

Diagnostic Accreditation Program

**ACCREDITATION STANDARDS**

Governing Body

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## Introduction

The title "governing body" is the term defined by the DAP as the group or individual which holds the ultimate authority and responsibility to oversee the service. The governing body may be a board of directors, a council, sole proprietor or another decision-making body.

The governing body defines the governance structure of the service. Governance includes corporate and clinical governance.

The governing body is responsible for governance and leadership of the service.

**Corporate governance** is the system of responsibilities, processes and structures by which the service is directed and controlled.

**Clinical governance** is the framework through which medical director, governing body and staff are accountable for delivery of high quality and safe health care.

## Governing body

No.	Description	Risk	Reference	Change
<b>GOVB1.0</b>	<b>GOVERNING BODY RESPONSIBILITIES</b>			New
<b>GOVB1.1</b>	<b>The governance structure of the service is defined.</b>			New
GOVB1.1.1	<b>B</b> The governing body defines the corporate governance structure. <i>Guidance: Corporate governance is the system of responsibilities, processes and structures by which the service is directed and controlled.</i>		ISQua	New
GOVB1.1.2	<b>B</b> The governing body defines corporate governance roles and responsibilities.		ISQua	New
GOVB1.1.3	<b>B</b> The governing body defines the clinical governance structure. <i>Guidance: Clinical governance is the framework through which the medical director, governing body and staff are accountable for delivery of high quality and safe health care.</i>		ISQua	New
GOVB1.1.4	<b>B</b> The governing body defines clinical governance roles and responsibilities.		ISQua	New
<b>GOVB1.2</b>	<b>The organizational structure of the service is defined.</b>			New
GOVB1.2.1	<b>M</b> There is an organization chart which delineates the lines of accountability, responsibility and authority of governing body, medical, technical and administrative staff.	M		New
GOVB1.2.2	<b>M</b> The organizational chart is dated.	M		New
<b>GOVB1.3</b>	<b>The governing body appoints individual(s) to fulfill the corporate and clinical governance responsibilities.</b>			New
GOVB1.3.1	<b>M</b> The governing body appoints a medical director. <i>Guidance: See MDIR1.0 for additional requirements.</i>	H		New
GOVB1.3.2	<b>M</b> The governing body, in collaboration with the medical director or delegate, appoints medical leaders for specific sections/departments/programs within the service.	M		New
GOVB1.3.3	<b>M</b> The governing body, in collaboration with the medical director or delegate, appoints technical leaders for specific sections/departments/programs within the service.	M		New
GOVB1.3.4	<b>B</b> The governing body, in collaboration with the medical director or delegate, appoints administrative leaders for specific sections/departments/programs within the service.			New

No.	Description	Risk	Reference	Change
GOVB1.3.5	<b>B</b> The governing body, in collaboration with the medical director or delegate, appoints medical staff. <i>Guidance: See Medical Staff Qualification and Requirements.</i>			
GOVB1.3.6	<b>B</b> Specific staff are assigned accountability and responsibility for safety.			New
GOVB1.3.7	<b>B</b> Specific staff are assigned accountability and responsibility for financial management/planning.			New
GOVB1.3.8	<b>B</b> Specific staff are assigned accountability and responsibility for human resources.			New
GOVB1.3.9	<b>B</b> Specific staff are assigned accountability and responsibility for infection prevention and control.			New
GOVB1.3.10	<b>B</b> Specific staff are assigned accountability and responsibility for risk management.			New
GOVB1.3.11	<b>B</b> Specific staff are assigned accountability and responsibility for information management.			New
GOVB1.3.12	<b>B</b> Specific staff are assigned accountability and responsibility for education and training.			New
GOVB1.3.13	<b>B</b> Specific staff are assigned accountability and responsibility for complaint management.			New
GOVB1.3.14	<b>B</b> Specific staff are assigned accountability and responsibility for disaster planning.			New
GOVB1.3.15	<b>B</b> Specific staff are assigned accountability and responsibility for quality improvement.			New
GOVB1.3.16	<b>B</b> Specific staff are assigned accountability and responsibility for Indigenous cultural safety and humility staff (e.g. Indigenous patient navigators).			New
GOVB1.3.17	<b>B</b> Specific staff are assigned accountability and responsibility for policy development.			New
GOVB1.3.18	<b>B</b> Specific staff are assigned accountability and responsibility for equipment and supplies management.			New
GOVB1.3.19	<b>B</b> Specific staff are assigned accountability and responsibility for data security.			New
GOVB1.3.20	<b>B</b> Specific staff are assigned accountability and responsibility for technical operations.			New
<b>GOVB1.4</b>	<b>The governing body defines and communicates the mission and values.</b>			New
GOVB1.4.1	<b>B</b> The mission and values are defined. <i>Guidance: The mission is a statement of the facility's purpose and scope. The values is a statement of the facility's principles, beliefs and philosophy that guides behaviors.</i>		ISQua	New
GOVB1.4.2	<b>B</b> The mission and values are communicated to all staff.		ISQua	New
<b>GOVB1.5</b>	<b>The governing body defines the strategic and operational objectives.</b>			New

