IAC Accreditation Checklist
for Nuclear/PET

A guide to applying for IAC Nuclear/PET accreditation.
## Step 1: Getting Started

1. **Review the IAC Standards and Guidelines for Nuclear/PET Accreditation**
   
   The *Standards* are the basis for the IAC Nuclear/PET accreditation program and can be downloaded at [www.intersocietal.org/nuclear.seeking/nuclear_standards.htm](http://www.intersocietal.org/nuclear.seeking/nuclear_standards.htm).

2. **Perform a Thorough Facility Self-Assessment**
   
   Prior to completing the online application, facilities should ensure policies, protocols, images and final reports comply with the *IAC Standards*.

3. **Create or Access Existing IAC Online Accreditation Account**
   
   To apply for IAC accreditation, login to your existing account ([iaconlineaccreditation.org](http://iaconlineaccreditation.org)) or create a new IAC Online Accreditation account. To learn more about accessing or creating an Online Accreditation account, please visit [iaconlineaccreditation.org/webdriver/AcctAssistance.aspx](http://iaconlineaccreditation.org/webdriver/AcctAssistance.aspx).

   For facilities applying for reaccreditation, the IAC QuickFill Reaccreditation ([www.intersocietal.org/QuickFill](http://www.intersocietal.org/QuickFill)) feature retains previous application data (answers and attachments) and copies the information into your reaccreditation application, making reaccreditation easier than ever.

## Step 2: Gather Information for Submission

1. **Procedure Volumes** (estimated annual facility procedure volume information)

2. **NRC/Agreement State Radioactive Materials License** (for each site listed on the application)

3. **Training/Experience Qualification Pathways for Interpreting Medical Staff**

4. **Board Certificate and Registry/Certification for Medical and Technical Staff**

5. **Physician Medical License**

6. **BLS Certification** (for physicians or other personnel who supervise cardiac stress testing and for all technologists)

7. **ACLS Certification** (an ACLS trained person must be on site and immediately available during the performance of cardiac stress test procedures)

8. **CME Information for All Staff**: All staff members are required to have 15 CME/CE relevant to nuclear medicine/PET every three years; even if they are new to the facility. CME/CE certificates of completion must be kept on file at your facility.
<table>
<thead>
<tr>
<th>Policy Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request for Services Policy</td>
<td>A policy for requesting clinical nuclear medicine procedures.</td>
</tr>
<tr>
<td>Informed Consent Policy</td>
<td>A policy for obtaining informed consent for nuclear medicine procedures.</td>
</tr>
<tr>
<td>Infection Control/Communicable Diseases Policy</td>
<td>A policy to ensure appropriate precautions to protect both patients and facility personnel are taken, in accordance with universal precautions.</td>
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<tr>
<td>Hazardous Materials Policy</td>
<td>A policy to ensure appropriate precautions to be taken when using and storing flammable and toxic materials.</td>
</tr>
<tr>
<td>Medical Emergencies Policy</td>
<td>A policy that includes a plan for responding to patient medical emergencies, which includes an outline of staff responsibilities.</td>
</tr>
<tr>
<td>Handling of Non-Radioactive Pharmaceuticals Policy</td>
<td>A policy that includes storage and preparation instructions, and identity, dose, expiration date verification and documentation.</td>
</tr>
<tr>
<td>Drug Administration Errors Policy</td>
<td>A policy that includes instructions for recording, reporting and documentation of drug administration errors</td>
</tr>
<tr>
<td>Adverse Drug Reactions Policy</td>
<td>A policy that includes instructions for documenting and reporting adverse drug reactions.</td>
</tr>
<tr>
<td>Primary Source Verification Policy</td>
<td>A policy for verifying all medical and technical staff member credentials through the applicable issuing agencies.</td>
</tr>
<tr>
<td>Patient Identification Policy</td>
<td>A policy that includes instructions for identifying the patient using at least two patient identifiers.</td>
</tr>
<tr>
<td>Patient Complaint Policy</td>
<td>A policy that outlines the process for patients to issue a complaint/grievance about the care/services they received at your facility.</td>
</tr>
<tr>
<td>Pregnancy/Breast Feeding Policy</td>
<td>A policy that assures that patients who could be pregnant or breastfeeding are identified.</td>
</tr>
<tr>
<td>Radiopharmaceutical Administration Policy</td>
<td>A policy that assures the safe administration of radiopharmaceuticals to patients</td>
</tr>
<tr>
<td>Radiation Safety and Radioactive Materials Handling Protocols</td>
<td>Protocols for radiation safety and the handling of radioactive materials (e.g., safe use and handling of radioactive materials, receipt of radioactive materials, preparation (if applicable), and radioactive materials storage and disposal).</td>
</tr>
<tr>
<td>Clinical Imaging Protocols for All Procedures Performed</td>
<td>Clinical procedure manual that includes every clinical procedure performed at the facility, even those performed only occasionally.</td>
</tr>
<tr>
<td>Exercise/Pharmacologic Stress Protocols</td>
<td>A site specific stress protocol for all types of stressing activity performed (e.g., exercise, dipyridamole, adenosine, regadenoson or dobutamine).</td>
</tr>
<tr>
<td>Quality Control Protocols</td>
<td>Site-specific written instructions for the performance of quality control tests (equipment manufacturer’s manuals will not be accepted).</td>
</tr>
</tbody>
</table>
Quality Control Images/Documentation: The most recent quality control images/records for imaging equipment is required.

