Initial Assessment Evidence Submission for Distance Review

NEURODIAGNOSTICS

Introduction

The facility's evidence submission for distance review combined with the findings during the initial assessment visit, will be utilized to determine if the facility meets the DAP initial assessment accreditation standards. Provisional accreditation with an expiry of one year will be awarded when the standards are met. Within one year of being awarded provisional accreditation, the facility will be subject to a re-visit survey.

The following sections outline the criteria that will be assessed by evidence submission. Follow-up may be required during the Initial Assessment visit to determine if the evidence is implemented.

Instructions

It is strongly recommended that the DAP Accreditation Standards for Initial Assessment – Neurodiagnostics 2018 are used in conjunction with the Evidence Submission form to understand the scope of each request.

1. Facility name: _____
2. Review the standard and "Guidance for Evidence Submission". The "Guidance for Evidence Submission" is for guidance only and any applicable evidence may be submitted to meet the included criteria and criteria descriptors.
3. Gather the evidence. Complete the applicable box on the Evidence Submission Form (i.e. Evidence Attached, N/A, or No Evidence). If your response is "No Evidence" or "N/A", provide an explanation.
4. Label the evidence, either electronically (file name) or manually, identifying the criteria that the evidence is associated. For example, if submitting evidence for NGL2.3 (organizational chart), ensure that NGL2.3 is clearly labeled on the submitted document (either manually or electronically).
5. Submit the evidence electronically or by courier along with the completed Initial Assessment Evidence Submission for Distance Review Form. Facilities should attempt to submit all documentation electronically. Electronic submissions are to be emailed to neurodiagnostics@cpsbc.ca.

   If unable to send the documentation electronically, please describe all to.1 (r)3.7(bm)4.6 (s)3.8 (0)3.5 (a)1.9 (nd)0.5(e)3 (v)4.9 (i)3.4 (de)9 ((he)3 ( )6.4(ct)1.7 (o)2

Initial Assessment Evidence Submission for Distance Review continued

Facility name: _____

GOVERNANCE AND LEADERSHIP

Criteria and descriptors Note: M indicates mandatory

Initial Assessment Evidence Submission for Distance Review (continued)

Facility name: _____

MEDICAL STAFF								
Criteria and descriptors Note: M indicates mandatory.				Guidance for evidence submission	Evidence attached	Not applicable	No evidence	Explain
NMS3.2	The delegation of medical acts has been approved and accepted.			The approval and acceptance of the delegated medical act.				
	NMS3.2.1	M	There is consensus from the medical community that the delegation of the medical act is appropriate.					
	NMS3.2.2	M	The delegation of the medical act has been accepted by the individual(s) who will perform the delegated medical act.					
	NMS3.2.4	M	Agreement from the governing body/ownership of the organization has been obtained prior to the delegated medical act being carried out in the organization.					

Initial Assessment Evidence Submission for Distance Review (continued)

Facility name: _____

[redacted]

Initial Assessment Evidence Submission for [illegible] Review

Facility name: _____

PATIENT AND CLIENT FOCUS								
Criteria and descriptors Note: M indicates mandatory.		Guidance for evidence submission			Evidence attached	Not applicable	No evidence	Explain
NPC 1.2	Service standards of the diagnostic service are defined and communicated to patients and clients.	Procedure for patient prioritization e.g. urgent requests.						

Initial Assessment Evidence Submission for Distance Review (continued)

Facility name: _____

GENERAL SAFETY					
Criteria and descriptors Note: M indicates mandatory.	Guidance for evidence submission	Evidence attached	Not applicable	No evidence	Explain

Initial Assessment Evidence Submission for Distance Review continued

Facility name: _____

INFECTION PREVENTION AND CONTROL

Criteria and descriptors	Gu q 43.445s Tif -0.0
Note: M indicates mandatory.	

Initial Assessment Evidence Submission for Distance Review (continued)

Facility name: _____

INFORMATION MANAGEMENT		
Criteria and descriptors Note: M indicates mandatory.	Guidance for evidence submission	Evidence

Initial Assessment Evidence Submission for Distance Review

continued

Facility name: _____

GLOBAL NEURODIAGNOSTICS					
Criteria and descriptors Note: M indicates mandatory.	Guidance for evidence submission	Evidence attached	Not applicable	No evidence	Explain

Initial Assessment Evidence Submission for Distance Review

continued

Facility name: _____

GLOBAL NEURODIAGNOSTICS	
Criteria and descriptors Note: M indicates mandatory.	

Initial Assessment Evidence Submission for Distance Review (continued)

Facility name: _____

GLOBAL NEURODIAGNOSTICS								
Criteria and descriptors Note: M indicates mandatory.				Guidance for evidence submission	Evidence attached	Not applicable	No evidence	Explain
	GN5.1.12	M	x date of interpretation (e.g. dictation and/or transcription)					
	GN5.1.13	M	x report status (e.g. preliminary or final)					
	GN5.1.14	M	x Multiple page reports include patient identifiers on each sequentially numbered page.					
GN6.2	Urgent and other non-routine test findings are effectively communicated.			Policy and procedures on communicating urgent and other non-routine test findings.				
	GN6.2.1	M	There is a written policy and procedures on communication of urgent and other non-routine test findings (e.g. critical findings/results).					

ELECTROENCEPHALOGRAPHY (EEG)								
Criteria and descriptors Note: M indicates mandatory.				Guidance for evidence submission	Evidence attached	Not applicable	No evidence	Explain
EEG2.1	Electrodes are selected and put into operation according to standardized procedures.			Incorporated into a documented procedure.				
	EEG2.1.1	M	The head is measured and electrodes are accurately placed according to the 10-20 Electrode Placement System.					

Initial Assessment Evidence Submission for Distance Review continued

Facility name: _____

EVOKED POTENTIALS						
Criteria and descriptors Note: M indicates mandatory.		Guidance for evidence submission	Evidence attached	Not applicable	No evidence	Explain
EP3.1	Normative data values are established and routinely employed.					