

ACR Accreditation: A Regional Radiation Oncology Network's Quest

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The following aspects, as they relate to preparation for ACR Accreditation will be presented:

- **Organization and Implementation of Continuous Quality Improvement**
 - **Practice Assessment: ACR guidelines, ASTRO Guidelines, and TG Reports**
 - **Establishment and/or refinement of the Comprehensive QA Program**
 - **Metrics and the Quality Improvement Team**
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**A fundamental commitment to high
quality care.**

High Point, NC – WFU Regional Practice

- **Received ACR Accreditation in March 2009**
 - **1 of only 3 North Carolina facilities accredited in 2009, the total now stands at 6**
 - **Clinical Practice included:**
 - **IMRT**
 - **IGRT delivery**
 - **HDR Brachytherapy**
 - **LDR Brachytherapy**
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Wake Forest decided in 2011 to seek ACR Accreditation of its Comprehensive Cancer Center and all 4 of its Regional Practices.

- **Academic center**
 - **Gamma Knife**
 - **SRS, SBRT, IGRT, IMRT (sliding window and VMAT)**
 - **HDR & LDR Brachytherapy**
 - **Independent Regional Practice**
 - **Local Facility Management**
 - **Independent Budgets**
 - **Clinical Practice specific to referral base**
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What is the vision for our practice as it relates to quality and quality improvement?

What structure will work best?

Do we currently practice according to all ACR - ASTRO Practice Guidelines?

Two decisions were made that provided some direction in addressing these questions.

1. An overall practice quality improvement structure that emphasized standardization, accountability, and evaluation using metrics would be necessary.
 2. Each practice would be evaluated using the criteria put forth in ACR, ASTRO, and AAPM practice and/or technical guidelines.
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Impossible Expectations

Physicist

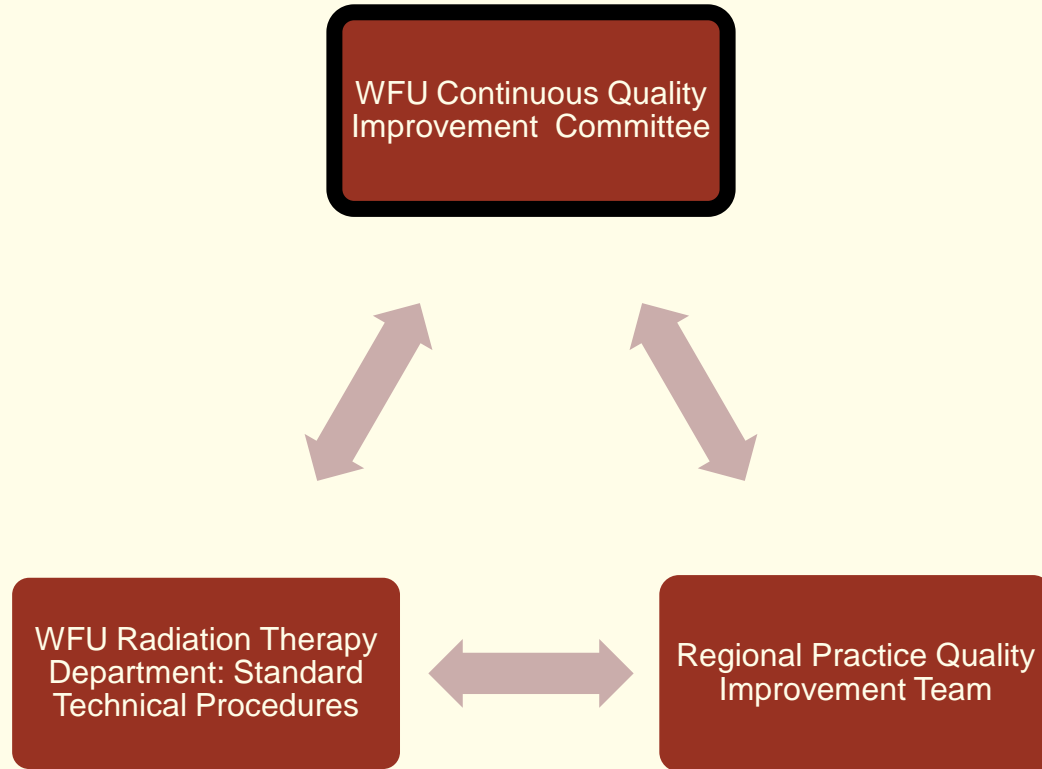


Physician

Successful Team



WFU CQI Committee



WFU Continuous Quality Improvement(CQI) Committee

Medical Director & CQI Committee Co-Chair

CQI Committee Co-Chair (Physicist)

Chief of Clinical Physics

Chief Radiation Therapist

Administrative Director

Physician leadership is critical to the success of the initiative.