Preventive Maintenance Documentation: Preventive maintenance must be performed semiannually by qualified service personnel.

Quality Improvement (QI) Plan: A written QI plan that includes QI measure of test appropriateness, technical quality review, interpretive quality review, and final report completeness and timeliness.

Quality Improvement (QI) Meeting Minutes: A minimum of two Nuclear/PET QI meetings per year must be held to review the findings of the QI measures and to determine actions for improvement of performance.

Sample versions of policies and protocols can be found at www.intersocietal.org/nuclear/seeking/sample_documents.htm.

Case Study Requirements

All case studies must be from within one year from the application submission date. At least one case study must be interpreted by the Medical Director.

Nuclear Cardiology:

Myocardial Perfusion Imaging (MPI):

- Four case studies.
- One normal study and three abnormal studies. A study with breast or subdiaphragmatic attenuation does not qualify as abnormal.
- At least one exercise stress study and at least one pharmacologic stress study.

Images to Submit (view sample images):

- Movies (cine) of rest and stress rotating images (to check for motion and overall quality) (if available)
- Movie (cine) of gated SPECT slices (to view wall motion)
- Reconstructed stress-rest slices (gray scale and color)
- Calculated LVEF and time volume curve
- Gated SPECT slices in end diastole and end systole
- Quantitative data, polar maps, etc.

Equilibrium Radionuclide Angiography (ERNA or Gated Blood Pool):

- Four case studies (only two ERNA case studies will be required if the facility is seeking accreditation in an additional nuclear cardiology area).
- Case studies may be normal or abnormal

Images to Submit:

- Movie (CINE) of the LAO45, anterior and left lateral views (if available) or a screen capture of all three views
- LVEF curve and calculated EF

Other Cardiovascular:

- Four case studies (only two case studies are required if the facility is seeking accreditation in an additional nuclear cardiology area).
- Only one case study may be normal.
General Nuclear Medicine (GNM):

- GNM case study submission requirements will be automatically calculated based on the information entered in the online application. A minimum of four (maximum of 12) cases will be required.
- If applying in one GNM area, four cases are required. If applying in more than one GNM area, two cases from each area are required.
- All case studies must be abnormal.

The six areas of GNM are listed below:

| Musculoskeletal / Infection / Tumor | Hematopoietic, Reticuloendothelial, Lymphatic / Pulmonary / Central Nervous System |
| Gastrointestinal                   | Therapy |
| Genitourinary                      |         |
| Endocrine / Endocrine Non-imaging  |         |

PET (Oncology, Neurology and Cardiology):

- If applying for one area of PET accreditation (oncology, neurology or cardiology) submit four abnormal cases (for cardiology one case study may be normal).
- If applying for accreditation in more than one area of PET, submit two abnormal cases for each area performed.

