

Outstanding Performance Program Application



The ACR Outstanding Performance program recognizes facilities demonstrating sustained high-quality outcomes in one of several specific quality measures.

A facility must perform the following actions to receive the ACR Outstanding Performance recognition for the selected improvement collaborative measure:

- Attend a series of measure discussions.
- Submit measure data for the specified performance period.
- Participate in a site survey.

To qualify for recognition, the facility must demonstrate performance that meets or exceeds the level of performance for the selected improvement collaborative quality measure.

The application includes information regarding your facility such as team contact details, performance data, and supporting processes overview. Payment must be received before the application is processed.

Please provide indicate the type of application you are submitting.

Application Type	Select one: <ul style="list-style-type: none">• New• Renewal
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Please provide contact information for yourself and your organization.

Organizational Information

An organization consists of one or more facilities who are aligned clinically, operationally, and financially and are working together towards a common purpose. Ex: Health system, National radiology practice, Independent Radiology Practice, etc.

Organization Name	
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Facility Information

A facility refers to a physical location and encompasses staff, equipment, protocols, policies and procedures specific to that location. Staff may be associated with more than one facility, but each facility may have unique differences that must be evaluated separately. Please list the main hospital, or location where team leads operate, or central management team is located.

- **Anchor location:** *The anchor location is primary location.* Main hospital, or where team leads operate, or central management team is located. Where our survey team will go

- **Surrounding location:** A surrounding location is within the same state and/or 100-mile radius of the anchor location.

Facility Name	
Facility Street Address	
Facility City	
Facility State	
Facility Zip code	
How many surrounding sites be included in this application?	

Primary Contact Information

The primary contact is the person completing the application and the primary point of contact during the recognition approval process. They will coordinate their organization’s application, data submission, and survey.

Contact Name	
Contact Role at Organization	
Contact Email Address	
Contact Phone Number	

Physician Leader Information

A physician leader is a physician who has a vested interest in the outstanding performance topic area.

Physician Leader Name	
Physician Leader Role at Organization	
Physician Leader Email Address	

Operational Leader Information

The operational leader is a member of departmental leadership who has management authority over staff, protocols, policies and procedures in the outstanding performance topic area.

Operational Leader Name	
Operational Leader Role at Organization	
Operational Leader Email Address	

Please indicate which improvement collaborative you are applying and your experience with the performance measure.

<p>Which collaborative are you applying for outstanding performance recognition?</p>	<p>Select one:</p> <ul style="list-style-type: none"> • Mammography Positioning • Prostate MR Image Quality • Lung Cancer Screening • Recommendations Follow-up
<p>Has your organization previously participated in an ImPower cohort for this selected collaborative?</p> <p>Learn more about ImPower here.</p>	<p>Select one:</p> <ul style="list-style-type: none"> • Yes • No • Unsure
<p>Did you, or a member of your team, attend a collaborative measure discussion series?</p> <p>The collaborative measure discussion series is three to four meetings reviewing the collaborative measure(s) specifications, gaining consensus on specification interpretation, discussing common barriers to data collection, and gathering baseline data for your organization. If you participated in an ImPower cohort for the collaborative you are applying, the measure discussions were part of the ImPower program.</p> <p>Attendance at a Measure Discussion series is required for Outstanding Performance eligibility.</p>	<p>Select one:</p> <ul style="list-style-type: none"> • Yes • No • Unsure
<p>When did you attend a collaborative Measure Discussion series?</p> <p>Only one date during the Measure Discussion series is required to report.</p>	
<p>Who from your organization participated in the Measure Discussion series?</p>	

Please tell us some more about your workflow that supports outstanding performance.

<p>Please describe an overview of your workflow process.</p>	
<p>How did you achieve your current level of performance?</p>	
<p>How do you sustain performance?</p>	
<p>How is performance data shared?</p>	

Attachment: Organization Chart	Please upload a copy of your organization chart for your team or department structure related to the collaborative measure.
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Please tell us some more about your performance measure data.

Upon submission of your application, you will receive login information for the ACR Learning Network HUB to submit your weekly measure data for the improvement collaborative. Justification is required for data points that fall outside the control limits or do not meet the minimum weekly audit volume.

Please enter the appropriate information for the associated improvement collaborative you are applying.

Mammography Positioning or Prostate MR Image Quality	
How are random audit images selected?	
Please outline the name and organizational role of the image audit reviewers.	
How is the image quality consensus established if more than one person audits the images?	
If you could not audit the minimum weekly number of exams, please explain why.	

Recommendations Follow-up	
What company or product do you use to manage the data in your tracking system?	
Describe the process you use to identify incidental nodules that require follow-up.	
Describe any audit process you have to validate the accuracy of your incidental nodule identification process.	

<p>Describe your process to validate that all incidental lung nodules have an appropriate and actionable follow-up recommendation.</p>	
<p>How do you know your queries and reporting numbers accurately reflect your completion rate?</p>	

Please tell us about your organization's practice type and setting.

<p>Which of the following best reflects your current site or place of employment or practice? If you have multiple sites, please think about the site at which outstanding performance occurs.</p>	<p>Select one:</p> <ul style="list-style-type: none"> • Academic practice (university, medical center, municipality, state, or medical school) • Independent private practice radiology group • National radiology practice/entity, which is supported by private equity or venture capital • Hospital, hospital system, or hospital-affiliated physician practice group • Non-hospital affiliated physician practice group or multi-specialty entity • Uniformed services - Army, Navy, Air Force, Marines, Coast Guard, Public Health • VA or other government practice • Teleradiology • Locum Tenens • Other
<p>Would you describe the setting of your practice or employment to be primarily...</p>	<p>Select one:</p> <ul style="list-style-type: none"> • Urban • Suburban • Rural • Unsure

Next Steps.....

After application submission, you will be contacted by ACR staff regarding:

- Invoice payment
- Signing a Participation Agreement
- Data submission via the Learning Network HUB
- Scheduling a site survey

To avoid delays in participation, please provide contact information for these items below to the best of your availability.

Participation Agreement

Please tell us the person that has the legal authority to execute a Participation Agreement on behalf of your organization.

An agreement will be needed prior to participating in the Outstanding Performance program. To avoid delays in signing the agreement, it is helpful to notify the person you list as the signatory that they will be receiving an email from DocuSign shortly.

Participation Agreement Signatory Name	
Signatory Role at Organization	
Signatory Email	

Accounts Payable Contact Information

There is a fee to participate in the Outstanding Performance program. Please indicate who and where we should direct the invoice.

Accounts Payable Contact Name	
Accounts Payable Contact Email	
Invoice Address is	<ul style="list-style-type: none">• Same as facility address• Different than facility address, I'll specify
Invoice Street Address	
Invoice City	
Invoice State	
Invoice Zip code	