APEx® In Review

FIVE YEARS OF DEDICATION TO QUALITY IMPROVEMENT

ASTRO

AMERICAN SOCIETY FOR RADIATION ONCOLOGY

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Executive Summary

- Since its launch in 2015, the APEx® program has accredited 162 radiation oncology practices (ROPs) located within 37 states, plus the District of Columbia.
- With five years of experience, APEx has been recognized as meeting accrediting requirements by the New York State Department of Health, New York City Department of Health and Mental Hygiene, Office of Radiological Health and Veterans Health Administration (VHA) for ROPs serving veteran patients in absence of a VHA facility.
- Programmatic changes, implemented over the past five years, reduced the overall time to complete the Self-Assessment phase of the program by an average of seven months.
    - In December 2017, ASTRO enabled ROPs to start all sections of the Self-Assessment at the same time rather than requiring ROPs to follow an ordered sequence. ROPs that started the APEx program after the programmatic change in December 2017 take an average of 10 months less to complete the program than ROPs that started in 2015.
    - An updated APEx Self-Assessment Guide and newly created APEx Reaccreditation Guide were released in 2019 to provide updated information to assist with clarifying the program requirements.
- Since program inception, over half of ROPs require a second attempt for document uploads as the Self-Assessment process uncovers standard operating procedures (SOPs) that are not documented. The development of these SOPs takes, on average, an additional two months to provide the supplemental information. Many ROPs appreciate this aspect of the program for its quality improvement benefits.
- In 2019, the first ROP began the reaccreditation process, with an expected completion in Q1 of 2020.

APEx® Background

The American Society for Radiation Oncology (ASTRO) launched the Accreditation Program for Excellence (APEx®) in 2014 as a key component of its 2010 Target Safely initiative. The APEx program was created for ROPs by radiation oncology professionals. Accreditation from the APEx program demonstrates a commitment to excellence and the delivery of safe, high-quality care.

> **We selected APEx for our practice accreditation because we viewed their accreditation structure as a vehicle to improve our practice quality. The process has required us to assess and clarify our workflow, policies and procedures. Meeting the APEx standards has been a valuable process for every aspect of our workflow and improved our quality and coordination of care.**
>
> – Geraldine Jacobson, MD, MPH, MBA, FASTRO, West Virginia University

APEx promotes quality improvement and encourages standardization, documentation and safe practices, with an emphasis on a team-based approach to completing the accreditation process. Using various white papers and guidance documents, including *Safety Is No Accident: A Framework for Quality Radiation Oncology and Care*, ASTRO developed 16 standards with subcategories of evidence indicators and evaluation criteria. After submitting an application, each ROP completes a Self-Assessment, an internal review of their compliance with the APEx Standards (Figure 1). The Self-Assessment is a robust and valuable phase of the program, as it allows ROPs to adjust policies and processes prior to a facility visit and determination.

This report represents data collected over the first five years of the program.

APEx Overview

Figure 1 – APEx arrow

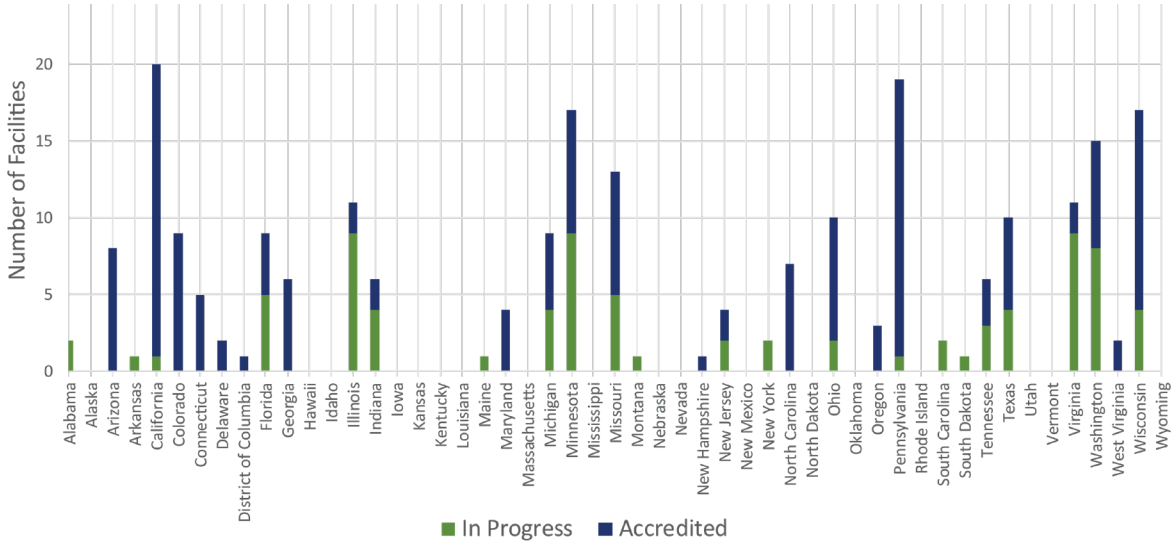
There are five main phases of the APEx program:

- **Application:** ROPs submit information about their facility(s) regarding key personnel, annual number of new patients treated, treatments offered, equipment and physician(s). Legal agreements and payment are also included in this process.
- **Self-Assessment:** ROPs assess their compliance with APEx Standards by completing the web-based tool and using the APEx Self-Assessment Guide. The Self-Assessment includes medical record review, uploaded policies and procedures and other supportive materials. An interim feedback report identifies the extent to which the ROP is compliant with evaluation criteria and highlights deficiencies that should be addressed in order to progress to the facility visit.
- **Facility Visit Preparation:** Selection of surveyors to perform the facility visit, travel arrangements, creation of itinerary(s) and review of logistical details with the ROP occur during this phase in the program.
- **Facility Visit:** In-depth review of the facility(s) by the assigned surveyors, lasting a full day for the main site and half a day for each applicable satellite.
- **Determination:** Facility report(s) are reviewed by the Practice Accreditation Committee which decides to accredit, provisionally accredit or deny accreditation. ASTRO notifies the ROP of its final determination.

APEx Applicants

APEx participants (in progress and accredited) are located within 37 states, plus the District of Columbia, as shown in Figure 2. A full list of accredited ROPs, by state, can be found on the Accredited Practices list on ASTRO's website. In 2019, the program was formally recognized in New York, enabling ROPs throughout the state the option of selecting APEx to meet New York's mandatory accreditation requirement. Additionally, APEx is now recognized by the Veterans Health Administration (VHA) as an accrediting body for ROPs serving veteran patients in the absence of a VHA facility. ASTRO anticipates an increase in applicants from these areas in the coming years.

