ACCREDITATION PROGRAM FOR EXCELLENCE (APEx®)

REGISTRATION AND APPLICATION GUIDE

ASTRO
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MedConcert Registration

GETTING STARTED

ASTRO utilizes MedConcert®, a multi-tenant, cloud-based platform, to support the APEx® program. As such, the initial account creation process and webpage branding represent the MedConcert entryway. Once registered for the MedConcert platform, you will have access to the APEx application.

Access the APEx registration through ASTRO’s website https://www.astro.org/Facilities.aspx and select

**FACILITY PORTAL**

Note: Only use these instructions to aide in the setup of a new facility application for accreditation. Do not use if:

- applying to become an APEx surveyor (use the surveyor tab on the ASTRO website).
- applying to become an additional member of your facility’s application (use the email link you receive from MedConcert® via your APEx administrator).

INITIAL REGISTRATION

**Note:** Only one person will have a login for the application stage (for the self-assessment, there can be multiple users). Select an individual at the main facility who will assume this role (referred to as the APEx Primary Administrator).

New to MedConcert:

Enter the required fields and click **CONTINUE**

Have a MedConcert profile:

Enter your user name and password, click **LOG IN**

A screen will present additional demographic details to link your history.
If your name is not found within the MedConcert system, the following screen will display.

Click “CREATE NEW ACCOUNT”.

Complete the MedConcert registration, creating a username and password.

Acknowledge the APEx terms of use and privacy policies, landing you on the Welcome to APEx page.

Download these documents first:

1. Facility Data Collection form:
   a. A pdf document to send to each satellite facilities (if applicable) to aide in the completion of the application by the APEx primary Administrator.

2. Facility Agreement and Business Associate Agreement:
   a. Download a copy of both legal agreements (Facility Agreement and Business Associate Agreement) and send to your legal team.
   b. Your legal representative can review the agreements while the application is in progress.

To begin a new application, click the
APEx Portal Application

NOTE: While completing the application within the portal, always use the “previous” or “back” buttons within the portal application window. NEVER use the “back” button on your browser.

STEP 1 – SELECTING A NETWORK

NETWORK TYPE SELECTION

Glossary of Terms: Network

Term used while in the Application stage of the APEx portal. For the purpose of the application, it refers to a radiation oncology facility. May be a single network (main facility only) or multiple networks (main and at least one satellite). Also see Radiation Oncology Practice (ROP).

On the pre-registration page, define your facility(s) (network):

If there is only one facility that will be part of this application and assessment, select  Single Network

If you are registering more than one facility, select  Multiple Networks

Example: How to apply within the APEx program if your ROP has multiple locations:

Green University Practice has four facilities:

Facility 1 – Green University Main campus
Facility 2 – Freestanding facility
Facility 3 – Green University affiliated hospital center
Facility 4 – Community hospital contract

In this example, the ROP may apply for a Multiple Network application for facilities 1-3 only. Facility 4 will need to apply separately as a Single Network because the community hospital has its own distinct policies and procedures.
NETWORK QUALIFICATIONS

If you select “Multiple Networks” you will be presented with the Network Qualification window. This will enable you to determine if your satellite facilities are eligible for a multi-site application. Select each item that applies to your facilities.

After selecting all your network qualifications, if applicable, click NEXT.

**NOTE:** Your facilities must meet all four qualifications, which include:

1. All facilities are located within 50-mile radius of the main facility.
2. All facilities have common policies and procedures (SOP) for key evidence-indictors including:
   a. SOP for each treatment modality as applicable to the ROP.
   b. SOP that defines a process and timeline for individuals who are eligible, but not currently certified, to achieve certification.
   c. SOP for Culture of Safety.
   d. SOP for radiation survey requirements in pre-/post- treatment for brachytherapy and unsealed radioactive sources.
   e. SOP on infection control.
   f. SOP of intradisciplinary peer review.
3. All facilities have a medical director who is responsible for each facility and one individual from practice leadership who is responsible for the Culture of Safety.
4. All facilities have the same corporate leadership.

If a qualification is not met, you will receive this message. If you need assistance regarding eligibility, including satellites outside the 50-mile radius of the main facility, please contact APExSupport@astro.org for further information regarding satellite eligibility.
STEP 2 – NAMING AND SELECTING NETWORKS

NOTE: Use the Facility Data Collection forms from the main and satellites to assist with completing the rest of the application.

