

ACR/ASTRO Radiation Oncology Practice Accreditation Program



ACR/ASTRO ROPA (Radiation Oncology Practice Accreditation)



ROPA

- Are you a surveyor?
- Would you like to be a surveyor?
- Have you been surveyed?
- Would you like to be surveyed?

ACR/ASTRO ROPA (Radiation Oncology Practice Accreditation)

- Moderator:
 - Chris Serago, PhD
- From Digital to clockwork: Integrating all aspects of our specialty:
 - Mike Steinberg, MD
- ROPA:
 - Prabhakar Tripuraneni, MD
- Physics part of ROPA:
 - Cheng-Shie Wu, PhD
- How to Convince administrator why to go thru and to pay for Accreditation:
 - Indra Das, PhD

Disclosures

Prabhakar Tripuraneni, MD, FACR, FASTRO

- ◆ Head, Division of Radiation Oncology, Scripps Clinic, La Jolla, CA
- ◆ Chief Medical Officer, Viewray, Inc., Oakwood Village, OH
- ◆ VP, Intl Business Dev., Vantage Oncology, Manhattan Beach, CA

ASTRO "Target Safety" Campaign

1. Event reporting system
- 2. Accreditation & QA**
3. MOC, Clinical guidelines
4. Communications
5. IHE-RO
6. Advocacy, Health Policy and PQRI

What is Accreditation?

- **Accreditation** is a process in which certification of competency, authority, or credibility is presented.
- For radiation oncology practice accreditation, it is an evaluation of the components that make up a complete facility environment (personnel, equipment, QC and QA, peer review, patient and staff safety, policies and procedures)
- 360 degree evaluation of the total process of the delivery of care.

Why is Accreditation Important?

- Evidence of achievement in the areas of quality and patient safety.
- Education and learning processes for staff.
- Demonstrates commitment on the part of the facility to meeting the highest standards in the field of radiation oncology.
- Enhances credibility in the eyes of the public.

Practice Accreditation Provides

- Independent and objective survey of processes and outcomes.
- Based upon standards and guidelines, consensus statements, literature.
- Comparison with database and national benchmarks.
- Broader recognition by peers in the field.

ROPA

- Not a punitive process
- Open and transparent
- Objective with recommendations tied to standards
- Voluntary (for now!)
- Best bargain for the \$

ROPA: Historical perspective

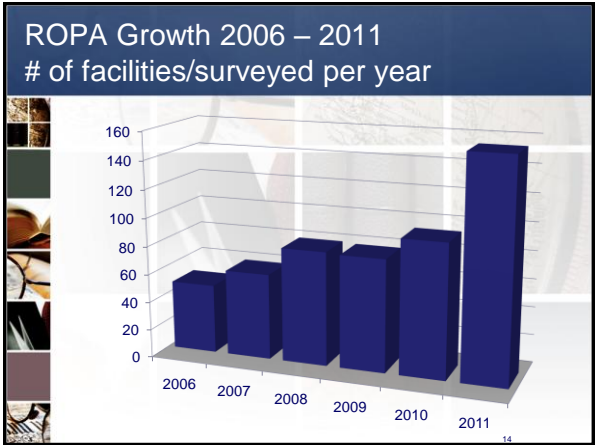
- Established in 1987 by ACR
- Followed "**PATTERNS OF CARE**"
- 1st specialty to monitor practice patterns
- Collaborative with ASTRO 2008
- Accreditation is a cooperative effort between the ACR and ASTRO to establish a strong foundation on which the radiation oncology practice accreditation program can continue to grow and develop

ROPA Goals

- To provide impartial, third-party peer review of practices.
- To evaluate processes and promote quality of care.
- To promote continued learning.
- To recognize quality radiation oncology practices through accreditation.

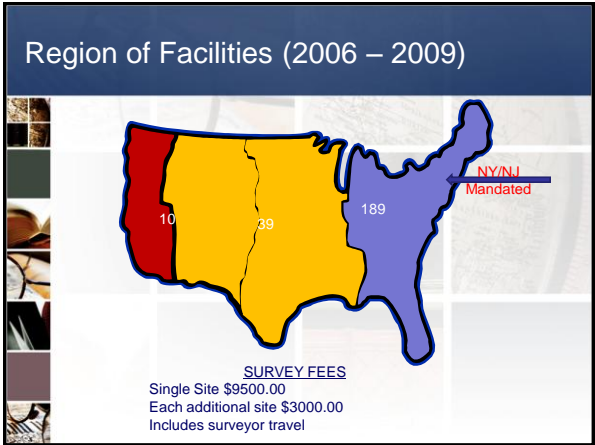
ROPA Goals (cont'd)

- To make recommendations for improvement in practice and patient outcomes according to the recognized standards of the scientific community.
- To provide a referral list for patients through ACR and ASTRO Website listings.



