COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

Diagnostic Accreditation Program

ACCREDITATION STANDARDS

Patient-centred Care

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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-centred care 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-centred Care* standards set requirements for diagnostic services to determine the requirements, expectations and preferences of patients and clients.

Management of patient and client relationships

No.		Description	Reference	Risk	Change	Asmt.
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.		B		F
DPC1.1.2	**B**	The goals and objectives of the diagnostic service are aligned with patient and client needs and expectations.		B		F
DPC1.1.3	**B**	Cultural and spiritual sensitivities of patients and clients are acknowledged and respected without compromising quality or safety.		B		F
DPC1.1.4	**B**	The accessibility needs of patients and clients are met. Guidance: Universal accessibility considers physical disabilities, sensory impairments and cognitive impairments. It is recommended that the accessibility needs of patients and clients are reviewed prior to accessing the facility. This may be accomplished by reviewing any accessibility needs at the time of booking the examination, reviewing patient chart information or referring provider comments. If the accessibility needs cannot be met by an independent facility, the patient/client is advised of a suitable facility or other arrangements are made. It is recommended that independent facilities with limitations to providing services to patients and clients with certain accessibility needs, publicly share this information on their website, requisitions and or as part of the booking process.		B	New	F
DPC1.2		**Service standards of the diagnostic service are defined and made available to patients and clients.**				

No.		Description	Reference	Risk	Change	Asmt.
DPC1.2.1	**B**	The diagnostic service confirms the receipt of the examination request and communicates the approximate appointment wait time to the patient.		B		F
DPC1.2.2	**M**	There is a process for patient prioritization.		M		P, F
DPC1.2.3	**M**	Emergent and non-emergent examinations are defined and identified for each modality. 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).		M		P, F
DPC1.2.4	**M**	Wait time to next available appointment for emergent examinations is defined for each modality.		M		P, F
DPC1.2.5	**M**	Wait time to next available appointment for non-emergent examinations is defined for each modality.		M		P, F
DPC1.2.6	**M**	Turnaround times for reports are defined and monitored. Guidance: Turnaround times are established for all aspects of the reporting process including dictation, transcription and distribution of final report.		M		P, F
DPC1.2.7	**B**	Service standards, including wait-times and turnaround times, are made available to referring practitioners and patients.		B		F
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.		B		F
DPC1.3.2	**B**	Interpreting physicians provide education to clinicians in a timely and meaningful manner when needed.		B		F

Measurement of patient and client satisfaction

No.		Description	Reference	Risk	Change	Asmt.
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**	Service satisfaction feedback data collection methods are appropriate for each patient and client group.		B	Revised	F
DPC2.1.2	**B**	Service satisfaction feedback data collection methods allow information to be associated to specific processes within the diagnostic service.		B	Revised	F
DPC2.1.3	**B**	Service satisfaction feedback data collection methods ensure comparable results from one cycle to the next.		B	Revised	F
DPC2.1.6	**B**	There is a process to gather and analyze service satisfaction feedback to improve service delivery. Guidance: Service satisfaction surveys or other methods to gather feedback on diagnostic services are available to patients and clients. Analysis of service satisfaction feedback is used to identify quality improvement goals.		B	New	F
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.		M	Revised	P, F

No.		Description	Reference	Risk	Change	Asmt.
DPC2.2.2	**B**	There is a process to analyze patient and client complaints. Guidance: If the analysis of the complaint identifies contributing factors which gave rise to the complaint, it recommended that these are assessed across the organization (e.g. unsafe practices identified in specific modality could indicate a pervasive issue across all modalities).		B	Revised	P, F
DPC2.2.3	**B**	There is a procedure for documenting complaints from patients and clients.		B		P, F
DPC2.2.4	**M**	There is a process to investigate and respond to patient and client complaints in a defined time frame. Guidance: The time frame of response is defined and monitored by the service.		M	Revised	P, F
DPC2.2.5	**B**	The resolution of complaints is documented.		B		F
DPC2.2.6	**B**	Information gained from complaints is used to identify opportunities for quality improvement. Guidance: Analysis of complaints is used to identify quality improvement goals.		B	Revised	F
DPC2.2.7	**B**	The complaint process is made available to the public. Guidance: This information may be on the facility or organization's website or on the requisition.		B		P, F

Patient rights

No.		Description	Reference	Risk	Change	Asmt.
DPC3.0		**THE DIAGNOSTIC SERVICE RESPECTS THE RIGHTS OF PATIENTS.** Guidance: Refer to the Government of Canada's Patient's Bill of Rights for additional information.				
DPC3.1		**Patient rights are communicated to patients and staff.**				
DPC3.1.1	**M**	Staff understand and respect the rights of the patients.		H		P, F
DPC3.1.2	**B**	Patients are informed of their rights.		B		P, F
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. 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.		M		F
DPC3.2.2	**B**	The patient is made aware of the health-care professionals involved in their procedure.		B		F
DPC3.2.3	**B**	Patients are provided with information about their right to refuse a procedure or service.		B		F
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.		B		F

No.		Description	Reference	Risk	Change	Asmt.
DPC3.2.5	**M**	Decisions made by a patient with regard to giving or withholding consent are respected.		H		F
DPC3.3		**The diagnostic service ensures that patients are provided with the information necessary to give or withhold informed consent.** 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*.				
DPC3.3.1	**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.		M		P, F
DPC3.3.2	**M**	The diagnostic service clearly identifies the healthcare providers who are authorized and responsible for obtaining informed consent. Guidance: Refer to the *Health Care (Consent) and Care Facility (Admission) Act* for the definition of a healthcare provider.		M		P, F
DPC3.3.3	**M**	The informed consent process provides the patient with sufficient information to understand the proposed procedure and make a decision.		H		P, F
DPC3.3.4	**M**	Information given to the patient is provided in a manner they are able to understand.		H		P, F
DPC3.3.5	**M**	The informed consent process includes an opportunity for patients to ask questions about their proposed procedure.		H		P, F

No.		Description	Reference	Risk	Change	Asmt.
DPC3.3.6	**M**	Informed consent is documented in the patient's record in accordance with hospital or service policy and provincial legislation. 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.		M		F

Revision history

Date	Revisions
April 1, 2026	Patient and Client Focus Version 2.0 was republished in the updated standards template. No content revisions.
May 20, 2026	Title revised to *Patient-centred Care*. Revised – Patient-centred Care Version 2.1 published, effective January 1, 2027