Regional Practice Quality Improvement(QI) Team

Medical Director of Practice

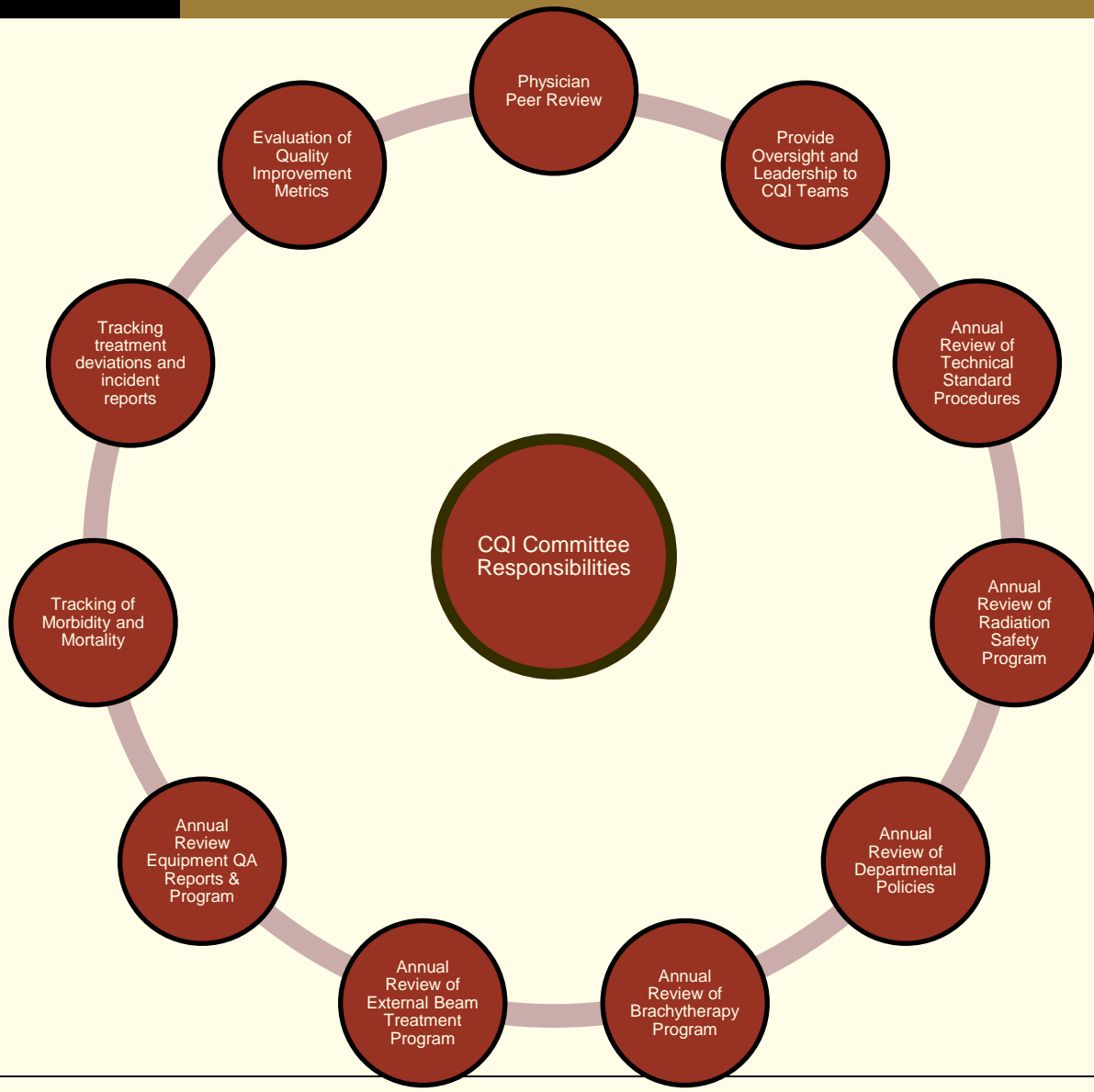
Chief Physicist

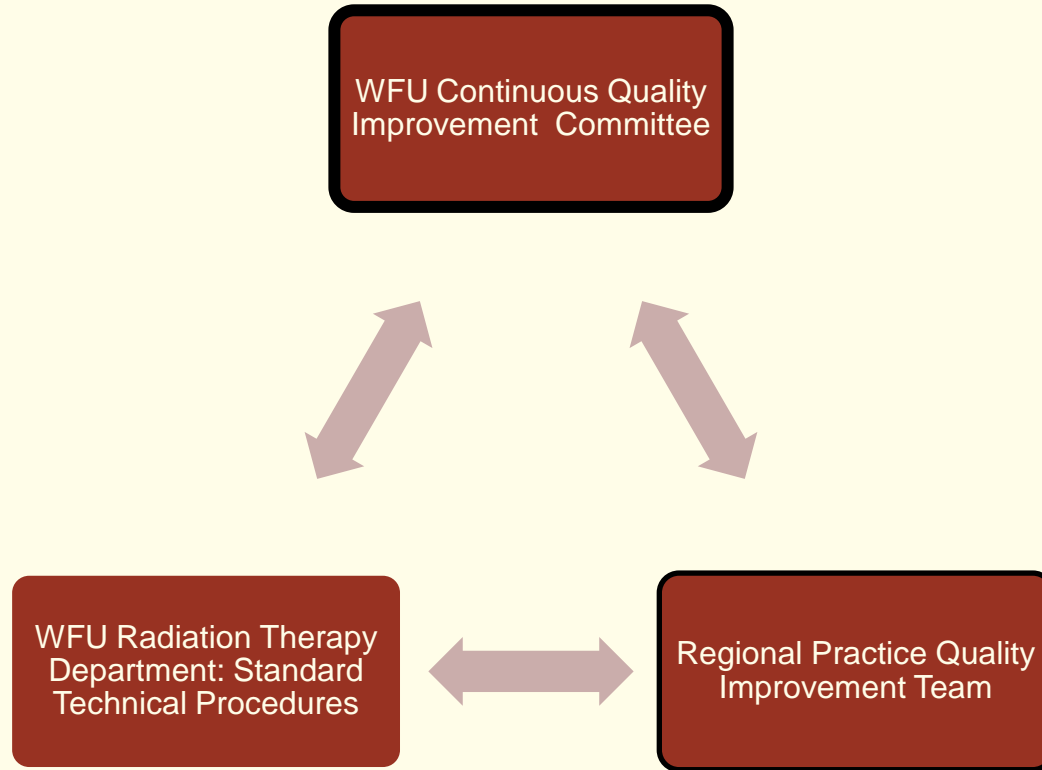
Chief Radiation Therapist

Administrative Director

Physician leadership is critical to the success of the initiative.

Quality Improvement Program Structure





Practice Self Assessment

What is the ACR Self Assessment?

