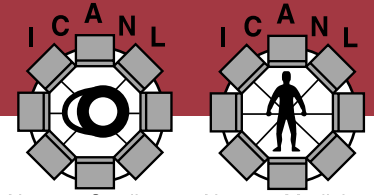


ICANL

Newsletter Fall 2000 Volume 1 Issue 1

Nuclear Cardiology
and Nuclear Medicine
Laboratory Accreditation



Nuclear Cardiology Nuclear Medicine

ICANL and ACR Nuclear Medicine Accreditation: A Comparison

by Frans J. Th. Wackers, MD, ICANL President, American Society of Nuclear Cardiology Representative to Board of Directors

The Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories (ICANL) finalized its General Nuclear Medicine Accreditation program in February 2000 and published the comprehensive general nuclear medicine and nuclear cardiology *Essentials and Standards* several months ago. The *Essentials and Standards* (Columbia, MD: ICANL; 1998) and the application for comprehensive nuclear medicine accreditation were developed by representatives of the sponsoring organizations (American College of Cardiology, American College of Nuclear Physicians, American Society of Nuclear Cardiology, Institute for Clinical PET, Society of Nuclear Medicine, and the Technologist Section of the Society of Nuclear Medicine), with additional review by more than 40 nuclear medicine specialists. A separate nuclear medicine accreditation program was released by the American College of Radiology (ACR) during the Radiological Society of North America meeting in November 1999. The ICANL and ACR accreditation programs share some similarities, but their differences are worth noting.

The major difference between the two programs is in underlying concept and focus of review. The ICANL accreditation program places emphasis on the presence of laboratory- and camera-specific procedure protocols for each of the nuclear medicine examinations and on the submission and review of complete patient studies and reports. The purpose of reviewing procedure protocols and representative patient studies is to evaluate the structural, technical, and interpretative quality of the laboratory as a whole. Paramount to the ICANL review is the evaluation of a significant number of abnormal examinations. In addition, the selected patient studies must represent the work of as many staff members as possible. The ICANL program requires the submission of at least two patient studies per body system area (i.e., gastrointestinal, central nervous, endocrine, skeletal, genito-urinary, pulmonary, infectious diseases, cardiac, tumors, and therapy). Only one patient study per examination type may be normal. If a laboratory performs and seeks accreditation for nuclear cardiology, three SPECT studies and three equilibrium radionuclide angiographic (ERNA) studies also must be submitted. If applying for PET accreditation, at least three PET studies must be submitted. All patient studies must be performed by current personnel using current equipment. In all, as many as 20 patient studies must be submitted for comprehensive review.

After review of an application, the ICANL will grant accreditation in nuclear medicine by body system, not per γ camera or module. For example, if a laboratory submits pulmonary and gastrointestinal studies of good quality that meet ICANL standards

and cardiac studies that do not meet ICANL standards, the laboratory will be granted accreditation only in those areas in which the standards are met.

In contrast, the ACR accreditation program is divided into modules by imaging equipment instead of by body systems. These three modules are planar imaging, SPECT imaging, and nuclear cardiology (PET is not evaluated currently). For each module, two different examination types must be submitted for a total of up to six examinations per camera. All case study examinations must be normal. In addition, the ACR requires no written procedure protocols.

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Frans J. Th. Wackers, MD

Wisconsin to Require ICANL Nuclear Cardiology Accreditation

by Jack A. Ziffer, MD, Society of Nuclear Medicine Representative to Board of Directors

In a June 2000 letter to its physician providers of healthcare, United Healthcare of Wisconsin announced that it will require outpatient facilities providing Nuclear Cardiology Services to be accredited by the Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories (ICANL), effective July 1, 2003. United Healthcare described a number of compelling reasons for requiring accreditation, citing it as "an important mechanism for setting objective standards of quality." It specifically requires accreditation by the ICANL, indicating "National organizations offer objectivity, making them less subject to criticism for bias in favor of any group or individual. The ICANL allows for diversity in professional background and training."

Sandra Katanick, Executive Director of the ICANL, in response to the United Healthcare of Wisconsin policy, stated "The ICANL is devoted to providing a mechanism to ascertain that a particular laboratory meets specific standards that enable quality patient care.

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The ICANL *Essentials and Standards* require that physicians with board certification in diagnostic radiology but not in nuclear medicine must have documented special competency in nuclear medicine. The ACR program does not require physicians with board certification in diagnostic radiology to have documented special competency in nuclear medicine. Both programs have similar requirements/pathways for practice experience of 10 years or more without formal training in nuclear medicine. The ICANL also provides a pathway for accreditation of dedicated nuclear cardiology facilities directed and staffed by qualified nuclear cardiologists. The ACR does not provide such a pathway.

