# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE APEx PROGRAM</td>
<td>3</td>
</tr>
<tr>
<td>THE PROCESS OF APPLYING FOR APEx ACCREDITATION</td>
<td>5</td>
</tr>
<tr>
<td>FACILITY VISITS</td>
<td>7</td>
</tr>
<tr>
<td>CONFIDENTIALITY OF MATERIALS USED IN ACCREDITATION PROCESS</td>
<td>9</td>
</tr>
<tr>
<td>APEx COMMITTEE</td>
<td>10</td>
</tr>
<tr>
<td>COMMITTEE DECISIONS</td>
<td>11</td>
</tr>
<tr>
<td>ACCREDITATION STATUS CHANGES DURING ACCREDITITION CYCLE</td>
<td>12</td>
</tr>
<tr>
<td>CONTINUING OBLIGATIONS DURING ACCREDITATION CYCLE</td>
<td>12</td>
</tr>
<tr>
<td>APPEAL OF DECISION OF THE APEx COMMITTEE</td>
<td>13</td>
</tr>
<tr>
<td>REACCREDITATION PROCEDURES</td>
<td>14</td>
</tr>
<tr>
<td>COMPLAINTS</td>
<td>15</td>
</tr>
</tbody>
</table>
**Overview.** The mission of the ASTRO Accreditation Program for Excellence (APEx®) is to recognize facilities by objectively assessing the radiation oncology care team, policies and procedures and the facility. APEx was created to support quality improvement in radiation therapy practices. The APEx Program applies standards of performance derived from white papers and consensus practice guidance for radiation oncology. Facilities that obtain APEx practice accreditation must demonstrate that their systems, personnel, policies and procedures meet the APEx standards for high-quality patient care.

The APEx Program provides an objective review by professional peers of essential functions and processes of radiation oncology practices (ROPs). It offers transparent, measurable, evidence- and consensus-based standards that emphasize a professional commitment to safety and quality. Radiation oncology practices accredited by ASTRO will:

- Undergo an objective, external review of radiation oncology practices, policies and processes;
- Demonstrate respect for protecting the rights of patients and being responsive to patient needs and concerns; and
- Adopt procedures to encourage safety and quality of care.

**Scope of ASTRO Accreditation.** APEx accreditation consists of a series of standards and evidence indicators relating to the performance of radiation oncology practice. ASTRO evaluates the clinical processes of radiation oncology practices, focusing on quality and safety of radiation oncology services.

Applicants must also meet applicable state and federal licensure and certification requirements, including those of the Nuclear Regulatory Commission, as well as requirements of professional practice organizations. The ASTRO standards identify systematic quality and safety approaches that build on the regulatory framework to add value for practitioners and health care purchasers.

ASTRO reviews all treatment modalities and equipment in operation at the time of the accreditation application and facility visit. Practices may not imply or state that facilities or equipment not reviewed by ASTRO are accredited.

**Thematic Focus of APEx Standards.** The APEx Program standards are organized around five Pillars as described below:

**Pillar One: The Process of Care.** The “process of care” in radiation oncology refers to a conceptual framework for delivering appropriate, high quality and safe radiation therapy treatment to patients. Use of ionizing radiation in medical treatment requires direct or personal physician management, as the leader of the radiation oncology team, as well as input from various other essential coworkers. The Standards in this chapter derive from the model Process of Care flow diagram in the consensus report *Safety is No Accident: A Framework for Quality Radiation Oncology Care*.

- **Standard 1:** Patient Evaluation, Care Coordination and Follow-up
- **Standard 2:** Treatment Planning
- **Standard 3:** Patient-specific Safety Interventions and Safe Practices in Treatment Preparation and Delivery
Pillar Two: The Radiation Oncology Team. The radiation oncology team works to provide every patient undergoing radiation treatment with the appropriate level of medical, emotional and psychological care before, during and after treatment, through a collaborative multidisciplinary approach. The primary radiation oncology team consists of, but is not limited to, radiation oncologists, medical physicists, medical dosimetrists, oncology nurses and radiation therapists.

- **Standard 4:** Staff Roles and Responsibilities
- **Standard 5:** Qualifications and Ongoing Training of Staff
- **Standard 6:** Safe Staffing Plan

Pillar Three: Safety. The radiation oncology practice creates an interdisciplinary team-based culture of safety that continuously reviews, monitors and adapts all aspects of safety.

