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Table of contents

Accreditation process PAGE

How to use this document

A new facility, new services provided by an accredited facility, or services that have implemented significant change must proceed through the initial assessment process and receive a provisional accreditation award prior to service delivery and testing of equipment on people.

The initial assessment process includes:

- the facility/service completing and submitting documentation that outlines the service profile, equipment, key individuals and their related qualifications, and other information as requested
- a DAP accreditation officer reviewing the submitted documentation and conducting an on-site visit of the facility/service

During the initial assessment process, the facility/service is assessed to a partial selection of the Diagnostic Accreditation Program (DAP) Accreditation Standards. This document, Accreditation Standards for Initial Assessment, identifies those standards that will be utilized by the DAP accreditation officer for conducting the initial assessment. A facility preparing for an initial assessment is strongly encouraged to review this document in their preparation, and to ensure all mandatory requirements have been fulfilled prior to contacting the DAP to schedule the on-site initial assessment. It is also suggested that the facility/service reviews the complete, comprehensive set of DAP Accreditation Standards as these documents provide additional guidance and explanations that the facility may find useful.

Evidence of compliance with mandatory requirements is required for the facility to be eligible to receive a provisional

PGL2.3.1	M	The management structure of the diagnostic service is clearly delineated.
PGL2.3.2	M	Lines of accountability, responsibility and authority, as well as the interrelationships of all staff are clear.
PGL2.3.3	M	Relationships to other organizations are identified (e.g. remotely located medical leadership).

Medical staff

Introduction

The medical staff of the organization is comprised of those medical practitioners who hold a valid licence to practise medicine in British Columbia, and who have been appointed to the medical staff by the governing body/ownership of the organization. The governing body/ownership has a responsibility to ensure that only qualified and competent medical practitioners are appointed to the medical staff. The medical staff is accountable to the governing body/ownership.

Medical staff leadership

For health authority/hospital-based diagnostic services, the medical leader may have the title of chief, department head, medical director, or an alternate title. The medical leader and medical staff of health authority/hospital based diagnostic services operate within the provisions set out in the medical staff bylaws, and are accountable to the governing body through the established medical staff structure of the health authority/hospital.

In private diagnostic service facilities, each physician is responsible for ensuring the activities of medical leadership take place, including assuring the competence of all physicians providing medical services within the organization through a peer review process.

If a physician is the owner in solo practice, they are responsible for ensuring the activities of medical leadership take place, inclusive of ensuring that they are qualified and competent themselves to undertake the scope of medical service provided within their organization.

No.	Description

PMS2.2.2	M	A record is maintained for each medical practitioner indicating the scope of service/procedures they are permitted to practise within the diagnostic service and this is communicated to the practitioner and the organization.
PMS2.3		Pulmonary function (PF) services are provided by qualified and competent physicians.
PMS2.3.1	M	Physicians providing adult or pediatric diagnostic pulmonary function services have the requisite credentials for privileges as outlined in the Provincial Privileging Dictionaries. *Guidance: Pulmonary function services are considered core and non-core privileges, depending on the relevant specialty; therefore may require further training, experience and demonstrated skills. Refer to http://bcmqi.ca/privileging-dictionaries/ for the requirements to perform diagnostic pulmonary function.*

Delegated medical acts

No.	Description
PMS3.0	THE DELEGATION OF MEDICAL ACTS DOES NOT COMPROMISE PATIENT SAFETY OR QUALITY.
PMS3.1	Delegated medical acts are clearly defined.
PMS3.1.1 M	Each delegated medical act is clearly defined and circumscribed.
PMS3.1.2 M	The degree of medical supervision required is identified. *Guidance: Medical supervision may be direct, with the physician in attendance, or through technology (e.g. video link, telephone).*
PMS3.1.3 M	Competency requirements to perform the delegated medical act are clearly identified.
PMS3.2	The delegation of medical acts has been approved and accepted.
PMS3.2.1 M	Approval from the governing body/ownership of the organizationeW*nBTonbf1165.65 426.83 554.47 0.5 ref*EMC /Spa-6(

Human resources

Staff orientation and training

No.		Description
PHR5.0		ORIENTATION, TRAINING AND CONTINUING EDUCATION FOR THE SAFE PROVISION OF QUALITY DIAGNOSTIC SERVICES IS PROVIDED.
PHR5.1		New staff receive orientation and training appropriate for their job position.
		New staff receive orientation and training that includes:
PHR5.1.1	M	patient safety (e.g. definitions and reporting processes for adverse events and critical incidents)

No.		Description
PPC3.3.1	M	The diagnostic service identifies the specific tests or procedures that require informed consent as well as the circumstances that would allow for exceptions to it.