No.	Description	Risk	Reference	Change
GOVB1.5.1	<b>B</b> The strategic plan is documented. <i>Guidance: The strategic plan sets the priorities and direction of the service.</i>		ISQua	New
GOVB1.5.2	<b>B</b> The operational plan is documented. <i>Guidance: The operational plan guides the service in achieving its strategic goals and objectives. The medical, administrative and technical leaders of the service establish an operational plan that is aligned with the strategic direction of the organization and includes defined monitoring and measurement of the plan's progress.</i>		ISQua	New
GOVB1.5.3	<b>B</b> The financial plan is documented. <i>Guidance: The financial plan includes the projecting, monitoring, organizing and controlling of the monetary resources of the service.</i>		ISQua	New
<b>GOVB1.6</b>	<b>The governing body defines the ethics.</b>			New
GOVB1.6.1	<b>B</b> The ethics or code of behavior are documented. <i>Guidance: The governing body/ownership is responsible for defining the ethics or code of behavior of the organization. Ethics outlines the culture, attitudes, beliefs and behaviors that govern the service's conduct such as openness, integrity and trust.</i>		ISQua	New
GOVB1.6.2	<b>B</b> The process for addressing unethical, unprofessional and or illegal behavior in a defined time frame is documented.			New
GOVB1.6.3	<b>B</b> The process to receive and resolve ethical dilemmas in a in a defined time frame is documented. <i>Guidance: Ethical dilemmas may include decisions not to perform an examination or where an examination is performed against the wishes of the patient.</i>			New
<b>GOVB1.7</b>	<b>The governing body safeguards impartiality and conflict of interest.</b>			New
GOVB1.7.1	<b>B</b> The governing body is structured and managed to safeguard impartiality and conflicts of interest. <i>Guidance: See CPSBC Advertising and Communication with the Public practice standard, available from <a href="https://www.cpsbc.ca/files/pdf/PSG-Advertising.pdf">https://www.cpsbc.ca/files/pdf/PSG-Advertising.pdf</a>. See CPSBC Conflict of Interest practice standard, available from <a href="https://www.cpsbc.ca/files/pdf/PSG-Conflict-of-Interest.pdf">https://www.cpsbc.ca/files/pdf/PSG-Conflict-of-Interest.pdf</a></i>		ISO-15189	New
GOVB1.7.2	<b>B</b> For private payment services, patients are provided information regarding what conditions, if any, the service would be eligible for Medical Service Plan (MSP) coverage.			New
<b>GOVB1.8</b>	<b>The governing body identifies and manages risk.</b>			New

No.	Description	Risk	Reference	Change
GOVB1.8.1	<b>B</b> The risk management framework is documented. <i>Guidance: A risk management framework is used to identify and manage significant clinical and non-clinical. Risk management frameworks are service or modality specific, where applicable.</i>		ISQua	New
GOVB1.8.2	<b>B</b> The risk management framework includes the scope, objectives and criteria for assessing risk.		ISQua	New
GOVB1.8.3	<b>B</b> The risk management framework includes identification of risk management responsibilities and functions.		ISQua	New
GOVB1.8.4	<b>B</b> The risk management framework includes a training program for staff involved in risk assessment activities.		ISQua	New
GOVB1.8.5	<b>B</b> The risk management framework includes risk plans to address significant risks to the organization.		ISQua	New
GOVB1.8.6	<b>B</b> The risk management framework includes policies and procedures for reporting, resolving, reviewing, monitoring and communicating risks. <i>Guidance: Risk are communicated to applicable staff and community interests (e.g. firehall).</i>		ISQua	New
GOVB1.8.7	<b>M</b> A risk assessment of clinical processes and procedures is performed to safeguard patients from unintended consequences of care. <i>Guidance: At a minimum, the service reviews the examinations performed and identifies those that have a high risk to cause harm.</i>	L		New
GOVB1.8.8	<b>B</b> The risk management framework includes processes on how reactive risks are addressed.			New
GOVB1.8.9	<b>B</b> A risk register with associated risk levels is documented. <i>Guidance: The risk register is a list of identified strategic, operational, financial and clinical risks and their assessed risk level.</i>		ISQua	New
GOVB1.8.10	<b>M</b> High-risk processes and procedures are reviewed on a regular basis to make improvements and reduce risk, when possible. <i>Guidance: The review of high-risk processes and procedures should include analyzing incident and adverse event reports, reviewing policies and procedures associated with the processes to minimize risk, and assessing the effectiveness of measures implemented to mitigate risk.</i>	M		New
<b>GOVB1.9</b>	<b>The governing body defines and communicates the scope of services.</b>			New

No.	Description	Risk	Reference	Change
GOVB1.9.1	<b>B</b> The governing body determines the scope of services using a process that considers relevant factors (e.g. patient population, existing capacity, clinical value of testing, etc.).			New
GOVB1.9.2	<b>B</b> The scope of service is documented and communicated to all staff.			New
GOVB1.9.3	<b>B</b> The scope of service is communicated to referring physicians.			New
GOVB1.9.4	<b>B</b> The scope of service is communicated to the public. <i>Guidance: This information may be on the facility or organization’s website or on the requisition.</i>			New
GOVB1.9.5	<b>M</b> The DAP accreditation certificate is posted in a public area. <i>Guidance: The DAP accreditation certificate is posted to notify patients the scope of services which are accredited by the College of Physicians and Surgeons of BC.</i>	M	CPSBC-BYLAWS	New



## References

Abbreviation	Reference
CPSBC-BYLAWS	College of Physicians and Surgeons of British Columbia. Bylaws [Internet]. Vancouver: College of Physicians and Surgeons of British Columbia; 2009 [revised 2023 Jan 13].
ISO-15189	International Standards Organization, ISO 15189 Medical laboratories - Requirements for quality and competence, Geneva, Switzerland: ISO; 2022 Fourth edition.
ISQua	International Society for Quality in Health Care External Evaluation Association. Guidelines and principles for the development of health and social care standards [Internet]. Fourth Edition Version 1.2. Geneva (CH): International Society for Quality in Health Care External Evaluation Association; 2015