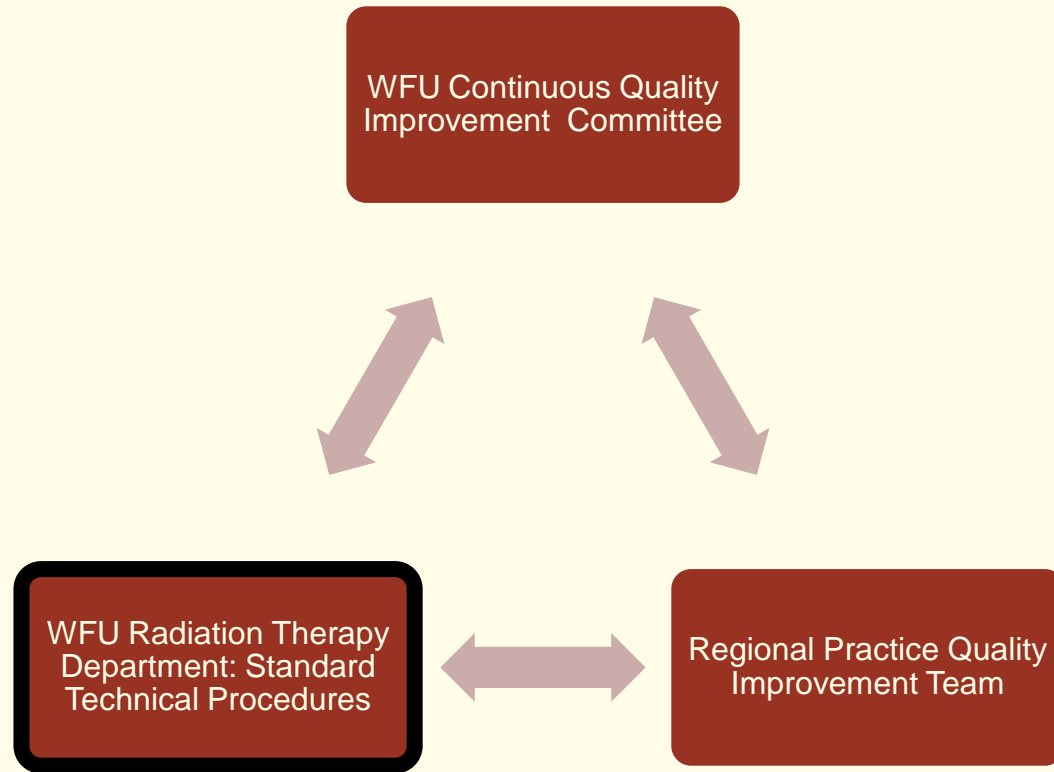
The self assessment is a questionnaire that reviews all aspects of radiation oncology practice based upon the current ACR practice and technical guidelines, ASTRO guidelines, and AAPM Task Group Reports.

- **Radiation Oncology Practice Guidelines**
 - **3D Conformal Treatment Practice Guidelines**
 - **IMRT Practice Guidelines**
 - **IGRT Practice Guidelines**
 - **SRS Practice Guidelines**
 - **SBRT Practice Guidelines**
 - **LDR Practice Guidelines**
 - **HDR Practice Guidelines**
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American College of Radiology

Section C * Practice Self Assessment			
These questions are based on recommendations frequently made to facilities by the ACR Radiation Oncology Practice Accreditation Program Committee.			
Assessment Element	Yes	No, Explain	Reviewer's Comments
1A. Treatment prescriptions are signed by the radiation oncologist prior to initiation of radiation therapy.	<input type="checkbox"/>	<input type="checkbox"/>	
1B. Treatment prescriptions include:	<input type="checkbox"/>	<input type="checkbox"/>	
Volume	<input type="checkbox"/>	<input type="checkbox"/>	
Description of portals (i.e., AP, PA, lateral, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation modality	<input type="checkbox"/>	<input type="checkbox"/>	
Dose per fraction	<input type="checkbox"/>	<input type="checkbox"/>	
Number of fractions per day	<input type="checkbox"/>	<input type="checkbox"/>	
Number of fractions per week	<input type="checkbox"/>	<input type="checkbox"/>	
Total number of fractions	<input type="checkbox"/>	<input type="checkbox"/>	
Total tumor dose	<input type="checkbox"/>	<input type="checkbox"/>	
Prescription point or isodose	<input type="checkbox"/>	<input type="checkbox"/>	
2A. Portal verification films/images are performed:	<input type="checkbox"/>	<input type="checkbox"/>	
For any new fields (including field changes)	<input type="checkbox"/>	<input type="checkbox"/>	
At least every 5-10 treatments	<input type="checkbox"/>	<input type="checkbox"/>	
2B. All port films/images are labeled with:	<input type="checkbox"/>	<input type="checkbox"/>	
The patient's name	<input type="checkbox"/>	<input type="checkbox"/>	
Date taken	<input type="checkbox"/>	<input type="checkbox"/>	
Field size	<input type="checkbox"/>	<input type="checkbox"/>	
Direction of the beam	<input type="checkbox"/>	<input type="checkbox"/>	
Reviewing Radiation Oncologist's initials/signature and date	<input type="checkbox"/>	<input type="checkbox"/>	
3. At the completion of treatment, the qualified medical physicist reviews the entire chart to affirm the fulfillment of the initial and/or revised prescription dose. The review is documented by the physicist's initials/signature and date.	<input type="checkbox"/>	<input type="checkbox"/>	

