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## Computed Tomography (CT) Accreditation Program Quality Assurance Questionnaire

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**Some questions on the application are asked for survey purposes only in an effort to analyze trends in the practice of computed tomography. Your answers have no impact on the accreditation process. Only check one box per question. Use this form to gather data for the examinations you submit for accreditation. Do not submit this form. Enter the information in your online testing package.**

### Practice Data

1. What is the average number of CT scans per unit performed at this facility per year? *check one*

- ☐ <sup>1</sup> less than 500     
 ☐ <sup>3</sup> 1001-2000     
 ☐ <sup>5</sup> 3001-4000  
☐ <sup>2</sup> 500-1000     
 ☐ <sup>4</sup> 2001-3000     
 ☐ <sup>6</sup> 4001-5000     
 ☐ <sup>7</sup> over 5000

### Archival and Reporting Practices

1. How long are studies stored in any medium? *check one*

- ☐ <sup>1</sup> Less than 1 week     
 ☐ <sup>3</sup> 1 - 6 months     
 ☐ <sup>5</sup> 2-5 years  
☐ <sup>2</sup> 1 week - 1 month     
 ☐ <sup>4</sup> 6 months - 2 years     
 ☐ <sup>6</sup> more than 5 years

### Policies and Procedures

1. What is your policy for film/image retention?

- ☐ <sup>1</sup> Less than 5 years     
 ☐ <sup>3</sup> 6-10 years     
 ☐ <sup>5</sup> over 20 years     
 ☐ <sup>7</sup> Lifetime of patient  
☐ <sup>2</sup> 5 years     
 ☐ <sup>4</sup> 11-20 years     
 ☐ <sup>6</sup> Indefinitely     
 ☐ <sup>0</sup> Not applicable

2. Are your reporting procedures in compliance with the *ACR Practice Guideline for Communication*?

- ☐ <sup>1</sup> No     
 ☐ <sup>2</sup> Yes     
 ☐ <sup>0</sup> Not applicable

3. Do you have a policy on report turn around time?

- ☐ <sup>1</sup> No     
 ☐ <sup>2</sup> Yes     
 ☐ <sup>0</sup> Not applicable

4. What is the average time from examination to final report being sent to referring physician?

- ☐ <sup>1</sup> Less than 12 hours     
 ☐ <sup>2</sup> 12-24 hours     
 ☐ <sup>3</sup> 24-72 hours     
 ☐ <sup>4</sup> Greater than 72 hours     
 ☐ <sup>0</sup> Not applicable

5. Is there a mechanism for immediate notification of unexpected findings or findings for emergency cases?

- ☐ <sup>1</sup> No     
 ☐ <sup>2</sup> Yes     
 ☐ <sup>0</sup> Not applicable

6. When patients are being imaged, how often is a physician on site?

- ☐ <sup>1</sup> 100-95% of the time     
 ☐ <sup>2</sup> 94-75%     
 ☐ <sup>3</sup> 74-50%     
 ☐ <sup>4</sup> Less than 49% of the time     
 ☐ <sup>0</sup> Not applicable

7. Do you have a written policy regarding imaging patients during pregnancy?

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☐ <sup>1</sup> No                      ☐ <sup>2</sup> Yes                      ☐ <sup>0</sup> Not applicable

8. Do you have a policy in place to control the spread of infection among patients and personnel that includes adherence to universal precautions and the use of clean or aseptic techniques as warranted by the procedure or intervention being performed?

☐ <sup>1</sup> No                      ☐ <sup>2</sup> Yes                      ☐ <sup>0</sup> Not applicable

9. Do you have a policy in place to provide for the safety of patients and personnel that includes attention to the physical environment, the proper use, storage, and disposal of medications and hazardous material and their attendant equipment, and methods for addressing medical and other emergencies?

☐ <sup>1</sup> No                      ☐ <sup>2</sup> Yes                      ☐ <sup>0</sup> Not applicable

10. Do you have a policy in place to monitor, analyze and report, and periodically review complications and adverse events or activities that may have the potential for sentinel events<sup>1</sup>?

☐ <sup>1</sup> No                      ☐ <sup>2</sup> Yes                      ☐ <sup>0</sup> Not applicable

11. Do you have a policy in place for educating and informing patients about procedures and/or interventions to be performed and facility processes for the same which include appropriate instructions for patient preparation and aftercare, if any?