- **Standard 7:** Culture of Safety
- **Standard 8:** Radiation Safety
- **Standard 9:** Emergency Preparation and Planning

Pillar Four: Quality Management. The radiation oncology practice has a quality management program that includes the facility, equipment, information management, treatment procedures and modalities, and peer review.

- **Standard 10:** Facility and Equipment
- **Standard 11:** Information Management and Integration of Systems
- **Standard 12:** Quality Management of Treatment Procedures and Modalities
- **Standard 13:** Peer Review of Clinical Processes

Pillar Five: Patient-centered Care. ASTRO’s patient-centered care standards aim to make care safer by promoting effective communication, coordination of care and engaging patients and families as partners in care. These priorities are reflected in the APEx standards and performance measures specific to the practice of radiation oncology.

- **Standard 14:** Patient Consent
- **Standard 15:** Patient Education and Health Management
- **Standard 16:** Performance Measurement and Outcomes Reporting

Eligibility. For purposes of the APEx Program, an ROP is defined as a medical practice offering radiation therapy services, utilizing the services of interdisciplinary professionals under the direction of a board-certified radiation oncologist. Currently, only US-based practices are eligible to apply for accreditation.

ROPs may be either a single facility or a multi-facility practice. A multi-facility practice is comprised of a “main” campus and one or more “satellites.” To qualify as a multi-facility practice where facilities are covered by the same accreditation application, all facilities must meet the following criteria:

1. common policies and procedures for key evidence indicators;
2. a medical director, who is a radiation oncologist, responsible for each facility;
3. an individual from within radiation oncology practice leadership who is responsible for overseeing the culture of safety;
4. the same corporate ownership of all the facilities; and
5. all satellite facilities located within a 50-mile radius of the main facility*.

*ASTRO will allow a multi-facility practice to include a qualifying satellite facility outside the 50-mile radius in its application if the facility meets all other requirements for being a satellite. If approved, such satellite facilities would be subject to an additional fee of $3,000.
**Note:** As of July 30, 2018, ROPs that participate in APEx as part of a multi-facility application will have their determination assessed as a single practice. This will result in one accreditation determination that will apply to all the facilities in the group.

**Length of Accreditation Cycle.** APEx accreditation is granted for up to four years. In order to avoid a lapse in accreditation, the ROP must complete the next facility visit no later than 90 days after the expiration of its current accreditation.

**Pricing.** The base fee for practice accreditation is $14,000 for a main facility. An additional $5,000 is required for each satellite facility in a multi-facility practice. Application fees are nonrefundable and nontransferable.
  - A discounted rate is available for entities consisting of more than ten (10) facilities. Once ten (10) facilities under the same corporate ownership or affiliation have entered into facility agreements and submitted payment for APEx accreditation, ASTRO offers a discount of $2,000 off the price of any subsequent main facilities and $1,000 off the price of any subsequent satellites applying for APEx. Practices must notify ASTRO of their eligibility for the corporate discount prior to entering into a facility agreement.
  - ASTRO may change fees at its discretion.

Please contact apexsupport@astro.org for questions or more details.

**THE PROCESS OF APPLYING FOR APEx ACCREDITATION**

**Governing Principle.** Because the accreditation process is initiated by a facility that submits itself for review, the burden of proof of compliance with APEx standards rests with the applicant. Therefore, an application must be prepared with the degree of thoroughness that will satisfy detailed review.

**Acceptance of the Application.** The application process takes place entirely in a web-based portal (“APEx portal”) accessed through astro.org and consists of an application, a Facility Agreement, a Health Insurance Portability and Accountability Act (HIPAA) Business Associate Agreement, and the payment of all required fees. Note that when creating the name of your main and satellite facilities, each facility must have a unique facility name. This includes facilities within the same practice. The name used during the application stage is how you will be known in the portal and throughout the APEx program regardless of if a name has been changed. Also, if applying as part of a corporate group, please try to include the corporate name within the title of the practice. For more guidance on how to name your facility in the APEx portal, click here. Any changes made to the facilities listed in the application after beginning the self-assessment should be reported to ASTRO at apexsupport@astro.org. Applicants must designate a corporate-level staff person (the “Corporate Representative”) to communicate corporate-related information to ASTRO. Applicants and accredited facilities are required to notify ASTRO of any change in this individual.

