COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

Diagnostic Accreditation Program

ACCREDITATION STANDARDS

Information Management

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College of Physicians and Surgeons of British Columbia
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Introduction

The diagnostic service generates management and clinical information that must be managed. Depending on the diagnostic service, the information management processes may be basic or complex; paper-based and electronic; or fully electronic information systems. Regardless of the process used, management and clinical information must be accurately captured and generated by the diagnostic service to ensure staff and clients have access to necessary and appropriate information.

Information management planning is one of the most critical components of information management and requires the collaborative involvement of all levels and areas of the organization. Planning includes the assessment of the system and resources necessary to implement and maintain the current and future information needs of the diagnostic service.

The medical record is an important method of communication for all members of the health-care team. The patient's medical record contains all the clinical data and information related to the patient's diagnostic procedures. The patient's medical record functions not only as a historical record of a patient's diagnostic procedure, but also as a method of communication between physicians and staff. These records facilitate the continuity of care and aid in clinical decision-making. Medical records may be one component of the facility's health record.

Information management

No.		Description	Risk	Reference	Change
SIM1.0		**PLANS FOR MANAGING CLINICAL AND MANAGEMENT INFORMATION ARE EFFECTIVE, INTEGRATED AND COORDINATED.**			
SIM1.1		**The diagnostic service has an information management plan.**			
SIM1.1.1	**B**	The information management plan includes participation of key stakeholders (e.g. medical, management, technical staff, referring physicians, etc.).			
SIM1.1.5	**B**	The information management plan includes priority of current and future information needs.			
SIM1.1.6	**B**	The information management plan includes alignment with organization wide information management processes and plans.			
SIM1.1.7	**B**	The information management plan includes communication of plans and priorities to the administration of the organization.			
SIM1.1.8	**B**	The information management plan includes adequate resources secured for implementation and sustainability of information management processes.			
SIM1.2		**The diagnostic service has a process for the management of information.**			
SIM1.2.1	**B**	The diagnostic services management plan includes organization (e.g. standardization and categorization) *Guidance: The use of uniform data sets to standardize data collection throughout the organization and the standard use of terminology, abbreviations, symbols, etc. is essential for effective information management.*			
SIM1.2.2	**B**	The diagnostic services management plan includes collection (e.g. capture or acquisition).			
SIM1.2.3	**B**	The diagnostic services management plan includes communication.			
SIM1.2.4	**B**	The diagnostic services management plan includes archive and storage.			
SIM1.2.5	**B**	The diagnostic services management plan includes access, security and confidentiality.			

No.		Description	Risk	Reference	Change
SIM1.2.6	**B**	The diagnostic services management plan includes information system performance.			
SIM1.2.7	**B**	The diagnostic services management plan includes diagnostic reports linked with tests.			
SIM1.3		**Users of information systems and processes (including paper-based) are provided training appropriate for their roles and responsibilities.**			
SIM1.3.1	**M**	Training for users is provided prior to the use of information systems.	L		
SIM1.3.2	**B**	There are provisions for ongoing information user training.			
SIM1.3.3	**B**	Documentation is provided to users as needed.			

Information used for effective decision-making

No.		Description	Risk	Reference	Change
SIM2.0		**INFORMATION IS AVAILABLE AND USED TO MAKE EFFECTIVE DECISIONS.** *Guidance: The exclusive use of a paper-based information system may limit the availability of management information used to support decisions compared to an electronic system; however, the system still needs to support clinical and management decisions at a level appropriate for the diagnostic service.*			
SIM2.1		**Information management data allows diagnostic leaders to make effective decisions.**			
SIM2.1.1	**M**	The information management process allows the diagnostic leader to access data in a timely fashion.	M		
SIM2.1.2	**M**	The information management process allows the diagnostic leader to gather, link and combine data and information from multiple sources.	L		
SIM2.1.3	**M**	The information management process allows the diagnostic leader to assess and compare current data to historical data.	M		
SIM2.1.4	**B**	The information management process allows the diagnostic leader to determine costs associated with service delivery.			
SIM2.1.5	**B**	The information management process allows the diagnostic leader to manage resource utilization.			
SIM2.1.6	**B**	The information management process allows the diagnostic leader to exchange information with other organizations, as appropriate.			
SIM2.1.7	**B**	The information management process allows the diagnostic leader to routinely obtain clinical and management reports.			

