Diagnostic Accreditation Program

ACCREDITATION STANDARDS FOR RELOCATION ASSESSMENT

# Pulmonary Function

Diagnostic Accreditation Program
College of Physicians and Surgeons of British Columbia
300–669 Howe Street
Vancouver BC  V6C 0B4

# Table of contents

## Medical staff

| No. | | Description |
|---|---|---|
| PMS1.0 | | A MEDICAL LEADER IS APPOINTED WITH ASSIGNED RESPONSIBILITIES AND ACCOUNTABILITIES FOR THE DIAGNOSTIC SERVICE. |
| PMS1.1 | | The medical leader has responsibility for medically related activities. |
| | | The medical leader: |
| PMS1.1.6 | M | authorizes the implementation of technical/medical operational policies and procedures related to the diagnostic service |

### Remotely supervised facilities

| No. | | Description |
|---|---|---|
| PMS1.2 | | Medical leaders must visit the remotely supervised facility to assess the quality and safety of the service. |
| PMS1.2.1 | M | The medical leader visits the facility prior to assuming responsibility for medical leadership for a new service. |
| PMS1.3 | | Logs to record the medical leader or delegate visits to remotely supervised facilities are maintained. |
| PMS1.3.1 | M | A log is kept to record the visit of the medical leader or delegate to the diagnostic service. |
| PMS1.3.2 | M | Recommendations for improvement or required follow-up are recorded in the log. |
| PMS1.3.4 | M | The log is signed by the person conducting the visit. |
| PMS1.4 | | Roles of authority, responsibility and accountability are clearly defined and maintained at remotely supervised facilities. |
| PMS1.4.1 | M | The medical leader or designated interpreting physician maintains ongoing communication with the technical staff and test requestors. |
| PMS1.4.2 | | |

# Human resources

## Staff selection and retention

| No. | | Description |
|---|---|---|
| PHR2.0 | | THE DIAGNOSTIC SERVICE HAS PROCEDURES IN PLACE TO SELECT AND RETAIN QUALIFIED AND COMPETENT STAFF. |
| PHR2.1 | | The diagnostic facility has qualified and competent staff to deliver services. |
| PHR2.1.1 | | The diagnostic facility selects and recruits staff based on qualifications and experience (e.g. certification, academic preparation, knowledge, skills and reference checks). |
| PHR2.1.2 | M | Therapists are certified with the Canadian Society of Respiratory Therapists (CSRT); or, are graduates from a recognized training school of respiratory therapy and are eligible to undergo examination from the Canadian Board for Respiratory Care (CBRC). |

## Staff orientation and training

| No. | | Description |
|---|---|---|
| PHR5.0 | | ORIENTATION, TRAINING AND CONTINUING EDUCATION FOR THE SAFE PROVISION OF QUALITY DIAGNOSTIC SERVICES IS PROVIDED. |
| PHR5.2 | | Orientation and ongoing training is provided to existing staff to uphold the quality and safety of the diagnostic service. |
| PHR5.2.1 | M | Orientation and training is provided to current staff in response to changing roles, technology, competency demands, laws and regulations or after an extended absence.<br>*Intent: The frequency of ongoing training and re-orientation must be defined by the diagnostic service. The interval should be appropriate for the duties and responsibilities of the each staff member.* |