Figure 2 – APEx facilities, in progress and accredited, by state



Types of Practice

The distribution of applicants based on their practice type (i.e., private/community based or academic) has remained constant since inception and aligns with ASTRO data on facilities in the US (Figure 3). The APEx program was designed for all radiation oncology providers, irrespective of practice type or size.

Figure 3 – Practice Type

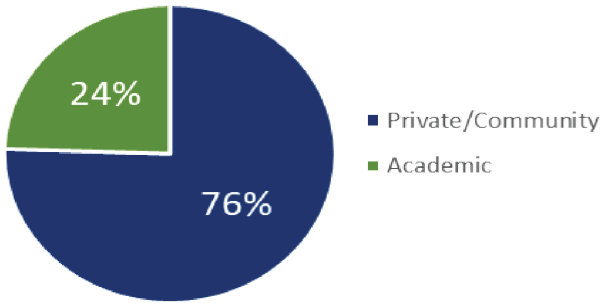
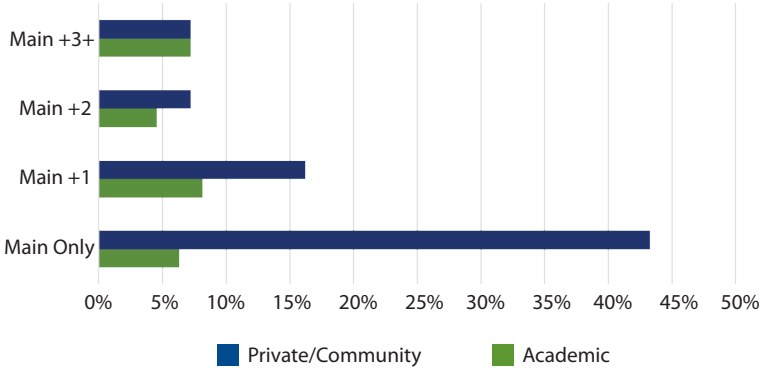


Figure 4 – Applicant Type (by practice)



Practice Size

Half of the ROPs seeking APEx accreditation are single facility applicants; however, some of these applicants may be part of a larger practice that have elected to participate in APEx independently. Most single facility applicants are from private or community-based practices.

Applicants from the academic setting vary in size but account for some of the largest practices that apply to the APEx program. (Figure 4).

APEx Program Times

ASTRO reviewed program data to determine trends spent completing the APEx program. Preparing for, and completing, the Self-Assessment accounts for a significant amount of time spent in the accreditation process and, therefore, warranted review. The analysis looked at the following aspects of program completion:

- Overall timeframes to complete the program
  - Comparing ROPs that took the shortest, average and longest time
  - Comparing early adopters of the program with more recent participants
- Evaluation of the Self-Assessment
  - Components of Self-Assessment, including the number of attempts needed
  - Comparing one ROP's initial and reaccreditation timeframe

Practice Variation of Overall Timeframes

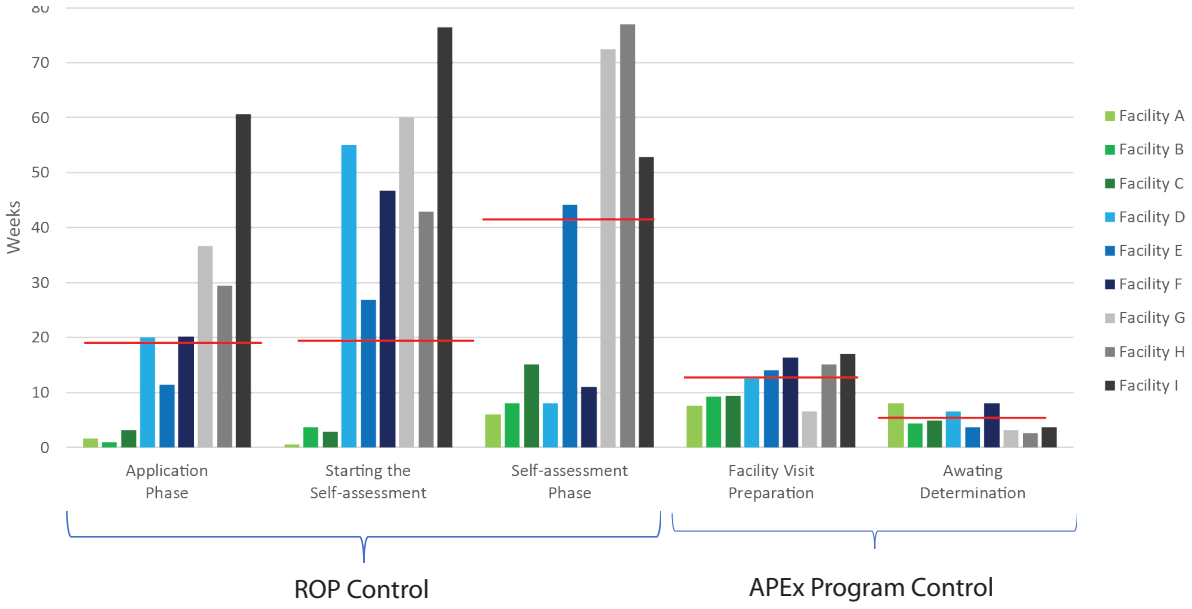
Data on the time taken for ROPs to complete APEx were evaluated. Nine ROPs were analyzed with three ROPs representing the shortest time to complete the program (Facility A, B, C), three representing average time to completion (Facility D, E, F) , and three representing the longest time to completion (Facility G, H, I). The ROPs are represented in Figure 5, shown below, with the red line denoting the average time spent in each phase for all APEx ROPs.

The overall time was then broken down into five categories, representing the main time intervals of the APEx program:

- **Application**: the time taken to complete the application process,
- **Starting the Self-Assessment:** the time between gaining access to the Self-Assessment portal and starting the Self-Assessment,
- **Self-Assessment:** time taken to complete the Self-Assessment,
- **Facility Visit Preparation**: the time between completing the Self-Assessment and the facility visit, and
- **Awaiting Determination**: the time between the facility visit and receiving a determination.

