



# EUROSAFE IMAGING STARS APPLICATION

Thank you very much for applying to become a EuroSafe Imaging Star institution. Please find below an explanation of the goals, process and criteria which form the basis for the number of Stars awarded to your institution.

## INTRODUCTION AND GOALS

**Council Directive [2013/59/Euratom](#)** lays down **Basic Safety Standards (BSS)** against the dangers arising from exposure to ionising radiation. The requirements of the BSS Directive affect healthcare professionals in radiology in all aspects related to the safety and quality of the procedures using ionising radiation. Thus, the BSS Directive provides the legal framework for most self-evaluation criteria of the EuroSafe Imaging Stars initiative. However, it should be pointed out that many of the criteria used go beyond the explicit requirements of the BSS Directive, which have to be observed by all imaging departments in the European Union.

The Star ranking is a tool for continuous self-evaluation and improvement in the safety and quality of radiological imaging. This is why there is a need to repeat the self-evaluation every three years in order to track institution's performance and to determine areas of further improvement.

## APPLICATION

After reading this document, please proceed to the online form to complete your self-evaluation:  
<http://www.eurosafeimaging.org/stars/application>

## STRUCTURE OF SELF-EVALUATION AND REQUIREMENTS

The evaluation is divided into six sections. The matrix below explains the number of criteria that need to be fulfilled for each level of Stars. Numbers in red refer to the minimum number of criteria that must be met in each section; numbers in black refer to the number of criteria that can be chosen in any of the relevant sections. For example, to obtain 1-Star status, your institution needs to fulfill 5 out of the 7 criteria in section 1 (Optimisation) and a total of 3 criteria in sections 2 to 6 (Justification, Quality & Safety, Education, Research, Regulatory compliance).

Please note that for criteria marked with an asterisk, evidence needs to be submitted.

Topics	No of criteria per topic	★	★★	★★★	★★★★	★★★★★
1. Optimisation	7	5	5	5	5	6
2. Justification	5	3	2	2	3	3
3. Quality & Safety	6		2	4	5	5
4. Education	1		1	1	1	2
5. Research	1					
6. Regulatory compliance	1					
<b>Total</b>	<b>21</b>	<b>8</b>	<b>10</b>	<b>12</b>	<b>14</b>	<b>16</b>

### SELF-EVALUATION CRITERIA

\*Reminder: Please provide evidence (PDF file or weblink) for the criteria 2, 3, 10, 11, 14, 17 and 20.

Criterion no.	Criteria	Evaluation	
		Yes	No
<b>1. OPTIMISATION</b>			
1	CT protocols <i>CT protocols are in place in the imaging department.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2*	CT dose management system <i>A dose management system is in place in the imaging department.</i> <b>Evidence needed (PDF file or weblink).</b>	<input type="checkbox"/>	<input type="checkbox"/>
3*	Use of local diagnostic reference levels (DRLs) for CT <i>DRLs are available and adhered to for the most common clinical indications.</i> <b>Evidence needed (PDF file or weblink).</b>	<input type="checkbox"/>	<input type="checkbox"/>
4	Data collection for clinical indication-based DRLs <i>In case the European Society of Radiology decides to start a data collection for clinical indication based DRLs, would your institution agree to participate in the data collection?</i>	<input type="checkbox"/>	<input type="checkbox"/>
5	Specific paediatric CT protocols <i>Protocols for paediatric CT are in place; protocols developed for adult patients must not be used for children undergoing a CT scan.</i>	<input type="checkbox"/>	<input type="checkbox"/>
6	Specific fluoroscopy protocols for dose reduction in children <i>Fluoroscopy protocols aimed at reducing doses in children are in place in the imaging department.</i>	<input type="checkbox"/>	<input type="checkbox"/>
7	Image quality assessment programme in place <i>A process to assess image quality is implemented in the imaging department.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. JUSTIFICATION</b>			
8	Process for evaluating cross-sectional imaging requests <i>A process for cross-sectional imaging referrals review and assessment is in place in the imaging department.</i>	<input type="checkbox"/>	<input type="checkbox"/>
9	Local policy for identification of referrer <i>A policy to identify the referring physician, taking into account local circumstances, is in place in the imaging department.</i>	<input type="checkbox"/>	<input type="checkbox"/>
10*	Imaging referral guidelines <i>Imaging referral guidelines are available in the institution.</i> <b>Evidence needed (PDF file or weblink).</b>	<input type="checkbox"/>	<input type="checkbox"/>

11*	Operational CDS in clinical practice <i>Clinical decision support (CDS) is in use for electronic imaging referrals in the institution.</i> <b>Evidence needed (PDF file or weblink).</b>	<input type="checkbox"/>	<input type="checkbox"/>
12	Local justification policy for women of child-bearing age <i>A justification policy taking into account local circumstances is in place for women of child-bearing age.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. QUALITY &amp; SAFETY</b>			
13	Clear radiation protection tasks for radiographers <i>Radiation protection tasks for radiographers are defined, e.g. checklists to be verified according to the procedure involved should be available.</i>	<input type="checkbox"/>	<input type="checkbox"/>
14*	Patient information on radiation issues <i>Easily accessible information materials on radiation protection principles and practices are available to patients and carers.</i> <b>Evidence needed (PDF file or weblink).</b>	<input type="checkbox"/>	<input type="checkbox"/>
15	Regular equipment quality control <i>Periodic quality controls for all imaging equipment are carried out in the imaging department.</i>	<input type="checkbox"/>	<input type="checkbox"/>
16	Access to medical physicist's expertise <i>A medical physicist is involved in radiation protection and dosimetry.</i>	<input type="checkbox"/>	<input type="checkbox"/>
17*	Operational clinical audit programme incl. radiation protection <i>The imaging department carries out periodic clinical audits.</i> <b>Evidence needed (PDF file or weblink).</b>	<input type="checkbox"/>	<input type="checkbox"/>
18	Operational benchmarking programme <i>Benchmarking is part of clinical practice in the imaging department, e.g. for comparison of local dose exposures for specific studies against accepted DRLs, or for comparison between institutions.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. EDUCATION</b>			
19	Educational programme in radiation protection <i>Measures to educate staff about best practice in radiation protection are in place in the imaging department.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. RESEARCH</b>			
20*	Radiation protection research activities <i>The imaging department is engaged in radiation protection research.</i> <b>Please provide 3-5 relevant references to papers or posters related to radiation protection research from your imaging department published in journals or submitted to conferences/meetings (PDF files or weblinks).</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. REGULATORY COMPLIANCE</b>			
21	Local implementation programme for Basic Safety Standards (BSS) Directive (2013/59/EURATOM), which will be effective in February 2018, is in place <i>A programme to ensure the imaging department complies with the requirements of the Euratom BSS Directive and national legislation is implemented.</i>	<input type="checkbox"/>	<input type="checkbox"/>