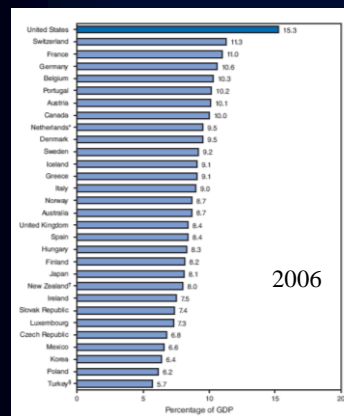


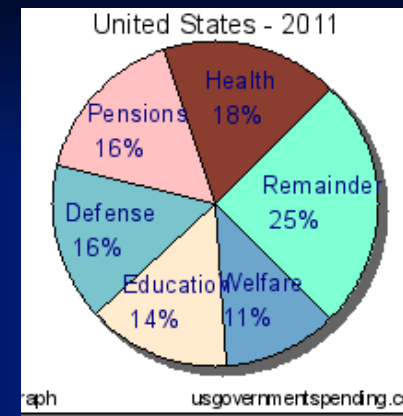
**How to Convince Administrator Why to Go Thru and to Pay for Accreditation**

Indra J. Das, PhD, FACR  
 Department of Radiation Oncology  
 Indiana University of School of Medicine  
 Indianapolis, USA

## HealthCare Economic



Country	Percentage of GDP
United States	15.3
Switzerland	11.3
France	11.0
Germany	10.6
Belgium	10.3
Portugal	10.2
Austria	10.1
Canada	10.0
Netherlands	9.5
Denmark	9.5
Sweden	9.2
Iceland	9.1
Greece	9.1
Italy	9.0
Norway	8.7
Australia	8.7
United Kingdom	8.4
Spain	8.4
Hungary	8.3
Finland	8.2
Japan	8.1
New Zealand	8.0
Ireland	7.5
Slovak Republic	7.4
Luxembourg	7.3
Czech Republic	6.8
Mexico	6.8
Korea	6.4
Poland	6.2
Turkey	6.2



United States - 2011

Category	Percentage
Health	18%
Pensions	16%
Defense	16%
Education	14%
Welfare	11%
Remainder	25%

graph usgovernmentsspending.com

IJD/AAPM/2011 INDIANA UNIVERSITY

## USA Healthcare

- ❖ Commercial entity
- ❖ Most hospitals are for profit
- ❖ Attempt to provide best care
- ❖ Minimize cost
- ❖ Innovative
- ❖ Competitive

IJD/AAPM/2011 INDIANA UNIVERSITY

## Competition

- ❖ Find positive edge over others centers
- ❖ Get new technology
- ❖ Meet state or federal standards
- ❖ Avoid errors
- ❖ Get satisfaction survey
- ❖ Advertise
  - ❑ Newspaper
  - ❑ Magazine, Flier
  - ❑ Bill board
  - ❑ Internet

IJD/AAPM/2011 INDIANA UNIVERSITY

# Medical Errors and Media

New York Times  
Jan 26, 2010 Walt  
Dogdanich

**When all the leaves of the multileaf collimator are closed.**

**If the collimator is mistakenly left open, the patient can be dangerously overradiated.**

**Scott Jerome-Parks**

**The Fatal Error:** March 14 Mr. Jerome-Parks's early treatments had gone well, but multiple computer crashes occurred while the medical physicist tried to save a reformulated treatment plan. The instructions for the multileaf collimator were lost and the collimator leaves were fully open for three doses of radiation.

11D/AAPM/2011

HOME PAGE TODAY'S PAPER VIDEO MOST POPULAR TIMES TOPICS

Subscribe to The Times | Log In | Register Now | Help | TimesPeop

**The New York Times** **Health** Search All NYTimes.com

WORLD U.S. N.Y. / REGION BUSINESS TECHNOLOGY SCIENCE HEALTH SPORTS OPINION ARTS STYLE TRAVEL JOBS REAL ESTATE AUTO

## A Pinpoint Beam Strays Invisibly, Harming Instead of Healing

By WALT BOGDANICH and KRISTINA REBELO  
Published: December 28, 2010

The initial accident report offered few details, except to say that an unidentified hospital had administered radiation overdoses to three patients during identical medical procedures.