The ROP that completed the program in the shortest time took just over five months to do so (from starting an application to receiving a final determination). The ROPs with the shortest time in the APEx program had several similarities that may be helpful to those considering APEx. The first three phases are driven entirely by ROPs and were completed in an average time of fourteen weeks, compared to over three years for the ROPs that took the longest time to complete. Additionally, each ROP that took the shortest time started the APEx Self-Assessment immediately after completing the application, which significantly cut down on the overall time for program completion. These participants recognized that the APEx Self-Assessment was designed to decrease the burden of background work required by the ROP when preparing for accreditation. By using the APEx portal, ROPs receive initial feedback reports which highlight their compliance with the APEx Standards and identify areas for improvement, taking out the guess work and unnecessary effort. The Self-Assessment phase is the only preparatory work required for success in APEx.

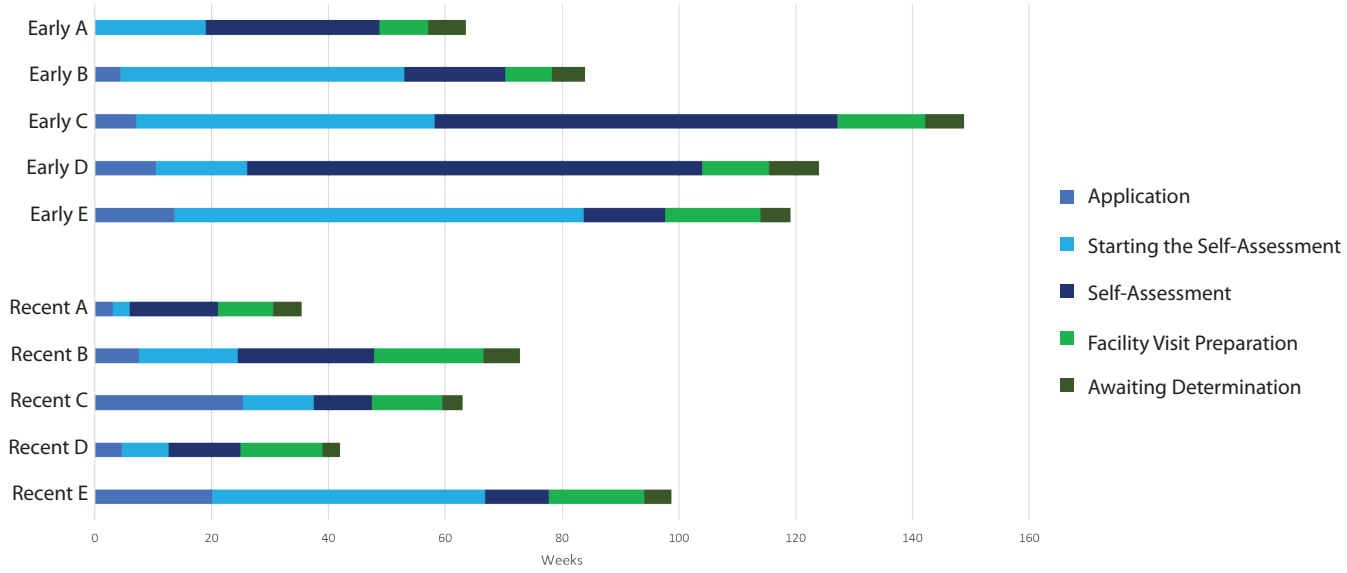
Figure 5 – Time for program completion (grouped by phase)



Early vs. Recent Adopters

A comparison of five early adopters of the program (applications completed in 2015) and five more recent adopters (applications completed in 2018/2019) demonstrated a change in approach to completing the program (Figure 6). The more recent adopters of APEx took an average time of 14 months to complete the program. This represented a significant improvement in completion time when compared to early adopters of APEx, who took an average of two years to complete the program. Since the launch of APEx, the program has implemented its own process improvements, which included streamlining the Self-Assessment in December 2017 and providing detailed information to assist the ROP with completing the program.

Figure 6 – Time for program completion (early vs. recent adopters)



ROPs that take longer to complete the APEx program registered longer periods of inactivity (or unnecessary background work) which is reflected in their overall time. There is no correlation between the type or size of the practice and completion time, indicating that any ROP can complete APEx in under a year. Since the program changes implemented in December 2017, the average completion time is trending downward.

APEx Self-Assessment

A unique aspect of the APEx program is that ROPs must complete the Self-Assessment phase of the program before scheduling a facility visit. This phase is a self-study of the ROP's compliance with the APEx Standards. The process leads to higher performance during the facility visit, as it allows the facility to implement changes or confirm their compliance with APEx standards prior to the facility visit.

The APEx Self-Assessment consists of:

- **Medical Record Review:** a review of medical records covering the techniques and modalities offered by the ROP;
- **Document Uploads:** an upload of supporting documentation that includes standard operating procedures, evidence of education and training, and samples of physics QA; and
- **Interview Preparation:** examples of questions asked during the facility visit interviews.

The program enables multiple attempts at the Self-Assessment to demonstrate improvement(s) when necessary. Most ROPs only required a single attempt at reviewing a sample of medical records or answering the interview preparation questions, but often required multiple attempts with the document uploads (Figure 7).

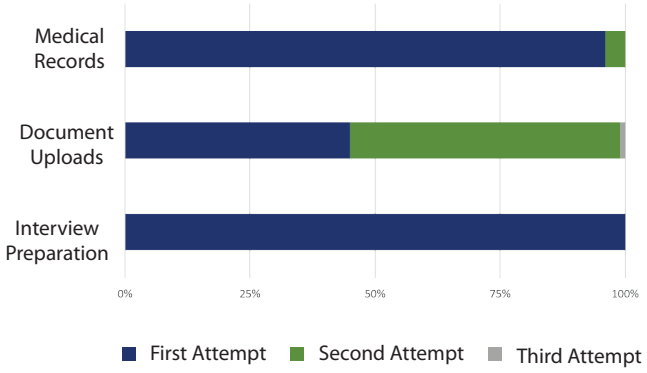
> **It is a great program, and the preparation resulted in a great deal of quality improvement at our center.**
>
> – Jean Wright, MD, Johns Hopkins

The single attempt at medical record review by ROPs indicates that many participants perform standardized practices for documenting information in the medical record of each patient, and so do not require major improvements to medical record documentation.

Over half of ROPs require a second attempt at document uploads and take, on average, an additional two months to provide supplemental information. On subsequent attempts at document uploads, ROPs only need to submit documents that were assessed as deficient during the previous attempt.

