ACR LEARNING NETWORK

Dear Applicant,

Congratulations on taking the first step towards joining the Learning Network!

- **If you are not yet familiar with ImPower and the Learning Network, please watch our <u>introductory video</u> prior to completing this application.**
- **To ensure you have all the information needed to fill out the application, you can download a PDF version of the application and review this in conjunction with organizational leadership as needed.**
- **Your responses to the questions that follow provide insight about your team's readiness for a successful experience achieving performance improvement.**
- **We encourage your honesty and candor in the application responses; your information will be kept in strict confidence during the application process.**

Thank you!

The ACR Learning Network Team

Please provide background information about yourself and your organization.

* 1. Your organization's name, state/territory, and website (if applicable)

Your organization's name	
City/Town	
State/Province	-- select state --
Website URL:	

* 2. Your name, role at the organization, and contact information

Your Name	
Role at Organization	
Email Address	
Phone Number	

3. Operations Lead

Name	
Role at Organization	

* 4. Physician Lead

Name	
Role at Organization	

We'll next ask questions specific to process improvement and quality improvement within your organization.

* 5. Which improvement framework **<u>best</u>** describes your organization's approach to improvement? Please select all that apply.

☐ LEAN

☐ Six Sigma

☐ Model for Improvement

☐ A3 Thinking

☐ No current efforts

☐ Other (please specify)

[   ]

* 6. A critical role on the project team is that of the Quality Improvement (QI) Coach. This role is typically fulfilled by a QI professional within your organization. Please select from the choices below how you will identify a QI Coach for your project.

○ A quality improvement professional who works within my department

○ A quality improvement professional who is an organizational-wide resource

○ We have a leader or staff member who is willing to fulfill the role

○ We would hire an outside consultant

○ I don't know how we will identify a QI Coach

Other (please specify):

[   ]

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* 7. For which collaborative are you applying?

Please note: if you wish to apply to multiple collaboratives or bring multiple projects to the General Improvement Group, please complete one survey per collaborative or per project. Thank you!

○ Mammography Positioning

○ Prostate MR Image Quality

○ Lung Cancer Screening

○ Incidental Pulmonary Nodule Recommendations Follow-up

○ General Improvement Group

○ Other (please specify)

[   ]

Mammography Positioning Questions

We'll now ask you background questions about your *Mammography practice.*

* 8. Approximately how many **Mammography screening exams** did your organization perform in the past 12 months?
If you are not sure, please provide your best guess. Numbers or ranges are welcome.

[   ]

9. Approximately how many Mammography **technologists** work, full-time or part-time, at your organization?
If you are not sure, please provide your best guess. Numbers or ranges are welcome.

[   ]

10. Approximately how many Mammography **radiologists** work, full-time or part-time, at your organization?
If you are not sure, please provide your best guess. Numbers or ranges are welcome.

[   ]

* 11. How willing is your organization to do weekly manual audits of exams during ImPower?

○ Very willing

○ Somewhat willing

○ Not very willing

○ Not at all willing

○ Unsure

* 12. Do you currently evaluate image quality?

☐ Yes, by using AI software

☐ Yes, by completing manual audits

☐ Yes, by communicating radiologist feedback

☐ No, we don't currently evaluate image quality

Please specify another way in which you evaluate image quality:

Prostate MR Image Quality Questions

We'll now ask you background questions about your practice's experience with *Prostate MRI.*

* 13. Approximately how many **Prostate MRI exams** did your organization perform in the past 12 months?
If you are not sure, please provide your best guess. Numbers or ranges are welcome.

[   ]

* 14. What magnet strength do you use for prostate MRI?

◯ 3T

◯ 1.5T

◯ Both

◯ Unsure

* 15. Who manufactures your MRI equipment? Please check all that may apply.

☐ Siemens

☐ GE

☐ Philips

☐ Toshiba

☐ Unsure

☐ Other (please specify)

[   ]

* 16. Do you use an endorectal coil?

○ Yes

○ No

○ Unsure

17. What is included in your patient prep? Select all that apply.

☐ NPO

☐ Enema

☐ Restricted diet

☐ Refrain from ejaculation

* 18. Do you have specific guidelines to prepare patients for a prostate exam?

○ Yes

○ No

○ Not sure

* 19. How willing is your organization to do weekly manual audits of exams during ImPower?

