

ACCREDITATION OF VHA RADIATION ONCOLOGY SERVICES/SECTIONS

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive establishes policy, procedures, and management responsibilities for the accreditation program for VHA Radiation Oncology Services or Sections (ROS).
- 2. SUMMARY OF CONTENT:** This is a new VHA directive that establishes the policy for the accreditation of the VHA Radiation Oncology Services or Sections (ROS) by a nationally recognized accrediting body, the American College of Radiology (ACR).
- 3. RELATED ISSUES:**
 - a. Assistant Secretary for Management Memo, December 31, 2003, Approval of Advisory and Assistance Contract Executive Decision Memo No. 252664.
 - b. Deputy Under Secretary for Health for Operations and Management Memo, June 20, 2009, ACR Site Inspections of VHA Radiation Oncology Services.
- 4. RESPONSIBLE OFFICE:** The Office of Specialty Care Services (10P11), Office of the Deputy under Secretary for Health for Policy and Services (10P) is responsible for the contents of this directive. Questions may be referred to National Program Director, Radiation Oncology at 804-675-5923.
- 5. RESCISSION:** None.
- 6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of June 2023. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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ACCREDITATION OF VHA RADIATION ONCOLOGY SERVICES/SECTIONS

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes the policy, procedures and management responsibilities for the accreditation program for VHA Radiation Oncology Services or Sections (ROS). **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b).

2. BACKGROUND

In 2003, VHA determined that VHA Radiation Oncology Services or Sections (ROS) should be accredited by a nationally recognized accrediting body; this was approved by the Secretary of VA on January 7, 2004. In 2008, VA awarded a contract to the American College of Radiology (ACR) as the national accrediting body for VHA ROS. The Deputy Under Secretary for Health for Operations and Management then established the requirement and procedures for correcting deficiencies noted during surveys for accreditation, included in Internal Policy, Executive Decision Memo (EDMS) 252664, dated December 31, 2003. As a result of these actions, VHA ROS are required to hold national accreditation.

3. DEFINITIONS

a. **Accreditation.** For the purposes of this directive, accreditation is a status awarded to a VHA ROS following a detailed application and on-site inspection of clinical infrastructure; policies and procedures; patient care operations; patient safety; quality assurance and quality management of radiotherapy planning, equipment, and delivery; and continuous quality improvement initiatives. The ACR evaluates VHA ROS according to [ACR Practice Parameters and Technical Standards](#). Accreditation determinations result in one of the following classifications:

- (1) Fully accredited, 3-year accreditation.
- (2) Deferred.
- (3) Denied.

b. **Corrective Action Plan.** The CAP is a detailed list of deficiencies and proposed corrective actions. The CAP identifies the responsible individual and estimated completion date for each proposed action. A CAP is prepared by the Service/Section Chief for submission to the ACR through the VA medical facility Director and Veterans Integrated Service Network (VISN) Director.

c. **Deferred Accreditation.** A deferred accreditation exists when the ACR defers the decision to accredit until one of the following mandated processes is completed:

- (1) Submission and approval of a CAP.

(2) Submission and approval of a CAP followed by a self-audit within 6 months for items specified by the ACR.

(3) Submission and approval of a CAP followed by a second scheduled on-site survey by the ACR. Centers will be responsible for costs associated with the second survey.

d. **Denied Accreditation.** Once accreditation has been denied, the ROS has 90 days to submit a CAP. If the ACR Committee approves the CAP, the facility will be required to participate in a follow-up on-site survey within 6-9 months. A re-application fee of \$5,000 must be submitted with the agreement to participate in the second survey. Additional survey fees may be required. After the surveyors' report is reviewed by the ACR Committee, the facility may be granted a three-year accreditation.

4. POLICY

It is VA policy that all VA ROS must hold a certificate of accreditation from the ACR. Exceptions to this policy will be made only for those ROS for which accreditation by the ACR has been deferred.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring VHA compliance with this directive.

b. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Approving and submitting to the ACR Accreditation – Quality & Safety Office those CAPs submitted by VA medical facility Directors.

(2) Developing internal processes and procedures to ensure the resolution of CAPs and successful accreditation of each VA medical facility ROS.

c. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring the accreditation status of the ROS.

(2) Ensuring that no patients are treated in the VA ROS after accreditation has been denied.

(3) Approving any CAP submitted to the VISN Director is in accordance with the stated requirements of ACR.

d. **Radiation Oncology Service/Section Chief.** The ROS Chief is responsible for:

(1) Applying to the ACR Accreditation – Quality & Safety Office for accreditation 6 months after the initiation of radiation oncology services or 9 months prior to the end of the current accreditation period.

(2) Preparation for submission to the ACR of the CAP required as a result of “Deferred” accreditation.

(3) Certification of the CAP completion through the VA medical facility and VISN Directors to the National Program Director, Radiation Oncology, Office of Specialty Care Services.

6. REFERENCES

a. ACR Contract, [National Rad Onc Program SP - References to Accreditation Directive](#). **NOTE:** *This is an internal VA Web site that is not available to the public.*

b. Assistant Secretary for Management Memo, December 31, 2003, Approval of Advisory and Assistance Contract EDMS No. 252664. [National Rad Onc Program SP - References to Accreditation Directive](#). **NOTE:** *This is an internal VA Web site that is not available to the public.*

c. Deputy Under Secretary for Health for Operations and Management Memo, June 20, 2009, ACR Site Inspections of VHA Radiation Oncology Services: <http://vaww.radiationoncology.va.gov/Memorandums.asp>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

d. ACR Radiation Oncology Practice Parameters and Technical Standards: <https://www.acr.org/Quality-Safety/Standards-Guidelines/Practice-Guidelines-by-Modality>.