

WEBINAR FAQS

DAP Diagnostic Imaging Standards Update - Version 1.8

Ultrasound/Echocardiography

1. For probe leakage testing, do the results of the testing need to be stored in the echo/US department or can it be kept in Biomed?
 - From a DAP accreditation perspective, the records can be kept outside the Echo/US department, but the records must be made available to DAP assessors to facilitate accreditation assessments.

Associated Ultrasound Standards

No.	Description
US12.1	Acceptance testing is performed after purchase and prior to clinical use of equipment.
US12.1.2	<p>M Acceptance testing is performed after purchase and prior to clinical use of equipment that includes electrical leakage current testing of probes.</p> <p><i>Guidance: Results are documented in accordance with manufacturer's recommendations. Please see DES2.1.3 for additional information - measured results are required for the establishment and ongoing monitoring of operational performance.</i></p>

Associated Echocardiography Standards

No.	Description
EC12.1	Acceptance testing is performed after purchase and prior to clinical use of equipment.
EC12.1.2	<p>M Acceptance testing is performed after purchase and prior to clinical use of equipment that includes electrical leakage current testing of probes.</p> <p><i>Guidance: Results are documented in accordance with manufacturer's recommendations. Please see DES2.1.3 for additional information - measured results are required for the establishment and ongoing monitoring of operational performance.</i></p>

Nuclear Medicine

1. What is the difference between the authorized treating physician, treating physician and most responsible physician in regard to nuclear medicine examinations?
 - They are a physician competent to respond nuclear medicine adverse events
 - They are a physician with appropriate credentialing for the services they provide
 - They can be same individual, or several individuals based on the treatment or examination as directed by the medical leader
 - In the circumstance of most responsible physician, the medical leader is responsible for determining the MRP

2. What are the physician requirements for direct supervision or ability to respond to adverse events?
 - They are available remotely to provide assistance and direction throughout the performance of the procedure
 - Remotely = can provide assistance by phone
 - They can respond to adverse events by phone immediately
i.e. could guide a Code Blue team in any specific management of the adverse reaction

Associated Nuclear Medicine Standards

No.	Description
NM3.5	There are established protocols in place for the preparation and administration of pharmacologic agents.
NM3.5.4	<p>M A nuclear medicine physician or delegated physician is responsible for direct supervision to treat any potential reactions or complications that may arise.</p> <p><i>Guidance: Direct supervision means that the physician is immediately available to provide assistance and direction throughout the performance of the procedures. It does not mean the physician must be present in the room where the procedure is performed. The medical leader is responsible for determining the most responsible physician.</i></p>
NM3.5.5	<p>M The most responsible physician is immediately available by phone and can respond promptly to an adverse event.</p>
NM3.6	Radiotherapy protocols contain all the necessary information to ensure they are safely performed.
NM3.6.3	<p>M The authorized treating physician is responsible for direct supervision to treat any potential reactions or complications that may arise.</p> <p><i>Guidance: Direct supervision means that the physician is immediately available to provide assistance and direction throughout the performance of the procedures. It does not mean the physician must be present in the room where the procedure is performed. The medical leader is responsible for determining the most responsible physician.</i></p>
NM3.6.4	<p>M The treating physician, or most responsible physician, is immediately available by phone, and can respond promptly to an adverse event.</p>

Bone Densitometry

1. For BD education: is there a time frame for when the technologists cme expire?
 - From a DAP accreditation perspective, it is best practice that CME credits are within the last 3 years, see DHR2.1.26. Any discrepancy or determination in credit equivalency awarded for bone densitometry education and/or training should be reviewed and approved by the medical director prior to registration/completion.
2. In regard to BD Requirements (12 CE credits), can you define the term "medical director"? Who would approve other courses/training?
 - The medical director is the diagnostic service medical leader (see DMS1.0).
 - The medical leader has responsibility for medically related activities. The medical leader can delegate this task when appropriate to the modality leader.
3. Where can I find more information on developing transgender, gender nonconforming and non-binary bone densitometry protocols?
 - For guidance on developing bone density protocols, you may wish to review the latest International Society for Clinical Densitometry's position statement.

Associated Bone Densitometry Standards

No.	Description
DHR2.1	The diagnostic service has qualified and competent staff to deliver services.
DHR2.1.25	<p>M Bone densitometry technologists have current or previous CBDT or CDT certification with International Society for Clinical Densitometry (ISCD) or have obtained 12 (or equivalent) CME/CE Category 1/A credits in bone densitometry.</p> <p><i>Guidance: Any discrepancy or determination in credit equivalency awarded for bone densitometry education and/or training should be reviewed and approved by the medical director prior to registration and completion.</i></p> <p><i>Intent: Refer also to BD3.4.5 - precision assessments are also required on each technologist after completing approximately 100 patient examinations.</i></p>
DHR2.1.26	Bone densitometry technologists obtain 24 CME/CE Category 1/A credits in bone densitometry every three years.
BD3.1	There is a comprehensive process in place for protocol adoption and development.
BD3.2.4	<p>M Protocol information includes but is not limited to a description of the application of male and female normative database T-score and Z-score for Transgender and Gender Non-conforming (TGNC) Individuals and gender non-binary individuals.</p> <p><i>Guidance: Transgender and Gender Non-conforming (TGNC) Individuals T-scores are calculated using uniform Caucasian (non-race adjusted) female normative database for all transgender individuals of all ethnic groups. Z-scores should be calculated using the normative database that matches the gender identity of the individual. If requested by the provider, Z-scores may also be calculated using the normative database that matches the sex recorded at birth. In gender-non-binary individuals, the normative database that matches the sex recorded at birth should be used. See The International Society for Clinical Densitometry 2019 Official Positions - Adult. Retrieval from: https://iscd.org/learn/official-positions/adult-positions/</i></p>