Initial Assessment Evidence Submission for Distance Review

PULMONARY FUNCTION

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 site 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 – Pulmonary Function 2015 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 "N/A" or "No Evidence", provide an explanation.
4. Label the evidence, either electronically (file name) or manually, identifying the criteria that the evidence is associated.

Initial Assessment Evidence Submission for Distance Review continued

Facility name: _____

GOVERNANCE AND LEADERSHIP

Criteria and descriptors

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
PMS1.2	Medical leaders must visit the remotely supervised facility to assess the quality and safety of the service.	Log of the medical leader's visits to the facility/service, if remotely supervised.				

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

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
PMS3.3	Delegated medical acts are performed by competent individuals.			Competency assessment template. Records of staff competency assessments for those that perform delegated medical acts.				
	PMS3.3.1	M	Additional training is provided to individuals performing the delegated medical act.					
	PMS3.3.2	M	An assessment of the competence of the individual to perform a specific act is conducted by a physician.					
	The record of the assessment of competence for each individual:							
	PMS3.3.3	M	x identifies the name of the individual					
	PMS3.3.4	M	x the date of the assessment					
	PMS3.3.5	M	x the specific act(s) being assessed					
	PMS3.3.6	M	x the name of the physician conducting the assessment					
	PMS3.3.7	M	x the signature of the physician attesting to the competence of the individual performing the specific act(s)					

Initial Assessment Evidence Submission for Distance Review continued

Facility name: _____

HUMAN RESOURCES						
Criteria and descriptors Note: M indicates mandatory.		Guidance for evidence submission	Evidence attached	Not applicable	No evidence	Explain
PHR2.1	The diagnostic facility has qualified and competent staff to deliver services.	List of all technologists working within the facility. Certification for technologist(s).				

Initial Assessment Evidence Submission for Distance Review (continued)

Facility name: _____

PATIENT AND CLIENT FOCUS								
Criteria and descriptors Note: M indicates mandatory.				Guidance for evidence submission	Evidence attached	Not applicable	No evidence	Explain
PPC1.2	Service standards of the diagnostic service are defined and communicated to patients and clients.			Procedure for patient prioritization e.g. urgent requests.				
	PPC1.2.2	M	There is a process for patient prioritization.					
PPC3.3	The diagnostic service ensures that patients are provided with the information necessary to give or withhold informed consent.			Processes are in place to identify what tests/procedures require informed consent. Note: The medical leader should be part of this process.				
	PPC3.3.1	M	The diagnostic service identifies the specific tests or procedures					

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
PSA1.2	A safety manual is readily available to staff that includes:	Policies and Procedures for the following: x accessing first aid and medical assistance for staff related injuries x reporting and investigating staff safety incidents x conducting monthly safety audits and/or inspections x exposure control plans for the exposure to biohazardous materials and/or chemicals x requirements for the use of personal protective and other safety equipment x WHMIS program information. x Emergency evacuation plan. x Staff working alone or in isolation.n.no ndm				

Initial Assessment Evidence Submission for Distance Review

continued

Facility name:_____

Initial Assessment Evidence Submission for Distance Review continued

Facility name: _____

PATIENT SAFETY

[redacted]

Note: M indicates mandatory.

Initial Assessment Evidence Submission for Distance Review continued

Facility name: _____

Initial Assessment Evidence Submission for Distance Review continued

Facility name:_____

INFORMATION MANAGEMENT
Criteria and descriptors

Initial Assessment Evidence Submission for Distance Review

continued

Facility name: _____

EQUIPMENT AND SUPPLIES								
Criteria and descriptors Note: M indicates mandatory.				Guidance for evidence submission	Evidence attached	Not applicable	No evidence	Explain
PES1.1	There is a current inventory for all equipment used in the diagnostic chain that includes:			Facilities require documentation to ensure that the equipment is functioning appropriately. E.g. BIOMED, QC reports.				
	PES1.1.1	M	x name of item		|	|	|	
	PES1.1.4	M	x date of installation		|	|	|	
	PES1.1.6	M	x acceptance testing		|	|	|	
	PES1.1.7	M	x quality control records		|	|	|	
PES1.3	The diagnostic service investigates and resolves problems involving all equipment.			This information is a combination of BIOMED and vendor experts.				

Initial Assessment Evidence Submission for Distance Review continued

Facility name: _____

EQUIPMENT AND SUPPLIES					
Criteria and descriptors Note: M indicates mandatory.	Guidance for evidence submission	Evidence attached	Not applicable	No evidence	

Initial Assessment Evidence Submission for Distance Review continued

Facility name:_____

Initial Assessment Evidence Submission for Distance Review (continued)

Facility name: _____

GLOBAL PULMONARY FUNCTION						
Criteria and descriptors Note: M indicates mandatory.		Guidance for evidence submission	Evidence attached	Not applicable	No evidence	Explain
	GP1.3.6 M		x			

Initial Assessment Evidence Submission for Distance Review continued

Facility name: _____

GLOBAL PULMONARY FUNCTION

Initial Assessment Evidence Submission for Distance Review continued

Facility name: _____

GLOBAL PULMONARY FUNCTION								
Criteria and descriptors Note: M indicates mandatory.				Guidance for evidence submission	Evidence attached	Not applicable	No evidence	Explain
	GP5.1.17	M	x date of interpretation					
	GP5.1.18							

Initial Assessment Evidence Submission for Distance Review continued

Facility name:

[redacted]	
Not applicable	No evidence