

ICANL Live Chat

The following were questions asked during the ICANL's January 6, 2010 live chat. *Note: The entries below are linked to the corresponding questions.*

- Our lab only does about 10 studies a week, thus making it difficult to find abnormal studies to submit for our case studies, what should we do?
- Appropriate Use Criteria? What are the guidelines?
- Can a laboratory incorporate Appropriate Use Criteria into its own practice now?
- What is the number of quality monitors that should be used when performing the required quality improvement?
- How long does it take to receive a confirmation for the On Demand Webcasts registration?
- Our lab has an office in the hospital and the building next door. Is this considered one lab or should it be two (a multi-site)?
- What is the time frame for turn around of reports?

Question: Our lab only does about 10 studies a week, thus making it difficult to find abnormal studies to submit for our case studies, what should we do?

Answer: If you are applying for RMPI (radionuclide myocardial perfusion) imaging, your lab is required to submit 5 case studies from the main site and two from each satellite or additional site. From the main site, you must submit the following types of studies: 1 normal, 1 ischemia, 1 infarction, 1 wall motion and 1 additional abnormal study. For the each satellite site, you must submit 2 studies and at least one of those studies must be abnormal. The studies must be chosen from studies performed within two months of your application submission.

Although your laboratory is a small volume facility, you are still required to meet the same submission requirements and therefore, you are going to need to find studies to meet the requirements.

Note – if you are applying for general nuclear medicine accreditation, you must submit 2 case studies for each area or body system. The studies must have been performed within the past year and at least one case study should be abnormal.

Question: Appropriate Use Criteria? What are the guidelines?

Answer: Several of the professional societies joined together and published the “Appropriate Use Criteria” (AUC) for several of the diagnostic imaging modalities. Currently, there are radionuclide cardiac imaging, echo, cardiac CT, cardiac MR and cardiac revascularization. The original AUC were published for myocardial perfusion imaging in 2005 and were recently revised in 2009.

In June of this year, the IAC announced that laboratory self-assessment of appropriate use of diagnostic imaging would be required for all IAC divisions in the near future. The ICANL is going to require that measurement of appropriate use occur at least once during the three year accreditation period. We are in the process of finalizing the details and creating tools to help labs measure appropriate use. At the moment, we are just waiting for the ACC to release software and educational materials to support using the criteria.

Question: Can a laboratory incorporate Appropriate Use Criteria into its own practice now?

Answer: Absolutely, laboratories may start monitoring their own appropriate use practices now. Keep watching our website for more information in the coming months.

Question: What is the number of quality monitors that should be used when performing the required quality improvement?

Answer: As a general rule, a minimum sample size of 30 is usually considered statistically sufficient in any type of data collection. That means if you are doing cath correlation, you would need to compare a minimum of 30 patients to achieve an acceptable margin of error.

Question: How long does it take to receive a confirmation for the On Demand Webcasts registration?

Answer: It usually takes 2-3 minutes to receive the registration confirmation and link to the webcasts. Check your spam mailbox.

Also, once you click on the link to enter the video website, you must click on an icon and choose the medium to watch the video such as Window Media Player or Quick Time. You can also download the video and watch it directly from your own computer.

Question: Our lab has an office in the hospital and the building next door. Is this considered one lab or should it be two (a multi-site)?

Answer: If the two locations are not in the same physical building or complex (such as a University campus), then you must apply as a multi-site facility.

Question: What is the time frame for turn around of reports?

Answer: All studies must be interpreted within two working days and the final report must be completed within 4 working days.

Note: Completed means that the report is typed, approved and signed by the interpreting physician and ready to be transmitted to the referring physician. All critical results studies must be interpreted within 24 hours.