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 (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)

☐ **Training/Experience Qualification Pathways for Staff**

☐ **Facility Procedure Log** (First-Time Applicants Only) – The vein center must submit a log of all patients seen in the vein center for evaluation and/or management. The data for this log can come from appointment scheduling reports or compiled into the sample Facility Procedure Log (Excel version | Word version)»

The information in the log MUST include the following: patient name/identifier, patient date of birth and date and type of procedure (cpt/ hcpcs codes are acceptable) and operator. All medical staff members, nursing staff members and advanced practice providers who perform procedures must be represented in the log. Submit as many additional months' logs as needed to represent all staff. Pre- and post-procedure patient assessment, outcomes of the procedure and complications are optional.

- If total procedure volume is 100 or greater per month – submit the procedure log from the previous two months
- If total procedure volume is less than 100 per month – submit the procedure logs from the previous three months

☐ **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** (All procedures that are performed outlining what is done pre, during and post-procedure):

- Sclerotherapy
- Ambulatory Phlebectomy / Powered Phlebectomy
- Saphenous Vein Ablation (RF, Laser, NTNT)
- Non-operative Management of Chronic Venous Insufficiency with Ulceration (CEAP Clinical Classification C6)

☐ **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.
- Ultrasound Technologist - The technologist must obtain at least 15 CME credit hours every three years relevant to venous disease, venous interventional treatment and/or peripheral venous ultrasound.

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 selected case study documentation, 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: Case Study / Supporting Documentation Submission & Review

Required Supporting Documentation

- **First-Time Applicants:** Once the application is submitted via the Online Accreditation account, three random venous treatment cases will be chosen from the submitted procedure log for review; one of those cases will be designated to include the complete diagnostic peripheral venous duplex case study including images, worksheets and the final report. The Medical Director(s) identified in the application will be notified (via e-mail) within 5 days that the application and log were received, and which procedures have been selected for submission. Facilities will then have 7 days to upload the selected case study documentation (as listed in the case study checklist) on the Applications tab in the Online Accreditation account. The complete diagnostic peripheral venous duplex case study images will be uploaded on a separate server and the facility will receive upload instructions in the case request e-mail.

- **Reaccreditation Applicants:** Three ablation (non-thermal, LASER and/or RFA) procedures of your choice must be entered into the application questionnaire and must represent as many staff as possible. All cases must be selected from within the past 12 months from the date of application filing. Once the IAC Online Accreditation application questionnaire is submitted, facilities will then have 7 days to upload the required case study documentation.

Instructions to Upload Supporting Documentation

Once your facility has been notified by the IAC of which three procedures have been selected (first-time applicants), or once your reaccreditation application has been submitted with your three entered cases; follow the below instructions to upload the supporting documentation.

☐   Log into the [Online Accreditation account](#).

☐   Proceed to the Applications tab and scroll to the applicable application.

☐   Beneath the application there will be a 'Case Information' section listing all required case studies; click the [Start] button to the left of each case study to begin uploading the required documentation.

☐   First Time Applicants: The requested complete diagnostic peripheral venous duplex case study images must be uploaded to our secure server. Instructions for this process will be e-mailed to your facility once the application is submitted.

All required documentation must be submitted for each procedure before the review of the application can continue.

Pre-Procedure Documentation

☐   Complete patient history and physical exam documentation, including, but not limited to:

- History of venous disorders
- Past medical history
- Family history
- Current medications
- Allergies
- Appropriate clinical indication for the procedure

☐   Noninvasive diagnostic functional reflux ultrasound final report and worksheets
First Time Applicants: One case will be identified in case request e-mail that must include diagnostic images in addition to the final report and worksheets.

☐   VCSS score (bilateral)

☐   CEAP (bilateral)

☐   Pre-treatment photographs

☐   Treatment plan

Procedure Documentation

☐   Procedure, limb and vessel-specific informed consent

☐   Complete venous procedure summary, including but not limited to:

- Documentation of correct patient, site and procedure
- Anesthesia record
- Concentration/amount of tumescent infused
- Local anesthetic (if used)
- Treatment sites
- Start/end time of procedure
- Length of vessel treated
- Catheter insertion site
- Energy deposited
- Number of stabs (AP)
- Complications or lack thereof
- Patient status post-procedure

Post-Procedure Documentation

☐ Discharge instructions including:

- Dressing management including compression therapy
- Medications
- Follow-up appointments

Follow-Up Documentation

☐ Follow-up clinical notes, including any patient satisfaction comments

☐ Follow-up diagnostic ultrasound report

Case Study Review Process

Once the case study documentation and images have been received, the IAC Vein Center staff will continue the review process and evaluate the submitted case studies.

Step 6: After You Submit

☐ 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 Medical 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