Current stats as of July 2011

- Accredited Facilities 227
- Facilities Under Review 155
 - Site visit has not yet been completed
 - Deferred/submitted corrective action
 - Final report has not been written yet



ACR/ASTRO Partnership



- Accreditation is a cooperative effort between the ACR and ASTRO to establish a strong foundation on which the radiation oncology practice accreditation program can continue to grow and develop.
- **ACR recommended to Legislators MANDATORY accreditation of all facilities**
- **ASTRO STRONGLY RECOMMENDED Accreditation for all facilities**

ROPA

- Offers specific recommendations for improvement from experienced, practicing radiation oncologists and practicing physicists
- Peer review forms can be used by the facility as part of their continuing quality improvement activities
- Survey report to support requests for increased staffing and equipment improvements/replacements

ROPA– Changes since 2009

- The new program is web-browser based
- Complete overhaul and updating of all aspects of the program
- Paper applications no longer accepted
- Data is submitted, collected and distributed through a secure web site

<https://ropa.acr.org>

Web-based Application Components

- Part 1 – completed by facility for each site in practice
- Name of practice
- Facility type
- Services offered
- Equipment
- Staffing
- Machine calibration data

Web-based Application Components – (cont'd)

Part 2 – completed for the Practice

- Policies & Procedures
- CQI activities
- Physician release
- Practice self assessment
- Compliance with ACR & ASTRO Practice Guidelines & Technical Standards

Multi-Site Criteria

- Physician group has 1 medical director
- All sites utilize same physics group
- Physicians' peer review includes all sites
- Uniform treatment methods
- Uniform chart organization and forms
- Geographically accessible

Accreditation based on standards

- Practice Guidelines & Technical Standards (ACR, ASTRO)
- Appropriateness Criteria (ACR)
- Clinical Practice Guidelines, QA White Papers, Best Practices, (ASTRO)
- Task Group Reports Recommendations (AAPM)
- NCCN and other Guidelines
- Widely accepted standards

Onsite Survey

- Always done by a Radiation Oncologist and a Medical Physicist
- Review of
 - Medical Components
 - Physics Components

Onsite Process: Initial Interview

- Meet with Medical director, Other Rad Oncs, Chiefs of Physics, Dosimetrists, Therapists, Nurses , Administrator and others as they choose
- About 45 – 60 min
- Practice patterns, Personnel, Policies, Procedures
- General feel of the department and areas to focus on

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Onsite Process: Tour of the department

- About 30 – 45 min
- Look at all parts of the department
- Lots of context sensitive questions
- Look at a few plans while in Dosimetry
- Inquire re the Contours/Volumes, Dose Volume constraints, Physician involvement and accessibility in planning
- Within reason, any question re the care process

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Onsite Process: During the Survey

- After completion of tour, surveyors will begin chart check.
- The facility must provide one or 2 staff to help with navigating through charts/EMR, etc.
- Facilities must provide Internet access

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Onsite Process: During the Survey

- Review polices and procedures.
- Verify staffing and equipment.
- Allow enough time for chart reviews.
 - 10 charts (completed in the past 3–6 months)
 - Disease site specific questions
 - Technique specific questions
- Review 1 or 2 on treatment charts

Onsite Process: During the Survey

- Do not make recommendations on site or expect staff to make changes to forms while you are there – you are there as a data collector only.
- All recommendations come from the accreditation committee.

Onsite Process: During the Survey

- Do not eat lunch or dinner with the facility staff, nor accept favors from the staff that may be interpreted as influencing the survey team. The relationship with personnel at the facility should be one of “arm’s length.”

During the Survey

- Do not remove any manuals or documents from the facility to take to the hotel to review.
- Do not continue the Onsite review after typical work hours or after the facility is closed. The Survey Team should not be the last to leave the facility or require the staff to remain well beyond their standard workday.