**Assessment of Readiness.**
Once all application steps are completed, the facility will gain access to the web-based self-assessment tool.

**Self-assessment.** Practices assess their compliance with APEx accreditation standards by completing the self-assessment and using the APEx Self-assessment Guide, which provides step-by-step guidance for completing the process. The self-assessment includes medical record reviews, uploaded policies and procedures and an interview preparation questionnaire. It takes place entirely within the APEx portal.
**Note:** For multi-facility ROPs, only the main facility completes the self-assessment.

**Self-assessment feedback.** The facility will have access to detailed feedback that identifies the extent to which the facility is in compliance with each of the APEx evaluation criteria and may indicate deficiencies that must be addressed in order to progress to the facility visit. The facility will have time to correct deficiencies and has three (3) opportunities to pass each section of the self-assessment. In addition, if the self-assessment identifies new policies or processes that a facility must implement, the facility must demonstrate implementation, including that it has trained staff on the updated procedures. This feedback, maintained in the APEx portal, will be kept confidential and will only be shared as specified in the APEx Policies and Procedures or as required by law.

Applicants are notified if they are ready to proceed to the facility visit or if they must complete the self-assessment again. A facility will be eligible for a facility visit when it demonstrates compliance with a majority of the APEx standards, achieving a "ready" status for all three sections of the self-assessment consistent with APEx policies and procedures. Feedback and results obtained during the self-assessment process are a preliminary indication of readiness for a facility visit; they do not guarantee accreditation.

**Notice of Unsuccessful Participant.** In the event a facility does not demonstrate adequate compliance with the APEx standards after three attempts at passing the self-assessment, ASTRO will notify the facility in writing that it may not proceed to the facility visit. If the facility wishes to reattempt the accreditation process, it will need to start from the beginning, including repayment of fees.

**Withdrawal from Accreditation Process.** At any time after acceptance of the application but before the APEx Committee takes final action to grant or refuse accreditation to an applicant facility, the applicant may withdraw from the accreditation process without prejudice and forfeit application fees. The decision to withdraw must be communicated to ASTRO by the Corporate Representative.

Facilities in the APEx portal are expected to be actively working on their accreditation applications. Prior to payment, facilities that fail to make timely progress on their applications may be removed from the system. After payment is received and required agreements have been signed, facilities will be bound by deadlines spelled out in the applicable agreement designed to ensure the information reviewed in the portal is current.
Facility Visits

Arrangements for the Visit. ASTRO assigns a survey team to conduct the facility visit. The team is selected from a list of names in the pool of approved surveyors who have undergone extensive APEx training. The team is selected based on a conflict of interest review; geographic proximity to the facility (must be greater than 100 miles); and expertise with the facility’s electronic health records (EHRs), treatment planning systems and techniques/modalities, among other considerations. Prior to the facility visit, ASTRO will grant the surveyor team access to the ROP’s APEx file, including the application (which describes the staffing, modalities, treatment planning system, electronic medical record system, etc.), and the document uploads from the self-assessment.

The Survey Team. Each survey team assigned to a single location practice or “main campus” will consist of two surveyors, one medical physicist and one radiation oncologist. If needed, an additional member of the radiation oncology team will assist with larger main locations. This team will conduct an in-depth review at the main location that may last one business day. If an ROP has additional satellite facilities, an additional medical physicist surveyor will conduct expedited reviews of the Level 1 evidence indicators at the satellite facilities on the same day that the main location is reviewed. Survey team visits of the main and any satellite facilities are expected to be completed on the same business day.

Surveyor Requirements. ASTRO expects its surveyors to comply with all aspects of the Surveyor Agreement and all APEx Procedures, including but not limited to the following:

  Accreditation Knowledge. Surveyors are expected to maintain knowledge of the APEx standards and be able to apply knowledge of the APEx standards when gathering facility data and reporting survey findings.

  Continuing Education. Surveyors must participate in ongoing professional development activities and orientation exercises designed for all APEx surveyors. The goal of surveyor development is to help surveyors maintain or improve upon their knowledge of APEx and their skills in conducting APEx facility reviews. Surveyors also receive training in the requirements of HIPAA and its implementing privacy, security, breach notification and enforcement regulations and periodic retraining.

