Making EQUIP Easy

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Objectives and Definitions

Objectives
- What EQUIP questions will be asked during the inspection
- How to create a program that will result in zero EQUIP-related violations

Definitions
- ACR = American College of Radiology
- IP = Interpreting Physician
- LIP = Lead Interpreting Physician
- MQSA = Mammography Quality Standards Act
- QA = Quality Assurance
- QC = Quality Control
- RT = Radiologic Technologist or Mammographer

EQUIP Defined

"Poor positioning has been found to be the cause of most clinical image deficiencies and most failures of accreditation." [2]

Enhancing
Quality
Using the
Inspection
Program

EQUIP Question 1

"***1. Does the facility have procedures for corrective action (CA) when clinical images are of poor quality?***

(a) Do the procedures include a mechanism for providing ongoing IP feedback on image quality to RT's or other designated facility personnel?

(b) Do the procedures require documenting and corrective actions taken and documenting the effectiveness of any corrective actions taken?"

(MQSA, 2016, EQUIP handout)

EQUIP Question 2

"Does the facility have procedures to ensure that clinical images continue to comply with the clinical image quality standards established by the facility's accreditation body?

(a) Do the procedures include a mechanism for regular reviews of image quality attributes of a sample of mammograms performed by each active RT and a sample of mammograms accepted for interpretation by each active IP?

(b) Is there documentation of such review since the last inspection?"

(MQSA, 2016, EQUIP handout)

Make it Easy: Part One

Create a policy/procedure/guideline that combines questions one and two, and how your facility will answer them

WHO: All active RTs and IPs that are currently employed at the facility

WHAT: Review at least one exam performed by each RT and interpreted by each IP

WHEN: At least annually (after last inspection, before next inspection), more often is encouraged

WHERE: At each facility that performs mammograms

HOW:

- Create an image review checklist that includes the eight ACR image quality attributes
- Create a corrective action form to track issues of suboptimal quality
- Create an attestation that the LIP signs proving reviews were completed

Make it Easy: Part One cont.

Important things to remember

- Policy/Procedure/Guideline should include ACR's image quality attributes (positioning, compression, exposure level, contract, sharpness, noise, artifacts, examination identification[1])
- Establish what suboptimal image quality results in corrective action (e.g. blur/motion, artifact, tissue cutoff), what the corrective action is (e.g. troubleshooting, educational readings), and what happens if suboptimal image quality continues (e.g. additional training, performance improvement plan)
- LIP can designate an IP, Lead Mammo Technologist, Supervisor, etc., to perform reviews, but must provide direct oversight

Make it Easy: Part One cont.

- Exams should be randomly selected
- Exams cannot be part of Repeat/Reject Analysis or routine interpretation
- The same exam can be used to evaluate the RT's positioning and whether or not the IP is accepting suboptimal images

	RT 1	RT 2
Your facility has 6 IPs and 2 RTs.	Exam interpreted by IP 1	Exam interpreted by IP 6
	Exam interpreted by IP 2	Exam interpreted by any IP
Your facility will review 5 randomly selected exams for each IP and RT.	Exam interpreted by IP 3	Exam interpreted by any IP
	Exam interpreted by IP 4	Exam interpreted by any IP
	Exam interpreted by IP 5	Exam interpreted by any IP

Image Review LIP Attestation

An attestation qualifies as a *"… summary report, written statement by LIP that a review was performed …"* and must include:

- Name and MQSA ID of facility
- Name of person performing review
- Date review was performed and date range images were selected from
- Name(s) of RTs and IPs included in review
- By signing below, I attest:
  - Facility has a policy/procedure/guidelines in place for image review
  - If I designate someone to complete reviews, they're named above
  - If designee isn't an IP, they worked with an IP
  - My direct oversight of corrective action
  - My direct oversight of reviews performed on RTs and IPs
- LIP printed name, signature, date signed

(MQSA, 2016, EQUIP handout)

EQUIP Question 3

"Does the facility have a procedure for LIP oversight of QA/QC records and corrective actions"

(a) Does the procedure include requirements for LIP oversight of QA/QC records, including review of the frequency of performance of all required tests?

(b) Does the procedure include requirements for LIP review to determine whether appropriate corrective actions were performed when needed?

(MQSA, 2016, EQUIP handout)

Make it Easy: Part Two

Create a policy/procedure/guideline on how your facility will answer question three

WHO: LIP

WHAT: Review QA/QC Program

WHEN: At least annually (after last inspection, before next inspection, whenever LIP changes). More often is encouraged

WHERE: At each facility that performs mammograms

HOW: Utilize the QA/QC attestation provided by MQSA

OPTIONAL: Include QC RT's responsibilities and corrective action if QA/QC is not performed or documented as required

References

1. American College of Radiology. (1999). *Mammography Quality Control Manual*. Reston, VA: ACR Publications.
2. Mammography Quality Standards Act and Program (2016). EQUIP: Enhancing quality using the inspection program. Retrieved from https://www.fda.gov/Radiation-EmittingProducts/MammographyQualityStandardsActandProgram/FacilityScorecard/ucm526238.htm
3. Mammography Quality Standards Act and Program (1999). Mammography quality standards act regulations. Retrieved from https://www.fda.gov/Radiation-EmittingProducts/MammographyQualityStandardsActandProgram/Regulations/ucm110906.htm#top

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