The average time to complete each section of the Self-Assessment is listed in Table 1. While these times are the average, each section of the Self-Assessment has been completed by some ROPs in only one day, demonstrating that it does not have to be a time-consuming process.

Figure 7 – Attempts of the Self-Assessment sections



The ability to complete medical record reviews is dependent on allocating resources (staff and time) to the process. It is estimated that each medical record takes around 30-40 minutes to review.

ROPs took an average of five months to complete the first attempt of document uploads which, for many ROPs, includes the development of new SOPs. While some ROPs have the required SOPs already developed many ROPs use APEx to initiate a quality management program.

The interview preparation is a list of yes/no style questions that provide ROPs with the type of questions they will be asked during the facility visit and can usually be completed in 30 minutes.

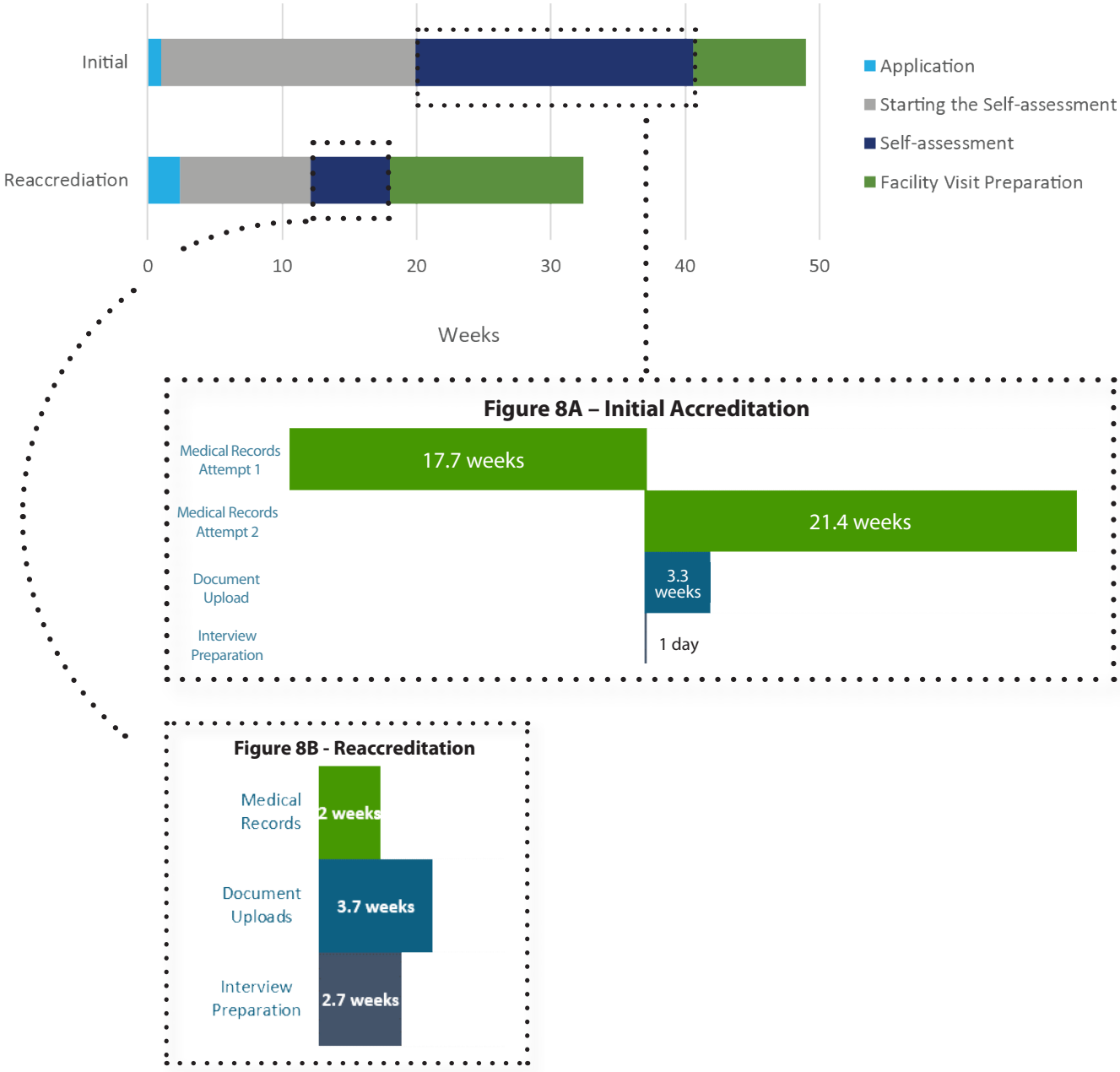
Table 1 – Time for Self-Assessment completion

Self-Assessment Section	Shortest Time	Average Time
Medical Records	1 day	14 weeks
Document Uploads	1 day	23 weeks
Interview Preparation	1 day	7 weeks

Self-Assessment During Reaccreditation (Compared to Initial Accreditation)

In 2019, the first ROP commenced the reaccreditation process. ASTRO recommends starting reaccreditation preparations 12 months before the expiration of a current cycle to avoid a lapse in accreditation status. The reaccreditation process is the same as initial accreditation, with all phases of the program requiring completion. The process focuses on continued compliance with APEx Standards demonstrated during the initial accreditation as well as implementation of any corrective actions from the previous cycle.

Figure 8 – Process comparison – Initial vs. Reaccreditation



As shown in Figure 8, the ROP seeking reaccreditation was able to complete the Self-Assessment in a much shorter timeframe compared to the initial accreditation cycle. The ROP completed each section on the first attempt and waited less time before starting the Self-Assessment. ASTRO expects ROPs to maintain compliance with APEx Standards while accredited, therefore simplifying the reaccreditation process.

Another factor that contributed to a reduction in time for this ROP was a change in program functionality, which was introduced in December 2017. This programmatic change enabled ROPs to start all three sections of the Self-Assessment simultaneously or in the order of their choosing. After the programmatic change, the average time spent completing the Self-Assessment has decreased from eleven months to four months.

During the first accreditation cycle, this ROP was required to complete the first attempt of the medical record review before starting the document uploads or interview preparation sections. The ROP's initial timeline is shown in Figure 8A. During reaccreditation, the ROP started all three sections on the same day (Figure 8B) but submitted their document uploads section first. While waiting for the documents to be reviewed, the ROP completed the other two sections. ASTRO recommends ROPs consider this sequence when completing the APEx Self-Assessment as it may be the most efficient.

