ACRO Accreditation

Arve Gillette, MD, FACRO
Medical Director
Claudio Sibata, PhD, FAAPM, FACRO
Physics Director
Joyce Martin, LRT(T)
Administration Director
Rebecca Dayton
Accreditation Coordinator

Executive Committee:
J. Michael Kerley, MD, FACRO
Michael Kuettel, MD, PhD, FACRO
Arno Mundt, MD, FACRO
William Rate, MD, PhD, FACRO
Norman Wallis, PhD

Conflict of Interest Statement

- Michael R. Kuettel, MD, PhD, FACR, FACRO
  - Professor and Chair, Roswell Park Cancer Institute
  - Chairman of Board - ACRO
  - No potential conflicts
- Claudio H. Sibata, PhD, FAAPM, FACRO
  - Physics Director, ACRO Accreditation
  - Director, Physics Quality Control, Physics and Engineering Department, 21st Century Oncology
  - No potential conflicts

ACRO Mission Statement

ACRO strives to ensure the highest quality care for radiation therapy patients and promote success in the practice of radiation oncology through education, responsible socioeconomic advocacy, and integration of science and technology into clinical practice.

History

- ACRO developed a program in 1995 to accredit radiation oncology practices
- Since then, ACRO Accreditation has undergone periodic revisions to reflect clinical and scientific advances within the field.
- In October 2010, ACRO Accreditation emerged from an extensive administrative review with an updated and intuitive Web-based accreditation system, powered by EqualEstro.
**Goals of Accreditation**

- To assist practices in providing comprehensive state of the art care
- To assist the healthcare consuming public to identify centers with the best practices
- To provide a comprehensive program for the continuous improvement of patient care

**Unique Features**

- Unbiased, blind, online case reviews by a panel of disease site experts
- 100% electronic compliant submission of case files
- Detailed & organized online process, with automatic status updates
- 100% focus on radiation oncology

**Nuts and Bolts**

- An online electronic medical record system with expert physician chart review
- Onsite physics and administrative review
- Onsite equipment review
- HIPAA compliant
- Comprehensive
- Delivered in timely fashion
  - Expectation: 90 days to accreditation

**Why ACRO Accreditation?**

- ACRO Accreditation provides national validation of our practices
  - Demonstration of quality to payers (CMS, Private Insurers)
  - Prepares radiation oncologists for eventual state/national mandates
  - Allows for benchmark comparisons

- ACRO Accreditation will
  - Develop national norms
  - Provide the front end for outcomes
  - Allows creation of registries
  - Allows demonstration of best practices
Levels of Accreditation

Six months before the accreditation status expires, a reminder is sent to the Practice Coordinator to prepare for re-accreditation. The Process

1. Practice Coordinator submits application and application fee at acro.org.
2. Accreditation Coordinator contacts Practice Coordinator to complete payment form.
3. Accreditation Coordinator creates online profile and sends Practice Coordinator login/submission instructions.
4. Practice Coordinator completes online practice survey and uploads patient case list with disease site and procedure information.
5. Accreditation Coordinator randomly selects cases for review and directs Practice Coordinator to upload the selected patient case files.
6. Disease site experts review uploaded case files using a standardized format and submit reports to the Medical Director, ACRO Accreditation.
7. Accreditation Coordinator arranges for an on-site visit through the Practice Coordinator. On-site reviewers file reports with the Medical Director, ACRO Accreditation.
8. The Medical Director, ACRO Accreditation forwards a formal report and recommendation of accreditation status to the Executive Committee for review and action.
9. The Executive Director delivers a report to the Practice Coordinator that includes the level of accreditation, and a certificate of accreditation is issued.
10. Six months before the accreditation status expires, a reminder is sent to the Practice Coordinator to prepare for re-accreditation.

Key Personnel

- **Practice Coordinator**: Designated contact person at a practice applying for accreditation, and is the single point of contact with ACRO.
- **Accreditation Coordinator**: Responsible for day-to-day administration of the process and is the primary ACRO contact for the Practice Coordinator.
- **Disease Site Reviewers/Leaders**: Disease site specific experts, overseen by a team leader.
- **Medical Director**: Oversees the medical aspects of the Accreditation Program and creates formal recommendations/reports to the Executive Committee of the ACRO Board of Chancellors.

Key Personnel (continued)

- **Physics Director**: Oversees the physics aspects of the Accreditation Program on site visits and creates formal recommendations/reports to the Medical Director. Oversees Physics Committee.
- **Administrative Director**: Oversees the administrative aspects of the Accreditation Program on site visits and creates formal recommendations/reports to the Medical Director.
- **Physics Committee**: Assists Physics Director with physics issues: review of standards, review of reports.
Key Personnel (continued)

- **Surveyors:** Board certified physicists and certified RTT/CMDs; complete the onsite review of equipment, facilities and case records of a practice.

- **Executive Committee, ACRO Board of Chancellors:** This Committee oversees the day-to-day functions of the College and assigns formal accreditation status on behalf of the ACRO Board of Chancellors.

- **Executive Director:** Delivers final accreditation report to the practice.

