

Stage II Diagnostic Imaging Accreditation Scheme

The Department of Health and Ageing's Practice Accreditation Standards 2nd edition- *Entry Level and Full Suite*

From 1 July 2010, Stage II of the Diagnostic Imaging Accreditation Scheme commences. The Department of Health and Ageing (DoHA) requires all practices who wish provide Medicare eligible diagnostic imaging and non-radiology services to be accredited against the Practice Accreditation Standards.

The 2nd edition Standards consist of three Entry Level Accreditation Standards and the Full Suite of fifteen Practice Accreditation Standards. Quality in Practice (QIP) will assist practices with the level they wish to accredit against, and provide comprehensive and personalised support through the accreditation process.

QIP is an independent accreditation provider and does not set or amend the standards. The standards are set by DoHA. QIP's role is to assist your practice with gaining accreditation against the Standards. Call QIP on **1300 888 329** to find out how we can assist you.

ENTRY LEVEL STANDARDS

These standards are only valid for two years. Before your entry level accreditation expires, you must be accredited against the full suite of standards.

Standard 1.2—Registration and Licensing Standard (Entry Level)

Standard 1.3—Radiation Safety Standard (Entry Level)

Standard 1.4—Equipment Inventory Standard (Entry Level)

FULL SUITE OF STANDARDS

The full suite includes entry level standards plus an additional 12 standards. Valid for four years and does not require additional accreditation.

Standard 1.1—Safety and Quality Governance Standard

Standard 1.2—Registration and Licensing Standard (Entry Level)

Standard 1.3—Radiation Safety Standard (Entry Level)

Standard 1.4—Equipment Inventory Standard (Entry Level)

Standard 1.5—Equipment Servicing Standard

Standard 1.6—Infection Control Standard

Standard 2.1—Provision of Service Standard

Standard 2.2—Consumer Information Standard

Standard 2.3—Patient Identification & Procedure Matching Standard

Standard 2.4—Medication Management Standard

Standard 3.1—Diagnostic Imaging Protocol Standard

Standard 3.2—Technique Charts Standard

Standard 4.1—Communicating with Requesting Practitioners Standard

Standard 4.2—Results of Self-Determined Services Standard

Standard 4.3—Consumer Feedback & Complaints Management Standard

PART 1: ORGANISATIONAL STANDARDS

Standard 1.1 Safety and Quality Governance Standard

The diagnostic imaging practice's governance structure must be effective and comprehensive to ensure the delivery of safe, quality diagnostic imaging services.

Required Evidence

A documented safety and quality manual for the diagnostic imaging practice which includes at a minimum:

(i) the practice's policies and procedures regarding:

- governance;
- the registration and licensing of personnel;
- diagnostic imaging equipment and servicing;
- radiation safety and radiographic technique charts;
- infection control;
- provision of diagnostic imaging services and reporting and recording image findings;
- consumer information;
- patient identification and procedure matching;
- medication management;
- diagnostic imaging protocols; and
- consumer feedback and complaints; and

- (ii) the names of the persons at the diagnostic imaging practice who develop, approve, implement, maintain, and review these policies.

Standard 1.2 Registration and Licensing Standard (Entry Level)

Staff, contractors and any other practitioners providing services to the diagnostic imaging practice must have and maintain the appropriate and current registration and/or licence to undertake the diagnostic imaging procedures for which accreditation is sought in the State or Territory.

Required Evidence

Where relevant:

- (i) Copies of State or Territory registration, or a registration number which can be verified, for all medical practitioners and other registered health professionals (such as dentists) employed by or providing services to the diagnostic imaging practice.
- (ii) Copies of each medical practitioner's State or Territory radiation operator's licence, or a registration number which can be verified.
- (iii) Copies of each radiographer's State or Territory registration documentation, or a registration number which can be verified, if required in the State or Territory.
- (iv) Copies of each nuclear medicine technologist's or similar State or Territory registration documentation, or a registration number which can be verified, if required in the State or Territory.
- (v) Copies of each non-medical imaging practitioners' State or Territory registration documentation, or a registration number which can be verified, if required in the State or Territory.
- (vi) Copies of the diagnostic imaging practice's radiographers', nuclear medicine technologists' or other non-medical imaging practitioners' State or Territory radiation operator's licence, or a licence number which can be verified, if required in the State or Territory.
- (vii) Copies of each sonographer's statement of registration on the Australian Sonographer Accreditation Register or a registration number which can be verified for the purpose of determining registration on the Medicare Australia Register of Sonographers.
- (viii) Copies of each nurse's registration documentation or a registration number which can be verified, if the nurse undertakes or assists in the provision of a diagnostic imaging service.
- (ix) Copies of a medical physicist's State or Territory radiation operator's licence, or licence number which can be verified, if required in the State or Territory.

