



ICANL Accreditation Checklist

General

Staff

- Are board certifications and licenses available for all interpreting physicians?
- Do all interpreting staff meet one of the qualification pathways listed in section A1 of *The ICANL Standards*?
- Have all medical staff members obtained at least 15 hours of AMA Category I Continuing Medical Education (CME) relevant to the interpretation and performance of nuclear medicine studies, within the past three years?
- Are all technical staff certified (CNMT), registered (RT(N)) or have a state license?
- Have all technical staff members obtained at least 15 hours of accredited Continuing Education (CE), relevant to the interpretation or performance of nuclear medicine, within the past three years?
- Are all technical staff members currently BLS certified?
- Is an ACLS certified, qualified person on site and immediately available during cardiac stress procedures?
- Are all personnel directly supervising stress test procedures currently BLS certified?

Reports

- Are all studies interpreted in 2 working days?
- Are all final reports transmitted within 4 working days?

Do all final reports contain demographic elements:

- Identification of the name, address and telephone number of the facility
- Patient's name, gender, date of birth and/or unique patient identifier
- Requesting health care provider's name
- Interpreting physician's name
- Date of the examination
- Date of the interpretation (optional)
- Date of the transcription (optional)
- Date report approved and signed by the interpreting physician

Do all final reports contain these interpretation elements:

- Clinical indication and pertinent history leading to performance of the examination
- Name of the procedure (type of examination)
- Description of the procedure performed including:
 - Type of exam or protocol
 - Type, specific amount and route of administration of any radiopharmaceutical administered
 - Type, specific amount and route of administration of any non-radioactive pharmaceutical administered
- Description of the results of the examination including pertinent positive and negative findings such as:
 - Stress test data
 - Rest and peak stress heart rate
 - Rest and peak stress blood pressure
 - Rest and peak stress ECG findings
 - Symptoms, or lack of symptoms, during the stress test
 - Image description, including the location and types of findings, including size and severity defects
 - Overall quality of the study and findings which may affect the quality or reliability of the results
 - The reason and description for suboptimal or limited examinations or deviations from the protocol
- Succinct impression (abnormal or normal)
- Physician signature

Imaging protocols

Do all imaging protocols contain:

- Indications and contraindications
- Patient preparation and education instructions. (If there are no patient preparation or restrictions, does the protocol specifically state this?)
- Radiopharmaceutical identity, dosage, and route of administration
- Non-radioactive drugs used in the procedure (i.e.: PYP)
- Camera setup (collimator, energy window setting, orbit and orbit type, acquisition type (static, dynamic, planar, SPECT, step and shoot, continuous) gating, matrix size and zoom)
- Patient position (e.g.: supine prone, upright, posterior, anterior, head in, head out, arms up, arms down, neck extended)
- Camera position (e.g.: starting angle, detector configuration, caudal tilt, detector to patient distance)
- Camera/computer specific acquisition instructions (e.g.: views, timing of views, time/counts per view, number of views, SPECT/PET specific parameters, pre-filtering, attenuation correction)
- Camera/computer specific processing instructions (e.g.: filtering, reconstruction parameters, reconstruction algorithms, attenuation correction, motion correction, curve generation, reformatting, re-orientation, region of interest placement, quantitative analysis requirements)
- Camera/computer specific instructions regarding the images and data to be displayed for physician interpretation
- Instructions for how images must be labeled (e.g.: facility name, patient name, date of birth, patient identifier, date of the study, time interval, view or projection, laterality, anatomical markers)

Stress/Pharmacologic protocols

Is there a specific protocol for:

- Exercise stress
- Persantine (dipyridamole) stress
- Adenoscan (adenosine) stress
- Dobutamine stress
- Lexiscan (regadenoson) stress

Do all Stress/Pharmacologic protocols contain:

- A detailed description of the graded protocols (e.g.: charts showing speed, incline and workload)
- Infusion protocols charts
- Instructions for the time of measurements of symptoms, heart rate, blood pressure and ECG tracings during stress (e.g.: each stage, every minute)
- Injection criteria and exercise/testing endpoints including any specific events that are reasons for stopping the stressing activity such as duration of pharmaceutical administration or specific symptoms at peak exercise
- Reasons for early termination of exercise or pharmacologic stress (e.g.: moderate to severe angina, marked dyspnea, ST segment depression >2 mm)
- Instructions for post stress monitoring including time of measurement of symptoms, heart rate, blood pressure and electrocardiographic tracings as well as criteria for terminating post stress monitoring (e.g.: minimum duration of post stress monitoring and acceptable reasons for stopping)
- Identification and treatment of adverse effects of exercise (e.g.: hypertension, shortness of breath, chest pain)
- Identification and treatment of common adverse effects of pharmacologic stress

Quality Assurance

Does the laboratory have a quality improvement plan or program that includes measures from each of the following areas, annually:

- Administrative quality
- Technical quality
- Physician performance or interpretive quality
- Has the facility conducted at least two quality improvement meetings per year?
- Are minutes or reports available from the quality improvement meetings?



ICANL

**THE INTERSOCIETAL COMMISSION FOR THE
ACCREDITATION OF NUCLEAR MEDICINE LABORATORIES**

Remember, the ICANL is here to help. The ICANL is fully staffed with clinical and administrative personnel trained to guide you through the application process. Call 800-838-2110 or **email us** today, for assistance.

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