ACR standards require the presence of a medical physicist in the laboratory, although the extent of his or her involvement, aside from annual quality control reports, is not specified. The ICANL does not require each laboratory to employ a physicist, but explicitly recognizes the benefits of a physicist to the laboratory. Both the ICANL and the ACR require specific evidence of quality control tests of all imaging and nonimaging equipment on a daily, quarterly, or annual basis. The ACR requires that these quality control tests be performed at least annually under the direct supervision of a medical physicist. The ICANL does not require the direct supervision of a physicist.

In addition to the requisite quality control reports, the ACR requires submission of planar and SPECT images obtained using an ACR-approved phantom. If this phantom is not provided by the manufacturer of the camera, it must be purchased from the phantom manufacturer for \$1347 plus shipping. The ICANL does not require phantom images but, instead, relies on the laboratory's quality

control protocols and documentation. However, the ICANL requires, in addition to evidence of technical quality control, evidence of quality assurance of imaging procedures, processing, and interpretation.

The ICANL and ACR programs retain the right to perform random on-site evaluations as part of their internal validation procedures. The accrediting body pays the cost of these random site visits. Both the ICANL and ACR programs grant accreditation in three-year cycles. The pricing structures of the programs are quite different. Because the focus of the ICANL program is on the quality of the submitted case studies, the review is laboratory-specific and camera-independent. The ICANL fee is \$2000 for general nuclear medicine accreditation. If nuclear cardiology or PET accreditation is requested, the fee is \$2500. In neither case is there a fee per camera. The ICANL also has an initial, one-time fee of \$200 for the purchase of the *Essentials and Standards* and application in both paper and electronic format. ACR fees are γ camera specific by module. There is a facility fee of \$650 and a camera fee of \$300 per module. In a laboratory with a single camera applying for planar, SPECT, and nuclear cardiology accreditation, the fee would be \$1550. With two cameras in the laboratory, the fee would be \$2450; three cameras would be \$3350.

The most significant difference in the two programs is that the ACR effort was developed specifically for radiology facilities, with a focus on the quality of equipment and technology. The ICANL program was developed by a multispecialty organization with a primary focus on the final product: the nuclear medicine examination and its report.

In addition to requiring evidence that a quality

control program is in place for imaging procedures, processing, and interpretation, the ICANL reviews more case studies than are required by the ACR, including a large percentage of abnormal examinations, performed and interpreted by different staff members. The laboratory is required to document adherence to their submitted camera-specific procedure protocols and to provide evidence of clinical correlation of nuclear medicine examinations as part of an ongoing quality assessment program.

As a final step in developing its general nuclear medicine accreditation program, the ICANL Board of Directors sought outside review of the *Essentials and Standards* and application from more than 40 practicing nuclear physicians and technologists. This was done in an effort to ensure that the ICANL Nuclear Medicine Accreditation Program would reflect what nuclear medicine professionals consider important in providing high-quality nuclear medicine services.

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When that process is recognized by others as an important component of healthcare deliver, it validates our efforts."

To date, 383 laboratories have ordered the *Essentials and Standards and Application*, 84 laboratories have submitted completed applications for accreditation, 14 application decisions are pending review, 58 laboratories are accredited, and 9 laboratories are delayed for correction of deficiencies. One laboratory has been denied accreditation.

Ms. Katanick commented, "I am pleased to see the positive response of the nuclear cardiology community to the accreditation process. The laboratory personnel that I have had the pleasure of speaking with regarding the process are committed to providing quality diagnostic testing and undergoing a stringent peer review of their work. Even though the process can be time consuming and arduous, completion of the application and successful acquisition of ICANL accreditation almost always results in better patient care."

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Although definitive arrangements have not yet been confirmed, a Getting Started Workshop will be held in New Jersey in early spring. Getting Started Workshops present a unique opportunity for laboratory staff to begin the accreditation process under the guidance of an ICANL staff member. Log on to the ICANL Web site for further details and for other important accreditation information.

www.ICANL.org

ICANL Accredited Laboratories

The following list of accredited labs is intended for general information purposes only. While every effort is made to ensure the accuracy of the information provided, errors can and do occasionally occur. Individuals consulting this list should not rely upon the list alone as formal indication of a laboratory's accreditation status. Formal inquiries regarding the accreditation status of a particular laboratory may be requested by phone or in writing from ICANL. The following list includes all currently-accredited laboratories that achieved accreditation prior to October 13, 2000. Areas of accreditation are denoted as follows.