## Safety practices and equipment

| No. | | Description |
|---|---|---|
| PSA1.4 | | Chemicals are used, stored and disposed of safely. |
| PSA1.4.1 | M | Hazardous liquids such as corrosives are stored below eye level. |
| PSA1.4.2 | M | The amount of hazardous liquids in a work area must not exceed the quantity reasonably needed for routine tasks.[1] |
| PSA1.4.3 | M | Containers for flammable liquids are kept closed when not in use. |
| PSA1.4.4 | M | Flammable liquids are stored in approved cabinets.<br>*Guidance: Refer to the product material safety data sheets (MSDS) for handling and storage.* |
| PSA1.4.5 | M | MSDS is available and current for controlled substances subject to WHMIS regulations. |
| PSA1.4.6 | M | Controlled substances are labeled appropriately.<br>*Guidance: This applies to both the original supplier issued container and any secondary containers that have a workplace label indicating: product name; safe handling procedures; and reference to MSDS.* |
| PSA1.5 | | Spills are handled effectively and safely.<br>*Guidance: Based upon the chemicals and volumes used, the diagnostic service should consult with WorkSafeBC to determine if spill kits and/or spill control teams are required.* |
| PSA1.5.1 | M | Spill kits are readily available. |
| PSA1.6 | | Fire safety measures are implemented. |
| PSA1.6.1 | M | Appropriate fire extinguishing equipment and procedures are in place. |
| PSA1.7 | [redacted] | |

| No. | Description |
| --- | --- |

# Infection prevention and control

## Routine practices

| No. |
| --- |

| No. | | Description |
|---|---|---|
| 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 0.6-0t5(t)ie ini6(e)(fe)-7(a)-3roe pa( )13(s)ie2(e)-3(n)6(t)ee i8ni6(e |

# Information management

## Planning

| No. | Description |
| --- | --- |
| PIM2.0 | INFORMATION IS AVAIL |

| No. | | Description |
|---|---|---|
| PIM4.1.6 | M | Generic login accounts are not used. |

## Medical records

| No. | | Description |
|---|---|---|
| PIM5.0 | | THE DIAGNOSTIC SERVICE MAINTAINS COMPLETE AND ACCURATE MEDICAL RECORDS.<br>*See also Global Accreditation Standard (GP4.0) and the Pulmonary Function modality-specific accreditation standards.* |
| PIM5.1 | | The medical record includes accurate patient identification information. |
| PIM5.1.1 | M | The facility uniquely identifies the patient and tests performed.<br>*Guidance: There is a system for uniquely identifying patients and records used from the time the patient presents through all stages of the test. The facility ensures that correct patient identification is maintained on all records, including reports. Ever* |

## Equipment and s



s

| No. | | Description |
|---|---|---|
| | | Acceptance testing of diagnostic equipment includes: |
| PES2.1.5 | M | an initial inspection of the system and any ancillary equipment |
| PES2.1.6 | M | an inspection of documentation |
| PES2.1.7 | M | biological controls have 10 tests performed to ensure accuracy and repeatability |
| PES2.1.9 | M | a defined procedure to notify interpreting staff if a systematic bias has been identified |
| PES2.1.10 | M | a review of the test data by the medical leader prior to clinical use |
| PES2.1.11 | M | The DAP is notified of new or replaced equipment prior to clinical use.<br>*Guidance: A notification of significant change in service form must be submitted to the DAP clinical use of the equipment. The notification of significant change in service form is available at http://www.cpsbc.ca/programs/dap/accreditation/pulmonary-function.* |
| PES2.1.12 | M | Acceptance testing reports are submitted to the DAP.<br>*Guidance: Acceptance testing reports includes the biological control data for each test performed. Please refer to pulmonary function worksheets at http://www.cpsbc.ca/programs/dap/accreditation/pulmonary-function.* |
| PES2.2 | | Repaired or upgraded equipment has the necessary testing performed prior to clinical use. |
| PES2.2.1 | M | Testing is performed for damaged/repaired equipment or equipment with major software/hardware upgrades prior to clinical use.<br>*Guidance: This may require acceptance testing or specific QC testing to ensure the equipment meets regulatory standards or manufacturer's specifications.* |