Enlarge This Image

It was not until many months later that the full import of what had happened in the hospital last year began to surface in urgent nationwide warnings, which advised doctors to be extra vigilant when using a particular device that delivers high-intensity, pinpoint radiation to vulnerable parts of the body.

**The Radiation Boom**  
*Missing the Target*

Articles in this series examine issues arising from the increasing use of medical radiation and the new technologies that deliver it.

Marci Faber is nearly comatose after a treatment mistake.

Marci Faber was one of the three patients. She had gone to Evanston Hospital in Illinois seeking treatment for pain emanating from a nerve deep inside her head. Today, she is in a nursing home, nearly comatose, unable to speak, eat or walk, leaving her husband to care for their three young daughters.

Previous Articles in the Series >

**Well**  
Tara Parker-Pope on Health

**Therapy for Depression**  
Jan 6, 2011, 4:15 PM

**Putting Profits Before Patients**  
Jan 6, 2011, 2:10 PM

**Remedies: Garlic for Athlete's Foot**  
Jan 6, 2011, 10:07 AM

**Can You Be Addicted to Foods?**  
Jan 6, 2011

**Phys Ed: Does Exercising Make You Drink More Alcohol?**  
Jan 6, 2011

Make smart choices every day. Recipes from editors of Whole Living magazine.

Sample a recipe

CLARKSON POTTER

in overexposure

bing News Entertainment Video Sports Money

Search

the Radiation Boom - As Technology Surges, Radiation Safeguards Lag

HOME PAGE TODAY'S PAPER VIDEO MOST POPULAR TIMES TOPICS

Subscribe to The Times | Log In | Register Now | TimesPeople

**The New York Times** U.S. Search All NYTimes.com

WORLD U.S. N.Y. / REGION BUSINESS TECHNOLOGY SCIENCE HEALTH SPORTS OPINION ARTS STYLE TRAVEL JOBS REAL ESTATE AUTOS

POLITICS EDUCATION BAY AREA CHICAGO

Advertisement on NYTimes.com

## As Technology Surges, Radiation Safeguards Lag

By WALT BOGDANICH  
Published: January 26, 2010

In New Jersey, 36 cancer patients at a veterans hospital in East Orange were overradiated — and 20 more received substandard treatment — by a medical team that lacked experience in using a machine that generated high-powered beams of radiation. The mistakes, which have not been publicly reported, continued for months because the hospital had no system in place to catch the errors.

In Louisiana, Landreaux A. Donaldson received 38 straight overdoses of radiation, each nearly twice the prescribed amount, while undergoing treatment for prostate cancer. He was treated with a machine so new that

**RECOMMEND**

**TWITTER**

**SIGN IN TO E-MAIL**

**PRINT**

**SINGLE PAGE**

**REPRINTS**

**SHARE**

**127 HOURS NOW PLAYING**

**Today's Headlines Daily E-Mail**

Sign up for a roundup of the day's top stories, sent every morning.

See Sample | Privacy Policy

Advertisement on NYTimes.com

**MOST POPULAR**

E-MAILED BLOGGED SEARCHED VIEWED

1. Practical Traveler: 11 Tricks to Cutting Travel Costs in 2011
2. Effort to Restore Children's Play Gains Momentum
3. Journal's Paper on ESP Expected to Prompt Outrage
4. Sustainable Love: The Happy Marriage Is the 'Me' Marriage
5. Math That Moves: Schools Embrace the iPad
6. Food: The Cheat: The Adobe Experiment

in overexposure

bing News Entertainment Video Sports Money

Search

D.A. to Increase Oversight of Medical Rad...

HOME PAGE TODAY'S PAPER VIDEO MOST POPULAR TIMES TOPICS

Subscribe to The Times | Log In | Register Now | TimesPeople

**The New York Times** U.S. Search All NYTimes.com

WORLD U.S. N.Y. / REGION BUSINESS TECHNOLOGY SCIENCE HEALTH SPORTS OPINION ARTS STYLE TRAVEL JOBS REAL ESTATE AUTOS

POLITICS EDUCATION BAY AREA CHICAGO

Advertisement on NYTimes.com

## F.D.A. to Increase Oversight of Medical Radiation

By WALT BOGDANICH and REBECCA R. RUIZ  
Published: February 9, 2010

The federal Food and Drug Administration said Tuesday that it would take steps to more stringently regulate three of the most potent forms of medical radiation, including increasingly popular CT scans, some of which deliver the radiation equivalent of 400 chest X-rays.