  Computer Skills. Surveyors are expected to have sufficient computer skills to allow them to collect data using current technologies and to be able to complete survey forms in a competent and timely manner at the facility. ASTRO will assign surveyors based on their familiarity with the facility’s treatment modalities and techniques, EHR, and treatment planning systems.

  Professional Conduct and Use of Appropriate Communication. Surveyors are expected to exhibit professional conduct and use appropriate communication in accordance with APEx surveyor procedures at all times. Surveyors serve as data collectors for ASTRO; final decisions will be made by committee as described below.

  1. Surveyors should describe their role to the facility, following the script provided by ASTRO.
  2. Surveyors may not engage in communication with a facility in any manner related to the facility’s accreditation status before or after the facility visit.
  3. Surveyors should not conduct independent investigations into a facility it is surveying. Facilities should be judged solely on their compliance with the APEx standards.
4. Surveyors may not accept any fee in exchange for consulting with respect to APEx accreditation or radiation oncology accreditation generally.

**Confidentiality.** In the course of performing their duties, surveyors will have access to confidential information about ASTRO and about the facilities they are visiting. Surveyors must maintain the confidentiality of this information and use it only for purposes of performing services as a surveyor.

**Conflicts of Interest:** Before accepting a facility visit assignment, the surveyor must consider his or her ability to act impartially in reviewing the facility and whether such impartiality could be impaired by any financial interest, personal relationship, commercial relationship or interest of the surveyor's employer. Surveyors must actively engage in the identification, disclosure and resolution of any conflicts of interests which arise. To this end, surveyors are expected to:

1. Disclose any financial or contractual relationships with a facility under review that could create the perception of a conflict of interest in the accreditation process (e.g., employment, consulting arrangement, teaching position, working for a facility which is in competition with the facility under review, etc.).
2. Disclose any fiduciary or governance relationships with a facility under review that could create a perception of a conflict of interest in the accreditation process (e.g., board membership, participation on a committee).
3. Disclose personal or professional relationships with staff of a facility under review that could create a perception of a conflict of interest in the accreditation process (e.g., familial or professional relationship with key staff at the facility).

**Compliance with Policies.** ASTRO expects surveyors to abide by all surveyor-related policies and procedures, including but not limited to ASTRO's travel policy, which requires surveyors to submit expense reimbursement forms within 30 days of a survey, and to provide ASTRO with conflict of interest information on an annual basis and as it changes.

**Facility Requirements.** ASTRO expects facilities applying for accreditation to comply with all aspects of the Facility Agreement and APEx Policies and Procedures, including but not limited to the following:

**Conflicts of Interest.** Facilities seeking accreditation will be provided with the surveyors' name, location and place of employment for review of conflicts of interest with the facility and its leadership. Facilities are expected to circulate this information to facility leadership and relevant personnel, and alert ASTRO to any financial, contractual, fiduciary, personal or professional relationships between leadership and the surveyors that could compromise the impartiality of the facility visit.

**Pre-facility Visit Teleconference.** After the surveyors are approved, the facility visit will be confirmed. Prior to the facility visit, there will be a teleconference scheduled between ASTRO representatives and key personnel at the facility(s). The purpose of the pre-facility visit teleconference is to verify staffing, equipment, changes to the application, facility expectations, HIPAA security policies and other logistical arrangements.
**Facility Logistical Arrangements.** ROPs are required to provide the following resources during the facility visit:

1. Completed Medical Record Tracking Worksheet.
2. Access to medical records.
3. Required documents for review.
4. Two computers per surveyor. (One computer is needed to access the electronic medical record and another for accessing the APEx portal.)
5. A staff member to guide the surveyor through the medical record review.
6. Dedicated work space for the surveyor team that is quiet and free from distractions.
7. Access to key staff for interviews.

