COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

Diagnostic Accreditation Program

CRITICAL RISK CRITERION

Diagnostic Imaging

Diagnostic Accreditation Program
College of Physicians and Surgeons of British Columbia
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Critical risk nonconformance

Introduction

Under established Diagnostic Accreditation Program (DAP) policy, identified nonconformances represent a risk that must be managed within an appropriate time frame. Through the use of a risk/frequency matrix the DAP has established time frames within which resolution to identified nonconformances must be submitted.

Critical risk has been defined as a nonconformance that results in an immediate hazardous or unsafe condition for patients or facility personnel, or a pervasive deficiency in the facility that represents systemic failure leading to unsafe conditions for patients or facility personnel. Critical risk nonconformances require immediate corrective action.

Through consultation with subject matter experts and community feedback, the DAP has identified a number of standard criterion that have been determined to be critical risk.

When a critical risk nonconformance is suspected to represent an immediate hazardous or unsafe condition for patients or facility personnel during an assessment activity the critical risk nonconformance management process will be initiated.

General safety

Safety practices and equipment

No.		Description	Reference	Risk	Change
DSA1.13		**Personal protective equipment is available for staff.** *Intent: See also radiation safety accreditation standards and infection prevention and control accreditation standards.*			
DSA1.13.1	**M**	Adequate and appropriate personal protective equipment is available to protect staff from chemical or biological hazards. *Guidance: Personal protective equipment may include gloves, lab coats/gowns and masks.*		**C**	

Appropriate physical environment

No.		Description	Reference	Risk	Change
DSA2.1		**The design and layout of the physical space meets laws, regulations and codes.**			
DSA2.1.3	**M**	Emergency exit routes are marked and provide unimpeded exit.		**C**	

Patient safety

Patient identification

No.		Description	Reference	Risk	Change
DPS2.1		**Patient identification is confirmed prior to a patient's examination or procedure by the individual(s) performing the examination or procedure.**			
DPS2.1.2	**M**	Positive patient identification is confirmed prior to commencing all procedures and examinations by the person(s) performing the examination or procedure.		**C**	
DPS2.1.3	**M**	At least two unique patient identifiers are used when verifying patient identification.		**C**	

The universal protocol

No.		Description	Reference	Risk	Change
DPS3.2		**A pre-procedure verification process is conducted and documented for all procedures that fall within the universal protocol.** *Intent: A pre-procedure verification enables the imaging service to ensure that the correct procedure is performed on the right person. During the pre-procedure verification process, the imaging service verifies that the necessary documentation and equipment are available, that they are correctly identified and labeled, and that they are consistent with the expectations of the patient and the procedure team. Any discrepancies must be reconciled prior to commencing the procedure.*			
DPS3.2.1	**M**	There is a process in place to verify the correct procedure, for the correct patient, at the correct site prior to the procedure commencing.		**C**	

Medication management and administration

No.		Description	Reference	Risk	Change
DPS4.2		**The imaging service ensures that all medications are labeled.**			
DPS4.2.1	**M**	Medication containers are labeled with the medication name, strength and quantity when medications are prepared but not administered immediately.		**C**	
DPS4.3		**The appropriateness of all medication orders is reviewed.**			
DPS4.3.2	**M**	Medication orders are reviewed for possible patient allergies or sensitivities.		**C**	
DPS4.3.3	**M**	Medication orders are reviewed for the appropriateness of the dose, frequency, and route of administration.		**C**	
DPS4.3.4	**M**	Medication orders are reviewed for potential contraindications and adverse interactions.		**C**	
DPS4.3.5	**M**	All concerns, issues, or questions related to the appropriateness of a medication order are resolved with the prescriber and/or staff involved with the patient's care or services prior to administration.		**C**	
DPS4.4		**Medications are administered safely.**			
DPS4.4.1	**M**	Only medical practitioners and authorized staff obtain and administer medication.		**C**	

Medical emergency management

No.		Description	Reference	Risk	Change
DPS6.1		**There are procedures to handle medical emergencies in a timely and effective manner.**			
DPS6.1.1	**M**	There is a medical emergency response protocol in place.		**C**	
DPS7.1		**Emergency procedures, equipment and supplies are available to respond to a medical emergency resulting from a high-risk procedure.**			
DPS7.1.6	**M**	Emergency equipment and supplies are available.		**C**	

Infection prevention and control

Routine practices

No.		Description	Reference	Risk	Change
DIPC3.2		**Gloves are worn by staff for protection against infection.** *Intent: Gloves are used as an additional measure, not as a substitute for appropriate hand hygiene. Gloves are not required for routine patient care activities.*			
DIPC3.2.5	**M**	Sterile gloves are worn for sterile procedures.		**C**	