Enlarge This Image

With the announcement, the F.D.A. puts its regulatory muscle behind a growing movement to make life-saving medical radiation — both diagnostic and therapeutic — safer.

Andrew Testa for The New York Times

push to reduce unnecessary radiation exposure from CT scans, drive, nuclear medicine studies, and endoscopies.

Last week, the leading radiation oncology association called for enhanced safety measures. And a Congressional committee was set to hear testimony Wednesday on the weak oversight of medical radiation, but the hearing was canceled because of bad weather.

**Well**  
Tara Parker-Pope on Health

**Light Therapy for Depression**  
Jan 6, 2011, 4:15 PM

**Putting Profits Before Patients**  
Jan 6, 2011, 2:10 PM

**Remedies: Garlic for Athlete's Foot**  
Jan 6, 2011, 10:07 AM

**Can You Be Addicted to Foods?**  
Jan 6, 2011

**Phys Ed: Does Exercising Make You Drink More Alcohol?**  
Jan 6, 2011

**Get the Opinion Today E-Mail**

Sign up for the highlights of the day in Opinion, sent weekday afternoons.

See Sample | Privacy Policy

Advertisement on NYTimes.com

**Health & Fitness Tools**

**Safety Reports Series**  
No. 17


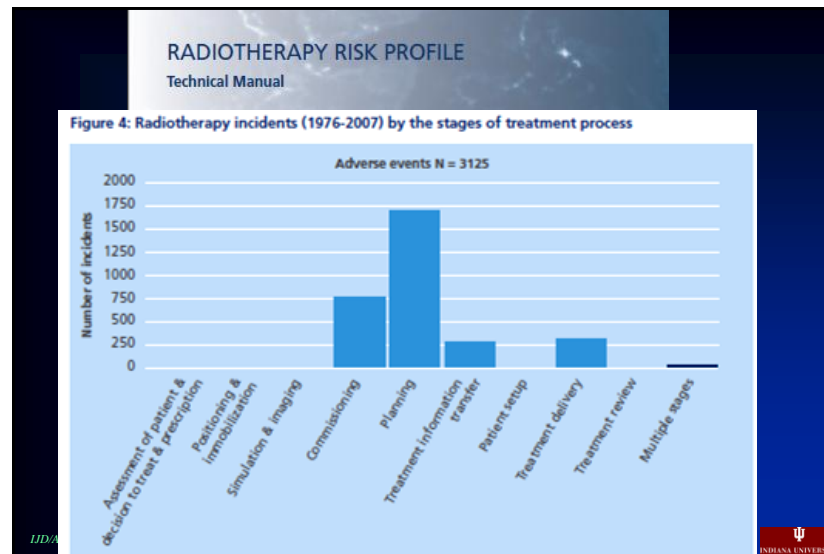
SAFETY REPORTS SERIES No. 17

**Event No. 25: Incorrect depth dose data**

During installation of a linear accelerator, an institution contracted the services of the manufacturer to measure depth dose data. The institution's physicist later checked the data and found an 8% discrepancy between his measurements and those of the manufacturer for some field sizes and depths. He concluded that the manufacturer's data were correct and used them clinically. A review by an outside consultant physicist revealed that the physicist's measurements were correct. During a period of several months, some patients received doses that were 8% lower than prescribed.

**Initiating event**  
— Incorrect data for patient dose calculations: The manufacturer provided basic data that were incorrect for some field sizes and depths.