> **The APEx accreditation process provided a detailed program through which our practice was able to review our processes, and create, review and revise our policies and procedures to ensure our practice is in alignment with the highest standards of radiation oncology practice. The accreditation process was relatively easy to follow and practices undergoing review will find the feedback and assistance provided by the APEx staff, invaluable. I highly recommend ASTRO's APEx accreditation program.**
>
> – Youssef Charara, PhD, Virginia Cancer Specialists

Performance of APEx Evidence Indicators During the Self-Assessment

During the first five years of the program, ASTRO has been tracking compliance with the evidence indicators. Low performance is most often the result of variations in routine practices, inconsistent documentation and areas requiring implementation of standardized processes. Given that the APEx program is voluntary and ROPs with strong leadership and a commitment to safety opt to participate, ASTRO encourages all ROPs to review and consider whether it has policies and procedures to address these quality indicators.

Low Performing Level 1 Evidence Indicators During the Self-Assessment

The evidence indicators, highlighted in Table 2, indicate the Level 1 requirements frequently assessed as low performing (i.e., a score of below 85%) when reviewed during the Self-Assessment.

Table 2 – Lowest performing Level 1 evidence indicators

Medical Records	
1.1.6/8	**Patient evaluation – Laboratory findings/ Pain assessment and management plan**
As part of the comprehensive patient evaluation, missing documentation for pertinent negatives is the most common deficiency noted during the medical record review. APEx requires that every patient have all aspects of the comprehensive patient evaluation documented unless an exclusion applies.	
2.2.1	**Defined target and normal tissue goals**
Many ROPs have developed treatment planning directive templates to standardize treatment goals and dose constraints. Documented utilization of the template is needed to demonstrate compliance. Additionally, radiation oncologists should note when standardized values are not applicable, such as in the case of retreatment.	
3.2	**Patient timeout**
Inconsistent documentation of all four aspects of the patient timeout, particularly verification of patient set-up and verification of treatment parameters compared to the treatment plan, is the main reason for non-compliance with this evidence indicator.	
Document Uploads	
3.3	**Clinical Standard Operating Procedures (SOPs)**
Clinical SOPs for treatment techniques and modalities are often deficient on the first attempt of the document uploads. Clinical SOPs should cover the roles and responsibilities of all staff involved from the patient's simulation to treatment. Procedural steps should include importing simulation images, treatment planning, QA of the treatment plan, preparation for treatment and, in the case of certain treatment modalities (i.e., SBRT, SRS, brachytherapy and unsealed source treatments), the radiation oncologist and medical physicist supervision requirements should be stated.	
13.1	**Peer review**
Many ROPs do not upload documentation describing intradisciplinary peer review processes for their medical physicists, radiation therapists and dosimetrists staff. Chart rounds and other interdisciplinary meetings do not meet the requirement of peer review for these disciplines.	

Low Performing Level 2 Evidence Indicators

The evidence indicators, highlighted in Table 3, are low performing Level 2 evidence indicators and are important contributors to quality and safety that should be considered as part of the ROP's continuous quality improvement.

Table 3 – Lowest performing Level 2 evidence indicators

Medical Records	
1.3.5/7	**Post-treatment summary – Concurrent systemic therapy/Pain management plan for patients with unresolved pain**
The post-treatment summary is most often missing documentation on concurrent systemic therapy and a pain management plan for unresolved pain (when applicable). APEx requires all aspects of the post-treatment summary be documented unless an exclusion applies.	
1.4.2	**Coordination of care – Transmitting the post-treatment summary to other providers within one month of treatment completion**
Timing and/or documentation by the radiation oncologist may be attributed to this evidence indicator not being routinely met.	
2.1.3	**Verification of accurate DICOM transfer from simulation to treatment planning systems**
While ROPs routinely transfer plan information, many do not have a process to review that an accurate DICOM transfer was completed. The process should verify that the correct patient and the relevant scan was transferred by reviewing key information (e.g., patient name, type of scan, total CT slice count, etc.).	
Document Uploads	
9.1/2	**Clinical emergency procedures/Emergency response plans**
APEx applicants are required to have emergency plans in place to cover events that occur within the ROP. This includes patient falls, cardiac events, threats of violence, allergic reactions, radiation equipment failure, maintaining clinical continuity (where patients receive treatment during an extended downtime), power and information system failures, radioactive material release, natural disasters and evidence of annual staff training in emergency procedures.	
12.4	**Trend analysis of QA results, machine calibration, service reports and downtime**
To show compliance, an ROP must maintain records and demonstrate a review of data for trends related to machine calibrations, QA results, machine downtime and service reports. Most ROPs upload completed reviews of QA results only.	

Facility Visit

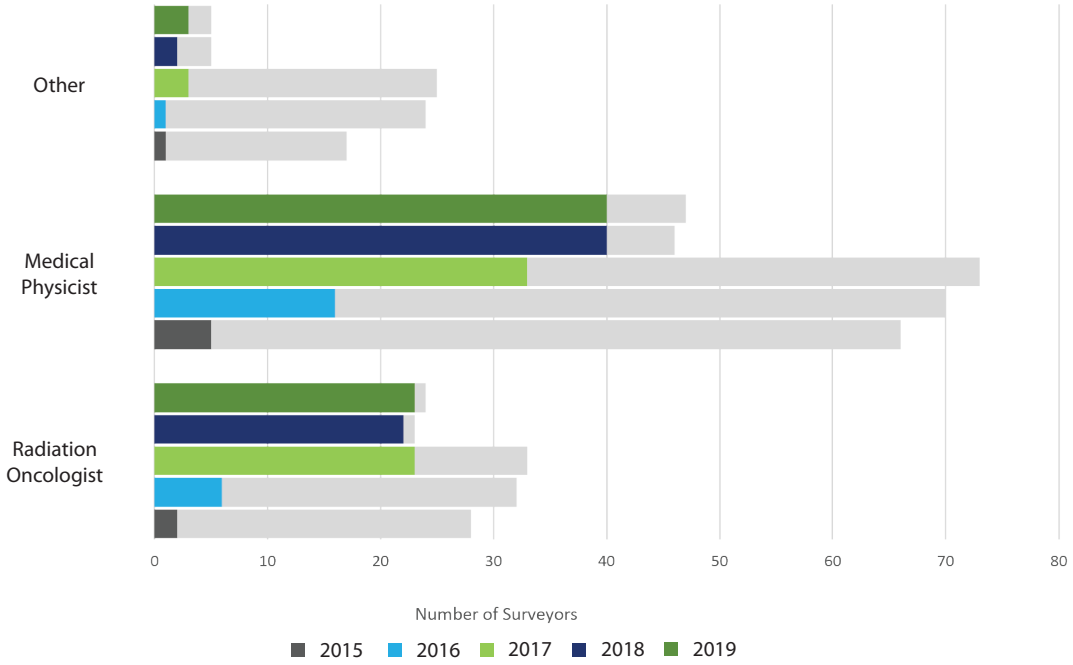
The facility visit occurs on the same day for all facilities within an ROP and is conducted by a minimum of two radiation oncology professionals, including one medical physicist and one radiation oncologist. Additional surveyors may be allocated for larger ROPs.

