



APEX[®]
ACCREDITATION
PROCEDURES[®]

ASTRO
TARGETING CANCER CARE

December 2019



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THE APEX[®] PROGRAM

Overview. ASTRO's Accreditation Program for Excellence (APEX[®]) evaluates radiation oncology practices (ROPs) by objectively assessing the radiation oncology care team, policies and procedures, and the facility. The APEX Program applies ASTRO-established standards of performance to recognize and support quality improvement in all aspects of radiation oncology. ROPs accredited by ASTRO must:

- Undergo an objective, external review of radiation oncology practices, policies and processes by professional peers;
- 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 the treatment techniques/modalities and equipment in operation at the time of the accreditation application and facility visit. Practices may not imply or state that locations 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.

An ROP may be either a single facility or a multi-facility practice. A multi-facility practice is comprised of a main location 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. an individual or committee from within radiation oncology practice leadership who is responsible for overseeing the operations of the multi-facility practice, including the culture of safety;
3. a medical director, who is a radiation oncologist, responsible for each facility; and
4. all satellite facilities located within a 50-mile radius of the main facility*.

**ASTRO will allow a multi-facility practice application to include a qualifying satellite facility located between 50 to 150 miles from the main location 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. Satellites outside of the 150-mile radius of the main facility may not be included in the same application but may apply as a single facility.*

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 that have ten (10) or more facilities under the same ownership or affiliation that are active in APEX. Facilities are active in APEX from the time they pay their application fee through the end of their accreditation cycle. Entities must maintain at least ten (10) active facilities for the discount to apply to subsequent applicants. The discount rate applies to any subsequent main facilities as well as any subsequent satellites applying for APEX accreditation. It is each facility's responsibility to alert ASTRO staff (at APExSupport@astro.org) that it is a part of an entity that is eligible for the discounted rate prior to entering into the legal agreements.
- 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 an ROP 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 an in-depth and 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. During the application process, an ROP will be asked to create a name for its main and satellite facilities. If applying as part of a corporate or affiliated group, please include the corporate or affiliate name within the title of the practice. Each facility must have a unique name, including facilities within the same practice. For more guidance on how to name your facility in the APEX portal, click [here](#).

Reporting Changes to ASTRO. Any changes made to the facilities listed in the application after beginning the self-assessment through the end of your accreditation term should be reported to ASTRO at APExSupport@astro.org. Applicants and accredited ROPs are required to notify ASTRO of changes such as name changes, address changes, changes in ownership, bankruptcy or other significant changes to the ROP. This information must be communicated to ASTRO by an executive-level staff person. After receipt of such notification, ASTRO will evaluate the change(s) and determine whether such change(s) will have an impact on accreditation status. A fee may be charged to an ROP in connection with ASTRO's processing of changes.

Assessment of Readiness.

Once all application steps are completed, the ROP 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 ROP will have access to detailed feedback that identifies the extent to which the ROP 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 ROP will have time to correct deficiencies and has three (3) opportunities to complete each section of the self-assessment. In addition, if the self-assessment identifies new policies or processes that an ROP must implement, the ROP must demonstrate implementation, including that it has trained staff on the updated procedures. This feedback, maintained in the APEx portal, 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. An ROP will be eligible for a facility visit when it demonstrates compliance with 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 an ROP does not demonstrate 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 ROP wishes to reattempt the accreditation process, it must start again from the beginning, including repayment of fees.

Withdrawal from Accreditation Process. At any time after acceptance of the application but before the Practice Accreditation Committee takes final action to grant or deny accreditation to an applicant ROP, the applicant may withdraw from the accreditation process without prejudice, except that it shall forfeit its application fees. The decision to withdraw must be communicated to ASTRO by an executive-level staff person.