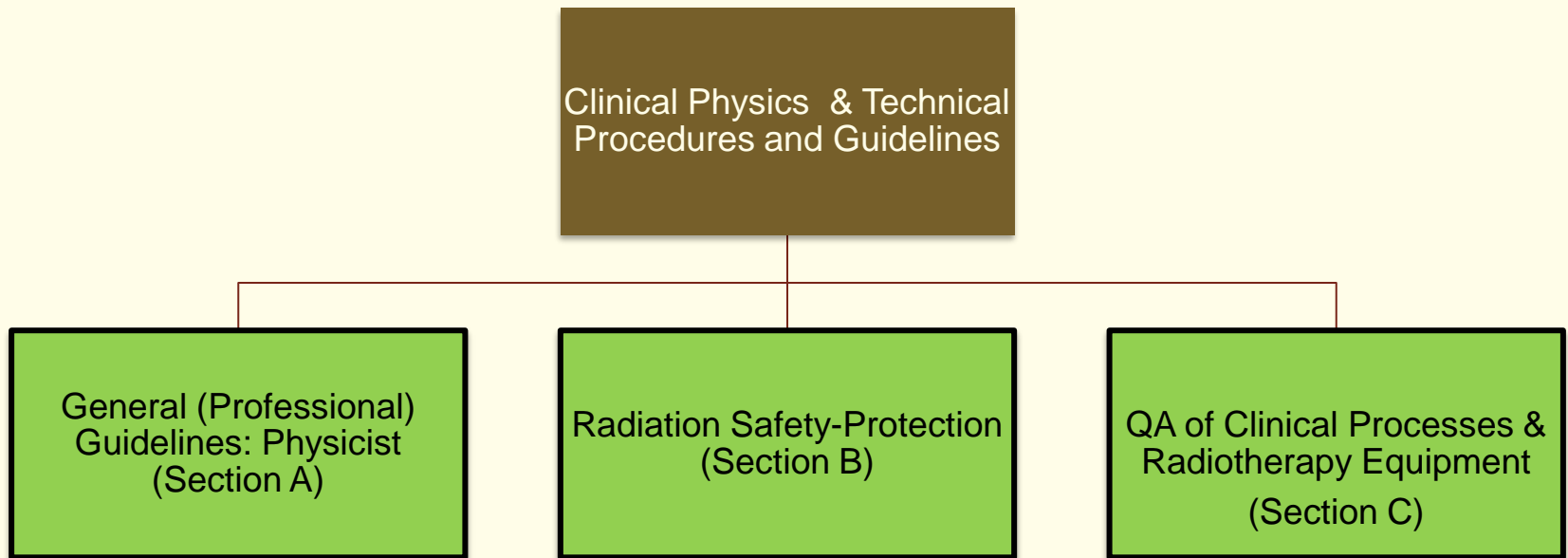
- **Facility physicist, physician, and administrator completed the self assessment document.**
 - **We reviewed the facility results and clarified some of the questions contained in the self assessment.**
 - **Collectively determine which areas were compliant and where additional work is required.**
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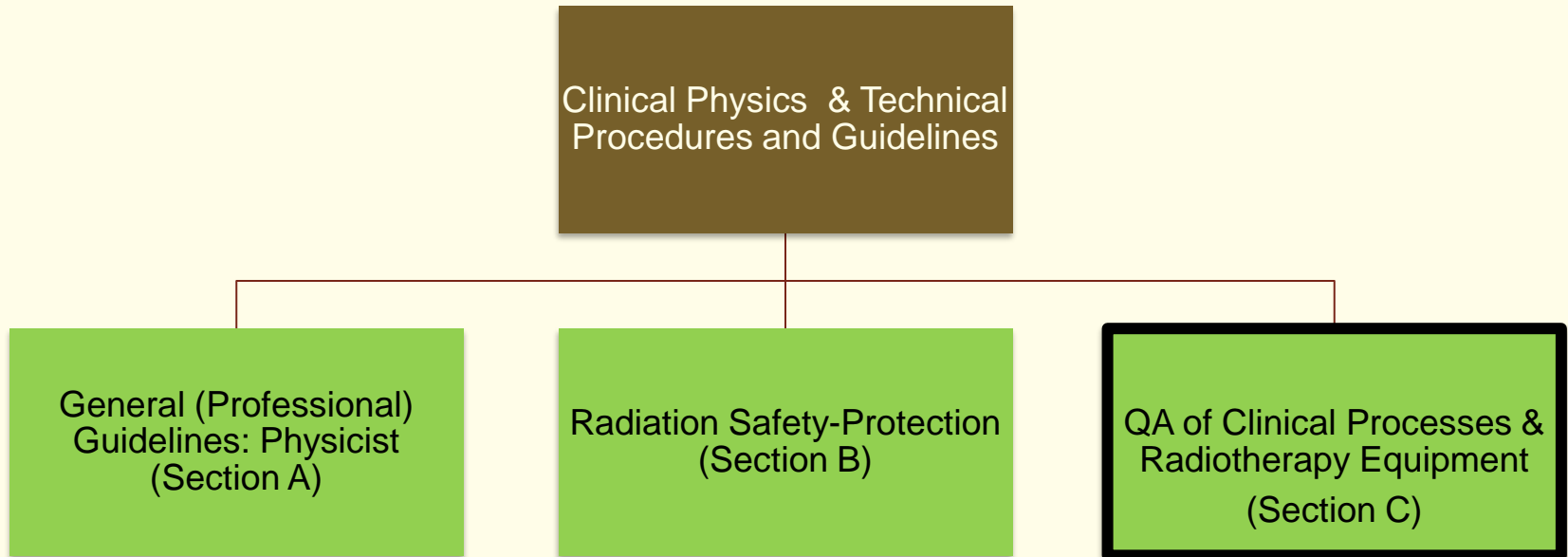