Information availability

No.		Description	Reference	Change
SIM3.0		**CONTINUITY OF INFORMATION MANAGEMENT PROCESSES ENSURES THE AVAILABILITY OF INFORMATION.**		
SIM3.1		**The diagnostic service is prepared for events that could impact the availability of information.**		
SIM3.1.1	**M**	There is a documented disaster recovery plan and associated risk assessment for recovery and access to data. *Guidance: For paper-based systems, the documented recovery plan should be more basic than for computerized systems.*	M	
SIM3.1.2	**B**	The disaster recovery plan has been tested.		
SIM3.1.3	**M**	For computerized systems, database backup is performed daily and the backup is securely located in a separate physical location.	H	
SIM3.1.4	**M**	Data stored on-site and offsite is accessible, but protected from unauthorized access and safeguarded against harm (e.g. water, fire, etc.).	H	
SIM3.2		**Downtime procedures are available and communicated to staff.** *Guidance: Downtime procedures are required for both scheduled and unscheduled system downtime.*		
SIM3.2.1	**M**	Documented downtime procedures are available and communicated to staff.	M	
SIM3.2.2	**M**	Users know how to contact support staff in the event of system and/or equipment malfunction.	M	
SIM3.2.3	**B**	On-site or consultant information system specialists are available in a timely manner in case of a system malfunction.		
SIM3.2.4	**B**	Adequate resources are made available for downtime recovery.		
SIM3.2.5	**B**	The reasons for, and frequency of, information system downtime is documented.		
SIM3.2.6	**B**	Designated staff and/or information system specialists are available and assess and participate in problem-solving.		
SIM3.2.7	**B**	Designated staff and/or information system specialists are available and initiate repair and follow-up.		

No.		Description	Reference	Change
SIM3.2.8	**B**	Designated staff and/or information system specialists are available and perform data reconciliation and correction.		

Confidentiality

No.		Description	Risk	Reference	Change
SIM4.0		**THE DIAGNOSTIC SERVICE PROTECTS THE CONFIDENTIALITY OF DATA AND INFORMATION.**			
SIM4.1		**Patient confidentiality and information is protected through policies and procedures.** *References: Freedom of Information and Protection of Privacy Act for the public sector and the BC Personal Information Protection Act for the private sector.* *Guidance: Security and confidentiality of personal information must be protected when using electronic information systems. Network and software security protocols are required to protect the confidentiality of diagnostic reports and other data.*			
SIM4.1.1	**M**	Data access is restricted, controlled and monitored.	M		
SIM4.1.2	**M**	Policies are in place that specify the level of access that is permitted for each category of staff, including information recorded in patient files from other service areas in the organization. *Guidance: Personal information is accessed only by those who are engaged in the primary purpose for which the information was captured.*	M		
SIM4.1.3	**M**	Authorized staff maintain user access and restriction controls.	M		
SIM4.1.4	**M**	Unauthorized user access is monitored.	M		
SIM4.1.5	**M**	There is a policy that addresses how to handle unauthorized users.	M		
SIM4.1.6	**M**	For computer-based systems there is a policy for password confidentiality and use.	M		
SIM4.1.7	**M**	Generic login accounts are not used.	M		
SIM4.1.8	**M**	There is a procedure that ensures linkage between test data and patient identification is removed before any secondary use is permitted (e.g. records used for research or teaching purposes are anonymized).	M		
SIM4.1.9	**M**	Security incidents are reported, documented, investigated and resolved. Actions are taken to prevent recurrence.	M		
SIM4.2		**The service has policies for the release or destruction of data.**			

No.		Description	Risk	Reference	Change
SIM4.2.1	**M**	There is a policy for the use and disclosure of personal information to patients.	M		
SIM4.2.2	**M**	There is a policy for the use and disclosure of personal information to family members.	M		
SIM4.2.3	**M**	There is a policy for the use and disclosure of personal information to health-care professionals.	M		
SIM4.2.4	**M**	There is a policy for the use and disclosure of personal information to other service areas within the organization.	M		
SIM4.2.5	**M**	There is a policy for the use and disclosure of personal information to other organizations.	M		
SIM4.2.6	**M**	There is a policy for the use and disclosure of personal information for research and education purposes.	M		
SIM4.2.7	**M**	There is a policy for the use and disclosure of personal information for legal reasons.	M		
SIM4.2.8	**M**	There is a policy that identifies personal information that can be distributed by electronic mail.	M		
SIM4.2.9	**M**	There is a policy that identifies personal information that can be distributed by facsimile.	M		
SIM4.2.10	**M**	There is a policy that identifies personal information that can be distributed by web-based technology.	M		
SIM4.2.11	**B**	Personal information that is subject to restricted access is identified.			
SIM4.2.12	**M**	Confidential data is destroyed appropriately.	M		

