



Diagnostic Accreditation Program

ACCREDITATION STANDARDS

Quality Improvement

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Introduction

To improve the quality and safety of services provided to patients, the diagnostic service must continuously evaluate its performance and use this information to identify ways that it can improve. This form of self-evaluation must be planned and ongoing, and must focus on systems, processes and the performance of individuals integral to the diagnostic and/or clinical process. Standardizing key processes and documenting best practices allows for the collection and analysis of data concerning the current performance of the key processes. This information can be used to focus improvement activities, and monitor the implementation of changes resulting from a structured continuous quality improvement process.

Every organization and diagnostic service, regardless of size, practices quality improvement to some degree. In some organizations, quality improvement may be highly formalized with comprehensive quality improvement plans and structures. In other organizations, quality improvement may be far less formal.

Quality improvement program (QIP)

No.	Description	Risk	Reference	Change
DQI1.0	<p>THERE IS AN INTEGRATED AND COORDINATED QUALITY IMPROVEMENT PROGRAM (QIP).</p> <p><i>Guidance: The purpose of a quality improvement program (QIP) is to objectively and systematically monitor and evaluate the quality and appropriateness of services provided, and to pursue opportunities for improvement. For a QIP to be effective, it must be integrated into organization-wide improvement efforts and have assigned leadership and oversight. A QIP consists of the integrated and coordinated activities of internal operational and clinical audit, clinical risk management and quality assurance and control activities. The size and structure of the organization and the diagnostic service will direct how comprehensive and resourced the QIP is.</i></p>			
DQI1.1	The diagnostic service has a quality improvement committee.			
DQI1.1.1	B There are terms of reference for the quality improvement committee.			
DQI1.1.2	B The committee is chaired by a leader within the diagnostic service.			
DQI1.1.3	B The committee is accountable to an organization-wide quality improvement body.			
DQI1.1.4	B The membership of the committee includes medical, technical and administrative staff of the diagnostic service, and other non-imaging service representatives as appropriate.			
DQI1.2	There is a written description of the quality improvement program.			
DQI1.2.1	B The objectives of the QIP are identified and aligned with organization-wide quality improvement structures and initiatives.			
DQI1.2.2	B There is an explicit definition of how quality is defined in the diagnostic service.			
DQI1.2.3	<p>B The roles, responsibilities and authorities of all individuals and structures of the QIP are defined.</p> <p><i>Guidance: The responsibility for the QIP may be assigned to an individual or to the quality improvement committee.</i></p>			
DQI1.2.4	B The QIP is accountable to the governing body/ownership.			
DQI1.2.5	B The QIP is evaluated on an ongoing basis.			

No.	Description	Risk	Reference	Change
DQ11.3	Quality improvement initiatives are planned, implemented and evaluated.			
DQ11.3.1	B Appropriate people (staff, stakeholders, clients) are involved in improvement initiatives.			
DQ11.3.2	B Clear statements are developed explaining the measurable goal(s) of each improvement initiative.			
DQ11.3.3	B Plans for improvement initiatives are developed, documented and implemented.			
DQ11.3.4	B Quality improvement initiatives are evaluated after implementation.			
DQ11.3.5	B Action is taken if the initiative does not achieve or sustain planned improvements.			
DQ11.3.6	B Improvement activity that includes preventive action includes the application of controls to ensure effectiveness.			
DQ11.3.7	B The results of improvement initiatives are documented and communicated to staff, stakeholders and clients.			
DQ11.4	Quality improvement activities are undertaken concurrent with patient diagnosis and treatment. <i>Guidance: By undertaking quality activities concurrently with the diagnostic and treatment processes, individual patients can receive the benefits of clinical quality improvement immediately.</i>			
DQ11.4.1	B Imaging medical practitioners and technical staff participate in multidisciplinary patient rounds.			
DQ11.4.2	B Imaging interpretations are correlated with other diagnostic examinations, pathology/surgical results and/or patient outcomes.			
DQ11.4.3	B Intended therapeutic effects are correlated with responses to therapy (e.g. I-131 therapy).			

Key operational processes, clinical processes and internal audits

No.	Description	Risk	Reference	Change
DQI2.0	THE DIAGNOSTIC SERVICE IMPROVES QUALITY BY DOCUMENTING AND AUDITING KEY OPERATIONAL PROCESSES.			
DQI2.1	Key operational processes are defined and documented. <i>Guidance: Operational processes are those management related activities that are necessary to support the effective delivery of care and service.</i>			
DQI2.1.1	M Key operational processes that can impact the quality of service are identified.	L		
DQI2.1.2	B Identified processes are documented through flowcharting and/or written procedures.			
DQI2.2	Clinical processes and procedures are defined and documented. <i>Guidance: Clinical processes are modality specific processes that directly impact the patient's care. Examples of clinical processes include imaging procedure review, verification of images on picture archiving and communication system (PACS) and examination interpretation.</i>			
DQI2.2.1	M Clinical processes and procedures that can impact quality of service are identified.	L		
DQI2.2.2	B Identified processes and procedures are documented through flowcharting and/or written procedures or protocols.			
DQI2.3	An internal audit program is established to monitor key operational and clinical processes. <i>Guidance: Internal audits ensure compliance with documented procedures and flowcharts, identify potential risks and opportunities for improvement.</i>			
DQI2.3.1	B Procedures for conducting internal audits are documented and include name of the key operational process.			
DQI2.3.2	B Procedures for conducting internal audits are documented and include frequency of audit.			