IJD/AAPM/2011

## Healthcare Advertising

- ❖ Market share
- ❖ Competition
- ❖ Fear of negative advertising
  - ❑ Errors
  - ❑ Incompetence
  - ❑ Newspaper (like NY times)
  - ❑ TV and electronic media
- ❖ Bragging right
  - ❑ New toys: Technology
    - IMRT, Rapidarc, Cyberknife, Truebeam, Tomotherapy,-----
  - ❑ Great names
  - ❑ Accreditation

IJD/AAPM/2011



## Advertising Industry

WHO Our services

WHAT Our work

HOW Our clients

NEWS

BRANDING Akzo

Braden Healthcare

Childhood obesity

Edward Hospital

PROJECTS AAOB

Academy

Bayer

Duke

CONTACT JOBS





Click to play

**Finally, a hospital gets real**

**THE BIG PICTURE**  
Over the last 17 years, Remedy has helped transform Edward Hospital's image from community hospital to leader in one of the most competitive healthcare markets in the country. How did we do it? Together, we listened to what consumers wanted—and gave it to them, in everything from Edward's facilities to its friendly brand image.

**MORE ON THIS CASE**

The big picture	Branding the campus
The strategy	Employee buy-in
The big idea	Buzz (PDF)

**RELATED**

More work for Edward

Our process

Get our e-newsletter

IJD/AAPM/2011



## Advertising Your Center

Home / Cancer Treatments / How We Treat You / Radiation Therapy

**CANCER TREATMENTS**

How We Diagnose You

**How We Treat You**

- Chemotherapy
- Radiation Therapy**
- Surgical Oncology
- Gastroenterology
- Hormone Therapy
- Immunotherapy
- Interventional Pulmonology
- Interventional Radiology
- Neurosurgery
- Orthopedic Oncology
- Stem Cell Transplantation

How We Support You

- Integrative Cancer Treatment
- Patient Empowered Care

### Radiation Therapy

Learn More About Radiation Therapy: [Chat with Us](#) | [Email Us](#)



**Radiation Therapy**

Our radiation oncologists use the latest technology to deliver cutting-edge cancer treatment. Listen to [Dr. Bernard Eden](#) describe how we use different types of radiation therapy to treat cancer.

[▶ PLAY VIDEO](#)

Radiation therapy uses targeted energy to kill cancer cells, shrink tumors, and provide relief of certain cancer-related symptoms. At Cancer Treatment Centers of America (CTCA), we use highly targeted radiation therapies to kill tumors. By focusing the radiation directly on the tumor, these therapies minimize the risk of common side effects associated with radiation treatment.

[Why We're Different](#)      [Radiation Therapy](#)

IJD/AAPM/2011 INDIANA UNIVERSITY

## Accreditation is a Key Advertising Material

Home > Membership Directory : ACCC Member Hospitals and Cancer Programs

Paoli Hospital / Main Line Health System  
 255 W Lancaster Ave  
 Paoli, PA 19301  
 Phone: (484) 565-1600  
 Website: [www.mainlinehealth.org](http://www.mainlinehealth.org)  
 Type: Hospital-based

**Delegate Representative:**  
 Ms. Susan Zuk

**Cancer Program Narrative Description:**  
 The Cancer Center of Paoli Hospital provides comprehensive care for Radiation Therapy and Medical Oncology cancer care. The Center provides for state of the art technology including Image guided radiation therapy (IGRT), Intensity modulated radiation therapy (IMRT) and high dose rate

**Our cancer center is accredited by the ACoC, ACR for Radiation Oncology, and NAPBC for Breast Accreditation.**

**Facility and Services:**



**Related Links**

- Cancer Care Resources
- Clinical Trials Resources

**Welcome New Members!**

Community Regional Medical Center  
 California Cancer Center, Fresno, Calif.

Michigan Hematology-Oncology, PC

IJD/AAPM/2011 INDIANA UNIVERSITY


## How to Approach

- ❖ Look at the center's mission statement
  - ❖ Quality of Care
  - ❖ Patient satisfaction
  - ❖ Preeminence
- ❖ Look for a niche
- ❖ Provide data


IJD/AAPM/2011 INDIANA UNIVERSITY

How Did I Approach?

IJD/AAPM/2011



Indiana University Health



Indiana University Health  
 Leader Guide

"Must Know" information for every new leader

IJD/AAPM/2011 INDIANA UNIVERSITY

## Corporate Information

---

**MISSION, VISION AND VALUES**  
 Named among the "Best Hospitals in America" by *U.S. News & World Report* for five consecutive years, Indiana University Health, first formed in 1997 as Clarian Health, is the result of a cooperative effort of three downtown Indianapolis hospitals to combine resources, research, staff and administrative procedures for the greater benefit of our patients and the community at large.

