

## **The Importance of Accreditation**

Ultrasound has evolved into the most necessary imaging modality for obstetrics and gynecology. This modality is invaluable in the evaluation of the female pelvis as well as the fetus, and has become indispensable in the practice of obstetrics and gynecology.

The relatively low cost of performing this imaging technique, coupled with the enormously valuable information obtained, has made ultrasound one of the most utilized imaging examinations available today. It is currently being done by physicians from many specialties, including obstetricians, gynecologists, radiologists, emergency room physicians, urologists, etc. Over the last ten years, however, the enormous increase in the utilization of ultrasound has produced the wide diversity of operator expertise and quality of imaging currently prevalent. The very presence of so many different types of practitioners and specialists in this field has made it difficult to establish standards and guidelines for the performance of ultrasound. It has become apparent that the lack of standards and guidelines has resulted in a wide variation in the quality of ultrasound examinations, which, for the obstetrical scans (for example), can vary from a comprehensive fetal examination, searching for malformations, down to a very cursory glance at the fetus, with one or two biometric measurements documented.

The American Institute of Ultrasound in Medicine (AIUM), American College of Radiology (ACR) and American College of Obstetrics and Gynecology (ACOG) have established joint guidelines for the performance of ob/gyn ultrasound, in terms of the biometry, basic fetal anatomy, and documentation of images needed as well as the minimum recommended guidelines for the training of the physician and sonographers. Despite the presence of these standards and guidelines during the past decade, the quality of obstetrical ultrasound has continued to vary enormously throughout the country. In many cases, neither the referring obstetrician, gynecologist, nor patient is aware of the type of scanning being provided or available in her area.

The American Institute of Ultrasound in Medicine is a society composed of physicians of all of the different disciplines that currently perform ultrasound, as well as sonographers and scientists. It is the ideal forum for setting standards in ultrasound of all types, since these scans are performed by the very people whose disciplines are represented in the AIUM organization. The credentialing process offered by the AIUM is simple and straight-forward. An ultrasound practice can apply for accreditation as a single site, multiple site, hospital setting, mobile site, or a combination thereof, renewable every three years. A processing fee is required to accompany the application.

In completing the application itself, the practice must list the total number of ultrasound exams performed annually, as each practice must perform a minimum number of ultrasound procedures in the specialty areas of ultrasound that it practices. A practice applying for ob/gyn credentialing must be able to maintain a volume of at least 170 ultrasound scans per year (3.3 scans per week) in their specialty area.

The designated medical director, as well as other physicians, must be listed, as well as the names of the chief sonographer and staff sonographers, if applicable. Each physician must provide biographical information such as medical license number, residency training, and board certification or eligibility, as well as the number of years of ultrasound experience. To qualify for accreditation, physicians must have been involved in the interpretation of some 300 scan in their specialty area, sometime during their training or on-

the-job, regardless of whether the practitioner is an obstetrician, gynecologist, or radiologist or other specialist. Sonographers are also listed in the application and must be certified by the American Registry of Diagnostic Medical Sonographers (ARDMS) at least by the next cycle of accreditation (three years). Each physician and sonographer is expected to have 30 hours of CME category I activity in ultrasound every three years. A description of the training program, if any, affiliated with the practice is also requested, including the number of trainees and type of supervision afforded to them.

The part of the application concerning documentation of images and the physical facility includes questions regarding the type of record-keeping available (written, video, film, paper-print single frames, etc.) The practice must describe the method by which reports are generated and whether preliminary reports and/or final reports are available. Along with the application, the practice must submit its policies on transducer-cleaning, protocols for protection from infectious diseases, protection measures for personnel regarding transmission of infectious diseases, and the availability of equipment (such as oxygen and emergency drugs) to handle medical emergencies. The practice must submit its quality assurance policies as well as its procedure for physician consultations on the scans performed and review of sonographers' questions. Lastly, a description of the ultrasound equipment present in the ultrasound practice must be given, including the type of maintenance and service available for the ultrasound machines.

Once the application is completed and supporting documents (such as the various policies described above) are included, the practice must also submit images of four actual cases for each area of expertise. The practice applying for obstetrical ultrasound accreditation, for example, must submit one first-trimester endovaginal case, two second-trimester cases, and one third-trimester case, only one of which must be abnormal. The images of these cases must comply with the minimum AIUM guidelines for an obstetrical scan. If the practice is applying for a focused obstetrical accreditation (such as only first-trimester and gynecology, for example), it needs only submit cases in that area.

Upon receiving the completed application and appendices, the Accreditation Commission of the AIUM will then assign two reviewers who will prepare a confidential report. Comments regarding areas where the applicant is not in compliance with the guidelines will be pointed-out to the practice's medical director, and the practice will be given ample opportunity to submit more information, more policies and, if necessary, another batch of four cases of ultrasound images for review. The Accreditation Commission tries to assist the practices to comply with the guidelines, and only practices that fail to demonstrate appropriate expertise will be denied accreditation. Sometimes a site visit is necessary to clarify difficult issues. Many of the physicians in ultrasound practices who have gone through this process have found it helpful to have an opportunity to review their policies. They have also found it beneficial to work with the Accreditation Commission, to improve areas which were previously not necessarily up-to-date or in total compliance with guidelines.

Thus far, the credentialing process has remained voluntary. However increasing numbers of insurance companies and healthcare managers are implementing mandatory credentialing programs in ultrasound throughout the country, and turning to the AIUM and ACR (similar process at the American College of Radiology) for this process. We sincerely hope that this type of accreditation program will result in an overall improvement in the quality of ultrasound practice in the United States.