No.	Description	Risk	Reference	Change
DQI2.3.3	B Procedures for conducting internal audits are documented and include individual appropriate to conduct the audit. <i>Guidance: It is preferable that individuals do not audit their own activities.</i>			
DQI2.3.4	B Procedures for conducting internal audits are documented and include the training requirements for those involved in the audit.			
DQI2.3.5	B Procedures for conducting internal audits are documented and include methodology to conduct the audit and document the results.			
DQI2.3.6	B Procedures for conducting internal audits are documented and include responsibility for audit review and follow-up activities.			
DQI2.3.7	M Internal audits of key operational and clinical processes are performed.	L		
DQI2.4	Internal audits are performed within the imaging service.			
DQI2.4.1	B Internal audits are performed in governance and leadership (e.g. the review of quality and safety reports).			
DQI2.4.2	B Internal audits are performed in medical staff (e.g. credentialing process).			
DQI2.4.3	B Internal audits are performed in human resources (e.g. competence assessment of staff).			
DQI2.4.4	B Internal audits are performed in patient and client focus (e.g. patient satisfaction assessment).			
DQI2.4.5	B Internal audits are performed in safety (e.g. patient identification processes).			
DQI2.4.6	B Internal audits are performed in information management (e.g. privacy and confidentiality process).			
DQI2.4.7	B Internal audits are performed in quality improvement (e.g. medical peer review process).			
DQI2.4.8	B Internal audits are performed in imaging informatics (e.g. downtime procedures).			
DQI2.4.9	B Internal audits are performed in high-risk clinical processes (e.g. medication reactions, interventional procedure infection rates, procedural complications).			
DQI2.5	Clinical audits are performed within the imaging service.			
DQI2.5.1	B Audits of the process for protocol development and adoption are performed.			
DQI2.5.2	B Audits are performed on the use of structured reporting by interpreting physicians.			

No.	Description	Risk	Reference	Change
DQI2.5.3	B Corrected reports are audited to detect trends.			
DQI2.5.4	M At a minimum, a weekly audit of unreported examinations is performed to ensure all examinations have a written report and no exam goes unreported.	M		
DQI2.5.5	M Image/examination quality review is performed monthly to provide technical staff with feedback.	M		
DQI2.5.6	M At a minimum, a monthly audit of the turnaround times for each reporting physician is performed.	M		

Medical peer review

No.	Description	Risk	Reference	Change
DQI3.0	<p>THE DIAGNOSTIC SERVICE IMPROVES QUALITY THROUGH A MEDICAL PEER REVIEW PROGRAM.</p> <p><i>Guidance: Medical peer review is a systematic process undertaken to continuously improve patient safety and quality. Medical peer review contributes to improving processes and outcomes by providing performance feedback to individuals and the department as a whole. It is a proactive tool for identifying, tracking and resolving inappropriate clinical performance, discrepancies and medical errors during all stages of the diagnostic process. Peer review can be an internal process undertaken by peers within the organization, or a process external to the organization utilizing outside peers. There are many facets to medical peer review most of which are used to provide the most complete picture of medical performance. Peer review may be performed on a case-by-case basis in relation to critical incidents, complaints or medical staff reappointment processes. It may also be performed on randomly selected cases as part of a systematic effort to monitor performance of practitioners as a proactive complement to routine performance data collection and review. Peer review may also be retrospective or prospective, and may involve the selection of special topics for in-depth study either on an individual or departmental basis. It may also be contemporaneous with surveillance of actual clinical/diagnostic performance which can be built into the daily work routine. In short, effective medical peer review generally involves all of the above. It is best performed within the context of research driven evidence, using clinical management tools to enable consistent evidence-based practice.</i></p>			
DQI3.1	There is an established medical peer review program.			
DQI3.1.1	M Medical leadership for the medical peer review program is assigned.			L
DQI3.1.2	M The medical leader is responsible to ensure the medical peer review program is developed, implemented and monitored.			L
DQI3.1.3	M The medical leader is responsible to ensure the focus of the peer review program is improvement.			L
DQI3.1.4	M The medical leader is responsible to ensure the peer review program is integrated with other clinical audits and quality improvement activities of the diagnostic service and the organization.			L

