

## ICANL Live Chat

The following were questions asked during the ICANL's January 27, 2010 live chat. *Note: The entries below are linked to the corresponding questions.*

- Can we have two separate reports for imaging and stress?
- If there is a code team in the hospital, are we required to submit all of the ACLS cards?
- Do handwritten worksheets need to be saved?
- I understand that there needs to be two QA meetings a year and all staff need to be present. Is there circumstance where a physician can be excluded?
- When will the "Random" or "Mid Cycle" Audits.
- Can one physician interpret a study and different physician sign the report?
- Do we accept walking Lexiscan Protocols?

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**Question: Can we have two separate reports for imaging and stress?**

**Answer:** It is acceptable two have separate reports if the following conditions are met:

- 1) The two reports must reference each other.
- 2) The imaging report must incorporate the findings of the stress into the interpretation and include: rest and peak stress heart rate, rest and peak stress blood pressure, rest and peak stress ECG findings and whether or not the patient had symptoms.

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**Question: If there is a code team in the hospital, are we required to submit all of the ACLS cards?**

**Answer:** Hospitals with a code team are the one exception where ACLS cards do not have to be submitted and the online application has instructions regarding this and how to answer the question.

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**Question: Do handwritten worksheets need to be saved?**

**Answer:** From the ICANL point of view, the hand written worksheets do not have to be saved if all information from the handwritten sheet is included in the report. However, from a laboratories point of view, it might be considered part of the medical record. It may certainly be scanned and kept as part of the electronic medical record.

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**Question: I understand that there needs to be two QA meetings a year and all staff need to be present. Is there circumstance where a physician can be excluded?**

**Answer:** The new ICANL Guidelines specifically clarify that all physicians and technologists must be present for at least 50% of the meetings or in other words at least one of the two required meetings.

**Question: When will the “Random” or “Mid Cycle” Audits.**

**Answer:** Historically, the ICANL has required either an audit or site visit prior to accreditation decision. In mid 2010 we will no longer be performing audit/site visits prior to rendering the accreditation decision but we will be performing random audits and site visits during the three year accreditation period to ensure that laboratories maintain compliance. We are required to perform the random audits/site visits as part of the CMS or MIPPA accreditation rules. However, please note we significantly changing the audit requirements and a majority of the focus of the audit will be laboratory information update with submission of reports and quality assurance. More information will be available closer to implementation.

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**Question: Can one physician interpret a study and different physician sign the report?**

**Answer:** A different physician can sign the report only in unusual circumstances. ICANL Standard B6.1.4 specifically states: The final report must be reviewed, signed and dated manually or electronically by the interpreting qualified member of the medical staff. Electronic signatures must be password protected and indicate they are electronically recorded. Stamped signatures or signing by non-physicians is unacceptable. In unusual circumstances, when the interpreting physician is not available, another qualified member of the medical staff may sign for them, if they choose to take such responsibility.

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**Question: Do we accept walking Lexiscan Protocols?**

**Answer:** While the walking Lexiscan protocol is not specifically included in the ASNC Imaging Guidelines, there is sufficient peer reviewed, published literature supporting the use of the protocol.