
***The application fee paid during final submission covers the three-year accreditation cycle. View the complete fee structure at www.intersocietal.org/programs/vascular-interventional/program-fees.*

Step 5: After You Submit

- ☐ Upon submission of the application, your facility will be contacted to schedule a site visit. The site visitor will observe procedures and evaluate documentation. Documentation will include:
 - Medical Director and medical staff procedure logs over the past three years. Logs must include date of procedure, patient identifier, treating provider, procedure type and outcome.
 - Advanced Practice Provider case logs over the past three years (if performing evaluation and management of vascular disease). Logs must include date of procedure, patient identifier, treating provider, procedure type and outcome.
 - The most recent annual physicist survey/evaluation for each piece of fluoroscopy equipment utilized (fixed and mobile).
 - Facility log of all procedure complications over the previous 12 months.
 - Facility Quality Improvement
 - Meeting Minutes from the previous 12 months.
- ☐ 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.



Helpful Resource – Quick Links

[Upcoming Webinars](#) | [On Demand Webcasts](#) | [Marketing Your IAC Accreditation](#)