Surveyors

APEx currently has a total of 76 surveyors conducting facility visits, including 24 radiation oncologists, 47 medical physicists, and five radiation therapists/dosimetrist (other). Figure 9 shows the utilization of the APEx surveyor pool for each profession over the past five years. The surveyors that were not utilized each year can be seen in grey. In the early years of the APEx program (2015-2017), there were more surveyors within the pool than was required to cover the facility visits. Beginning in 2018, ASTRO reduced the size of the surveyor pool to ensure that all current surveyors complete at least one facility visit each year. With an adequate number in the surveyor pool, the program is not currently accepting any new surveyors.

> **APEx accreditation reaffirms to our patients, their families and friends that Scripps is committed to consistently providing safe, high quality radiation therapy services. The APEx program enabled us to review our policies and procedures by conducting a self-assessment to reflect on our radiation oncology practice that focuses on patient centered care. Not only did the APEx accreditation highlight our strengths as a department, but it brought together all the disciplines of our team to work together to bring our mission to life.**
>
> – Prabhakar Tripuraneni, MD,
> Scripps MD Anderson Cancer Center

Figure 9 – Utilization of APEx surveyors (by profession and year)



Performance of APEx Evidence Indicators During the Facility Visit

During the facility visit, surveyors review a set of randomly selected medical records, assess documentation, and conduct interviews with physicist(s) and representatives from the radiation oncology team.

Most Improved Standardization Within Medical Records

Evidence of improvement and the implementation of standard practices between the Self-Assessment and the facility visit are listed in Table 4. This positive trend demonstrates that ROPs are using APEx to identify a low performing task and implement change to address the deficiency, enabling them to receive a more favorable determination.

Table 4 – Most improved evidence indicators in medical records

Evidence Indicator	Description of Requirement	Change in compliance
1.2.4a	A direct patient evaluation by the radiation oncologist, as part of an on-treatment visit, must include documentation of pain intensity assessment.	+10%
1.2.4aa	A direct patient evaluation by the radiation oncologist, as part of an on-treatment visit, must include documentation of a pain management plan when applicable.	+11%
1.4.2	The ROP actively transmits the post-treatment summary to other involved providers within one month of treatment completion.	+10%
2.1.3	The ROP staff verifies the correct DICOM information transfer between simulation machine and the treatment planning system.	+13%
15.1.1	The ROP completes an assessment of patient educational needs for management of side effects before treatment begins and at least one-time during treatment, when applicable.	+9%

Performance of Level 2 APEx Evidence Indicators

Low performing Level 2 evidence indicators during the facility visit are noted as recommendations for future quality improvement activities. The lowest performing Level 2 evidence indicators can be seen in Table 5.

Table 5 – Lowest performing Level 2 evidence indicators

Physicist Interview	
12.1.3d	**Simulation machine QA – Motion management equipment**
While many ROPs use a form of breath-hold or gating, many do not regularly perform QA on motion management equipment. Equipment used to perform this QA is specialized but should be obtained, as the accuracy of thresholds captured during simulation leads to the success of reproducibility during treatment.	
Team Interview	
7.5.1	**Participating in a Patient Safety Organization (PSO)**
While not a mandatory component of the APEx program, participation in the RO-ILS® program meets this requirement. ASTRO and the AAPM, with support from other stakeholders, offers this program free to all US ROPs.	

> **As part of our plan to seek APEx accreditation, we added a RO-ILS program at our center. Although we previously had a culture of seeking high levels of quality and problem solving, the process of adding a formal RO-ILS system has been invaluable. We now have the ability for anyone in the organization to bring up suggestions, good catches, and areas of concern for our quality improvement committee to review and, if necessary, implement changes. The other benefit we perceived internally was having an external review of our policies and procedures. Although any organization may believe they have an excellent program in place, it can always be improved through collaborative ideas from leaders in our field.**
>
> – J. Ben Wilkinson, MD, Provision Cares Proton Therapy Center