Medical records

No.		Description	Risk	Reference	Change
SIM5.0		**THE DIAGNOSTIC SERVICE MAINTAINS COMPLETE AND ACCURATE MEDICAL RECORDS.** *See also global accreditation standard (GS 4.0).*			
SIM5.1		**The medical record includes accurate patient identification information.**			
SIM5.1.1	**M**	The facility uniquely identifies the patient and tests performed. *Guidance: There is a system for uniquely identifying patients and records used from the time the patient presents through all stages of testing. The facility ensures that correct patient identification is maintained on all records, including reports. Every patient has a unique facility-issued patient identifying number and each test is uniquely associated to that patient.*	M		
SIM5.1.2	**M**	The patient name, patient identifying number and facility name are clearly identified on the master file/patient medical record. *Guidance: The master patient file is appropriately identified for paper-based systems and the medical record for electronic systems.*	M		
SIM5.2		**Data integrity is monitored and maintained.**			
SIM5.2.1	**M**	There are policies and procedures for reporting and reconciling incorrect patient data and notifying affected users. *Guidance: Incorrect patient data may be the result of data entry errors, patient and examination misregistration, incorrect examination type, incorrect patient registration, etc. Users who may have viewed or acted upon incorrect patient data must be notified. This notification should be documented.*	M		Revised
SIM5.2.2	**M**	Reconciliation is performed by authorized individuals.	M		
SIM5.2.4	**M**	Information captured from other organizations is verified (manually or electronically) for accuracy prior to user access. *Guidance: There can be risks with associating external information with internal patient medical records. Procedures exist to ensure data integrity and deal with discrepancies in information from external organizations.*	M		
SIM5.2.5	**B**	There is a process to investigate breeches in and or unauthorized access of confidential patient data.			New

No.		Description	Risk	Reference	Change
SIM5.3		**Current and historical clinical data can be accessed by staff and clients when needed.**			
SIM5.3.1	**M**	Test data and reports are available when the patient moves from one facility to another. *Guidance: Stored test data and diagnostic reports are available in an appropriate format (e.g. printed, electronic) or are readily accessible in soft copy for off-site review.*	M		
SIM5.3.2	**B**	Storage allows for the availability and linking of multiple studies and diagnostic reports for individual patients.			
SIM5.3.3	**B**	Data is retrievable for a designated period of time, depending on the needs of the diagnostic service.			
SIM5.3.4	**B**	Storage capacity planning is periodically performed to ensure the storage needs of the diagnostic service are maintained.			
SIM5.3.5	**M**	There is sufficient storage for hardcopy records (including test data).	M		

Retention of documents and records

Refer to the Ministry of Justice of British Columbia for additional information, accessible at http://www.ag.gov.bc.ca/legislation/limitation-act/2012.htm.

No.		Description	Risk	Reference	Change
SIM7.0		**THE DIAGNOSTIC SERVICE RETAINS DOCUMENTS AND RECORDS.**			
SIM7.1		**Medical records are stored according to British Columbia's revised *Limitation Act* (2013).**			
SIM7.1.1	**M**	Medical records are stored according to the British Columbia's revised *Limitation Act*. *Guidance: The medical record comprises all the clinical data and information related to the patient's diagnostic procedure. The medical record contains all relevant documents for testing including, but not limited to: the request, hard copy or electronic worksheets and reports. Facilities and medical leaders establishing retention times outside of the requirements of the Limitation Act should seek and act according to expert legal advice on this matter.*	M	GOBC LA	
SIM7.1.2	**M**	Pediatric record and diagnostic report retention complies with adult retention criteria, in addition to "past the age of majority."	M		
SIM7.1.3	**B**	Retention times are identified for request forms.			
SIM7.1.4	**B**	Retention times are identified for test protocols.			
SIM7.1.5	**B**	Retention times are identified for quality improvement records.			
SIM7.1.6	**B**	Retention times are identified for records of internal and external audits.			
SIM7.1.7	**B**	Retention times are identified for complaints and actions taken.			
SIM7.1.8	**B**	Retention times are identified for adverse event and/or critical incident reporting forms and records of investigation.			
SIM7.1.9	**B**	Retention times are identified for staff training and orientation records.			
SIM7.1.10	**B**	Retention times are identified for staff competency records.			
SIM7.2		**Equipment testing records are retained.**			
SIM7.2.1	**M**	Preventative maintenance records are retained for the lifetime of the equipment.	M		

No.		Description	Risk	Reference	Change
SIM7.2.2	**M**	A log for scheduled safety checks is maintained.	M		

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].
GOBC LA	Government of British Columbia, Limitation Act, Victoria, BC: Queen's Printer; 2012
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