Data Collection Form – Radiation Oncologist

- Adequate history & physical examination
- Satisfactory Prescription
- Appropriate involvement in planning
- Signing off all the documents
- Signing off port films or IGRT
- Satisfactory and timely treatment summary
- Appropriate follow up

QA Activities Reviewed

- Departmental policies and procedures
- Formal, documented CQI program that includes:
 - ✓ Formal, documented physician peer review program
 - ✓ Chart rounds, new patient rounds
 - ✓ M&M conferences
 - ✓ Internal outcomes/focus studies
 - ✓ Patient satisfaction survey
 - ✓ Port film/electronic image review

Onsite Process: Exit Interview

- Always highlight their strong points
- Report any major deficits
- Factual findings only
- **NO RECOMMENDATIONS GIVEN**
- Do not argue

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Reasons for Deferral – Based on the Radiation Oncology Guidelines

- Lack of physician peer review.
- Lack of weekly on treatment notes.
- Lack of comprehensive H&P, staging, work-up information, follow up information in the chart.
- Treatment outside the accepted standard of care.
- Inadequate portal imaging policy.
- Incomplete prescriptions, prescription not signed prior to first treatment.

Surveyor Responsibilities – Post Survey

- Complete Survey report online
- Submit expense report to ACR.
- Submit CME evaluation form
- Return any and all survey related materials to ACR.
 - Do not keep any survey information.

Recommendations

- The surveyors act as data collectors
- Surveyors do recommend!
- All data from the application and the survey are compiled and submitted to the committee who makes the final decision & recommendations regarding accreditation.
- This committee members are seasoned and experienced surveyors.

Accreditation Review Process

- ACR/ASTRO Joint Committee on Radiation Oncology Practice Accreditation reviews each report.
- Two committee members review the draft report and recommend accreditation or deferral.
- All reports are reviewed and signed by both chairs
- If all agree, the final report is sent to the facility.

Accreditation Review Process

- If committee members disagree, the Committee Co-Chairs in consultation with surveyors +/- committee reviewers make the final decision.
- Accreditation decision processed and facility notified with a final report.
- Accreditation is for a 3 year term.

Final Report

- The medical director of the facility receives a detailed narrative report that includes:
- Tables comparing the facility's staffing and equipment ratios to similar size and type ACR accredited facilities
- Comments and Recommendations regarding the data collection and reviewed patient cases
- Recommendations for improvement

STRATA

- Academic/CCC: Comprehensive Cancer Center or main teaching hospital of a medical school
- H1 Hospital based; >600 patients
- H2 Hospital based; 201-599 patients
- H3 Hospital based; <200 patients
- F1 Freestanding; >600 patients
- F2 Freestanding; 201-599 patients
- F3 Freestanding; <200 patients

	ALL	Academic/CCC	H1	H2	H3	F1	F2	F3
New pts/RO	208	213	253	221	151	248	221	141
New pts/MP	278	196	220	292	153	378	340	226
New pts/Dosi	262	296	348	279	192	287	257	198
New pts/Therapist	71	72	67	75	51	81	73	58
Therapist/Machine	3.3	4.1	2	3.4	3	3.9	3.3	2.5
New pts/Rx machine	187	287	206	241	146	321	258	134

Award of Accreditation

- Accredited
- Defer
- Deny

Outcome of survey: ACCREDIT

- There are almost always some recommendations for improvement, but no written response needed.

Outcome of survey: DEFER

- 90 days to submit corrective action plan for the recommendations for improvement
- Upon approval by committee, facility will need to
 - implement,
 - conduct a self audit and
 - submit results no later than 6 months
- If satisfactory, Accreditation is granted

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Outcome of survey: DENY

- 90 days to submit corrective action plan for the recommendations for improvement
- Upon approval by committee, facility will need to implement
- A follow up survey is to be done in 6 – 12 months
- Re application fee: \$ 5,000

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Corrective action Plan

- Need to address each of the recommendations in the report
- May involve submission of additional documentation such as physician peer review, physics report, etc.
- Implementation and self audit
- Satisfactory compliance

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Renewal of Accreditation

- The accreditation award is made for a period of three years.
- Approximately 1 year prior to the expiration of the accreditation period the facility will receive a notification and information on the renewal process.

Appeal Mechanism

- If the Medical Director disagrees with the accreditation report, this may be appealed in writing to the Chairs of the Radiation Oncology Accreditation Program Committee.
- Appeals must be filed within 30 days of receipt of the report.

Random Audits

- Accredited facilities are always subject to a random, on-site survey at any time during their accreditation cycle.
- The facility will be notified two weeks in advance if a random site survey is scheduled.

Consultative Survey

- Does not lead to accreditation
- Includes all of the activities performed during accreditation but with a special emphasis on areas identified by facility as needing a more comprehensive review
- 2 day survey with a 3 or 4 person team
- Typically called upon by Chief of staff or the Medical Director

Consultative Survey

- Objective, skilled consultation to address areas of concern.
- Surveyors' activities include all those of an accreditation survey plus:
- Comprehensive review of the stated problem.
- Interviews with key personnel, such as medical oncology director, referring physicians.