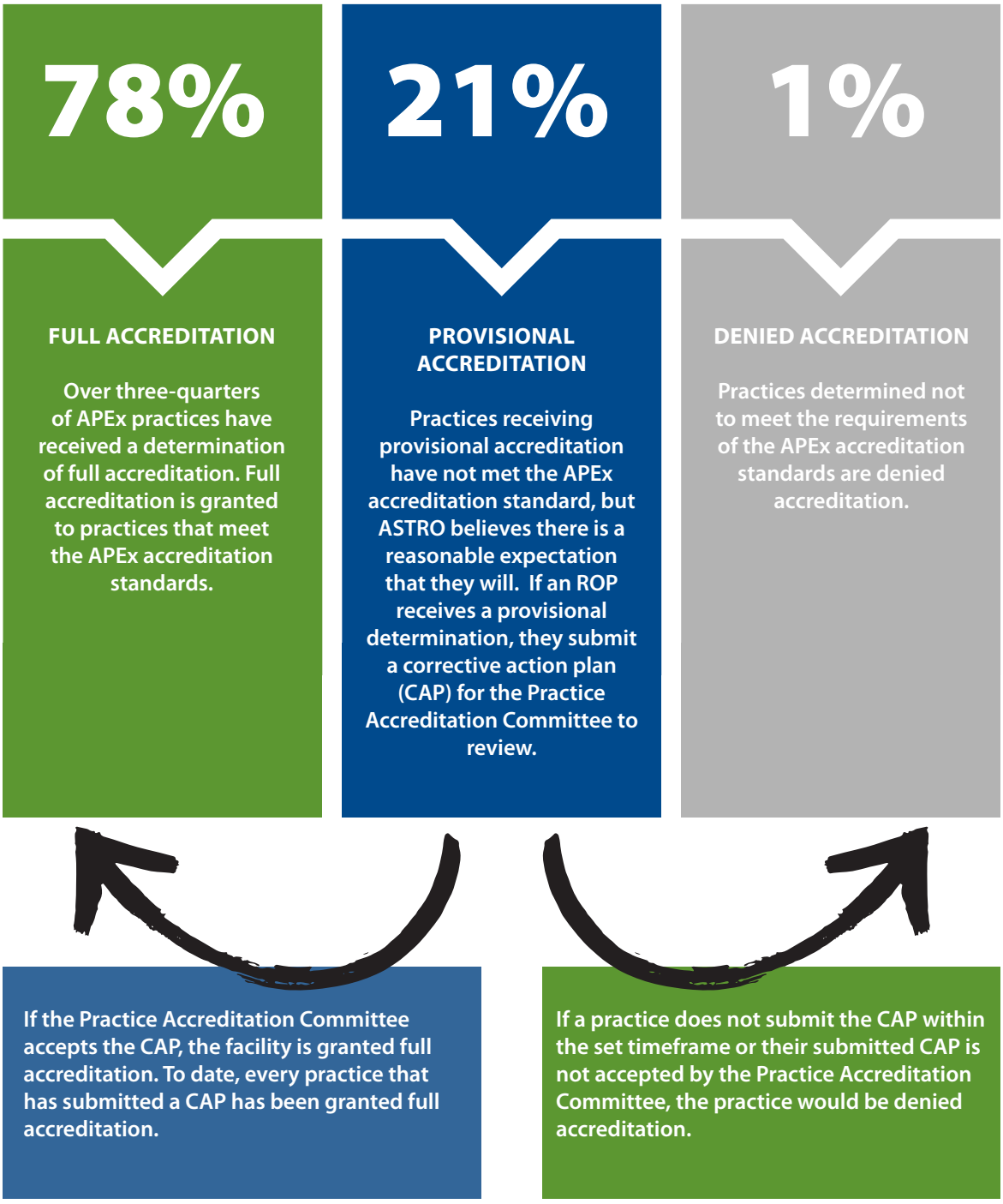
RO-ILS®
RADIATION ONCOLOGY
INCIDENT LEARNING SYSTEM
Sponsored by ASTRO and AAPM

RO-ILS is a patient safety initiative created by ASTRO and AAPM that is dedicated to reducing medical errors by providing a platform for reporting safety events in a secure and non-punitive environment. The program is offered free of charge and allows U.S.-based practices enrolled in RO-ILS to gain access to a web-based portal for sending data to a federally listed PSO, thereby showing compliance with evidence indicator 7.5.1 and gaining legal protections as afforded by the Patient Safety and Quality Improvement Act. The Radiation Oncology Healthcare Advisory Council analyzes national data and publishes aggregate reports and case studies to disseminate knowledge to the radiation oncology community and improve patient safety. To learn more about this program, visit www.astro.org/roils.

APEx Determinations

After each facility visit is completed, the Practice Accreditation Committee reviews a blinded report for each facility. The Practice Accreditation Committee is a multidisciplinary group of volunteers comprising of radiation oncologists, medical physicists, a radiation therapist and a medical dosimetrist. All committee volunteers are trained APEx surveyors and conduct facility visits each year. An ROP will receive one of three determinations from the committee (Figure 10): full accreditation, provisional accreditation or a denial.

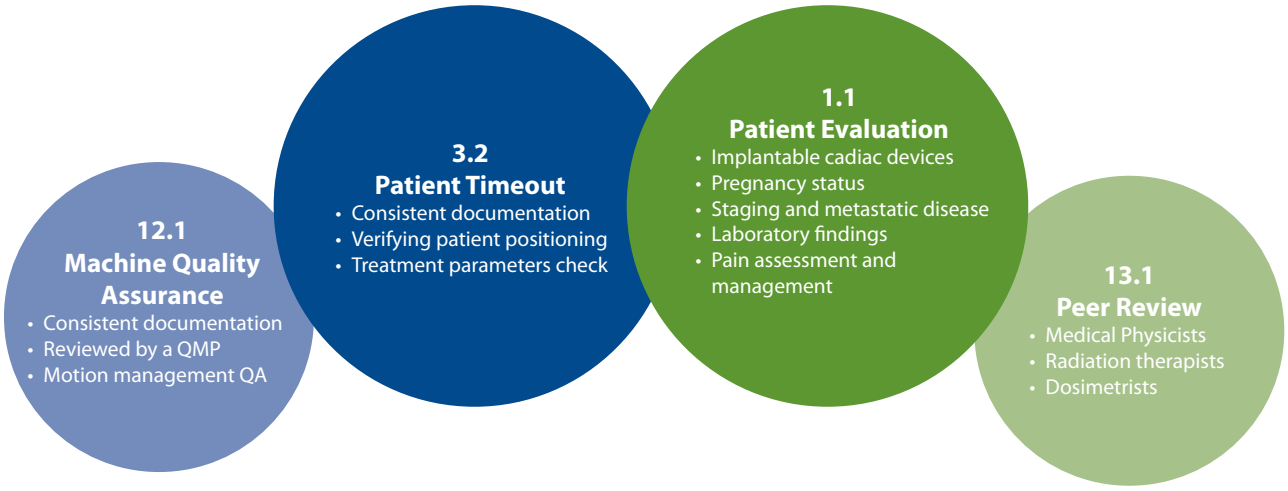
Figure 10 – APEx Determinations



Evidence Indicators Requiring Corrective Actions

ROPs that received provisional accreditation must submit a CAP describing the proposed implementation of process change(s) to address the Level 1 evidence indicators that did not meet compliance with the APEx Standards. There were four evidence indicators (Figure 11) that most often required corrective actions and they covered the entire radiation oncology team. Some of these evidence indicators were discussed above, as they were also the lowest-performing evidence indicators during the Self-Assessment indicating that some of these processes required a longer time to implement.

Figure 11 – Evidence indicators requiring corrective actions



The comprehensive patient evaluation (evidence indicator 1.1), performed by the radiation oncologist, required corrective action for 53% of ROPs that received provisional accreditation. The non-compliance was often due to missing documentation for pertinent negative results. Without this documentation, ROP staff may be required to make assumptions, attesting to the importance of documenting positive as well as negative results.