NAMING MAIN AND SATELLITE FACILITIES

When creating the name of your main and satellite facilities, please use specific naming conventions. The portal will only allow one facility per name, so each facility must have a unique facility name. This includes facilities within the same network. Please refrain from using generalized names, even if that is your facility’s name. Here are some examples:

<table>
<thead>
<tr>
<th>Complete Name</th>
<th>Incomplete Name</th>
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<tbody>
<tr>
<td>John Smith Memorial Cancer Center</td>
<td>Memorial Cancer Center</td>
</tr>
<tr>
<td>Southwest Oklahoma Regional Cancer Center</td>
<td>Regional Cancer Center</td>
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<tr>
<td>University of Omi Radiation Oncology Clinic</td>
<td>Radiation Oncology Clinic</td>
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<tr>
<td>Portland Comprehensive Radiation Oncology</td>
<td>Comprehensive Radiation Oncology</td>
</tr>
</tbody>
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When entering a name in the application, you may receive an error stating that this facility already exists. This could happen for several reasons:

- Your name is too generalized or similar to another facility already in the program, or
- Another member of your network has already started an application for your facility.

NOTE: Remember, the name used during the application stage is how you will be known in the portal and throughout the APEx program.

Also, if applying as part of a corporation, try to include the corporate name within the title of the practice.

CREATE YOUR MAIN NETWORK

Complete the information for your main facility. Items marked with an * are required fields.

- **Network Name**: the name of the main facility must be entered first.
- **Address**: location of the main facility. All satellite facilities will need to be within 50 miles of this address.
- **Phone**: main contact phone number for the main facility.
- **Website**: provide a web address for this facility if available (must include http:// or https://).

Once you have completed the form, click **SAVE AND CONTINUE**.
CREATE YOUR SATELLITE NETWORK

If you selected your network type as “Multiple Networks”, you will automatically be presented with a new window to add an additional network location (satellite location).

Once you have completed the form you can:

- **SAVE AND ADD ANOTHER**
  To save this form and add another satellite.

- **SAVE AND FINISH**
  To save this form if you have finished entering satellites in your application.

VERIFY NETWORK LOCATIONS

After completing your main facility entry and any satellite entries (or if you are logging back in without finishing your network selection), you will be presented with the “Select Networks” page.

From here you may review your current Network structure and perform the following actions:

- **Add A Network**
  This will allow you to add additional satellite locations, if you had not completed this step initially.

- **Edit**
  This will allow you to edit the site and will open the facility’s creation window. You will be able to edit the information and save it.

- **Delete**
  Delete an existing location. This will permanently delete the entry from your network application.

When all the facilities are entered, click **NEXT >**

**NOTE:** If you need to put your application on hold, please contact: ApexSupport@astro.org
STEP 3 – APPLICATION

APPLICATION NETWORK LIST

Now you will complete information for each facility in your Network. Each location will be listed on this page, your main facility will be listed on the top.

Click **Complete Application** of the facility you wish to work on.

![Complete Application screenshot]

**NOTE:** All facility information must be completed to proceed to the next step.

NETWORK APPLICATION FORM – OVERVIEW

The application is a six-page electronic form that must be completed separately for each facility in your network. It is imperative that you answer each question as accurately as possible, as answers will affect the questions presented in the self-assessment stage. The application form contains questions regarding:

- Facility Information
- Key Personnel
  - Radiation Oncology Medical Director
  - Chief Physicist
  - Practice Administrator
- Number of new patients treated annually (Adult and Pediatric)
- Treatment Sites
- Modality(s) and techniques provided
- Equipment used
- Health records (EMR/EHR) and Treatment Planning Systems (TPS)
- Physicians practicing at the facility
NAVIGATION

At any time, you can:

- **CANCEL** Discard any changes using the cancel button.
- **SAVE AND FINISH LATER** Save your current application to finish at a later time.
- **SAVE AND CONTINUE** Save and proceed to the next page of the application.

*Note: all required fields must be completed before progressing to next page.*

In several locations you will have the option to add additional fields for information:

- **+** To add additional fields.
- **-** To delete additional fields.

NETWORK APPLICATION FORM – FACILITY TYPE AND KEY PERSONNEL

- **Select Facility Type.**
  - Private Practice / Community Based
  - Academic
  - Government

- Enter key personnel information including:
  - Radiation Oncology Medical Director.
  - Chief Medical Physicist.
  - Practice Administrator.

- Select which of the three key personnel is designated as the APEx point of contact.

NETWORK APPLICATION FORM – PATIENTS TREATED AND SITES OF TREATMENT

- Enter the average number of new adult and pediatric patients treated annually at the facility.

