

Intersocietal Accreditation Commission: Accreditation as a Mechanism to Assess and Improve Quality

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Background

Accreditation recognizes an organization as having met predetermined standards or thresholds for quality. The accreditation process requires self-evaluation against a set of standards followed by peer-review evaluation for compliance with those standards. The goal of accreditation in healthcare is to improve the quality of patient care through standardization and education. The Intersocietal Accreditation Commission (IAC) began accrediting diagnostic imaging facilities in 1991. Currently, there are more than 14,000 accredited facilities throughout the U.S. and Canada. The IAC accredits both diagnostic imaging and procedure-based modalities including cardiac electrophysiology, cardiovascular catheterization, CT, carotid stenting, echocardiography, MRI, nuclear/PET, vascular testing, and vein center facilities.

The IAC accreditation process rigorously evaluates a facility's daily operations by assessing staff qualifications, protocols, technical quality, documentation, interpretation and reporting. Quality is judged by peer reviewers based on compliance with published standards and guidelines. The IAC accreditation process also requires facilities to have a comprehensive quality improvement (QI) program. To assist facilities in evaluating and improving their processes, the IAC developed the QI Self-Assessment Tool to help facilities to assess their imaging studies and reports. The tool provides data-driven, objective measures of quality.

Objectives

In 2012, the IAC began a research initiative to explore the impact accreditation has on patient care and to strengthen the accreditation process. Through several research studies, there is evidence to suggest that IAC accreditation leads to increased awareness of safety, standardization of processes, adherence to guidelines and, most importantly, improved patient care. This poster aims to review the results of one research study demonstrating the impact of IAC accreditation on patient outcomes.

Methods

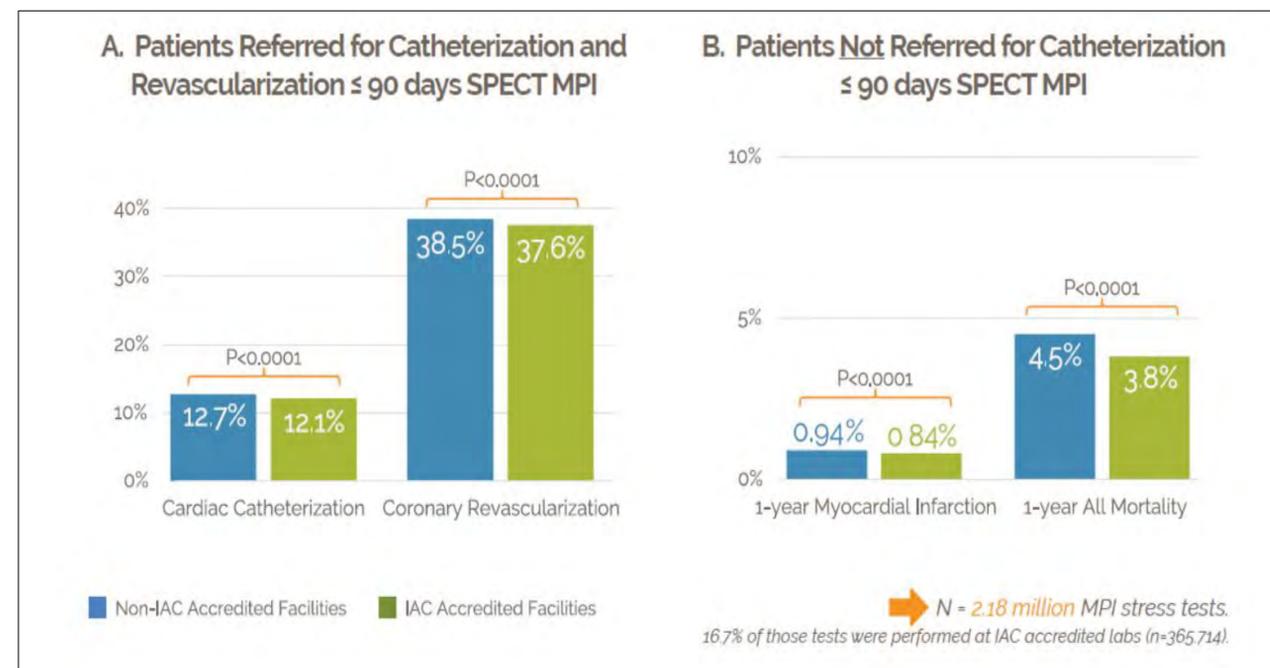
A study by Murthy et al. found that IAC-accredited facilities demonstrate better patient selection and improved downstream resource utilization. The investigators compared accredited and non-accredited facilities using a random sample (n=2.18 million) of Medicare Part B carrier claims from 2008-2012 to determine the downstream rate of cardiovascular catheterization and revascularization along with 1-year myocardial infarction and mortality following SPECT myocardial perfusion imaging (MPI) (Figure 1).

Results

The investigators found rates of cardiovascular catheterization ≤ 90 days after SPECT MPI were lower at IAC-accredited facilities than non-IAC-accredited facilities (12.1% vs. 12.7%, $p < .0001$). The < 90 -day revascularization rate of patients sent for catheterization was also lower (37.6% vs. 38.5%, $p < .0001$). Of patients not sent for catheterization following SPECT MPI, the 1-year acute myocardial infarction rate was lower for IAC-accredited labs (0.84% vs. 0.94%, $p < .0001$) and the overall 1-year mortality rates were lower for IAC-accredited facilities (3.8% vs. 4.5%, $p < .0001$). The investigators concluded patients

imaged in IAC-accredited nuclear cardiology facilities have lower downstream resource utilization and better clinical outcomes than patients imaged in non-IAC-accredited facilities.

FIGURE 1.



Conclusion

Through an accumulating body of literature, the IAC is gathering data to support the positive impact of IAC accreditation. One such published research study demonstrates the IAC accreditation process improves patient outcomes and decreases downstream testing. The knowledge gained from this and other research studies can be used to identify quality gaps and guide remediation through targeted education strategies.

Disclosures

Authors Lally, Farrell and Vermeiren are employees of the IAC.