

Diagnostic Accreditation Program

ACCREDITATION STANDARDS

Patient and Client Focus

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Introduction

Engaging and involving patients and clients in their health care ensures their needs are met in a safe and effective manner. A patient and client focused culture enables the service to be more responsive and enhances the quality and safety of the care and services provided to patients and clients.

The patient and client focus standards examine patient and client-centered services including how the service determines the requirements, expectations and preferences of patients and clients.

Management of patient and client relationships

No.	Description	Risk	Reference	Change
DPC1.0	THE DIAGNOSTIC SERVICE SEEKS TO UNDERSTAND AND BE RESPONSIVE TO THE REQUIREMENTS OF PATIENTS AND CLIENTS.			
DPC1.1	The diagnostic service seeks to understand the requirements of patients and clients.			
DPC1.1.1	B The diagnostic service identifies patients and clients and defines their requirements.			
DPC1.1.2	B The goals and objectives of the diagnostic service are aligned with patient and client needs and expectations.			
DPC1.1.3	B Cultural and spiritual sensitivities of patients and clients are acknowledged and respected without compromising quality or safety.			
DPC1.2	Service standards of the diagnostic service are defined and made available to patients and clients.			
DPC1.2.1	B The diagnostic service confirms the receipt of the examination request and communicates the approximate appointment wait time to the patient.			
DPC1.2.2	M There is a process for patient prioritization.			M
DPC1.2.3	M Emergent and non-emergent examinations are defined and identified for each modality. <i>Guidance: It may not be necessary to define emergent and non-emergent examinations in all circumstances (e.g. services that exclusively accept drop-in patients).</i>			M
DPC1.2.4	M Wait time to next available appointment for emergent examinations is defined for each modality.			M
DPC1.2.5	M Wait time to next available appointment for non-emergent examinations is defined for each modality.			M
DPC1.2.6	M Turnaround times for reports are defined and monitored. <i>Guidance: Turnaround times are established for all aspects of the reporting process including dictation, transcription and distribution of final report.</i>			M

No.	Description	Risk	Reference	Change
DPC1.2.7	B Service standards, including wait times and turnaround times, are made available to referring practitioners and patients.			
DPC1.3	Interpreting physicians are responsive to patient-related clinician inquiries.			
DPC1.3.1	B Interpreting physicians are responsive to case specific or procedural inquiries.			
DPC1.3.2	B Interpreting physicians provide education to clinicians in a timely and meaningful manner when needed.			

Measurement of patient and client satisfaction

No.	Description	Risk	Reference	Change
DPC2.0	PATIENT AND CLIENT SATISFACTION ARE MEASURED TO GAIN INFORMATION FOR IMPROVEMENT.			
DPC2.1	The diagnostic service collects and analyzes patient and client satisfaction data to improve service delivery.			
DPC2.1.1	B Data collection methods are appropriate for each patient and client group.			
DPC2.1.2	B Data collection methods allow information to be associated to specific processes within the diagnostic service.			
DPC2.1.3	B Data collection methods ensure comparable results from one cycle to the next.			
DPC2.1.4	B Patient and client satisfaction data is analyzed.			
DPC2.1.5	B Goals and priorities for improvement are determined.			
DPC2.2	There is a process in place to gather and follow up on patient and client complaints.			
DPC2.2.1	M There is a process for patients and clients to register complaints and provide feedback.	M		
DPC2.2.2	B There are methods to identify complaints within the patient and client satisfaction data that require specific action.			
DPC2.2.3	B There is a procedure for documenting complaints from patients and clients.			
DPC2.2.4	M Responses to patient and client inquiries and complaints are addressed in a defined time frame. <i>Guidance: The time frame of response is defined and monitored by the service.</i>	M		Revised
DPC2.2.5	B The resolution of complaints is documented.			
DPC2.2.6	B Information gained from complaints is used to make improvements as necessary.			
DPC2.2.7	B The complaint process is made available to the public. <i>Guidance: This information may be on the facility or organization's website or on the requisition.</i>			New

Patient rights

No.	Description	Risk	Reference	Change
DPC3.0	THE DIAGNOSTIC SERVICE RESPECTS THE RIGHTS OF PATIENTS. <i>Guidance: Refer to the Government of Canada's Patient's Bill of Rights for additional information.</i>			
DPC3.1	Patient rights are communicated to patients and staff.			
DPC3.1.1	M Staff understand and respect the rights of the patients.			H
DPC3.1.2	B Patients are informed of their rights.			
DPC3.2	Patients are involved in decision making about their care, procedure(s) and/or service(s).			
DPC3.2.1	M Patients are provided with information about their procedures so that they can participate in making informed decisions. <i>Guidance: Patient is informed of the risk versus benefit of undergoing a procedure; this may include undergoing imaging while pregnant, undergoing repeated imaging, or undergoing imaging with the administration of contrast, radiopharmaceuticals, or medications.</i>			M
DPC3.2.2	B The patient is made aware of the health-care professionals involved in their procedure.			
DPC3.2.3	B Patients are provided with information about their right to refuse a procedure or service.			
DPC3.2.4	B When patients are unable to make decisions about their care, procedure(s), and/or services, a substitute decision-maker(s) is involved in making these decisions in accordance with policy and provincial law and regulation.			
DPC3.2.5	M Decisions made by a patient with regard to giving or withholding consent are respected.			H

No.	Description	Risk	Reference	Change
DPC3.3	<p>The diagnostic service ensures that patients are provided with the information necessary to give or withhold informed consent.</p> <p><i>Guidance: Obtaining informed consent is a process of communication that establishes a mutual understanding between the patient and health-care provider(s) involved in the imaging procedure. It provides patients with the information they need to make informed decisions and ultimately results in the patient's authorization or agreement to undergo the procedure for which informed consent is being obtained. Informed consent is a process that encompasses patient needs and preferences, patient education and compliance with the Health Care (Consent) and Care Facility (Admission) Act.</i></p>			
DPC3.3.1	<p>M The diagnostic service identifies the specific examinations or procedures that require informed consent as well as the circumstances that would allow for exceptions to it.</p>	M		
DPC3.3.2	<p>M The diagnostic service clearly identifies the health-care providers who are authorized and responsible for obtaining informed consent.</p> <p><i>Guidance: Refer to the Health Care (Consent) and Care Facility (Admission) Act for the definition of a health-care provider.</i></p>	M		
DPC3.3.3	<p>M The informed consent process provides the patient with sufficient information to understand the proposed procedure and make a decision.</p>	H		
DPC3.3.4	<p>M Information given to the patient is provided in a manner they are able to understand.</p>	H		
DPC3.3.5	<p>M The informed consent process includes an opportunity for patients to ask questions about their proposed procedure.</p>	H		
DPC3.3.6	<p>M Informed consent is documented in the patient's record in accordance with hospital or service policy and provincial legislation.</p> <p><i>Guidance: Documentation should at a minimum contain: the patient's name; the date informed consent is obtained; a description of the procedure, examination or service for which informed consent is being obtained (including the date on which it will be performed); and whether the patient does or does not consent to the procedure, examination or service. Documentation may be recorded in the format of a form, in progress notes, or elsewhere in the patient's record.</i></p>	M		