EUROSAFE IMAGING STARS APPLICATION

Thank you very much for your interest in 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

This document is intended to allow potential applicants to review the application questions and required evidence in advance of submitting an online 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 five sections. The description at the end of this document explains the criteria that need to be fulfilled for each Stars level.

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

MANDATORY CRITERIA	
Criterion no.	**Criteria**
1	Written protocols available for practical aspects of radiological procedures, for each type of equipment
2*	Imaging referral guidelines are available in the institution *Accessible to referrers on web page or in manual* **Evidence needed (PDF file or weblink).**
3*	Local justification policy for women of child-bearing age *A justification policy taking into account local circumstances is in place for women of child-bearing age.* **Evidence needed (PDF file or weblink).**
4*	Regular equipment quality control *Periodic quality controls for all imaging equipment are carried out in the imaging department.* **Evidence needed (PDF file or weblink).**
5	Access to medical physicist's expertise *A medical physics expert is involved for optimisation, selection of equipment, quality assurance, dose assessment*
6	Incident reporting mechanism in place, including for unintended exposures *That a reporting mechanism is in place to learn from and follow up on imaging and radiation safety incidents*
7	Process for evaluating imaging requests *Process for justification and validation of referrals*
8*	Patient or their representative provided with Information on procedures and radiation benefits/risks **Evidence needed (PDF file or weblink).**
9	Written consent for interventional procedures *Note: If your centre does not carry out interventional procedures, please answer n/a for this question.*
10	If high dose procedures are carried out that exceed trigger levels for possible tissue effects, are these high dose procedures recorded and is there a follow up policy with patients. *Note: If your centre does not carry out interventional procedures, please answer n/a for this question.*
11	Specific paediatric protocols *Protocols for paediatric examinations are in place; protocols developed for adult patients must not be used for children.* *Note: If your centre does not carry out paediatric procedures, please answer n/a for this question.*
ADDITIONAL CRITERIA	
12	Use of national or local diagnostic reference levels (DRLs)
13	Patient exposure information in the report of the radiological procedures *Is patient exposure information included in the medical report to the referrer?*
14	Multidisciplinary optimisation team including radiologist, radiographer and medical physics expert *That a multi-disciplinary team exists with terms of reference and members are listed, and evidence of meeting such as minutes or optimisation projects worked on.*
15*	Educational programme in radiation protection *Provision of web based or in house education sources for the imaging facility.* **Evidence needed (PDF file or weblink).**
16*	Operational clinical audit programme incl. radiation protection *The imaging department carries out periodic clinical audits. Please provide examples of these.* **Evidence needed (PDF file or weblink).**
17*	Operational CDS in clinical practice *Clinical decision support (CDS) is in use for electronic imaging referrals in the institution.* *Where the referral guidelines are incorporated in the electronic workflow* **Evidence needed (PDF file or weblink).**

18*	Radiation protection research activities *The imaging department is engaged in radiation protection research.* **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).**

GENERAL INFORMATION - ALL applicants must fill out this information request below, it will not be used in stars award scoring	
REGULATORY COMPLIANCE	
19	Does your institution meet the elements outlined in EU directive 59/13 and are national regulations for radiation safety with local policies in place?
20	Has the institution recently undergone a compliance inspection by a patient radiation safety regulatory agency?
21	If you answered yes to question 20, what was the outcome of the most recent compliance inspection by a patient radiation safety regulatory agency
PARTICIPATION IN SURVEYS	
22	In case EuroSafe Imaging or the European Society of Radiology decides to carry out surveys in relation to the topics covered by this application form, would your institution agree to participate?
QUALITY IMPROVEMENT INITIATIVES	
23	Can you please share 2 examples of quality improvement initiatives that could be used as examples of practice improvement for other centres (PDF format 600 words max)
24	If you collect information for local DRLs, what type of information do you collect?

RATING CRITERIA

One Stars: to be awarded one star, 7 of the 11 mandatory criteria need to be met. Please note that one star status will not be made public but centres will be awarded this as a temporary status for 1 year, while the centre work towards achieving 2 star status.

Two Stars: to be awarded two stars, ALL mandatory criteria need to be met.

Three Stars: to be awarded three stars, ALL mandatory criteria need to be met in addition to criteria 12 and 13.

Four Stars: to be awarded four stars, ALL mandatory criteria need to be met in addition to criteria 12, 13, 14 and 15.

Five Stars: to be awarded five stars, ALL mandatory criteria need to be met in addition to criteria 12, 13, 14, 15 and 16.

Five Stars Premium: to be awarded five stars premium, ALL mandatory criteria need to be met in addition to criteria 12, 13, 14, 15 and two from criteria 16, 17 and 18.