Patient Timeout (evidence indicator 3.2) also required corrective action for 53% of ROPs that received provisional accreditation. Most ROPs had a time-out process in place, as demonstrated by average compliance of 98% in the team interview but tended to be inconsistent in documenting verification of the process in the medical record. To demonstrate compliance, ROPs should consistently document or attest that they verified patient identification, patient treatment site, patient set-up and treatment parameters to the treatment plan before every treatment or procedure.

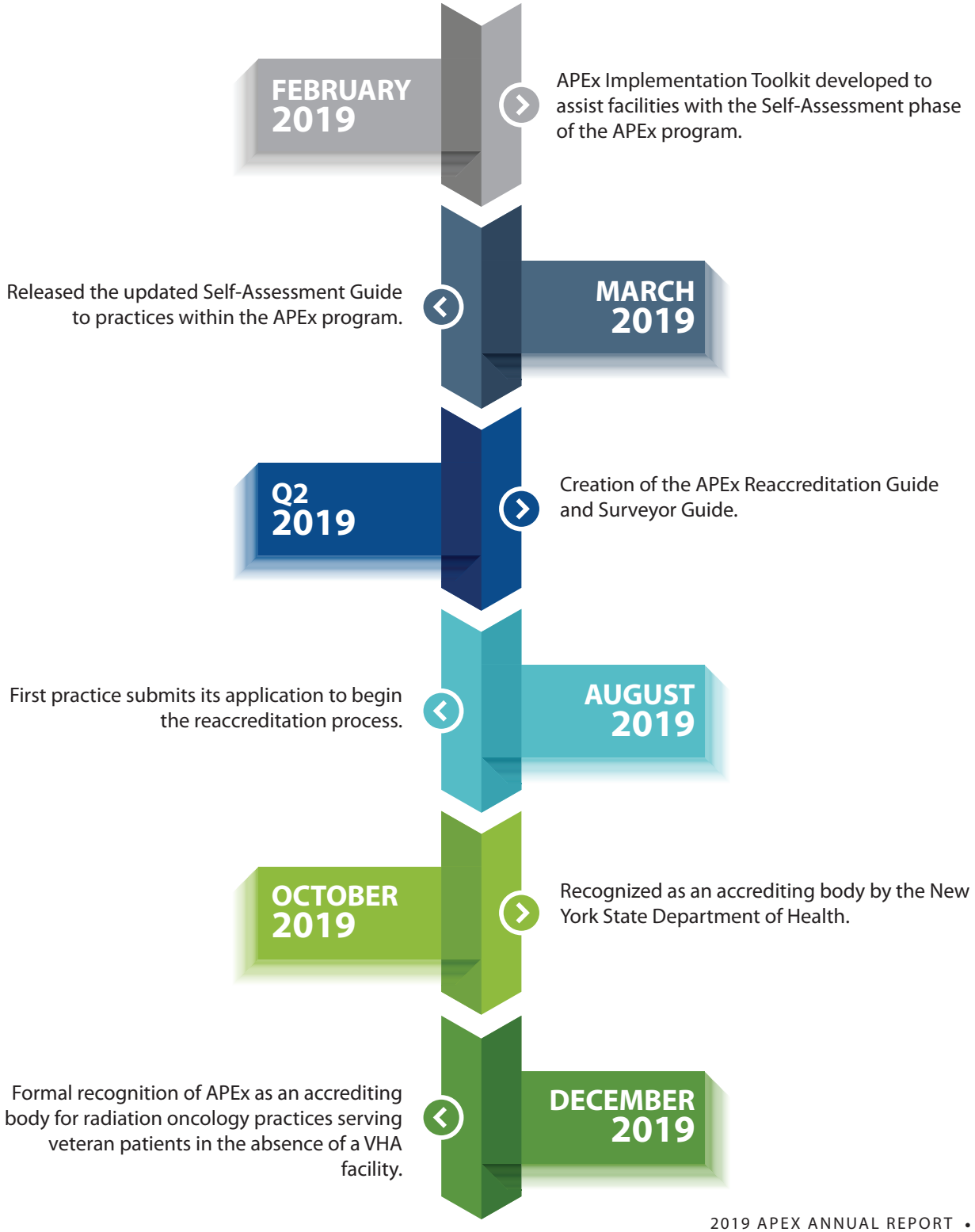
Machine QA (evidence indicator 12.1) accounted for 37% of corrective actions. This evidence indicator includes aspects of QA for treatment, brachytherapy and simulation and requires ROPs to follow guidance set forth by the AAPM. Deficiencies were mostly due to missing documentation, or no evidence a qualified medical physicist had reviewed the QA data.

Intradisciplinary peer review (evidence indicator 13.1) constituted 32% of corrective actions, mostly related to the peer review processes for medical physicists, radiation therapists and medical dosimetrists. Peer review is an important learning tool and should not be confused with standard QA activities or personnel evaluations. There are many activities that meet peer review requirements, even for ROPs with a professional discipline consisting of one staff member. A document offering examples of intradisciplinary peer review is available in the Resources tab of the APEx portal.

APEx 2019 Highlights

The APEx program has continued to review processes and address necessary changes for the program. For 2019, this included not only updating references but also adding more how-to documents to assist ROPs seeking APEx accreditation (Figure 12). The most up to date changes can be found on the Program Updates page of the ASTRO website.

Figure 12 - APEx 2019 Timeline



> **Put a quality team together that is in charge of the process, call ASTRO for advice before you start, give the quality team dedicated time to perform the work, start the self-assessment, keep track of documents that need updating, practice for the site visit.**
>
> – Michael Steinberg, MD,
> David Geffen School of Medicine at the
> University of California

APEx is an accreditation program developed by ASTRO that validates an ROP's excellence in delivering high-quality patient care. The accreditation process evaluates all aspects of ROP with a focus on safety culture and each team members' role and responsibility.

The four-year accreditation cycle allows ample time for ongoing evaluation of quality and process improvements. APEx accreditation promotes a culture of safety across the entire ROP and gives patients added assurance of the facility's high standards for safety and quality care.

ASTRO applauds those ROPs who demonstrate their excellence and commitment to safe and high-quality care by seeking APEx accreditation.

www.astro.org/APEx

ASTRO

TARGETING CANCER CARE

American Society for Radiation Oncology (ASTRO) is the premier radiation oncology society in the world, with more than 10,000 members who are physicians, nurses, biologists, physicists, radiation therapists, dosimetrists and other health care professionals that specialize in treating patients with radiation therapies. As the leading organization in radiation oncology, the Society is dedicated to improving patient care through professional education and training, support for clinical practice and health policy standards, advancement of science and research, and advocacy.