**Confidentiality of Facility Materials.** ASTRO will use its best efforts to maintain the confidentiality of information obtained through the accreditation process. Such information shall be shared only as specified in these APEx procedures and otherwise shall be kept confidential except:

1. Listings of accredited facilities with links to the facilities’ websites are published on the ASTRO website.
2. Disclosure is made in those instances in which ASTRO or the APEx Committee is legally required to disclose information.
3. Cases where applicable information is made public without the fault of ASTRO.
4. At the request of the radiation oncology medical director of the institution where a facility is located, information on a specific facility may be made available upon request to other accrediting agencies by which the institution has been accredited or whose accreditation it is seeking.
5. In the case of an appeal, the APEx Committee’s decision and record are made available to the Board of Directors of ASTRO, the appeal panel and other parties as necessary to process the appeal.
6. Other than as specified above and elsewhere in these APEx Procedures, the records of ASTRO, the APEx Committee and any Ad Hoc Appeal Panels relating to application, accreditation or appeals shall be kept confidential.

**Confidentiality of APEx Materials.** The APEx Program aims to provide transparent, measurable, evidence- and consensus-based standards that emphasize a professional commitment to safety and quality. The APEx standards and supporting materials are provided to encourage ROPs to identify areas of opportunity for quality improvement. Facilities that have applied for accreditation receive additional in-depth APEx materials to be used for quality improvement purposes and completion of the program. All the APEx materials are the exclusive property of ASTRO and no facility is permitted to reproduce, copy, distribute, transmit, or otherwise share outside of the facility’s practice.
Functions. The principal function of the APEx Committee is to exercise professional judgment in making decisions regarding administration of the APEx standards. The APEx Committee is charged with reviewing blinded applicant reports, issuing accreditation decisions, and when necessary, representing the Committee’s decision-making in applicant appeals. Members of the APEx Committee are trained in the compliance requirements of the APEx accreditation standards. Each member attests to any potential conflicts of interest and adheres to ASTRO’s conflict of interest policy and will recuse themselves from any matters where ASTRO, in its sole discretion, identifies a potential conflict.

Membership. The APEx Committee consists of not fewer than 10 multi-disciplinary members appointed by ASTRO annually. The APEx Committee will have co-chairs, a radiation oncologist and a physicist. All APEx Committee members are required to complete APEx surveyor training.

Quorum. Two-thirds of the members of the APEx Committee shall constitute a quorum for the purpose of making a decision. When an APEx Committee member has withdrawn from a portion of the meeting, that position is not counted in determining a quorum. The vote of the simple majority of the APEx Committee members at a meeting at which a quorum is present is required to make an accreditation decision.

Avoidance of Conflict of Interest. Should a member of the APEx Committee be in possible conflict of interest with respect to any matter before the Committee (such as a relationship with any facility scheduled for review by the Committee or having a personal, financial or business interest in the outcome of any topic under review by the Committee, having surveyed the facility, etc.), that member shall be excused during discussion and decision on that matter. Furthermore, the APEx Committee may, in its judgment, determine that a member is in possible conflict of interest and ask that member to withdraw from discussion of, and decision on, a particular matter.

The Exercise of Professional Judgment. A high degree of professional judgment is required in the review of facility visits and in the deliberations of the APEx Committee. Professional judgment must be used not only in evaluating the extent of a facility’s compliance with APEx evaluation criteria, but also in reviewing feedback from the survey team and in reaching a final decision. While the standards and processes of the APEx Program are transparent and objective, ASTRO relies on the professional judgment of its APEx Committee.
**Basis for Decisions.** The final determination decision of the applicants is issued by ASTRO based on the recommendation of the APEx Committee. Before rendering a decision on the award, denial, renewal or revocation of accreditation, the APEx Committee reviews the results of the current self-assessment by the facility, the most recent facility visit report, and other relevant materials. The APEx Committee may make a decision, or it may defer action until its next scheduled meeting in order to obtain more information on which to base a decision. The decision of the APEx Committee is transmitted to the facility, via the APEx portal, not later than one month following the committee's decision. The facility also receives a statement of the factual basis for the decision and, in the case of an adverse decision, the standards the facility did not meet. In addition to a decision, ASTRO shall provide to the facility statements offering consultative recommendations.

**Accreditation Decisions.** The APEx Committee can vote to fully accredit, provisionally accredit or deny accreditation, as described below and in its sole discretion:

**Full Accreditation:** If the facility meets a majority of the Level 1 evidence indicators and a significant portion of the additional evidence indicators, the facility will be granted full accreditation.