## PES3.0 QUALITY ASSURANCE PROGRAMS ARE ESTABLISHED TO ENSURE THE ATTAINMENT OF INTENDED QUALITY.

| | | |
|---|---|---|
| PES3.1 | | Quality Control procedures are performed by staff knowledgeable in the testing procedures. |
| PES3.1.1 | M | There is a designated person(s) responsible for monitoring and reviewing QC on a regular basis.<br>*Intent: The facility determines who is trained and knowledgeable to perform and monitor QC procedures. Some QC procedures may be designated to individuals. For example, technologists may perform some frequently scheduled QC procedures, QC coordinators, equipment service providers, consultants, and biomedical service engineers may perform more specialized.* |
| PES3.3 | | Out of range or unacceptable QC values are promptly reviewed and investigated. |
| PES3.3.1 | M | When QC problems are identified; procedures are implemented to determine cause(s). |

| No. | | Description |
|---|---|---|
| PES3.3.2 | M | Corrective action is taken and monitored. |
| PES3.3.3 | M | QC problems, investigations and corrective actions are documented and retained. |

## Calibrations/verification

| No. | Description |
|---|---|
| PES4.0 | CALIBRATIONS/VERIFICATIONS ARE USED TO ENSURE THAT QUALITY CONTROL (QC) TESTING OF PULMONARY FUNCTION EQUIPMENT IS ACHIEVED. |
| PES4.1 | Calibration/verifications is performed on pulmonary function equipment to ensure equipment is ready for patient testing. |
| PES4.1.5 M | A certified 3 L syringe is used for calibration/verification. |

| No. | Description |
| --- | --- |
| | |

# Pulmonary function

## Patient preparation

| No. | | Description |
|---|---|---|
| **PF1.0** | | **PATIENTS ARE PREPARED FOR THE TEST BEING PERFORMED.** |
| PF1.1 | | Pre-testing information is collected and assessed prior to commencing the test. |
| PF1.1.4 | M | Procedures are in place for patients that are on supplemental oxygen.<br>*Guidance: Patients on supplemental oxygen have access to an alternative source of supplemental oxygen in order to conserve their tank.* |

## Reactive airways

| No. | | Description |
|---|---|---|
| **PF7.0** | | **METHACHOLINE CHALLENGE TESTS ARE STANDARDIZED AND RECORDED IN A MANNER TO ENSURE ACCURATE RESULTS FOR INTERPRETATION.** |
| PF7.1 | | Procedures for methacholine challenge testing follow current standards and best practices. |
| PF7.1.1 | M | Methacholine is stored as per manufacturer's recommendations. |
| PF7.2 | | Equipment preparation for methacholine challenge testing follow current standards and best practices. |
| PF7.2.1 | M | The testing room has adequate ventilation.<br>*Intent: A minimum of two air exchanges per hour.* |
| PF7.2.2 | M | Exhalation filters are used on nebulizers to minimize the chance that the therapist will be exposed to the methacholine aerosol. |
| PF7.2.3 | M | Mechanisms are in place to ensure that the delivery method is working appropriately *(refer to Equipment & Supplies Accreditation Standards PES4.1.10)*. |

## Sample collection

| No. | Description |
|---|---|
| PF13.0 | SAMPLE COLLECTION PROCESSES ENSURE THAT HIGH QUALITY SAMPLES ARE OBTAINED AND PATIENT NEEDS ARE MET. |
| PF13.2 | |

# References

## Specific documents referenced

[1] WorkSafe BC, OH&S Regulations, Part 5, Chemical Agents and Biological Agents, 5.20 Containers and Storage. Retrievable from: http://www2.worksafebc.com/Publications/OHSRegulation/Part5.asp#SectionNumber:5.20

[2] Patient Safety Branch – Ministry of Health. Best Practice Guidelines for Cleaning, Disinfection and Sterilization in Health Authorities. March 2007. p.47.

[3] Health Canada Safety Code 35. Radiation Protection in Radiology–Large Facilities. Safety Procedures for the Installation, Use and Control of X-ray Equipment in Large Medical Radiological Facilities, Section A, 1.3.4, p.8

[4] Health Canada Safety Code 35. Radiation Protection in Radiology–Large Facilities. Safety Procedures for the Installation, Use and Control of X-ray Equipment in Large Medical Radiological Facilities, Section B, 2.2.4, p.23

[5] American Journal of Respiratory and Critical Care Medicine. Guidelines for Methacholine and Exercise Challenge Testing. 2000. Vol161, p.315.