No.		Description
PSA2.4.3	M	Activity, workspace and equipment is designed or positioned to reduce the risks of ergonomic distress disorders and accidents (e.g. musculoskeletal injuries, repetitive stress injuries, etc.). *Guidance: If workers experience symptoms indicating a musculoskeletal injury, the employer must investigate and make appropriate changes to the work area. This might be ergonomically designed chairs, anti-fatigue mats for staff that must stand for most of the work day. The employer must have conducted a risk assessment for the potential for musculoskeletal injury that will include handling of patients who are heavy or have restricted ability to move or the use of awkwardly placed controls on equipment. Controls, including equipment and training, must have been put in place to address all the identified moderate or high-risk situations. WorkSafeBC has two worksheets ("A" and "B") in the publications section of the website, which provide a template for conducting the risk identification and assessment. These worksheets can be found at http://www2.worksafebc.com/pdfs/ergonomics/MSI_worksheet_A_fillable.pdf?_ga=1.245774660.1138311406.1379014432 and http://www2.worksafebc.com/pdfs/ergonomics/MSI_worksheet_B_fillable.pdf?_ga=1.149796342.1138311406.1379014432.*
PSA2.5		The physical environment meets the needs of staff.
PSA2.5.4	M	Storage and consumption of food and beverages is permitted in designated areas only.
PSA2.6		Sinks and eyewashes are available to staff.
PSA2.6.1	M	

Patient safety

Introduction

No.		Description
PPS5.1.3	M	Emergency call systems are available in patient care areas. *Guidance: Facilities should conduct a risk assessment to determine what emergency call systems are required (e.g. patient washrooms, changing rooms, etc.).*
		Staff know how to access:
PPS5.1.4	M	emergency medical services
PPS5.1.5	M	emergency equipment and supplies
PPS5.1.6	M	The facility identifies staff who respond to medical emergencies and provides training in the use of emergency equipment.

Infection prevention and control

Introduction

Facilities establish infection prevention and control activities and precautions to help reduce the possibility of acquiring and transmitting an infection. The type and scope of the activities and precautions are influenced by the size of the facility, the resources available, the services provided, and the patients served.

Planning

No.	Description
PIPC1.0	PLANNING FOR INFECTION PREVENTION AND CONTROL IS EFFECTIVE, INTEGRATED AND COORDINATED.
PIPC1.1	An infection prevention and control plan is developed and implemented.
PIPC1.1.1	M There are documented policies and procedures for infection prevention and control (e.g. an infection control manual).

Routine practices

No.	Description
PIPC2.0	ROUTINE PRACTICES FOR PREVENTING THE TRANSMISSION OF INFECTION ARE IMPLEMENTED.
	Guidance: The term êroutine practicesë Ýor êstandard precautionsëþ i ¡ *a 1*

No.	Description
PIPC3.3	The diagnostic service has a process for the assessment and use of a N95 respirator/mask. *See also Information Management (PIM7.3) accreditation standards.*
PIPC3.3.1	M A risk assessment is conducted to determine if and when the use of N95 respirators/masks for staff is necessary.

No.		Description
PIPC4.1.5	M	N95 respirators/masks are available for all staff who enter the procedure room if there is a known, or suspected airborne infection. *Guidance: Airborne transmission refers to transmission of infection by inhaling aerosols e.g. tuberculosis, measles, or chicken pox (varicella). This can occur when a patient coughs, sneezes, or talks. These infectious agents can be acquired by susceptible individuals who may be at some distance away from the source patient.*

PIPC5.0 BLOOD AND BODY FLUID EXPOSURE PRECAUTIONS ARE USED TO SAFEGUARD STAFF.

PIPC5.1		There is a defined follow-up process that addresses possible or actual blood and body fluid exposure.
PIPC5.1.1	M	There are documented policies and procedures for follow-up to blood and body fluid exposure.
PIPC5.2		Safe and effective practices are followed for the use and disposal of sharps.
PIPC5.2.1	M	Safety engineered sharps or devices that have built in safety mechanisms are used.
PIPC5.2.3	M	Used sharps are disposed of immediately in designated puncture resistant containers located in the immediate area where the sharp was used. *Guidance: In areas where sharps containers have not been mounted, portable sharps containers are used.*

Cleaning of surfaces and ancillary medical equipment

No.		Description

PIPC6.0 THE PHYSICAL ENVIRONMENT OF THE DIAGNOSTIC SERVICE IS CLEAN.

PIPC6.1		Safe and effective cleaning of the physical environment is maintained.
PIPC6.1.1	M	Policies and procedures are in place indicating the frequency and method of environmental cleaning and disinfection.
PIPC6.2		The diagnostic service reduces the risk of infections associated with ancillary medical equipment.
PIPC6.2.1		Routinely used patient testing equipment are cleaned or discarded between patients (e.g. blood pressure cuffs, stethoscope, tourniquets).
PIPC6.2.2	M	Single use medical devices are not reprocessed. *Intent: The reuse of single-use devices can affect their safety, performance, (en-C 193.42 20.625 2.125 re2f5)-3(o e)-3()]TJ*

Disinfection of ancillary medical equipment

A risk classification is given to medical devices that present a high risk of infection if contaminated by any microorganism. For purposes of these standards the risk classification of reusable medical equipment will be addressed and for the diagnostic service this specifically covers mouthpieces, cardiopulmonary exercise equipment and spacers for bronchodilator administration.