○ Very willing

○ Somewhat willing

○ Not very willing

○ Not at all willing

○ Unsure

* 20. Do you currently evaluate image quality?

☐ Yes, by using AI software

☐ Yes, by completing manual audits

☐ Yes, by communicating radiologist feedback

☐ No, we don't currently evaluate image quality

Please specify another way in which you measure image quality:

Lung Cancer Screening Questions

We'll now ask you background questions about your practice's experience with Lung Cancer Screening.

* 21. Approximately how many <u>Low Dose CT</u> screenings did your organization perform in the past 12 months? If you are not sure, please provide your best guess. Numbers or ranges are welcome.

[   ]

* 22. Do you measure the number of patients eligible for lung cancer screening?

◯ Yes

◯ No

◯ Not sure

23. You mentioned that you measure the number of patients who are eligible for Lung Cancer Screening. How do you calculate this?

[   ]

* 24. What software or tracking systems are you using to follow LCS patients?

☐ EPIC

☐ Excel

☐ Nuance

☐ MedInformatix

☐ Agamon

☐ Lung View

☐ Philips

☐ Thynk Health

☐ Eon

☐ Cerner

☐ Inflo

Please specify what other systems or software you utilize:

* 25. Which of the following describes your organization's status of a patient navigator?

◯ We have one patient navigator

◯ We have multiple patient navigators

◯ We don't currently have a patient navigator, but we are actively planning to hire a patient navigator

◯ We don't have a patient navigator and don't have any plans to hire one

◯ Not sure

* 26. Which of the following best describes your relationship with your referring provider?

◯ We meet as a mult-disciplinary team to discuss LCS

◯ We don't meet as a team, but we have consistent communication with our provider clinics

◯ We don't talk routinely, but we feel comfortable reaching out regarding patient care

◯ We do not have a relationship with our referring providers

◯ Not sure

Recommendations Follow-up Questions

We'll now ask you background questions about your practice's experience with *Incidental Pulmonary Nodule Recommendations Follow-up.*

* 27. Do you currently evaluate the quality of recommendations made for incidental pulmonary nodules?

○ Yes

○ No

○ Not sure

* 28. What software or tracking systems are you using to manage patients?

☐ EPIC

☐ Cerner

☐ Excel

☐ Nuance

☐ Eon

☐ Inflo

☐ Medtronic

☐ Agamon

☐ Radloop

☐ No system

Please specify what other systems or software you utilize:

[   ]

29. What percentage of your incidental pulmonary nodule recommendations are being completed in the proposed or indicated timeframe?

○ 0 to 20%

○ 21 to 40%

○ 41 to 60%

○ 61% or greater

○ Not sure

* 30. How willing is your organization to do weekly manual audits of reports during ImPower?

○ Very willing

○ Somewhat willing

○ Not very willing

○ Not at all willing

○ Unsure

General Improvement Group Questions

We will now ask a few questions about the specific project you would like to bring to the General Improvement Group.

* 31. Please provide a brief summary of the problem that you're trying to solve.

* 32. What modality or modalities would be involved in the project?

☐ X-ray

☐ CT

☐ MR

☐ Nuclear Medicine

☐ Mammo

☐ IT

☐ 3D Lab

☐ Research

Other (please specify):

* 33. Has your organization already tried to solve this problem within the specified modality/modalities or elsewhere within your organization?

○ Yes

○ No

○ I'm Not Sure

Other (please specify):

[ ]

* 34. Has your organization previously participated in an ImPower cohort?

○ Yes

○ No

○ I'm Not Sure

Other (please specify)

[ ]

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Willingness to Commit Resources & Defining Success

* 35. Each project team will consist of 4 - 6 frontline staff and leaders; each team member will need to participate between 4 - 6 hours/week for the duration of the project. How willing is your organization to commit this staff time?

○ Very willing to commit

○ Somewhat willing to commit

○ Not very willing to commit

○ Not at all willing to commit

○ Unsure

36. By participating in ImPower, what would success look like for your organization?

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Just a few final questions!

* 37. 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 improvement project will occur.   Please select one answer.

◯ 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 (please specify)

[   ]

* 38. Would you describe the setting of your practice or employment to be primarily...

◯ Urban

◯ Suburban

◯ Rural

◯ Not sure

Thank you! We appreciate your time and participation!

If you would like to apply to another collaborative, please click here to complete a new application.