IU Health Methodist Hospital, IU Health University Hospital and Riley Hospital for Children at IU Health—all preeminent, state-of-the-art hospitals with long and distinguished histories—are IU Health's flagship hospitals.


**MISSION:**  
 The mission of Indiana University Health is to improve the health of our patients and community. **Innovation and excellence** in care, education, research and service.

**WE VALUE:**

- Total patient care, including body, mind and spirit
- Excellence in education for health care providers
- **Quality of care** and respect for life
- Charity, equality and justice in health care
- Leadership in health promotion and
- Excellence in research
- An internal community of mutual trust

▪ Charity, equality and justice in health care

**VISION**  
 IU Health strives to be a preeminent leader in clinical care, education, research and service. Our excellence is measured by objective evidence and established best practices. Exemplary levels of respect and dignity are

 INDIANA UNIVERSITY

IJD/AAPM/2011

## Management Words From Book


---

**PREEMINENCE**  
 IU Health is committed to providing the **highest quality patient care possible**. As the preeminent health care provider in Indiana, IU Health is developing innovative programs to ensure our patients receive the very best care in the nation.

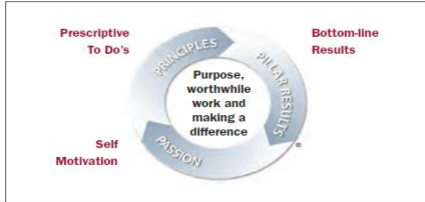
IU Health patients benefit from experienced physicians who are involved in an extensive number of cutting-edge clinical trials. IU Health patients also benefit from a close clinical tie to Indiana University School of Medicine. Strong technological resources and expert staff are supporting innovations to improve patient quality and patient safety in our hospitals.

IU Health focuses on quality patient care in every opportunity it pursues. IU Health is at or near the top in many measured categories and remains **committed to continuous quality improvement**, despite handling Indiana's most complex medical cases. The organization is currently implementing procedures that will raise its level of success, reduce errors and increase efficiencies.

However, quality patient care is more than a strong reputation, extensive experience, national awards and data improvement. True quality is realized through the clinical outcomes and personal treatment of patients. You can be confident that if you or a loved one is admitted to an IU Health hospital, you will receive the best care available—bar none.

 INDIANA UNIVERSITY

IJD/AAPM/2011



**HEALTH'S ORGANIZATIONAL PRIORITIES ARE ORGANIZED INTO FIVE PILLARS:**


Quality & Safety

Service

People

Education & Research

Finance & Growth

 INDIANA UNIVERSITY

IJD/AAPM/2011

## Quality & Safety

---



Quality & Safety

ACR/ASTRO Radiation Oncology Practice Accreditation (ROPA) stands for such pillar

 INDIANA UNIVERSITY

IJD/AAPM/2011

## Federal guidelines

Quality & Safety tied to  
Billing & Reimbursement

Some states (NJ, NY) have  
already mandated such law

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services

**MLN Matters**  
Information for Medicare For-Service Health Care Professionals

**News Flash** – The Medicare Learning Network® has released a new CD-ROM titled "The Interactive Guide to the Medicare Learning Network." This CD-ROM allows for a two-way flow of information between For-Service (FFS) providers and the Medicare Learning Network (MLN). Providers and other healthcare professionals can view directly from the products described on the CD-ROM to the MLN web pages and the MLN Catalog of Products. Once there, users can then conveniently download and print copies of the most up-to-date and accurate MLN products. To order the CD-ROM through the MLN Product Ordering System, visit <http://www.cms.gov/MLNWebPage> of the CMO website.

MLN Matter# Number: SE1122      Related Change Request (CR) #: N/A  
Related CR Release Date: N/A      Effective Date: Accreditation Date, January 1, 2012  
Related CR Transmittal #: N/A      Implementation Date: N/A

**Important Reminders about Advanced Diagnostic Imaging (ADI) Accreditation Requirements**

**Provider Types Affected**

Physicians, non-physician practitioners, and Independent Diagnostic Testing Facilities (IDTF) who are suppliers of imaging services and submitting claims for the Technical Component (TC) of Advanced Diagnostic Imaging (ADI) procedures to Medicare contractors (carriers and AB Medicare Administrative Contractors (MACs)) are affected by this article.