No.		Description
PIPC7.0		THERE IS A SAFE AND EFFECTIVE PROCESS FOR DISINFECTION OF MEDICAL DEVICES.
PIPC7.1		Standardized disinfection practices for the decontamination of reusable medical devices are implemented.
PIPC7.1.1	M	There is a designated storage area for soiled equipment that is distinct from patient testing area.
PIPC7.1.2	M	Cleaning of the medical equipment is performed in a distinctly separate area from where disinfected/sterile medical equipment are handled or stored.[2]
PIPC7.1.3	M	Transport of soiled medical equipment is performed in a closed container or bag.
PIPC7.1.4	M	Disinfection of medical equipment is performed following manufacturer's recommendation (e.g. reusable mouthpieces are disinfected via pasteurization process).

Information management

Information management processes may be basic or complex, depending on the information system used Information systems can be paper-based; fully electronic or a combination of the two. Operational and clinical information must be accurately generated by the laboratory to ensure staff and clients have access to necessary and appropriate information.

Planning

No.		Description
PIM3.0		THERE ARE PROCESSES TO ENSURE THE AVAILABILITY OF INFORMATION.
PIM3.1		The diagnostic service is prepared for events that could impact the availability of information.
PIM3.1.1	M	There is a documented disaster recovery plan and associated risk assessment for recovery and access to data.
PIM3.1.3	M	For computerized information systems, database and diagnostic test data backup is performed daily and the backup is securely located in a separate physical location.
PIM3.1.4	M	Data stored on-site and off-site is accessible, but protected from unauthorized access and safeguarded against harm (e.g. water, fire, etc.).
PIM3.2		Downtime procedures are available and communicated to staff. *Intent: Downtime procedures are required for both scheduled and unscheduled system downtime.*
PIM3.2.2	M	Users know how to contact support staff in the event of system and/or equipment malfunction.

Confidentiality

No.		Description
PIM4.0		PATIENT CONFIDENTIALITY AND INFORMATION IS PROTECTED THROUGH POLICIES AND PROCEDURES.

Biological controls

No.	Description
PES5.0	BIOLOGICAL CONTROLS ARE USED ENSURE QUALITY CONTROL (QC) TESTING OF PULMONARY FUNCTION EQUIPMENT IS ACHIEVED.
PES5.1	

No.	Description
PES6.1.2	M

Global pulmonary function

The global accreditation standards are to be used in conjunction with the category specific accreditation standards.

Test requests

No.

Patient preparation

No.		Description
GP2.0		**PATIENTS ARE APPROPRIATELY PREPARED FOR THE TEST BEING PERFORMED.**
GP2.2		Pre-test information is collected and assessed prior to commencing the test.
GP2.2.1	M	There are processes in place to ensure that patients have followed the preparation instructions and to address situations where patients are inappropriately prepared.
GP2.2.4	M	Patients are assessed for contraindications to the procedure or other exclusion criteria. *Guidance: When required, the technologist should consult with the physician, nursing staff and/or care giver concerning the patientís conditiA ˜ ís*

Interpretation and reports

No.		Description
GP5.0		DIAGNOSTIC REPORTS ARE IN A STANDARDIZED FORMAT THAT PROVIDES COMPREHENSIVE AND NECESSARY INFORMATION FOR CLINICAL DECISION-MAKING.
GP5.1		Reports are comprehensive and include appropriate patient and relevant clinical information.
		Reports include the following information:
GP5.1.1	M	the patient's first and last name
GP5.1.2	M	a unique personal identifier number such as MRN, PHN or facility-issued identifier number
GP5.1.3	M	date of birth
GP5.1.4	M	height
GP5.1.5	M	weight (or BMI)
GP5.1.6	M	race
GP5.1.7	M	reference values
GP5.1.8	M	gender
GP5.1.9	M	facility name
GP5.1.10	M	test(s) performed
GP5.1.11	M	clinical indication for the test
GP5.1.12	M	name of authorized individual requesting test
GP5.1.13	M	

No.	Description	
PF2.6	Procedures for bronchodilator administration follow current standards and best practices. *See also Patient Safety Accreditation Standards PPS3.0: Medication Management and Administration.*	
	There is a defined procedure to administer bronchodilators that includes:	
PF2.6.1	M	dosage
PF2.6.2	M	means of delivery (MDI or nebulizer – including flowrate)
PF2.6.3	M	repeat administration
PF2.6.4	M	time period for post bronchodilator testing *Intent: Spirometry testing i-5(e)3.625tes*

Six-minute walk test (6MWT)

No.	Description
PF10.0	SIX MINUTE WALK TESTS (6MWT) ARE CONDUCTED IN A WAY THAT ENSURES THE COLLECTION OF ACCURATE DATA FOR INTERPRETATION. *A 6MW test is different than a walking oximetry test (refer to Pulmonary Function Accreditation Standards PF11.0). The function of a 6MW test may be to assess exercise tolerance and therapy in chronic conditions (e.g. pulmonary hypertension). The goal of this test is to measure the total distance that an individual is able to walk in a six minute period of time.*
PF10.1	6MWT are conducted in a manner that ensures accurate results.
PF10.1.1	M Testing follows standardized protocols.