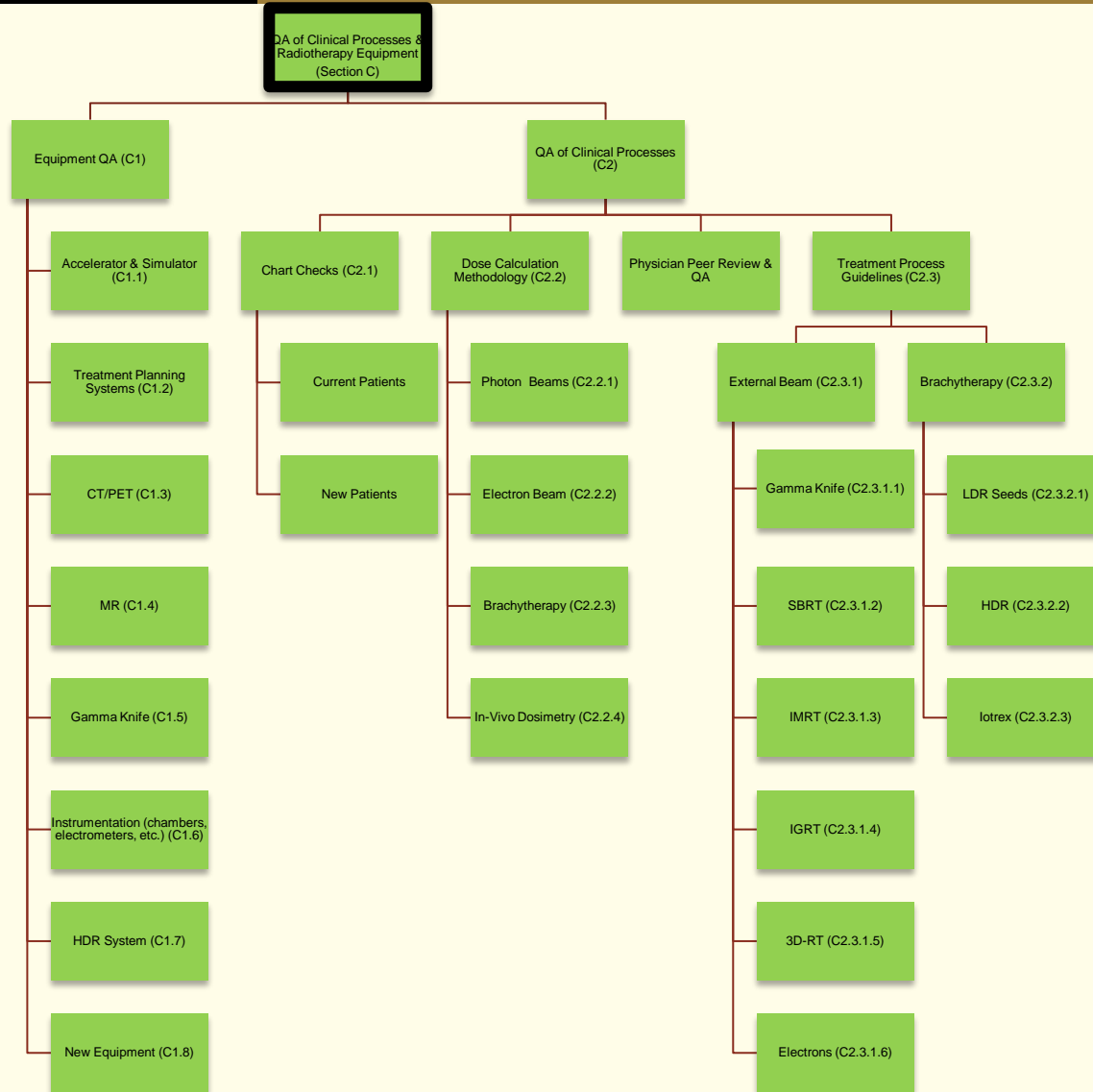
**WFU Radiation
Therapy Department:
Standard Technical
Procedures**