☐ <sup>1</sup> No                      ☐ <sup>2</sup> Yes                      ☐ <sup>0</sup> Not applicable

12. Are there policies and procedures to ensure confidentiality of patient-related information?

☐ <sup>1</sup> No                      ☐ <sup>2</sup> Yes                      ☐ <sup>0</sup> Not applicable

13. Is there a mechanism for handling patient complaints?

☐ <sup>1</sup> No                      ☐ <sup>2</sup> Yes                      ☐ <sup>0</sup> Not applicable

14. Do you have a written policy regarding who may administer intravenous sedatives, controlled agents, and contrast agents at your site?

Sedatives    ☐ <sup>1</sup> No    ☐ <sup>2</sup> Yes                      Controlled Agents    ☐ <sup>1</sup> No    ☐ <sup>2</sup> Yes

Contrast Agents    ☐ <sup>1</sup> No    ☐ <sup>2</sup> Yes    ☐ <sup>0</sup> Not applicable

15. When is a pulse oximeter used for IV sedation?

☐ <sup>1</sup> Never                      ☐ <sup>3</sup> Sometimes  
☐ <sup>2</sup> Always                      ☐ <sup>4</sup> Not applicable, IV sedated patients are not imaged                      ☐ <sup>0</sup> Not applicable

16. Do you have a written policy about how unexpected emergencies (cardiac or respiratory) are handled?

☐ <sup>1</sup> No                      ☐ <sup>2</sup> Yes                      ☐ <sup>0</sup> Not applicable

17. Does your QA program include a mechanism for obtaining follow-up on all operated cases?

☐ <sup>1</sup> No                      ☐ <sup>2</sup> Yes                      ☐ <sup>0</sup> Not applicable

18. Which individuals administer intravenous sedation? *check all that apply*

<sup>1</sup> A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. See JCAHO's Hospital Accreditation Standards book.

A. \_\_\_\_\_ Radiologist C. \_\_\_\_\_ Nurse/Physicians Assistant  
 B. \_\_\_\_\_ Other M. D. D. \_\_\_\_\_ Technologist

E. Other \_\_\_\_\_

F. \_\_\_\_\_ N/A Sedated patients are not imaged

19. Which individuals administer intramuscular sedation? *check all that apply*

A. \_\_\_\_\_ Radiologist C. \_\_\_\_\_ Nurse/Physicians Assistant  
 B. \_\_\_\_\_ Other M. D. D. \_\_\_\_\_ Technologist

E. Other \_\_\_\_\_

F. \_\_\_\_\_ N/A Sedated patients are not imaged

20. Which individuals administer oral sedation? *check all that apply*

A. \_\_\_\_\_ Radiologist C. \_\_\_\_\_ Nurse/Physicians Assistant  
 B. \_\_\_\_\_ Other M. D. D. \_\_\_\_\_ Technologist

E. Other \_\_\_\_\_

F. \_\_\_\_\_ N/A Sedated patients are not imaged

21. Which individuals administer intravenous contrast? *check all that apply*

A. \_\_\_\_\_ Radiologist C. \_\_\_\_\_ Nurse/Physicians Assistant  
 B. \_\_\_\_\_ Other M. D. D. \_\_\_\_\_ Technologist

E. Other \_\_\_\_\_

F. \_\_\_\_\_ N/A IV contrast patients are not imaged

## Quality Control

For each quality assurance task listed below, identify the individual at your facility who routinely performs the task and the frequency with which it is performed. Fill in the blank with appropriate letter(s) to indicate the individuals who routinely performs this task: P-Physicist, PA-Physicist Assistant, T-Technologist, S-Service engineer. (Include all people who may perform task.) Check one box for each task to indicate the routine frequency at this facility.

		Frequency Routinely Performed						
	Individual who routinely performs task	Not Done	Daily	Weekly	Monthly	Every 3 months	Every 6 months	Yearly
1.	Alignment Light Accuracy _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
2.	Alignment of Table to Gantry _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
3.	Table/Gantry Tilt _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
4.	Slice Localization from radiograph (scout image) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
5.	Table Incrementation Accuracy _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
6.	Slice Thickness _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
7.	Artifact Evaluation _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
8.	CT Number Assessment _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
9.	High Contrast Resolution _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
10.	Low Contrast Resolution _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
11.	Image Uniformity _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
12.	Noise _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
13.	Video Display _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
14.	Hard Copy Display _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
15.	CTDI _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
16.	Patient Radiation Dose _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
17.	Radiation Safety Evaluation _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
18.	Visual Inspection _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
19.	Audible/Visual Signals _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
20.	Posting Requirements _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
21.	Scattered Radiation Measurements _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Note: Continuous quality control should consist of performing the above tests more than once a year. If tests are not done more frequently than once a year, you should consult with your medical physicist to establish a continuous quality control program for your facility (refer to the 'Quality Control' section in the CT Accreditation Program Requirements).