PET Cardiology Images to Submit:

- Movie (cine) of gated slices (to view wall motion)
- Reconstructed stress-rest slices (gray scale and color)
- Calculated LVEF and time volume curve
- Gated slices in end diastole and end systole
- Quantitative data, polar maps, etc.
- Rest emission/transmission or CT registration images (3 planes)
- Stress emission/transmission or CT registration images (3 planes)

If Flow is Performed:

- Images of flow with ROIs
- Flow curves
- Quantitative rest and stress flow and myocardial flow reserve

Multiple Sites:

- Two abnormal case studies from any testing area in which the facility is applying for accreditation. The two abnormal cases are in addition to the requirements for the primary site.

For details on case study submission, please visit www.intersocietal.org/nuclear/seeking/case_studies.htm.

Step 3: Complete Online Application

IAC Online Accreditation has two major aspects: an account profile and an application questionnaire. After completing required fields and sections of the account profile (Manage Staff, Manage Sites and Manage Equipment), proceed to the questionnaire by clicking the Applications tab.

It is within the questionnaire that applicant facilities will provide detailed information about the facility and upload the supporting documentation (detailed above in Step 2). For facilities applying for reaccreditation, the IAC QuickFill Reaccreditation feature retains and copies previous application data into your reaccreditation application.

When the questionnaire is completed, the [Begin Pre-submission Check] button is presented on the Conclusion screen. Once the pre-submission case requirements check is initiated, changes to the application are not permitted unless the IAC staff find errors in the case selection.
**Step 4: Pre-Submission Case Study Requirements Check**

- About two weeks prior to the expected final submission date, the pre-submission case study requirements check must be initiated. IAC staff will review case study documentation in the application to ensure accurate case study selection, staff and site representation.

- Facilities will receive an e-mail from the IAC, within two business days, to update their case study documentation, as requested or proceed to final submission.

- The check is performed to provide a more efficient application submission and review process for the facility. **Case study images should not be uploaded or sent to the IAC office until the pre-submission case study check is complete.**

- Once the pre-submission case study requirements check has been completed and any errors rectified, you will proceed to final submission via the conclusion screen of the online application (see Step 5).

**Step 5: Submitting the Application**

- During final submission, the payment method will be selected, and you will be instructed to send the case study images, *IAC Accreditation Agreement (if modified and not submitted in the application) and fee**(if paid by check) within 5 business days to the IAC office.

- **There are two methods by which a facility may submit case studies:**
  1. Ship Via Traceable Carrier (FedEx, UPS, etc.) | View Instructions
  2. Upload Online Through Secure, HIPAA-Compliant Vigilant Web Viewer | View Instructions

*It is important to have the appropriate personnel at your facility review the IAC Agreement and decide if changes are needed prior to application submission. Applications submitted to the IAC must be accompanied by a completed modified or unmodified IAC Accreditation Agreement (current published version) to receive an accreditation decision. For complete instructions, please review “Legal, IAC Agreement” at www.intersocietal.org/iac/legal/agreement.htm

**The application fee paid during final submission covers the three-year accreditation cycle. View the complete fee structure at www.intersocietal.org/nuclear/seeking/fees.htm.

**Step 6: After You Submit**

- After submission, the application is locked and becomes your final application submission. A read-only copy of the submitted application questionnaire is accessible by using the Applications link (click on Online Application Tools icon) in your Online Accreditation account.

- Upon submission of the application and case studies the IAC will begin the internal review process. The internal review, peer review and board review are conducted prior to a decision being rendered.

- The application review process takes approximately 8 to 10 weeks* to complete. The accreditation decision will be provided to the facility via a notification letter that may be downloaded from the Online Accreditation account.

*For expedited applications, ensure that the case study images are received by the IAC within two business days after final submission of the application.
Quick Links

- Sample Documents (www.intersocietal.org/nuclear/seeking/sample_documents.htm)
- Upcoming Webinars (www.intersocietal.org/nuclear/main/upcoming_events.htm)
- On Demand Webcasts (www.intersocietal.org/nuclear/main/on_demand.htm)
- Frequently Asked Questions (www.intersocietal.org/nuclear/main/faq.htm)
- CME Resources (www.intersocietal.org/nuclear/main/cme_resources.htm)
- Quality Improvement (QI) Self-Assessment Tool (www.intersocietal.org/QITool)

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