Reasons for a Consultative Survey

- Quality of Care/Safety Issues
- Resolution of Conflict with:
 - Department Radiation Oncologists
 - Administration
 - Medical Staff

Surveyor Criteria

- ABR certification in radiation oncology or therapeutic radiological physics.
- Member in good standing of the American College of Radiology and/or American Society for Radiation Oncology.
- Minimum five years in practice.
- Actively practicing in academic or private practice radiation oncology.

Surveyor Benefits

- Online surveyor tutorial with CME
- Paid travel expenses
- Honorarium \$ 500 per survey day
- Contributing to “best practices” for radiation therapy
- Gaining a better understanding of the entire radiation oncology practice at large.
- Great learning experience
- **The best way to prepare for your own ROPA survey**

Surveyor First Steps

- Complete the surveyor application and conflict of interest form and submit along with your curriculum vitae.
- Complete the online tutorial.
- Participate in a survey as a trainee and learn the process.
- You will be partnered with an experienced physician or physicist for your first site visit.

Surveyor Information Prior to Site Visit

- Name tag.
- Confirmation page with facility information.
- Travel agent instructions.
- Case selection.
- Application and all the data and forms to be filled are available on the web.

Legal Issues and Accreditation

- Privacy and HIPAA
- Confidentiality
- Peer Review
- Conflict of Interest
- Role as a Volunteer

Confidentiality

- Information received from a facility is confidential.
- Do not remove charts, manuals from facility or share information.
- Do not accept any call from staff at the facility. Refer all calls to the appropriate staff at ACR or ASTRO.

Conflict of Interest (COI)

- Surveyors must complete the Conflict of Interest Form prior to being eligible to become a surveyor.
- A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

Benefits to Facility and the group

- Improvement in patient care and safety.
- Continuous improvement in processes.
- Evidence of an objective peer review assessment of the practice; evidence through an external audit that demonstrates to referring physicians, patients, peers, regulatory agencies (some states require routine external audits) and payers, the facility's commitment to quality care.

Benefits to Facility and the group

- Offers specific recommendations for improvement from experienced, practicing radiation oncologists and practicing physicists.
- Peer review forms can be used by the facility as part of their continuing quality improvement activities.
- Survey report to support requests for increased staffing and equipment improvements/replacements.

ROPA

- ACR/ASTRO ROPA is 360 degree evaluation of the total practice's quality and safety in the care
- Reviews equipment, personnel, training, credentialing, policies and procedures, treatment delivery and documentation, follow up and CQI processes.

ROPA

- Transparent process
- All recommendations are based upon published standards of ACR/ASTRO/AAPM, or widely used standards and the references are provided

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Rapid Expansion

- Web Browser based survey
- Database being updated!
- Tripled the number of surveyors
- Applications for survey are increasing rapidly
- The turn around from survey to accreditation is down to 6 weeks
- The time from application to survey scheduling is down to ? 3 months

ROPA

Culture of safety & quality

ROPA

- Would you like to be a surveyor?
- Would you like to be surveyed?

ACR
AMERICAN COLLEGE OF
RADIOLOGY
QUALITY IS OUR IMAGE

LOGIN RESIDENTS ABOUT US CAREER CENTER PATIENT INFO MEDIA ROOM MY PROF

Print Page

ACR Homepage
Surveyor Application

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Radiation Oncology Section

Welcome to the radiation oncology section of the American College of Radiology. This section is updated with news and information of interest and assistance to our members and the public.

The ACR-ASTRO Radiation Oncology Practice Accreditation Program is a joint effort of the American College of Radiology (ACR) and the American Society of Radiation Oncology (ASTRO). The program is designed to ensure that radiation oncology facilities applying for ACR accreditation, ACR and ASTRO member medical physicists and are in active practice in Radiation Oncology are providing the highest quality of care. If you are becoming a surveyor, please contact Trudie Cushing at 800-393-6343.

Radiation Oncology Resources

- Radiation Oncology Practice Guidelines and Technical Standards
- ACR Appropriateness Criteria
- **ACR-ASTRO Radiation Oncology Accreditation Program**
- **ACR-ASTRO Guide to Radiation Oncology Codes 2010**

Radiation Therapy Clinical Research

- Radiation Therapy Oncology Group (RTOG)

• Surveyor Application

Surveyor & Survey application

- ACR web site
- Email to kahtyt@astro.org
- prabhakar@tripuraneni.com

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