**What You Need to Know**

**STOP – Impact to You**

This article provides suppliers who furnish the Technical Component (TC) of ADI services assistance in meeting the accreditation requirements established in Section 135 (a) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).

Disclaimer:  
This article is provided as a service to the public and is not intended to constitute an offer of insurance or any other financial product. It is not intended to constitute an offer of insurance or any other financial product. It is not intended to constitute an offer of insurance or any other financial product. It is not intended to constitute an offer of insurance or any other financial product.

Page 1 of 5

IJD/AAPM/2011

INDIANA UNIVERSITY

## How to Provide Quality Care

- ❖ Second set of eyes
- ❖ Every calculation and procedure should be double checked
- ❖ For sites, single staff, follow TG-103
- ❖ Focus for root cause
- ❖ Good bookkeeping practice
- ❖ Periodic update on Technical Standards
- ❖ Follow ACR/ASTRO Guidelines and ASTRO White papers

IJD/AAPM/2011

INDIANA UNIVERSITY

JOURNAL OF APPLIED CLINICAL MEDICAL PHYSICS, VOLUME 6, NUMBER 4, FALL 2005

### AAPM Task Group 103 report on peer review in clinical radiation oncology physics

Per H. Halvorsen,<sup>1</sup> Indra J. Das,<sup>2</sup> Martin Fraser,<sup>3</sup> D. Jay Freedman,<sup>4</sup> Robert E. Rice III,<sup>4</sup> Geoffrey S. Ibbott,<sup>5</sup> E. Ishmael Parsai,<sup>6</sup> T. Tydings Robin Jr.,<sup>7</sup> and Bruce R. Thomadsen<sup>8</sup>

Department of Radiation Oncology,<sup>1</sup> Middlesex Hospital, 536 Saybrook Road, Middletown, Connecticut 06457; Department of Radiation Oncology,<sup>2</sup> University of Pennsylvania, 3400 Spruce Street, Philadelphia, Pennsylvania 19104; CHEM Center for Radiation Oncology,<sup>3</sup> 48 Mantvale Avenue, Stoneham, Massachusetts 02180; Department of Medical Physics,<sup>4</sup> Hartford Hospital, 80 Seymour Street, Hartford, Connecticut 06102; Radiological Physics Center,<sup>5</sup> Department of Radiation Physics, University of Texas M.D. Anderson Cancer Center, 1515 Holcombe Boulevard, Houston, Texas 77030; Department of Radiation Oncology,<sup>6</sup> Medical University of Ohio, 3000 Arlington Avenue, Toledo, Ohio 43614; Theragenics Corporation<sup>7</sup>; Consultant, 4524 Pine Mountain Road, Birmingham, Alabama 35213; Departments of Medical Physics and Human Oncology,<sup>8</sup> University of Wisconsin, 1530 Medical Sciences Center, Madison, Wisconsin 53706 U.S.A.

per@halvorsen.name; das@xrt.upenn.edu; mfraser@chem-center.com; dfreedm@harthosp.org; rrice@harthosp.org; gibbon@mdanderson.org; eparsai@meduohio.edu; robinsy@mindspring.com; thomadsen@humonc.wisc.edu

Received 16 May 2005; accepted 22 July 2005

This report provides guidelines for a peer review process between two clinical

IJD/AAPM/2011

INDIANA UNIVERSITY

## Summary; Why Accreditation?

- ❖ There are fragmented QA performed by various agencies such as RTOG, QARC, RPC, etc.
- ❖ A model QA service is ACR accreditation program in collaboration with ASTRO under ACR/ASTRO guidelines and ASTRO white papers.
- ❖ Even though accreditation is voluntary process nearly 10% of the facilities have participated in Radiation Oncology Practice Accreditation (ROPA).
- ❖ The VA system has mandated that all of their hospital based radiation oncology facilities be accredited by ACR.
- ❖ Mandatory accreditation could be a solution and should be tied to reimbursement to encourage participation.
- ❖ Care bill in Congress will force such process, but till then, voluntary step for accreditation is needed.

IJD/Thailand/2011

INDIANA UNIVERSITY