RMPI: Myocardial Perfusion Imaging

ERNA: Equilibrium Radionuclide Angiography

Alabama

The Heart Center, PC
120 Governors Drive, Suite 201
Huntsville, AL
RMPI, ERNA

California

Mission Internal Medical Group
26732 Crown Valley Parkway, Suite 151
Mission Viejo, CA
RMPI, ERNA

Colorado

Cardiodiagnostics of Colorado Springs, Inc.
1633 Medical Center Point, #143
Colorado Springs, CO
RMPI

Connecticut

Cardiology Associates of Waterbury, PC
455 Chase Parkway
Waterbury, CT
RMPI, ERNA

Grove Hill Nuclear Cardiology Laboratory
1 Lake Street
New Britain, CT
RMPI, ERNA

Middlesex Cardiology Associates, PC
520 Saybrook Road, Suite N105
Middletown, CT
RMPI, ERNA

Hartford Hospital, Hartford, CT
Nuclear Cardiology Laboratory
80 Seymour Street
Hartford, CT
RMPI, ERNA

Yale Cardiovascular Nuclear Imaging
Laboratory
20 York Street, CB343
New Haven, CT
RMPI, ERNA

Delaware

Nuclear Cardiology Laboratories
Christiana Care Health System
4755 Ogletown-Stanton Road
Newark, DE
RMPI, ERNA

Florida

Interventional Cardiologists of Gainesville, PA
1131 NW 64th Terrace
Gainesville, FL
RMPI

Nuclear Medicine of Naples
671 Goodlette Road, N., Suite 140
Naples, FL
RMPI, ERNA

Orlando Heart Center
60 West Gore Street
Orlando, FL
RMPI

West Florida Regional Medical Center Nuclear
Cardiology Department
8383 North Davis Highway
Pensacola, FL
RMPI, ERNA

Georgia

Cardiac Disease Specialists of Atlanta, P.C.
285 Boulevard N.E., Suite 435
Atlanta, GA
RMPI

Emory University Hospital
Division of Nuclear Medicine
Nuclear Cardiology
1364 Clifton Road, NE
Atlanta, GA
RMPI, ERNA

Savannah Cardiology, PC
5356 Reynolds Street, Suite 300
Savannah, GA
RMPI

Illinois

Northwestern Memorial Hospital
Section of Nuclear Cardiology
201 East Huron, Galter Room 8-148
Chicago, IL
RMPI, ERNA

Prairie Cardiovascular Consultants, Ltd.
619 East Mason
Springfield, IL
RMPI, ERNA

Nuclear Cardiology Laboratory at the Central
Illinois Heart and Lung Institute at Decatur
Memorial Hospital
2300 North Edward Street
Decatur, IL
RMPI

Indiana

St. Joseph Hospital & Health Center
Nuclear Medicine Department
2907 West Sycamore
Kokomo, IN
RMPI, ERNA

Kentucky

Cardiovascular Associates, PSC
6420 Dutchman's Parkway, Suite 200
Louisville, KY
RMPI, ERNA

Louisville Cardiology Medical Group PSC
4003 Kresge Way, Suite 300
Louisville, KY
RMPI, ERNA

Maryland

Capitol Nuclear Cardiology Subsidiary of
Capitol Cardiology Assoc., P.A.
8100 Good Luck Road, #302
Lanham, MD
RMPI, ERNA

Michigan

Michigan Heart
5325 Elliott Drive, Suite 202
Ann Arbor, MI
RMPI

West Michigan Heart, P.C.
3310 Eagle Park Drive, Suite 102
Grand Rapids, MI
RMPI

Woods Cardiovascular Pulmonary Associates,
P.C.
27550 Schoenherr, Suite 200
Warren, MI
RMPI

Minnesota

St. Paul Heart Clinic Nuclear Cardiology Lab
255 North Smith Avenue, Suite 100
St. Paul, MN
RMPI, ERNA

New Jersey

Cardiac Nuclear Diagnostic Center of Ocean
County
81 Route 37 West
Toms River, NJ
RMPI

Hamilton Cardiology Associates
2073 Klockner Road
Hamilton, NJ
RMPI

Metuchen Heart Associates
481 Memorial Parkway
Metuchen, NJ
RMPI

Nuclear Cardiology Diagnostics
4 Ethel Road, Suite 406A
Edison, NJ
RMPI, ERNA

Toms River Cardiac Diagnostic Center
9 Hospiol Drive, Suite #7
Toms River, NJ
RMPI