**Provisional Accreditation:** If the APEx Committee does not grant full accreditation, the APEx Committee will consider whether to grant provisional accreditation. Provisional accreditation may be granted to a facility that, in the exclusive judgment of ASTRO, does not meet all the accreditation standards, but for which ASTRO believes there is a reasonable expectation that they will be met within a foreseeable period of time from the date of the initial facility visit. A provisionally accredited facility will be required to satisfy specifications of a Corrective Action Plan (CAP) within an established time frame in order to be granted full accreditation. In limited circumstances, the APEx Committee will consider extending provisional accreditation beyond the initial time frame to allow a facility additional time to meet the specifications in its CAP. Provisionally accredited facilities that receive neither full accreditation nor continued provisional accreditation will have their provisional accreditation revoked.

**Denial of Accreditation:** Facilities that are determined not to meet the requirements of the standards are denied accreditation. This includes provisionally accredited facilities that do not satisfy the specifications of their CAP within the pre-determined timeframe. Applicants may reapply after one year or such other period as ASTRO shall identify in its sole discretion. If a practice is denied accreditation due to submission of false information or other conduct that demonstrates bad faith and/or substantial lack of commitment to the APEx standards, ASTRO may decide to not allow the ROP to reapply for a longer period of time than one year or in perpetuity. Reapplication in these circumstances is in the sole discretion of ASTRO.

**Effective Date of a Decision and its Public Announcement.** Awards of full or provisional accreditation and all other decisions of the APEx Committee are effective as of the date of the adjournment of the APEx Committee meeting where the decision was made. Accredited facilities will be published on the ASTRO website. ASTRO will correct any errors of fact in its public listing in a timely manner. In the decision letter, ASTRO encourages the facility to share information about its accredited status and to do so in accordance with its communication guidelines and rules governing use of the APEx name and mark.
ACCREDITATION STATUS CHANGES DURING ACCREDITATION CYCLE

Once a facility has been accredited by ASTRO, its accreditation status can be changed in the following ways:

Probation. A facility may be placed on probation if ASTRO learns that a practice is not currently in satisfactory compliance with the APEx standards or does not cooperate in a complaint investigation. Probationary status continues for such period until ASTRO determines that full accreditation should be resumed or until accreditation is revoked. A facility placed on probation will be removed from the public listing of accredited facilities on the ASTRO website until the APEx Committee makes a determination with respect to its accreditation status. The placing of a facility on probation is a clear warning that, if it does not substantially correct the deficiencies noted by the APEx Committee, the facility will have its accreditation revoked at the end of the probationary period.

Revocation of Full Accreditation. ASTRO, in its sole discretion, has the authority to revoke accreditation, with or without first placing the facility on probation, when the practice has a persistent or significant lapse in safety that impacts the decision on compliance with one or more of the APEx standards, has falsified information provided to ASTRO or has materially changed the ROP (e.g., through a change of ownership) to the extent that it is no longer eligible for or compliant with ASTRO's accreditation requirements. At a subsequent time and in ASTRO's sole discretion, the facility may reapply for accreditation without prejudice.

Voluntary Withdrawal from Accredited Status. The facility may request termination of accreditation and removal of a facility from the published list of accredited facilities. ASTRO will comply with that request and delete the facility. At a subsequent time, the facility may reapply for accreditation without prejudice.

Effect of Withdrawal, Probation, or Revocation of Accredited Status. In the event a facility withdraws from accredited status or is revoked or placed on probation, the facility shall cease immediately holding itself out as having APEx accreditation, including without limitation removing reference to APEx accreditation on the facility's website, its signage and other materials.

CONTINUING OBLIGATIONS DURING ACCREDITATION CYCLE

Facilities are expected to maintain compliance with the APEx accreditation standards throughout their accreditation term.

Reaffirmation of Accreditation. Accredited facilities may be required to file a periodic report with ASTRO during the accreditation period in order to provide evidence of the facility’s continued compliance with the APEx standards. If this report is acceptable to ASTRO, the practice’s current accreditation status will be reaffirmed. If it is not, ASTRO may request additional information or a facility visit, explaining to the facility the reason that such a visit is necessary. In either case, the current accredited status of the practice is maintained until ASTRO takes further action.