ROPs in the APEx portal are expected to be actively working on their accreditation applications. Prior to payment, applicants 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, ROPs 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 a 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 each facility (must be greater than 100 miles); and expertise with the ROP'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 the main campus of a multi-facility practice 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 satellite facilities, an additional surveyor(s) 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, the APEX Surveyor Guide and all APEX policies and 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 visits. Surveyors also receive training in the requirements of HIPAA and its implementing privacy, security, breach notification and enforcement regulations, with 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 during the facility visit. ASTRO will assign surveyors based on their familiarity with the ROP'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 in any manner related to the ROP's accreditation status before or after the facility visit.
3. Surveyors should not conduct independent investigations into an ROP it is surveying. ROPs 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 ROP 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 an ROP under review (e.g., employment, consulting arrangement, teaching position, working for a facility which is in competition with the ROP under review, etc.).
2. Disclose any fiduciary or governance relationships with an ROP under review (e.g., board membership, participation on a committee).
3. Disclose personal or professional relationships with staff of an ROP under review (e.g., familial or professional relationship with key staff at the ROP).
4. Disclose to ASTRO relationships or interests (as set forth above) as they arise.

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. ROPs seeking accreditation will be provided with each surveyor's name, location and place of employment for review of conflicts of interest with each facility and its leadership. ROPs 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 each facility. The purpose of the pre-facility visit teleconference is to verify staffing, equipment, changes to the application, 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 workspace for the surveyor team that is quiet and free from distractions.
7. Access to key staff for interviews.



CONFIDENTIALITY OF MATERIALS USED IN ACCREDITATION PROCESS

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 ROPs with links to their websites are published on the ASTRO website.
2. Disclosure is made in those instances in which ASTRO or the Practice Accreditation Committee is legally required to disclose information.
3. Applicable information may be 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 Practice Accreditation 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 Practice Accreditation 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. ROPs 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.



PRACTICE ACCREDITATION COMMITTEE

Functions. The principal function of the Practice Accreditation Committee is to exercise professional judgment in making decisions regarding administration of the APEX standards. The Practice Accreditation 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 Practice Accreditation Committee are trained in the compliance requirements of the APEX accreditation standards and periodically review and recommend updates to the standards.

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

Quorum. Two-thirds of the members of the Practice Accreditation Committee shall constitute a quorum for the purpose of making a decision. When a Practice Accreditation 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 Practice Accreditation Committee members at a meeting at which a quorum is present is required to make an accreditation decision.

Avoidance of Conflict of Interest. Each member is required to disclose interests and relationships and adhere to ASTRO's conflict of interest policy. Should a member of the Practice Accreditation Committee be in possible conflict of interest with respect to any matter before the Committee (such as a relationship with any ROP scheduled for review by the Committee, having surveyed the ROP, or having a personal, financial or business interest in the outcome of any topic under review by the Committee, etc.), that member shall recuse themselves during discussion and decision on that matter. Furthermore, ASTRO may, in its judgment, determine that a member has a potential 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 Practice Accreditation Committee. Professional judgment must be used not only in evaluating the extent of an ROP'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 Practice Accreditation Committee.



COMMITTEE DECISIONS

Basis for Decisions. An applicant's final determination decision is issued by ASTRO based on the recommendation of the Practice Accreditation Committee and in its sole discretion. Before rendering a recommendation on the award, denial, renewal or revocation of accreditation, the Practice Accreditation Committee reviews the results of the current self-assessment by the ROP, the most recent facility visit report, and other relevant materials. The Practice Accreditation Committee may make a recommendation, or it may defer action until its next scheduled meeting in order to obtain more information. The accreditation decision is transmitted to the ROP, via the APEX portal, not later than one month following completion of the committee's review. The ROP also receives a statement of the factual basis for the decision and, in the case of an adverse decision, a listing of the standards the ROP did not meet. In addition to a decision, ASTRO shall provide the ROP with statements offering consultative recommendations.

Accreditation Decisions. An ROP applying for APEX accreditation can receive full accreditation, provisional accreditation or a denial of accreditation, as described below:

Full Accreditation: Full accreditation will be granted to an ROP that, in the exclusive judgment of ASTRO, meets the APEX accreditation standards.

