*QualityPath*™ CT and MRI Maintenance of Designation (MoD)

Attestation Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization Name |  | | | |
| Main Address |  | | | |
| City |  | | State |  |
| Zip code |  | Modalities | CT  MRI  Both | |

I hereby attest that the information included in this document accurately reflects processes and procedures currently in effect.

|  |  |
| --- | --- |
| Signature: |  |
| Title: |  |
| Date: |  |

Note – Attestation must be signed by an organization executive who has the ability to sign a contract for the facility.

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Attestation Detail

**# 1 Facility must be accredited for each modality (CT/MRI) and module/testing area (Spine, abdomen, etc.) combination for which it is applying. Facility must apply for all modules/testing areas it performs within a modality. (I.e. a facility may choose to apply for only CT and not MRI, but may not apply for only adult CT if it performs pediatric CT as well.)**

Modality: Both

No changes: \_\_\_\_\_ (initial)

Describe changes to accreditation since original RFP response:

**# 2 Facility must participate in the Dose Index Registry.**

Modality: CT

Briefly describe how registry data are used for quality improvement:

**# 3 Providers must share images electronically with non-related entities.**

Modality: Both

No changes: \_\_\_\_\_ (initial)

Describe changes to electronic image sharing since original RFP response:

**# 4 Providers must actively participate in Image Wisely.**

Modality: CT

Briefly describe how Image Wisely is used for quality improvement:

**# 5 Providers must actively participate in Image Gently.**

Modality: CT

Briefly describe how Image Gently is used for quality improvement:

**# 6 MRI report turnaround time**

Modality: MRI

Mean MRI Report Turnaround Time (in hours) for calendar year 2017:

**# 7 CT report turnaround time**

Modality: CT

Mean CT Report Turnaround Time (in hours) for calendar year 2017:

**# 8 MRI Lumbar Spine for Low Back Pain (OP-8)**

No action required

**# 9 MRI Shoulder without Preceding Plain Film**

No action required

**# 10 MRI Knee without Preceding Plain Film**

No action required

**# 11 Abdomen Computed Tomography – Use of Contrast Material (OP-10)**

No action required

**# 12 Thorax Computed Tomography – Use of Contrast Material (OP-11)**

No action required

**# 13 Decision Support for Ordering CT and MRI**

Modality: Both

No changes: \_\_\_\_\_ (initial) Also complete question on quality improvement.

Describe how data from decision support is used for quality improvement:

Describe changes to electronic image sharing since original RFP response:

**# 14 Ensuring Appropriately Actionable Radiologist Reports**

Modality: Both

No changes: \_\_\_\_\_ (initial)

Describe changes to this process since original RFP response:

**# 15 Appropriate Recommendations Regarding Incidental Findings**

Modality: Both

No changes: \_\_\_\_\_ (initial)

Describe changes to this process since original RFP response:

**# 16 Disclose Potential Conflicts of Interest – Self-referral**

Modality: Both

No changes: \_\_\_\_\_ (initial)

Describe changes to ownership structure since original RFP response: