



IAC Accreditation Checklist for Vascular Interventional (Vein Center)

A guide to applying for accreditation.

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Step 1: Getting Started

- ☐ **Review the *IAC Standards and Guidelines for Vein Center Accreditation***
The *Standards* are the basis for the IAC Vascular Interventional (Vein Center) 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*.
- ☐ **Verify all Venous Duplex Ultrasound Diagnostic Testing is Performed in an Accredited Facility**
If not already accredited, facilities may apply simultaneously for Venous Duplex Testing accreditation (by IAC Vascular Testing) and Vein Center accreditation by submitting two separate applications.
- ☐ **Create or Access Existing IAC Online Accreditation Account**
To access the IAC Online Accreditation application, log in to your existing account (iaonlineaccreditation.org) **or** create a new account (first-time applicants only). To learn more about accessing or creating an account, please visit iaonlineaccreditation.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)
- ☐ **Training/Experience Qualification Pathways for Staff**
- ☐ **Facility Procedure Log** - Should be kept on file and available for review at the time of the site visit.
- ☐ **Staff Information** – Enter only staff members who perform the following in the online application: evaluation and management of venous disease, sclerotherapy, ambulatory phlebectomy, saphenous vein ablation and management of chronic venous insufficiency (wound care) and complete questionnaire.
Note: Documentation of all staff training and experience must be kept on file and available for review upon request, audit or site visit.
- ☐ **Protocols** - **Must be kept on file and available for review upon request, audit or site visit.** (All procedures that are performed outlining what is done pre, during and post-procedure):

<ul style="list-style-type: none">SclerotherapyAmbulatory Phlebectomy / Powered Phlebectomy	<ul style="list-style-type: none">Saphenous Vein Ablation (RF, Laser, NTNT)Non-operative Management of Chronic Venous Insufficiency with Ulceration (CEAP Clinical Classification C6)
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- ☐ **Physicist Report** (if fluoroscopy performed) – A physicist report must be attached 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. [Sample Log](#)
- ☐ **Continuing Medical Education (CME) Information** (must be kept on file and available for submission to the IAC upon request):
 - Medical Director / Medical Staff / Advanced Practice Providers - All staff members are required to have a minimum of 30 Category 1 CME credit hours related to venous disease, venous interventional treatment and/or venous ultrasound, in the past three years.
 - Nursing Staff - The nurse must obtain a minimum of 30 contact hours/Category 1 CME with at least 15 CE/CME related to venous disease in the past 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.

Policies and Protocols

- ☐ **Primary Source Verification Policy:** A policy for verifying all staff member credentials through the applicable issuing agencies.
- ☐ **Patient Complaint Policy:** A policy that outlines the process for patients to issue a complaint/grievance about the care/services they received at your 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.
- ☐ **Quality Improvement (QI) Policy:** A written policy regarding QI that reflects the current *Standard* requirements.
- ☐ **QI Meeting Minutes:** Prepare minutes from a minimum of two QI meetings per year.



Helpful Resource – Sample Document Repository

Sample versions of policies and protocols listed above can be found in the [IAC Sample Document Repository](#) >> Select Vein Center 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. 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

- ☐ 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:

Pre-Procedure Documentation

- ☐ Complete patient history and physical exam documentation, including, but not limited to:
- History of venous disorders
 - Past medical history
 - Family history
 - QoL measure (CIVIQ, VEINES, VVSymQ or AVVQ)
 - Current medications
 - Allergies
 - Appropriate clinical indication for the procedure
- ☐ Noninvasive diagnostic functional reflux ultrasound final report and images (first-time applicants).
- ☐ VCSS score (bilateral)
- ☐ CEAP (bilateral)
- ☐ One QOL measure (CIVIQ, VEINES, VVSymQ, AVVQ)
- ☐ Treatment plan
- ☐ Consent form

Procedure Documentation

- ☐ Complete patient procedure report including, but not limited to:

- Name of provider
- Vessels treated
- Complications (or lack thereof)
- Summary of procedure
- Patient status post procedure

Post-Procedure Documentation

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Post-operative patient instructions including, but not limited to:

- Directions to contact provider
- Air and travel restrictions
- Dressings and wound care
- Management of post procedure pain
- Type and duration of compression
- Patient activity

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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.

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Certificates: The facility Medical Director is e-mailed login details to review and order complimentary certificates approximately 2-3 weeks after 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](#)