Cleaning of surfaces and ancillary medical equipment

No.		Description	Reference	Risk	Change
DIPC6.2		**The imaging service reduces the risk of infections associated with ancillary medical equipment.**			
DIPC6.2.3	**M**	Equipment touching mucous membranes or non-intact skin is appropriately cleaned and high-level disinfected between patients.		**C**	
DIPC6.2.4	**M**	Single use medical devices are not reprocessed. *Intent: The reuse of single-use devices can affect their safety, performance, and effectiveness and expose patients and staff to unnecessary risk.*		**C**	

Global modality

Intravascular contrast agents

No.		Description	Reference	Risk	Change
GM4.1		**Emergency equipment and supplies are available for a response to a medical emergency.** *Intent: See also patient safety accreditation standard DPS6.0.*			
GM4.1.1	**M**	**When IV contrast is administered there is either an emergency crash cart or a modified emergency cart immediately accessible.**		**C**	
GM4.2		**Policies and procedures are in place for the administration of intravenous contrast agents.** *Intent: See also patient safety accreditation standard DPS4.0.*			
GM4.2.7	**M**	There are policies and procedures in place for the administration of contrast through advanced vascular access devices (VAD) which are only accessed by staff with appropriate training. *Guidance: Policies should speak to confirming device patency immediately prior to contrast administration and in the position the patient will be placed for the examination.*		**C**	

Sedation and anesthesia

No.		Description	Reference	Risk	Change
GM5.2		**Patients are appropriately monitored during and after the examination when either moderate sedation or general anesthesia are administered.**			
GM5.2.2	**M**	Monitoring equipment, resuscitation equipment and associated procedures are appropriate for the patient population (e.g. adults and pediatrics).		**C**	
GM5.2.3	**M**	Patients are monitored by qualified individuals (e.g. anesthetist, nurse, etc.) immediately before, during and after the examination.		**C**	
GM5.2.4	**M**	Emergency drugs and supplies are readily available.		**C**	
GM5.2.5	**M**	Suction equipment is readily available with appropriate attachments.		**C**	
GM5.2.6	**M**	Oxygen is available with appropriate delivery devices.		**C**	
GM5.2.7	**M**	Patients have a functioning intravenous access in place.		**C**	

Interventional procedures

No.		Description	Reference	Risk	Change
GM10.1		**Samples are handled, transported, tracked and stored appropriately.** *Intent: See also infection prevention and control accreditation standards and general safety accreditation standard DSA1.11.*			
GM10.1.3	**M**	An antiseptic skin preparation agent is used when performing sterile or invasive procedures.		**C**	

Ultrasound

Imaging procedures

No.		Description	Reference	Risk	Change
US3.3		**Examinations are performed following established protocols.**			
US3.3.2	**M**	Probes are cleaned and disinfected between patients *Intent: Probes that only contact intact skin require cleaning and low-level disinfection. The activities associated with reprocessing endocavity probes are addressed in the infection prevention and control accreditation standards DIPC6.2.3 and DIPC7.0.*		**C**	
US3.3.4	**M**	Any endocavity probe, when in use, is protected by a single-use disposable cover or a commercially available probe cover.		**C**	

Echocardiography

Acceptance testing and quality assurance

No.		Description	Reference	Risk	Change
EC13.1		**Daily quality control procedures are established and used to monitor performance of ultrasound systems.**			
EC13.1.2	**M**	Electrical leakage current testing is performed on TEE probes before each patient use. *Guidance: Electrical leakage current testing does not have to be conducted immediately prior to performing the examination. Leakage testing can be included as part of the probe reprocessing process.*		**C**	

Magnetic safety

Safety screening

No.		Description	Reference	Risk	Change
MRS3.1		**All ancillary equipment intended to be taken into the MRI scan room is clearly identified.** *Intent: Particularly with regard to non-clinical and incidental equipment, current products marketed with ill-defined terminology such as "non-magnetic," or outdated classifications such as "MRI-compatible," are not to be presumed MR safe. Similarly, any product marketed as "MR safe" but with metallic construction or components are to be treated with suspicion. Objects intended for use in zone IV, including non-clinical incidental products such as stepping stools or ladders, which are not provided with manufacturer or third-party MRI safety test results under the new ASTM criteria, are facility tested.*			
MRS3.1.2	**M**	All equipment used for sedation and monitoring, resuscitation, and anesthesia and monitoring is MR safe or MR conditional, operational and readily available.		**C**	

Safety education

No.		Description	Reference	Risk	Change
MRS4.1		**There is an MRI safety manual with policies and procedures.**			
MRS4.1.2	**M**	Evacuation quench provisions for superconductive magnets include a clearly marked quench-activation device.		**C**	

Nuclear medicine

Radiopharmacy

No.		Description	Reference	Risk	Change
NM14.2		**Routine practices for preventing contamination in and outside the hot lab are implemented.**			
NM14.2.6	**M**	White cell labeling is performed in a biological safety cabinet (BSC).		**C**	