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Directors

Medical Director - Arve Gillette, MD, FACRO
- Oversees all aspects of medical chart reviews
- Oversees physics and administrative components of accreditation review
- Makes final recommendation for accreditation to Executive Committee

Physics Director - Claudio Sibata, PhD, FACRO
- Oversees all aspects of the physics review
- Reviews all physics reports

Administrative Director - Joyce Martin, LRT(T)
- Oversees all aspects of administrator review
- Reviews all administrative reports

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ACRO Accreditation

Disease Site Leaders

**Breast Cancer**
- David Wazer, MD, FACRO

**Gastro-Intestinal Cancer**
- Andrew Kennedy, MD, FACRO

**Genitourinary Cancer**
- Michael Kuerbel, MD, PhD, FACRO

**Gynecologic Cancer**
- Arno J. Mundt, MD, FACRO

**Head and Neck Cancer**
- Dwight Heron, MD, FACRO

**Lung Cancer**
- Shilpen Patel, MD

**Lymphoma & Sarcoma**
- Mary Hebert, MD, FACRO

**Neurological Cancer**
- Dheerendra Prasad, MD

**Brachytherapy**
- D. Jeffrey Demanes, MD, FACRO
Disease Site Team Leader Responsibilities

- Develops and maintains chart measures to establish chart review standards
- Oversees/Mentors chart reviewers
- Maintains ACRO Clinical Guidelines
- Participates in monthly conference calls

Chart Reviewer Responsibilities

- Each chart reviewer electronically audits and grades charts using furnished online grading tool
  - Tool vetted and periodically amended
- Questions, concerns, discrepancies resolved w/ disease site team leader
- Work load – Up to four charts a week (15-60 min./week)
- $100/reviewed chart
- Periodic conferences with team leader to establish standards
- Charts are to be reviewed and evaluation completed within 11 calendar days of acceptance (includes two weekends)
- Chart reviewers are responsible for notifying the Accreditation Coordinator of a lack of availability (vacation, travel, etc.)

Chart Reviewer Qualifications

- Board certification in radiation oncology
- In the active practice of radiation oncology
- ACRO member in good standing
- No less than five years of practice experience
- Complete an annual training course
- Maintain annual certification as an active reviewer

If you forget your password, click on the Lost password link. The system will send you an email with a new temporary, case specific password.

Please note for training purposes, the demo version of the system was used. The actual site looks exactly the same without the word demo at the top.
This is the general overview screen that you will see when you first login. It shows charts that have been assigned, due dates, and status. Click on the pencil to go to the checklist (see next slide). Click on the man to see the chart, aka dataset. Charts are assigned every Friday and you will receive email notification. Chart reviews are due 11 days from the date they are assigned providing reviewers 2 weekends to complete reviews. An email reminder will be sent 1 week prior.

Reviews 2 weeks late will be considered delinquent.

Grading System: Each chart is graded on a 0-100 scale. A passing score is 70 out of 100. Each item must be scored on a 0-5 scale: 5 is exceptional, 3 is adequate, 0 is missing or incomplete. There is an optional comment field for each item.

If you are unsure about a chart, you can save a draft and request your Disease Site Team Leader review your work. If you have any questions regarding grading, contact the appropriate team leader.

You can either put the windows side by side or you may print the chart checklist by going to File, Print and then enter the information at another time.
This is the logout warning. If you are reviewing a chart, the system is unaware that there is activity since the chart opens in a separate screen and may automatically log you out. Click the Stay logged button in order to save your work!

Once the chart review has been submitted, this is what the chart checklist will look like and will show as "completed" with a green check on the overview screen.

Be sure to click save draft frequently! The system will log you out automatically and will not save your data. Click the submit button in order to complete the review. While comments are optional, there must be a grade for each section in order to submit the review and you cannot make any modifications once it has been submitted.

Physics Structure

- **Physics Director**
  - Claudio H. Sibata, PhD
  - Oversees all aspects of physics reviews
  - Reviews all physics reports
  - Makes recommendation for accreditation to Medical Director

- **Physics Committee**
  - Matthew Podgorsak, PhD
  - Todd Pawlik, PhD
  - Ray Kaczur, MS
  - Review physics reports when there are issues that need to be decided by the committee, e.g., conflict of interest, new procedures not covered in the standards
  - Reviews standards for accreditation
  - Any other issue relevant to physics reviews
  - Reviews all administrative reports

- **Physics Surveyors**
Facility Information Online System
- Contact Information
- Patient demographics and services provided
- Staff information
- Major equipment
- Physics equipment
- Beam data
- QA program
- Documentation

Physics Onsite Survey
- Review website material prior to visit. Any issues needing verification noted. Data are printed.
- Review all material from the website for verification and update while on site.
- Review documentation on:
  - Staffing
  - Major Equipment
  - Physics Equipment
  - QA Program
  - CQI Program
  - Registration & State Inspections
  - Internal/External Audits
  - Peer Review
  - Charts Review

Physics Onsite Survey
- Teletherapy Services Provided at the facility
  - IMRT
  - IGRT
  - US
  - 2D/2D shift
  - CBCT
  - Calipso
  - Other
  - Radiosurgery

Physics Onsite Survey
- Teletherapy Services Provided at the facility
  - TBI
  - TSE
  - SBRT
  - Respiratory gating
  - Other
- Brachytherapy Services Provided at the facility
  - LDR including PSI
  - HDR
  - Other
Physics Onsite Survey

- QA Program
  - Beam data comparison with published data
  - Calibration done by independent method of all clinical beams
  - Any other independent checks done on procedures
  - All therapy (external and brachytherapy) and ancillary devices have adequate QA program with daily, monthly and annual checks with appropriate documentation.