Provisional Accreditation: Provisional accreditation may be granted to an ROP that, in the exclusive judgment of ASTRO, does not meet the APEX 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 ROP 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 Practice Accreditation Committee will consider extending provisional accreditation beyond the initial time frame to allow an ROP additional time to meet the specifications in its CAP. Provisionally accredited ROPs that receive neither full accreditation nor continued provisional accreditation will have their provisional accreditation revoked.

Denial of Accreditation: ROPs that are determined not to meet the requirements of the APEX accreditation standards are denied accreditation. This includes provisionally accredited ROPs 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 an ROP 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. Qualification for ROPs to reapply in these circumstances is determined in the sole discretion of ASTRO.

Effective Date of a Decision and its Public Announcement. Awards or denials of accreditation are effective as of the date of the ROP's decision letter. Listings of accredited ROPs with links to their websites are published on the ASTRO website. ASTRO also announces successful accreditation determinations in the ASTROgram, its e-newsletter sent to ASTRO members. ASTRO will correct any errors of fact in its public listing in a timely manner. In the decision letter, ASTRO encourages the ROP 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 an ROP has been accredited by ASTRO, its accreditation status can be changed in the following ways:

Probation. An ROP may be placed on probation if ASTRO learns that it 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. An ROP placed on probation will be removed from the public listing of accredited facilities on the ASTRO website until the Practice Accreditation Committee makes a determination with respect to its accreditation status. The placing of an ROP on probation is a clear warning that, if it does not substantially correct the deficiencies noted by the Practice Accreditation Committee, the ROP 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 ROP on probation, when a persistent or significant lapse in safety impacts its compliance with one or more of the APEX standards, it is discovered to have falsified information provided to ASTRO, or the ROP has materially changed its form (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 ROP may reapply for accreditation without prejudice.

Voluntary Withdrawal from Accredited Status. The ROP may request termination of accreditation and removal of the ROP from the published list of accredited facilities. Such requests must be made in writing by an executive-level staff person and sent to APExSupport@astro.org. ASTRO will comply with that request and delete the ROP from its published lists. At a subsequent time, the ROP may reapply for accreditation without prejudice.

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



CONTINUING OBLIGATIONS DURING ACCREDITATION CYCLE

ROPs are expected to maintain compliance with the APEX accreditation standards throughout their accreditation term.

Reaffirmation of Accreditation. Accredited ROPs may be required to file a periodic report with ASTRO during the accreditation period in order to provide evidence of the ROP's continued compliance with the APEX standards. If this report is acceptable to ASTRO, the ROP's current accreditation status will be reaffirmed. If it is not, ASTRO may request additional information or a facility visit, explaining to the ROP 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 an ROP's degree of compliance with the accreditation standards.

Reporting of Changes to the Accredited Practice. An accredited ROP must notify ASTRO within 30 days of name changes, address changes, changes in ownership, bankruptcy or other significant changes to the ROP. This information must be communicated to ASTRO by an executive-level staff person. To report such a change, contact APExSupport@astro.org. After receipt of such notification, ASTRO will evaluate the change(s) and determine whether such change(s) will have an impact on the ROP's accreditation status. A fee may be charged to an ROP in connection with ASTRO's processing of changes.

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



APPEAL OF DECISIONS OF THE PRACTICE ACCREDITATION COMMITTEE

Decisions of the Practice Accreditation Committee are subject to appeal.

Filing an Appeal. An ROP may appeal any of the accreditation decisions specified below within 30 days of the date of written notice of the accreditation decision. ROPs 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 ROP filing the appeal.

