

TTE TEE Stress Echo criteria for EAE Laboratory accreditation

	Standard	Advanced
TTE	<p>Staff Both clinical and technical heads of echocardiography At least one echocardiographer holding EAE or mutually recognised individual accreditation Technical head spends six or more session in echocardiography activities (including management or quality control)</p> <p>Organisation/equipment System of review for echocardiograms in place Provision for continuing education Studies archived. Written reports within 24h (see next) Most machines have 2nd harmonic imaging and full quantitation package All machines have colour and stand-alone Doppler No machine in regular use upgraded more that 7 years ago 30-40 min allocated per standard study and up to 1 h for a complex study Compliance with appropriate European and national personal datas protection legislation Rooms uncluttered and of adequate size</p> <p>Appropriate provision of patient facilities and information List of indication for echocardiographic studies Standardised examination protocol</p>	<p>Clinical head performs at least one session including thansthoracic studies each week. Both technical and clinical heads have EAE/National accreditation.</p> <p>Formal and systematic quality control</p> <p>Agreed minimum standards and imaging protocol for studies List of indication for echo published internally</p> <p>System of liaison with other departments to advise about timing of or results of studies At least two EAE/nationally accredited echocardiographers</p> <p>Weekly departmental meeting</p> <p>Report database and digital archiving</p> <p>Available standard operating procedures</p> <p>There should be regular teaching to junior doctors, fellows and sonographers with appropriate provision of teaching material (videos, Cds, books, etc.) Evidence of scientific work produced by the department</p> <p>Advanced quantitation (TDI, contrast regurgitant volumes) when needed History of success in training for EAE/national accreditation</p>

To promote excellence in clinical diagnosis, research, technical development, and education in cardiovascular ultrasound in Europe.

TEE	<p>Staff Designated as Head of TEE Designated head should be performing or supervising at least 50 TEE annually</p> <p>Organisation/equipment Established protocols Written informed consent Resuscitation equipment Multiplane probe</p> <p>Routine use of: Suction, oxygen and pulse oximeter BP monitor Patient preparation including letter and pre-procedure checklist Provision for continuing education Provision for quality control Sedation used according to published guidelines Lockable drug cupboard Facilities for cleaning/sterilising the probe</p>	<p>Head of TEE performs/supervision >50 studies each year Head of TEE had EAE/national accreditation Designated person, usually a nurse, to manage airway and recover the patient</p> <p>Recovery area Minimum standards for studies established List of indications for TEE agreed internally Quality control of results, e.g. against surgery, pathology, other imaging Room at least 20m² in area Regular audits Written standard operating procedures History of success in training students</p> <p>Digital storage and retrieval Provision of intra-operative service</p>
Stress Echo	<p>Staff Designated Head of Stress Echocardiography Performing a minimum of 100 studies/year per laboratory Studies performed by at least two people, one of whom is a clinician, at least one must have ILS or equivalent Head as a substantial experience of TTE and stress echo</p> <p>Organisation/equipment List of indications</p> <p>ECG and BP monitoring capabilities (see text for details)</p> <p>Established appropriate protocols</p> <p>Machine with 2nd harmonic imaging and TDI software</p> <p>Resuscitation facilities readily available</p> <p>Lockable drug cupboard</p> <p>Blood pool contrast available Provisions for continue educational activities</p>	<p>Head maintains CME for stress echo More than 300 studies/year per laboratory</p> <p>Machine capable of changing MI and have full digital stress echo package Audit of results against angiography or other independent standard Advanced software dedicated to contrast imaging Capabilities for both pharmacological and exercise stress Additional quantification package should be available Standard operating procedures should be available A history of training junior doctors</p>