Physics Onsite Survey

- QA Program
  - All treatment planning systems (external and brachytherapy) have commissioning reports and QA program with appropriate documentation
  - All special procedures have QA program and appropriate documentation
  - Treatment QA

Physics Onsite Survey

- QA Program
  - Treatment QA
    - Second MU independent check/IMRT QA prior to tx
    - Initial, weekly and end of treatment chart check done
    - In vivo dosimetry. Are tolerances reasonable?
    - Are manual entries allowed in R&V?
    - Are changes allowed in R&V parameters once the plan is imported?

Physics Onsite Survey

- CQI Program
  - Committee
  - Chart rounds
  - M&M conferences
  - Peer review
  - Annual review of charts (external and brachytherapy)
  - License & registration
    - State inspections recommendations
    - Internal/external audit recommendations
Physics Onsite Survey

- CQI Program
  - Committee
  - Chart rounds
  - M&M conferences
  - Peer review
  - Annual review of charts (external and brachytherapy)
- License & registration
  - State inspections recommendations
  - Internal/external audit recommendations

Physics Surveyor Training

- Webinar with the Physics Director
  - Requirements to be a surveyor
  - Process of accreditation, concentrated on the physics process
  - Review of website material
  - Report requirements
  - One visit with experienced physics surveyor
    - Offered to all new physics surveyors

Administrative Structure

- Administrative Director - Joyce Martin, LRT(T)
  - Oversees all aspects of administrative reviews
  - Updates the evaluation measures to reflect the current state-of-the-art standards
  - Reviews all administrator reports
  - Makes recommendation for accreditation to Medical Director
- Administrative Surveyors
  - Composed of experienced staff with clinical, technical and supervisory skills
  - All reviewers have five years experience and are certified RTT/CMDs
  - Provides onsite evaluation of the technical delivery of ionizing radiation
  - Provides an independent report in the accreditation process

Administrative Onsite Survey

- Review chart reports done by chart reviewers
  - In case an onsite review of specific problems uncovered during chart reviews
- Current treatment chart review:
  - Simulation
    - Documented instructions from Radiation Oncologist dated and signed
    - Documented time out verification of patient
    - Documented order of use of contrast
    - Documentation of consent/waiver for IV contrast
Administrative Onsite Survey

- Simulation (cont)
  - Documentation of appropriate pregnancy results for women
  - Documentation of dental work for H&N patients
  - Documentation of request for respiratory gating when appropriate
  - Documentation of request for immobilization devices

Administrative Onsite Survey

- Treatment delivery
  - Initials of two RTTs delivering treatment
  - Indication of correct bolus used
  - Photos/diagrams of positioning devices and setup
  - Documentation that respiratory gating was performed if ordered
  - Time out documented
  - In vivo dosimetry documented if ordered
  - Patient ID photo
  - Documentation of weekly weight checks

Administrative Onsite Survey

- Treatment imaging verification
  - Initial verification of ports signed by Radiation Oncologist prior to tx
  - Documentation of isocenter/block check verification, date and signed
  - Portal verification taken every 5-10 fractions?
  - IGRT documentation of required couch shifts date and signed

Administrative Onsite Survey

- Policy and Procedures related to Patient safety
  - Process to report unusual equipment behavior (when to NOT proceed)
  - Identification of patients
  - Time out
  - Policy for Special Procedures:
    - TBI/TSE/Orthovoltage/SBRT/IGRT/IMRT/Anesthesia
    - IV Contrast
    - On call/after hours emergency procedures
  - Guidelines to prevent infections (MRSA, VRE, etc)
  - Guidelines on use of protective equipment
  - Guidelines for recognition and responding to patient’s condition
Administrative Onsite Survey

- Annual trainings, in-services, competencies
  - Machine safety/emergency procedures
  - CPR
- Certifications &/or licensure
- Staffing
- Interview with administrator, chief therapist and/or any other key personnel

Administrative Onsite Survey

- A tour of the facility
- Treatment records secured
- Crash Cart and emergency kit accessible
- Mold room follows OSHA guidelines for hazardous materials
- Fire extinguishers are visible and conveniently located
- Medications/needles in locked places
- Rooms equipped with needles/sharps containers
- Treatment rooms are equipped with Oxygen/Suction equipment
- Report submitted

ACRO Accreditation Coordinator

- Works in ACRO Central Office
- Handles day-to-day details of accreditation process
- Assigns charts for review
- Provides support for practices seeking accreditation
- Reimburses team members
- Interfaces with website developer and other members of the team for continuing improvement of system

Thank you!