No.	Description	Risk	Reference	Change
DQI3.1.5	M The medical leader is responsible to ensure individual results of medical peer review are communicated to the medical practitioner.	L		
DQI3.1.6	M The medical leader is responsible to ensure aggregate results of medical peer review are communicated to the diagnostic service medical practitioners.	L		
DQI3.1.7	M The medical leader is responsible to ensure changes in practice are implemented, as necessary.	L		
DQI3.1.8	B The medical leader is responsible to ensure where possible, there is participation in larger peer review databases to enable comparisons, benchmarking and statistical relevance.			
DQI3.1.9	B Procedures for conducting medical peer review are documented and include type of medical peer review to be conducted.			
DQI3.1.10	B Procedures for conducting medical peer review are documented and include volume of cases to be reviewed.			
DQI3.1.11	B Procedures for conducting medical peer review are documented and include frequency of review.			
DQI3.1.12	B Procedures for conducting medical peer review are documented and include individual(s) appropriate to conduct the peer review. <i>Guidance: Ideally, the individual conducting the peer review should have similar training, work in similar environments, and have similar proficiency and demonstrated competency in the medical specialty.</i>			
DQI3.1.13	B Procedures for conducting medical peer review are documented and include methodology to conduct the peer review process.			
DQI3.1.14	B Procedures for conducting medical peer review are documented and include required documentation.			
DQI3.1.15	B Procedures for conducting medical peer review are documented and include individual/committee that results of the peer review are to be submitted to.			
DQI3.1.16	B Individuals involved in conducting medical peer review are provided with training.			
DQI3.2	The medical peer review program includes required elements.			

No.	Description	Risk	Reference	Change
DQI3.2.1	<p>M The medical peer review program includes the following minimum elements: for each interpreting physician; a defined number of images; and reports are selected on a monthly basis for medical peer review.</p> <p><i>Guidance: Facilities will be asked to provide records of participation and documents that outline the procedure for how the monthly selection of images and reports are determined. Although images and reports are selected monthly, the frequency of review should be determined by the facility and reflected in the procedural documents (i.e. semi-monthly, monthly, quarterly, semi-annually, etc.).</i></p>	L		
DQI3.2.2	<p>M The medical peer review program includes the following minimum elements: completeness and accuracy of reporting is assessed.</p>	L		
DQI3.2.3	<p>B The medical peer review program includes the following minimum elements: correlation of interpretation with other diagnostic examinations, pathology/surgical results and/or patient outcomes.</p>			
DQI3.2.4	<p>B The medical peer review program includes the following minimum elements: correlation of intended therapeutic effects with responses to therapy.</p>			
DQI3.2.5	<p>M The medical peer review program includes the following minimum elements: the number of cases reviewed is recorded and reported.</p>	L		
DQI3.2.6	<p>M The medical peer review program includes the following minimum elements: significant discrepancies between primary report and review are recorded and reported.</p>	L		
DQI3.2.7	<p>B Inter-observer variability amongst the interpreting physicians in the department is evaluated at least annually.</p>			

Performance indicators

No.	Description	Risk	Reference	Change
DQI4.0	INDICATORS ARE USED TO MONITOR OPERATIONAL AND CLINICAL PERFORMANCE. <i>Guidance: In order to improve the quality and safety of services provided, it is important to measure and analyze the performance of processes and then use that data to make improvements. Most organizations have limited resources and cannot collect data to monitor everything. Organizations must choose clinical and operational process and outcome indicators most important to monitor the quality and safety of the services they provide.</i>			
DQI4.1	Indicators are developed to monitor and improve performance.			
DQI4.1.1	M Indicators are developed to monitor the quality and safety of the diagnostic service.	L		
DQI4.1.2	B Indicators are used to identify current status and areas for improvement.			
DQI4.1.3	B Indicators are rate-based (indicator has a numerator and denominator) to allow for internal and external comparison.			
DQI4.1.4	B Indicators have defined reporting periods.			
DQI4.1.5	B Indicators give direction to quality improvement activities.			
DQI4.2	Performance Indicators are established for the imaging service.			
DQI4.2.1	B Indicators are established in human resources (e.g. staff turnover rate).			
DQI4.2.2	B Indicators are established in safety (e.g. patient injury rate, adverse drug events).			
DQI4.2.3	B Indicators are established in patient and client focus (e.g. wait time from referral to examination).			
DQI4.2.4	B Indicators are established in quality improvement (e.g. peer review discrepancy rate).			
DQI4.2.5	B Indicators are established in information management (e.g. reported breaches in confidentiality).			
DQI4.2.6	B Indicators are established in high-risk clinical processes (e.g. procedure infection rates, medication reactions).			

No.	Description	Risk	Reference	Change
DQI4.3	Performance indicators are made available.			New
DQI4.3.1	B The organization publishes results of performance indicators.			New
DQI4.3.2	B The organization makes quality performance indicators publicly available.			New

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