ACR Diagnostic Imaging Centers of Excellence Guidance on Evaluating Advanced Criteria

The Diagnostic Imaging Center of Excellence (DICOE) program incorporates a series of Advanced Criteria (AC) designed to recognize imaging facilities demonstrating exceptional quality, safety, and performance improvement. This document summarizes surveyor expectations and the key elements required to validate Level 1 and Level 2 achievements across each advanced criteria category.

Artificial Intelligence (AI)

Level 1:
Facilities must hold active ACR recognition through the ARCH–AI program.

Level 2:
Sites must demonstrate a robust diagnostic AI monitoring system with defined performance criteria, routine evaluation, and corrective action processes. Documentation must include monitoring data, threshold definitions, and evidence/plan for remediation.

Acceptable evidence: AI algorithm monitoring with accountable oversight and documented concordance/discordance review.
Not sufficient: Use of non-diagnostic AI, or AI implementation without ongoing performance monitoring.

Quality Improvement (QI) Programs

Level 1:
A structured, multidisciplinary QI program showing measurable improvement in patient care.

Level 2:
Successful completion of the ACR Learning Network/ImPower Program.

(Upon completion of the DICOE application and payment your site is eligible to enroll one team for an ACR ImPower Program project for free. This is a $6,000 value. If your site is up for renewal within the next 12 months and would like to participate in this program email dicoe@acr.org)

Acceptable evidence: Multiple structured QI projects within the past 3 years using formal methodologies (Lean, Six Sigma, Model for Improvement).
Not sufficient: Single or outdated projects, informal efforts, or workflow changes without structured QI methodology.

Recommendation Tracking

Level 1:
A validated, data-driven process for tracking radiology follow-up recommendations, including timely completion rates and interventions for overdue exams.

Level 2:
Active participation in the Incidental Pulmonary Nodule component of the ACR Early Lung Cancer Detection Registry.

Acceptable evidence: IT-based tracking systems with human oversight capable of demonstrating results (e.g., navigators, EMR-integrated tools).
Not sufficient: Lack of validated data or inconsistent intervention processes.

Utilization & Appropriateness Program

Level 1:
Collaborative or systemwide efforts to reduce low-value imaging or implement evidence-based clinical decision support (CDS).

Level 2:
Systemwide CDS implementation with demonstrated improvement in imaging utilization.

Acceptable evidence: Documented sustained improvements in appropriate use through QI initiatives or enhanced ordering guidance.
Not sufficient: Verbal descriptions without data, limited-scope projects, or insufficient demonstration of sustainability.

Registries & Outcomes

Level 1:
Participation in multiple registries with at least quarterly data review by a dedicated committee or team, and evidence of performance improvement. Please access NRDR Support Page for further information.

Acceptable evidence: Demonstrated improvements in CT dose (DIR), GRID metrics, or other registry-based outcomes.

Not sufficient: Infrequent or informal reviews, registry participation without active management, or external reviews without committee involvement.

Peer Learning

Level 1:
A structured peer learning program with documented policy, defined case selection, and at least quarterly department-wide meetings with ≥80% radiologist participation.

Acceptable evidence: Regular participation tracking (case submissions and attendance).
Not sufficient: Tumor boards, rad-path meetings, infrequent or undocumented programs, or programs limited to specific subspecialties.

MRI Safety Teams

Level 1:
Presence of a designated MRMD and at least one MRSO or MRSE, with team structure proportional to system size and annual safety training.

Acceptable evidence: Appropriate staffing ratios across facilities.
Not sufficient: Lack of MRMD, inadequate coverage across multisite systems, or committees without validated training.

Designations/Certification of Focused Excellence

Level 1:
Active designation in approved programs such as:

- ACR Designated Prostate MR Center
  - https://www.acr.org/Accreditation/Designations/Prostate-Cancer-MRI-Center-Designation
- ACR Designated Lung Cancer Screening Center
  - https://www.acr.org/Accreditation/Designations/Designated-Lung-Cancer-Screening-Center
- Society of Pediatric Sedation Center of Excellence (for pediatric facilities)
  - https://pedsedation.org/resources/quality-safety/center-of-excellence/

Multiple designations still equate to Level 1.

Critical Results

Level 1:
A centralized system for critical results communication with real-time tracking, escalation workflows, and oversight.

Acceptable evidence: Time-based escalation triggers and comprehensive documentation of communication attempts.
Not sufficient: Missing escalation pathways or absence of a written policy.

Radiology–Pathology Correlation

Level 1:
An automated closed-loop rad-path feedback mechanism applicable across diagnostic radiology (not limited to IR or mammography).

Acceptable evidence: Documented processes ensuring correlation and feedback.
Not sufficient: Programs limited to narrow subspecialties.

Additional Quality Initiatives

Sites may be awarded extra credit for exceptional programs demonstrating significant, sustained improvement not represented within the ten advanced criteria. Initiatives must include rationale, impact, and supporting documentation.