- Select all types of patient treatment sites at this facility.

Version 2.0
August 2018
NETWORK APPLICATION FORM – MODALITIES AND TECHNIQUES

- Select each modality/technique this facility provides within the radiation oncology department (see note below).

- Enter additional techniques not listed in the additional text fields below (see note).

NOTE: Only list the modalities of treatment that are overseen by the radiation oncology department from start to finish. If the procedure is performed outside the department, without the supervision of the radiation oncologist or medical physicist, do not list as a part of the accreditation application.

Example: Unsealed radioactive source treatment completed in nuclear medicine without the direct supervision of the RO or QMP should not be included.

NETWORK APPLICATION FORM – EQUIPMENT

Enter Equipment Information:

- Treatment Room Name
- Equipment Type
- Date of Commission
- Current External validation
  - External validation may be satisfied using a company providing physics services or when performed by an outside qualified medical physicist using independent calibration equipment.

If you use equipment that is not listed in the dropdown, then complete the section below to manually record that piece of equipment.

NOTE: As a part of the APEx accreditation process, it is important to list all equipment used to treat patients at the facility. This includes all simulation, treatment and brachytherapy equipment.
NETWORK APPLICATION FORM – HEALTH RECORDS AND TREATMENT PLANNING

- Select the type of health records used:
  - Electronic
  - Electronic and Paper
  - Paper Only

- Select all types of electronic medical systems used.
  - If not listed, you may use the option below the question to record any additional ones.

- Select all types of treatment planning systems currently used.
  - If not listed, you may use the option below the question to record any additional ones.

NETWORK APPLICATION FORM – PHYSICIANS

List all the radiation oncologists treating patients at this location only. Make sure to include only those who have at least 80% of clinic time spent doing direct patient care within the last calendar year.

- Enter the First name, Last name and professional designation for the first radiation oncologist at this location.
  - You may add additional radiation oncologist by using the .
  - All three designations must be completed before adding an additional radiation oncologist.

Once all the radiation oncologists are entered, click SAVE AND FINISH.

APPLICATION REVIEW AND ADDITIONAL LOCATIONS

After completing the main facility’s application, repeat Step 3 for each satellite facility within the practice. From the Network List page, click Review Application to review and edit each application.

NOTE: Before continuing, it is important to review your facility’s application. Do not continue until you have reviewed and confirmed that all facility applications are complete. If not, you may go back and make necessary updates.

Click NEXT > to proceed, once all information is correct.

Version 2.0
August 2018
STEP 4 – LEGAL AGREEMENTS

APEx PROGRAM AGREEMENTS

During the initiation of the application, the legal agreements (APEx Facility Agreement and Business Associate Agreement) should have been sent to your legal team for review. Once both have been reviewed and your legal department has authorized acceptance of the documents, you may electronically sign the agreements by clicking each box:

- I agree to the Facility Agreement
- I agree to the Business Associate Agreement

You will also need to enter the first and last name, along with the title of the individual with the authority to sign the agreements. Enter the title of your organization (e.g. site name, corporate name or collective name) and the details of your HIPAA officer if desired.

Click NEXT to continue.

STEP 5 – PAYMENT

INVOICE AND PAYMENT BY CHECK

If you require an invoice, please contact ASTRO staff at ApexSupport@astro.org. Please include the following within the request:

- Contact Name
- Facility Name
- Mailing Address
- Contact Phone Number
- Email Address
Once your request is received, ASTRO will email the invoice to the contact person provided.

**NOTE:** When paying by check, you will remain on the payment page until ASTRO has received and processed the payment. Once processed you will receive a confirmation email and gain access to the self-assessment stage. ASTRO staff will upload a copy of the receipt into the APEx portal repository for check payments.

**PAYMENT BY CREDIT CARD**

To pay by credit card, complete the cardholder and credit card information sections.

You will receive an email receipt by default. If you would prefer not to receive this email, uncheck:

- Send an additional receipt to the e-mail on record

Once you have completed the payment information, click **SUBMIT** to complete the application.
PAYMENT CONFIRMATION

If your credit card payment is successful, you will be taken to the confirmation page.

Review the information, print the receipt for your records, and when you are ready click NEXT >

APEX PORTAL

Once your payment is processed the application stage of the program is complete, and you will gain access to the self-assessment stage of the program.

NOTE: For information on completing the self-assessment, see the Self-assessment Guide located in the resource tab of the APEX portal.