New York

Capital Cardiology Associates
7 Southwoods Boulevard
Albany, NY
RMPI, ERNA

Cardiovascular Medical Associates, P.C.
975 Stewart Avenue
Garden City, NY
RMPI, ERNA

The Huntington Heart Center
96 East Main Street
Huntington, NY
RMPI, ERNA

Heart Diagnostic Imaging/Martin H. Handler,
MD, FACC/Anthony Moschetto, DO, FACC
38 Northern Boulevard
Great Neck, NY
RMPI, ERNA

Ohio

Advanced Cardiology, Inc.
905 Sahara Trail
Poland, OH
RMPI

Mary Rutan Hospital, Nuclear Cardiology
Laboratory
205 Palmer Avenue
Bellefontaine, OH
RMPI, ERNA

MidOhio Cardiology Consultants, Inc.
Nuclear Imaging Laboratories
3400 Olentangy River Road, Suite 250
Columbus, OH
RMPI

North Ohio Heart Center
125 East Broad Street, Suite 305
Elyria, OH
RMPI, ERNA

Shadyside Medical Associates
401 Market Street, Suite 1100
Stuebenville, OH
RMPI

The Ohio Heart Health Center, Inc.
2450 Kipling Avenue, Suite 207
Cincinnati, OH
RMPI, ERNA

Oklahoma

Oklahoma Heart Institute, Inc.
9228 South Mingo, Suite 200
Tulsa, OK
RMPI

Pennsylvania

Cardiovascular Diagnostic Center, a Division
of Cardiovascular Associates of Southeastern
Pennsylvania, PC
233 East Lancaster Avenue, Suite 300
Ardmore, PA
RMPI

Consultants In Cardiology, Inc.
311 West 24th Street, Suite 401
Erie, PA
RMPI Testing

Pottstown Medical Specialists, Inc.
1591 Medical Drive
Pottstown, PA
RMPI

Subbiah Cardiology Associates, Ltd.
122 South Washington Street
Butler, PA
RMPI

Rhode Island

Cardiovascular Associates of Rhode Island,
Inc.
1076 North Main Street
Providence, RI
RMPI

The Miriam Hospital Nuclear Cardiology
Laboratory
164 Summit Avenue
Providence, RI
RMPI, ERNA

South Carolina

Cardiology/Gastroenterology Associates of
Myrtle Beach, P.A.
945 82nd Parkway, Suite 3
Myrtle Beach, SC
RMPI

Grand Strand Regional Medical Center
809 82nd Parkway
Myrtle Beach, SC
RMPI, ERNA

Medical University of South Carolina
171 Ashley Avenue
Charleston, SC
RMPI, ERNA

Palmetto Cardiology Associates
Nuclear Cardiology Laboratory
1301 Taylor Street, Suite 10A
Columbia, SC
RMPI

Tennessee

The Nuclear Medicine Department
Chattanooga Heart Institute
2501 Citico Avenue
Chattanooga, TN
RMPI, ERNA

Virginia

Mary Washington Hospital
1001 Sam Perry Boulevard
Fredericksburg, VA
RMPI

Virginia Cardiovascular Specialists
7401 Beaufont Springs Drive, Suite 100
Richmond, VA
RMPI, ERNA

Washington

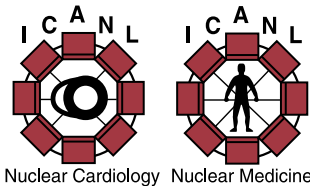
Stevens Cardiology Group/Swedish Heart
Institute
21701 76th Avenue, W., #100
Edmonds, WA
RMPI, ERNA

Wisconsin

Milwaukee Heart Institute-Sinai Samaritan
Medical Center
Nuclear/Stress Cardiology Laboratory
960 N. 12th Street
Milwaukee, WI
RMPI, ERNA

Canada

University of Ottawa Heart Institute
40 Ruskin Street
Ottawa, Ontario
RMPI, ERNA



ICANL *Newsletter*

Nuclear Cardiology and Nuclear Medicine Accreditation

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The Newsletter is published regularly to provide information on the latest policies and procedures of the ICANL and to recognize accredited laboratories. Comments should be addressed to Aaron Watkins, Editor, ICANL, 8840 Stanford Boulevard, Suite 4900, Columbia, MD 21045

IAC
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The ICANL is a member of the Intersocietal Accreditation Commission (IAC) along with the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL), the Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL) and the Intersocietal Commission for the Accreditation of Magnetic Resonance Laboratories (ICAMRL). For information on any of these organizations, visit our Web sites: www.icanl.org, www.icavl.org, www.icael.org, or contact the IAC office at 410-872-0100.