Standard 1.3 Radiation Safety Standard (Entry Level)

A diagnostic imaging practice which uses ionising radiation must comply with the requirements of the current State or Territory radiation safety legislation.

Required Evidence

1. Copies of current State or Territory Radiation Safety Regulator equipment licences and registrations or registration numbers which can be verified.

2. Copies of radiation safety plans and all other relevant radiation safety documents required by State or Territory radiation safety legislation.

Standard 1.4 Equipment Inventory Standard (Entry Level)

The diagnostic imaging practice must maintain a current equipment inventory demonstrating that relevant equipment used to provide diagnostic imaging services is registered with Medicare Australia and complies with specifications in the Medicare Benefits Schedule.

Required Evidence

A current equipment inventory which includes information relating to:

- (i) name of item, manufacturer, serial number (or other identifier); and
- (ii) registration on the Diagnostic Imaging Register (including citation of the relevant Location Specific Practice Number (LSPN)).

Standard 1.5 Equipment Servicing Standard

Equipment used to acquire or print images for diagnostic imaging procedures must be safe and appropriate for its intended use.

Required Evidence

Records and service reports, demonstrating the equipment used to provide images is serviced by qualified persons according to manufacturer's guidelines and the requirements of applicable radiation safety legislation, including the:

- (i) date of service, who provided the service and their relevant qualifications, details and results of the service and the date of the next service; and
- (ii) actions taken at the practice in response to the results of the service.

Standard 1.6 Infection Control Standard

The diagnostic imaging practice must mitigate the risk of the transmission of infectious agents to patients, carers, healthcare workers, support staff and other visitors, by:

- (a) assessing and managing the risk of the transmission of infectious agents;
- (b) meeting the requirements specified in infection control guidelines/policies produced by Commonwealth, State and Territory government authorities; and
- (c) reporting, investigating, and responding to incidents at the diagnostic imaging practice arising from the transmission of infectious agents.

Required Evidence

1. A documented policy for preventing the transmission of infectious agents to patients and carers, healthcare workers, support staff and other visitors which includes the process for assessing and managing risks; and reporting, investigating and responding to the transmission of infectious agents when they occur.

2. Where relevant, documented quality improvement activities, which describe the actions taken in response to the transmission of an infectious agent(s).

PART 2 PRE-PROCEDURE STANDARDS

Standard 2.1 Provision of Service Standard

Diagnostic imaging procedures are only undertaken at the diagnostic imaging practice where there is an identified clinical need and:

- (a) upon receipt of a request from a medical practitioner or a practitioner specified in the Act for the purpose of requesting services of that kind and for which a Medicare benefit is payable; or
- (b) where the practitioner interpreting the image is permitted to self determine the service for which a Medicare benefit is payable under the Act.

Required Evidence

A sample of requests or records documenting the clinical need for the diagnostic imaging procedures rendered at the diagnostic imaging practice.

Standard 2.2 Consumer Information Standard

Prior to a diagnostic imaging procedure being rendered, except in cases of emergency, the diagnostic imaging practice must ensure that:

- (a) patients have access to information about the diagnostic imaging procedure;
- (b) risks are advised to the patient or substitute decision maker;
- (c) practice staff obtain and record relevant information about the patient's health status and individual patient risk factors; and
- (d) consent for the diagnostic imaging procedure is obtained from the patient or the substitute decision maker.

Required Evidence

1. Examples of service specific information for the diagnostic imaging services available at the practice.
2. A sample of records documenting the patient's health status, relevant to the diagnostic imaging procedure being undertaken, with regard to:
 - asthma
 - allergies
 - pregnancy status
 - breastfeeding
 - previous exposure to intravenous contrast
 - medical conditions such as diabetes, kidney disease or heart disease
 - medications such as metformin hydrochloride
 - medical devices and implanted devices such as intra- cranial aneurysm clips, cardiac pacemaker, coronary stents, intra ocular foreign bodies and cochlear implants
3. A sample of records documenting risks have been advised to the patient.
4. A sample of records of consent obtained from the patient in respect of the diagnostic imaging procedure.