Interim Facility Visits. Under certain circumstances, ASTRO may choose to conduct a random facility visit to review a facility’s degree of compliance with the accreditation standards.
**Reporting of Changes to the Accredited Practice.** An accredited practice must notify ASTRO within 30 days of a change of ownership, change of name, bankruptcy or other significant change to the practice. To report such a change, contact apexsupport@astro.org. A fee may be associated with some changes.

**Reporting of Patient Safety Incidents.** Accredited practices must comply with state, local and federal requirements for reportable patient safety incidents. Accredited practices must notify ASTRO that there was a reportable patient safety incident under these requirements within ten (10) business days of the reporting.

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**APPEAL OF DECISION OF THE APEX COMMITTEE**

Decisions of the APEX Committee are subject to appeal.

**Filing an Appeal.** The facility may appeal any of the decisions by the APEX Committee specified below within 30 days of the date of written notice of the APEX Committee’s decision. Facilities wishing to file an appeal should contact apexsupport@astro.org for specific instructions. In general, the appeal must specify the grounds on which the appeal is made and authorize sharing of information with the appeal panel, with the ASTRO Board of Directors, and as otherwise necessary for ASTRO to conduct the review. The burden of presenting the argument initially, and/or persuading the appeals body, rests with the facility filing the appeal.

**Appealable Decisions.** Only the following decisions of the APEX Committee may be appealed:

1. In the case of a facility applying for accreditation, a denial of full or provisional accreditation.
2. In the case of a facility applying for accreditation, the award of provisional instead of full accreditation.
3. In the case of a provisionally accredited facility, a denial of full accreditation or revocation of provisional accreditation.
4. In the case of a fully accredited facility, a decision to revoke the facility’s accreditation.
5. In the case of a facility on probation, a decision to revoke accreditation.

**Formation of Ad Hoc Appeal Panel.** Within 30 days of receipt of the appeal, the chair of the Board of Directors of ASTRO will refer the matter to a three-member Ad Hoc Appeal Panel (“the Appeal Panel”) with three alternates, none of whom shall have had affiliation with the facility. ASTRO staff shall notify the facility of the names of the three principals. If the facility shows good cause why a named principal is unacceptable, an alternate shall be selected. The co-chairs of the APEX Committee shall designate a representative to appear before the Appeal Panel to support the decision of the APEX Committee and to respond to questions of the Appeal Panel.

**The Meeting of the Ad Hoc Appeal Panel.** The Appeal Panel meets within 90 days of the date on which the facility is notified of the adverse decision by the APEX Committee or on a date mutually acceptable to the facility, the Appeal Panel, the APEX Committee representative and ASTRO. The facility may have one or more representatives appear before the Panel to make an oral and/or written presentation and to respond to questions from the Panel. The Appeal Panel may request the assistance of counsel to provide guidance in the interpretation and resolution of legal or procedural problems that may arise in the context of an appeal.
Documents to be Considered by the Appeal Panel. The issues addressed by the Appeal Panel are limited to those relevant to the appeal made by the facility. The Appeal Panel, the appellant and the APEx Committee’s representative will be furnished with the results and reports reviewed by the APEx Committee in making its decision and the letter notifying the facility of the APEx Committee’s decision. Changes that may have been made by the facility that would alter the nature of the facility as described in these documents may not be considered by the Appeal Panel.

Decisions of the Panel. The function of an Appeal Panel in a given case is to review the decision of the APEx Committee based on the record that was before the APEx Committee at the time of its decision. In the event that the decision of the APEx Committee is not upheld, the case will be remanded to the APEx Committee for disposition in a manner not inconsistent with the findings of the Appeal Panel.

Standard of Review. The Appeal Panel shall give deference to the APEx Committee’s discretionary actions interpreting and applying the standards and these procedures, such that a discretionary decision made by the APEx Committee may only be grounds for a successful appeal if the decision was arbitrary or lacking in any reasonable basis. Further, the Appeal Panel shall give deference to the APEx Committee’s factual determinations, such that a factual determination will be presumed reasonable unless it was lacking in any reasonable basis. The Appeal Panel at its sole discretion may consider additional factual information not available to the APEx Committee when making its determination.

Reporting of the Decision of the Panel. The report of the Appeal Panel, including the decision and the reasons for it, shall be completed within 30 days of the date the Appeal Panel made its decision; the report shall be sent to the CEO of ASTRO, the chair of the ASTRO Board of Directors, and the co-chairs of the APEx Committee. A copy shall be provided to the medical director of the ROP.