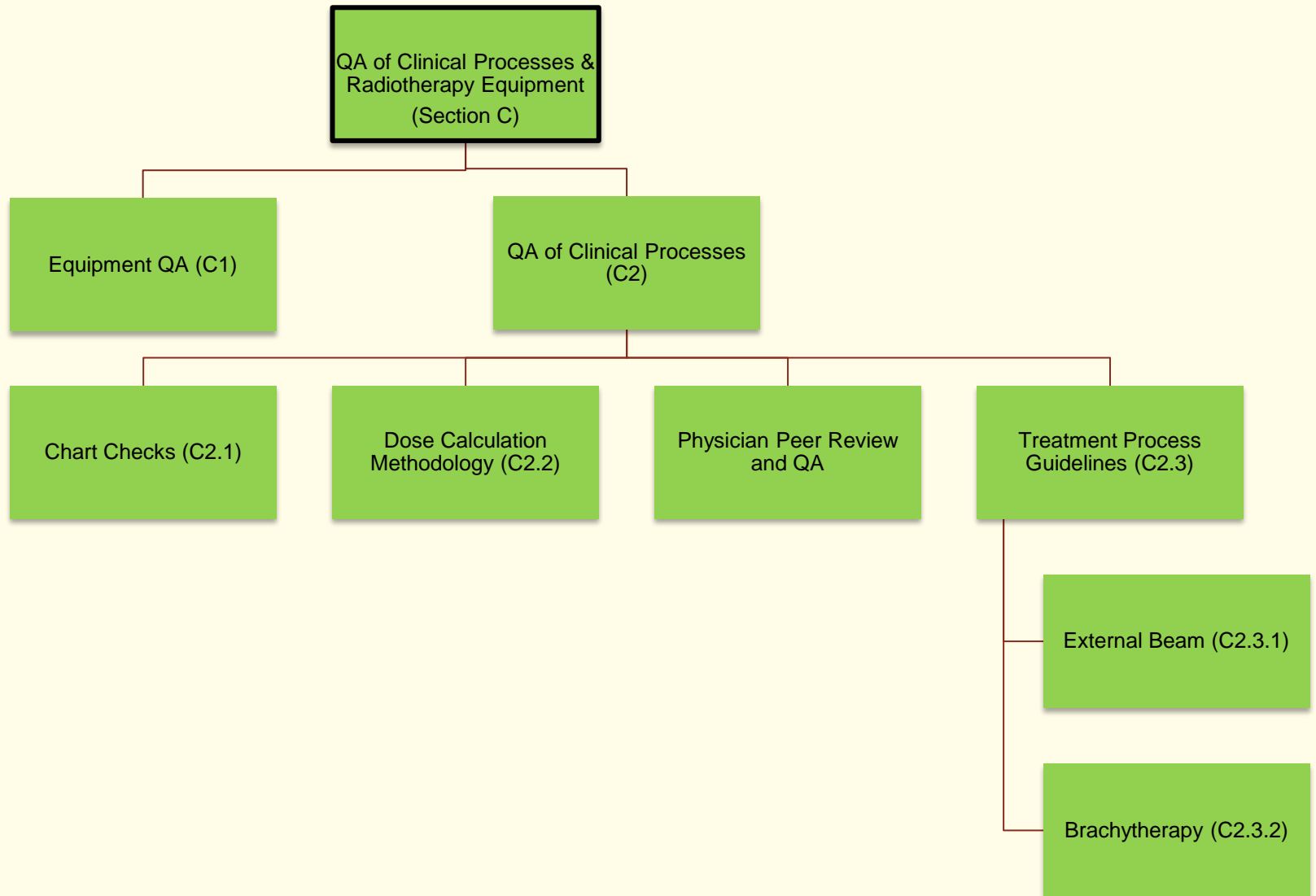
**Departmental
Policies & Guidelines**

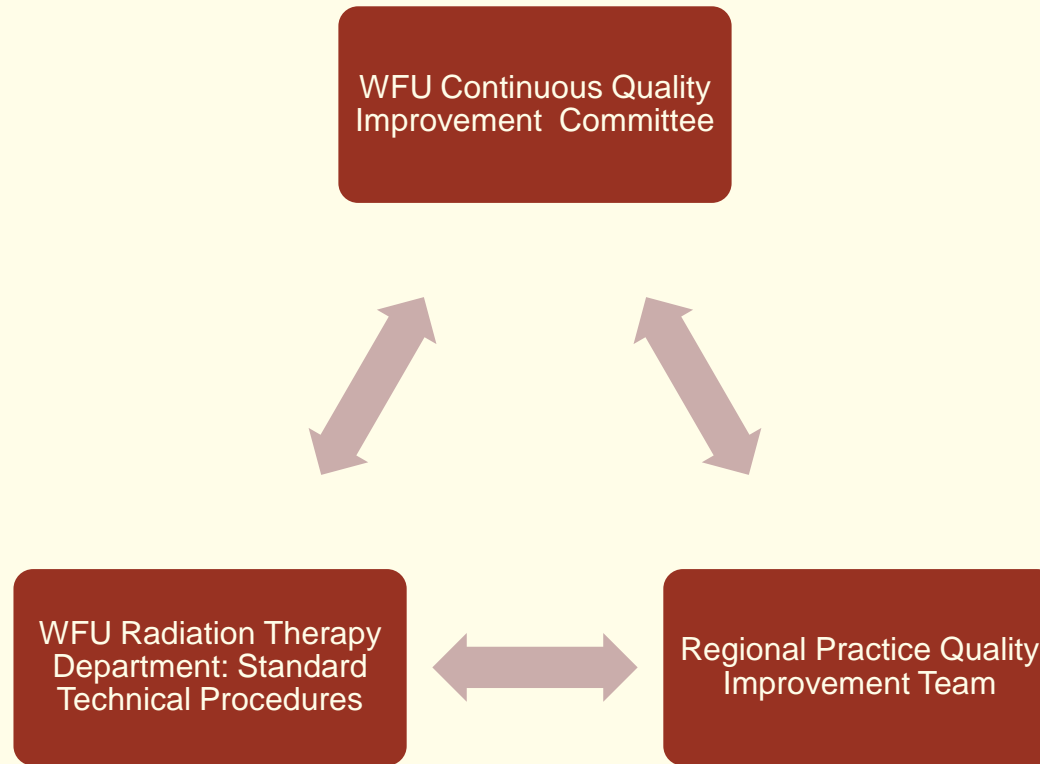
**Clinical Physics &
Technical
Procedures and
Guidelines**











What is the time commitment required?

It depends on your size and clinical techniques in your practice.

Each clinical area (nursing, physics/dosimetry, therapist, & physician) should have ongoing projects to track critical aspects of treatment.

- **Total time from simulation to plan approval**
 - **Magnitude of daily shifts for IGRT patients**
 - **Number of therapist logged on at the time of patient treatment**
 - **Magnitude of setup deviation from plan values on the first day of treatment**
 - **Measured dose deviation from plan dose during IMRT QA by body site or delivery technique**
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Accreditation should be the result of a fundamental commitment to high quality care.

Thank You!

¡Gracias!

Grazie!

Merci!

Asante!

Vielen Dank!