Standard 2.3 Patient Identification & Procedure Matching Standard

The diagnostic imaging practice must ensure that all patients are correctly identified when rendering a diagnostic imaging service by:

- (a) using at least three (3) patient identifiers to match a patient to their request or medical record from the time the patient presents and through all stages of the diagnostic imaging service and when transferring responsibility of care;
- (b) correctly matching patients with their intended diagnostic imaging service and the anatomical site and side (if applicable) of the diagnostic imaging procedure; and
- (c) reporting, investigating, and responding to patient care mismatching events when they occur and implementing changes, where relevant, to reduce the risk of future incidents.

Required Evidence

1. A documented policy for matching patients to their intended diagnostic imaging procedure including the report for that procedure, and through all stages of the service and when transferring responsibility of care.
2. A sample of records documenting the use of three patient identifiers.
3. A documented policy which sets out the process for reporting, investigating and responding to patient care mismatching events when they occur.
4. Where relevant, documented quality improvement activities, which describe the actions taken in response to patient care mismatching events.

Standard 2.4 Medication Management Standard

The diagnostic imaging practice must ensure that medication risks are managed by:

- (a) correctly and safely storing, preparing and disposing of medications in accordance with manufacturer's guidelines;
- (b) identifying patients at risk from adverse reactions;
- (c) administering medication safely and actively monitoring the effects of medication;
- (d) personnel capable of providing timely and appropriate care in the event of an adverse reaction to medication; and
- (e) reporting, investigating and responding to incidents arising from adverse reactions or medication mismanagement.

Required Evidence

1. A documented policy describing the procedures for:
 - storing, preparing and disposing of medications;

- identifying at risk patients;
 - administering medications safely;
 - monitoring the effects of medication; and
 - reporting, investigating, and responding to adverse reactions or medication mismanagement incidents when they occur.
2. A documented management plan which identifies the procedures for managing adverse reactions at the time they occur; the type and location of resuscitation equipment and associated drugs at the practice; and the personnel certified in Cardiac Pulmonary Resuscitation (CPR) and qualified to use resuscitation equipment and drugs.
 3. A sample of records for relevant diagnostic imaging procedures documenting the information collected about the patient's medication use and/or history regarding previous reactions to medications.
 4. Where relevant, documented quality improvement activities, which describe the actions taken in response to incidents related to medication management.

PART 3 PROCEDURE STANDARDS

Standard 3.1 Diagnostic Imaging Protocol Standard

The diagnostic imaging practice must have documented protocols which describe the required projections and/or manoeuvres required for the acquisition of diagnostic quality images.

Required Evidence

Documented protocols for common diagnostic imaging procedures or group of diagnostic imaging procedures rendered at the diagnostic imaging practice.

Standard 3.2 Technique Charts Standard

A diagnostic imaging practice which uses ionising radiation must ensure that patient radiation exposure is kept as low as reasonably achievable (ALARA) by selecting equipment and techniques for diagnostic imaging procedures sufficient to provide the required clinical information.

Required Evidence

A technique chart, consistent with the ALARA principle, for each unit of radiographic equipment located at the diagnostic imaging practice.

PART 4 POST PROCEDURE STANDARDS

Standard 4.1 Communicating with Requesting Practitioners Standard

The diagnostic imaging practice effectively communicates the results of a requested diagnostic imaging procedure by:

- (a) providing timely, clear and concise written reports which address the information:
 - i. requested by the requesting practitioner;
 - ii. required by the diagnostic imaging service; and
 - iii. necessary for the interpretation of the images;
- (b) taking all reasonable steps to personally advise the requesting practitioner (or another practitioner where necessary) about urgent and unexpected findings; and
- (c) responding to feedback and requests from requesting practitioners about the content or provision of reports and/or advice provided.

Required Evidence

1. A documented policy for the provision of reports.
2. A sample of imaging reports, consistent with the practice's documented policy for reporting.
3. Where relevant, documented quality improvement activities, which describe the actions taken in response to feedback from requesting practitioners.

Standard 4.2 Results of Self-Determined Services Standard

When the service is a self-determined service, information about the results of the diagnostic imaging procedure must be documented.

Required Evidence

- A sample of records documenting the image findings.

Standard 4.3 Consumer Feedback and Complaints Management Standard

The diagnostic imaging practice must provide opportunities for, and respond to, feedback and complaints from patients or carers about the provision of a diagnostic imaging service.

Required Evidence

1. A documented policy for inviting, recording, managing and responding to feedback and complaints which is consistent with the principles of open disclosure and fairness, accessibility, responsiveness, efficiency and integration.
2. A sample of feedback and complaints received and records of the actions taken.