**REACCREDITATION PROCEDURES**

APEx accreditation is granted for up to four years. Reaccreditation follows the same procedures and has the same requirements as the initial accreditation process. To be granted reaccreditation, the ROP must complete and submit the APEx application and applicable payment (noted above), complete the self-assessment and undergo a facility visit. To avoid a lapse in accreditation, the ROP must complete the reaccreditation facility visit no later than 90 days after expiration of its current accreditation. Example: If an ROP’s accreditation expires on March 31, 2020, the facility visit for reaccreditation must occur no later than June 29, 2020.
COMPLAINTS

About the Operation of an Accredited Facility. A complaint about the operation of an accredited facility must:

1. be submitted in writing;
2. identify the individual, group or legal entity represented by the complainant;
3. provide a clear description of the incident(s) in question and include supporting documentation, if available;
4. identify the APEx standard(s) implicated in the complaint; and
5. grant permission to send the complaint, in its entirety and without redaction, to the facility. Anonymous complaints will not be considered.

ASTRO will review each complaint and, in its sole discretion, will determine whether the allegation(s), if true, would indicate that the subject facility may not be in compliance with one or more of the APEx standards in use at the time referred to in the complaint. If a complaint does not meet these requirements, ASTRO will notify the complainant in writing. If a complaint does meet these requirements, it will be acknowledged by the APEx Committee and sent to the facility for response. Both complaint and response shall be placed on the APEx Committee agenda for its next scheduled meeting. The APEx Committee may reach a decision at that meeting wherein the matter is resolved and so inform the facility. The APEx Committee may vote to pursue the matter further, either by further correspondence with the facility or by means of a special facility visit to provide additional information on which to reach a decision on the accreditation status of the facility. The facility may respond to and/or comment on any additional information provided to the APEx Committee as a result of a special facility visit. The APEx Committee shall communicate the disposition of the complaint, in writing, to the complainant and the facility.

About the Actions of Facility Surveyors. The host institution, through an authorized representative, may file a complaint regarding the actions of facility surveyors. That representative must notify ASTRO of the institution’s or facility’s intent to file a complaint within seven (7) days after completion of the facility visit. Complaints must be filed within 30 days of the notification of intent to submit the complaint. The complaint should be addressed to the APEx Committee and must:

1. be submitted in writing;
2. identify the facility submitting the complaint and the surveyor(s) who are the subjects of the complaint;
3. provide a clear description of the incident or other facts that form the basis of the complaint in question, including supporting documentation if available; and
4. grant permission to send the complaint, in its entirety and without redaction, to the facility surveyor team. Anonymous complaints shall not be considered.

ASTRO will review each complaint and, in its sole discretion, will determine whether the allegation(s), if true, would indicate that the surveyor may not be in compliance with APEx surveyor policies and procedures in use at the time referred to in the complaint. Receipt of a complaint meeting these requirements shall be acknowledged in writing by ASTRO and may be referred to the APEx Committee for appropriate investigation and action.
ASTRO will afford the surveyor(s) in question an opportunity to respond to the complaint and will engage in other efforts to gather information regarding the allegation. ASTRO will make a determination regarding the allegation and assess whether it influenced the content of the facility visit report and the outcome of the accreditation process. Where ASTRO determines the issue regarding the surveyor affected the accreditation review and/or outcome, ASTRO will take action it deems appropriate to address the matter. ASTRO will communicate the disposition of the complaint, in writing, to the facility and to the facility surveyor(s).

Processing an Accreditation Complaint that is in Litigation. If, in the course of processing a complaint, ASTRO finds that the party against which the complaint is filed is involved in litigation or other form of governmental action involving substantially the same issue, ASTRO, upon advice from legal counsel, may exercise its discretion in determining the most appropriate action to take. ASTRO shall consider a number of factors, including whether the complainant is willing to cooperate with ASTRO and/or the APEx Committee, how protracted the litigation is likely to be, whether the failure to initiate action against the facility immediately might damage the public interest, and the impact on the confidentiality of the APEx Committee’s deliberations if its files are subpoenaed during the course of litigation. In all instances, ASTRO and the APEx Committee should consider the potential effect of its action upon the interests of the public and the profession.