Appealable Decisions. Only the following decisions of the Practice Accreditation Committee may be appealed:

1. In the case of an ROP applying for accreditation, a denial of full or provisional accreditation.
2. In the case of an ROP applying for accreditation, the award of provisional instead of full accreditation.
3. In the case of a provisionally accredited ROP, a denial of full accreditation or revocation of provisional accreditation.
4. In the case of a fully accredited ROP, a decision to revoke the practice's accreditation.
5. In the case of an ROP 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 ROP. ASTRO staff shall notify the ROP of the names of the three principals. If the ROP shows good cause why a named principal is unacceptable, an alternate shall be selected. The co-chairs of the Practice Accreditation Committee shall designate a representative to appear before the Appeal Panel to support the decision of the Practice Accreditation 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 ROP is notified of the adverse decision by the Practice Accreditation Committee or on a date mutually acceptable to the ROP, the Appeal Panel, the Practice Accreditation Committee representative and ASTRO. The ROP 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 ROP. The Appeal Panel, the appellant and the Practice Accreditation Committee's representative will be furnished with the results and reports reviewed by the Practice Accreditation Committee in making its recommendation and the letter notifying the ROP of the accreditation decision. Changes that may have been made by the ROP after the Practice Accreditation Committee's decision was made that would alter the nature of the ROP 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 accreditation decision based on the record that was before the Practice Accreditation Committee and ASTRO when the accreditation decision was made. In the event that the accreditation decision is not upheld, the case will be remanded to the Practice Accreditation 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 Practice Accreditation Committee's discretionary actions interpreting and applying the standards and these procedures, such that a discretionary decision made by the Practice Accreditation 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 Practice Accreditation Committee's factual determinations, such that a factual determination will be presumed reasonable unless it was lacking in any reasonable basis. The Appeal Panel in its sole discretion may consider additional factual information not available to the Practice Accreditation Committee when making its recommendation.

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 medical director of the ROP. The CEO of ASTRO, the chair of the ASTRO Board of Directors, and the co-chairs of the Practice Accreditation Committee will be sent a notification of the decision.



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. ROPs applying for reaccreditation will have access to the APEX Reaccreditation Guide to assist with the process.

In order to avoid a lapse in APEX accreditation status, the ROP should take necessary steps so that it is in a position to receive a reaccreditation determination before its current accreditation expires. Extensions of an ROP's accreditation status will be granted when 1) the facility visit is finalized prior to the expiration date and 2) the facility visit occurs within 90 days of the expiration date. Accreditation extensions are valid until a new determination is given.

Example: If an ROP's accreditation is set to expire on March 31, it will receive an extension if a facility visit is finalized prior to March 31 and occurs before June 29.



COMPLAINTS

Complaints About the Operation of an Accredited ROP. A complaint about the operation of an accredited ROP 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 ROP.
- 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 place 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 Practice Accreditation Committee and sent to the ROP for response. Both complaint and response shall be placed on the Practice Accreditation Committee agenda for its next scheduled meeting. The Practice Accreditation Committee may resolve the matter at that meeting and inform the ROP of its resolution. The Practice Accreditation Committee may also vote to pursue the matter further, either by further correspondence with the ROP or by means of a special facility visit to provide additional information on which to reach a decision on the accreditation status of the ROP. The ROP may respond to and/or comment on any additional information provided to the Practice Accreditation Committee as a result of a special facility visit. The Practice Accreditation Committee shall communicate the disposition of the complaint, in writing, to the complainant and the ROP.

Complaints About the Actions of Facility Surveyors. The host institution, through an authorized representative, may file a complaint regarding the actions of surveyors. That representative must notify ASTRO of the ROP'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 Practice Accreditation Committee and must:

1. be submitted in writing;
 2. identify the ROP submitting the complaint and the surveyor(s) who is/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 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 place 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 Practice Accreditation 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 ROP and to the 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 Practice Accreditation Committee, how protracted the litigation is likely to be, whether the failure to initiate action against the ROP immediately might damage the public interest, and the impact on the confidentiality of the Practice Accreditation Committee's deliberations if its files are subpoenaed during the course of litigation. In all instances, ASTRO and the Practice Accreditation Committee should consider the potential effect of its action upon the interests of the public and the profession.