



Diagnostic Accreditation Program

**MANUAL**

Accreditation Process

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## Introduction

Accreditation is the longest established and most widely known process for the external evaluation of health-care services. Accreditation enables the College of Physicians and Surgeons of British Columbia's (the College) Diagnostic Accreditation Program (DAP) to evaluate and improve the quality of services provided by diagnostic service facilities to their patients and clients, and provides recognition that the diagnostic service facility is meeting provincial standards for quality.

All diagnostic service facilities within the province of British Columbia must be accredited by the DAP.

The DAP Committee has the authority to confer accreditation awards based on the onsite assessment activities conducted by the DAP.

Award standings are:

Full accreditation	This award is valid for a period of five years.
Provisional accreditation	This award is conferred to a new facility/service for a specified period of time, typically two years. Within this time frame the facility is subject to completion of a full on-site accreditation assessment.
Non-accreditation	Organizations that do not meet the basic requirements of a clinically safe and reliable service as defined by the accreditation standards will not receive an accreditation award. A physician or surgeon in BC may not practise in, nor refer patients to, a non-accredited facility.

## Initial Assessment Process

All new facilities, and some new services within an already accredited facility, must proceed through the initial assessment process prior to service delivery or patient testing.

Each program's accreditation standards for initial assessment can be found on their respective page on the College [website](#).

The following steps are for all programs: diagnostic imaging; laboratory medicine; neurodiagnostics; polysomnography; pulmonary function; and home sleep apnea testing.

**Note:** The forms for each program can be found on their respective page on the College [website](#). New facilities providing pulmonary function testing limited to spirometry should proceed to the [community spirometry](#) section.

### Step 1: Notification of Significant Change in Service Form

**Note:** This step **only** applies to already accredited facilities that are intending to provide new services. If this is a new facility, not yet accredited, proceed directly to step 2.

The DAP will assess the Notice of Significant Change in Service form to determine if an initial assessment (proceed to step 2) or a [focused assessment](#) is required.

### Step 2: Facility Information Form for Initial Assessment Form

Physicians, surgeons and facilities intending to provide a diagnostic service must first complete the appropriate Facility Information for Initial Assessment form.

Each program has a unique set of forms, which can be found on their respective sections on the College [website](#).

### Step 3: Accreditation Agreement

**Note:** This step applies **only** to new facilities not yet accredited. If this is an already accredited facility, adding a new service, proceed directly to step 4.

The agreement provides a formal understanding with the medical director that the facility will comply with the requirements of the DAP and abide by the defined responsibilities of an accredited organization. Complete the form and proceed to step 4.

### Step 4: Evidence Submission for Distance Review

**Note:** This step is not required for laboratory medicine.

The facility must complete the Initial Assessment Evidence Submission for Distance Review form and submit it with the applicable evidence, prior to scheduling an on-site assessment.

### Step 5: Form and Document Submission

The completed forms and documents are submitted to [dap@cpsbc.ca](mailto:dap@cpsbc.ca).

### Step 6: On-site Assessment

After the DAP has received and reviewed the documents the accreditation specialist will contact the facility to schedule an on-site assessment.

During the on-site assessment, the assessor will assess to accreditation standards for initial assessment and includes: review of the physical environment, discussion of processes with staff, and follow-up on any outstanding issues identified during the distance review of the evidence submission.

### **Step 7: Initial Assessment Accreditation Report**

Following the on-site assessment, the facility/service will be issued an accreditation report. If the facility does not meet all of the requirements outlined in the accreditation standards for initial assessment, the nonconformances will be detailed in the accreditation report. These nonconformances must be resolved in order to receive a provisional accreditation award.

The provisional accreditation award is valid for two years from when the facility/service successfully meets all the nonconformances outlined in the accreditation report.

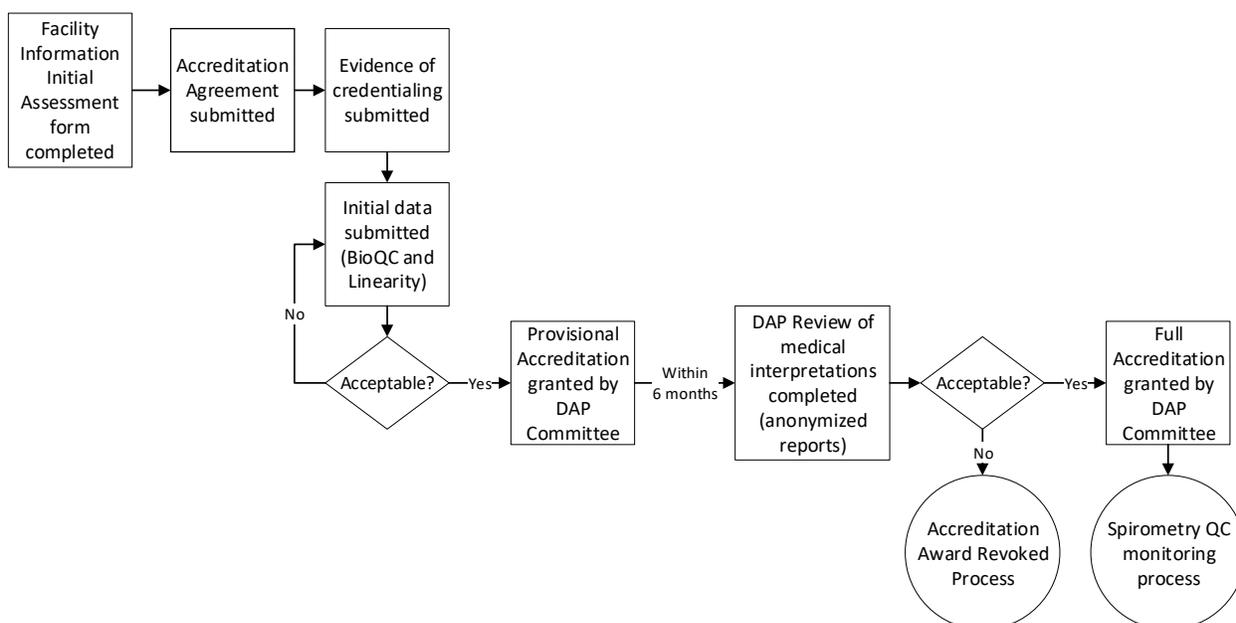
## Spirometry Initial Accreditation

In all other diagnostic services, the accreditation award is granted by the DAP Committee based on review of the report generated from an on-site assessment.

However, pulmonary function facilities conducting **only** spirometry testing are not assessed at their facility; they are assessed using a desktop audit of the quality control (QC) data. Successful QC performance will lead to the issuing of an accreditation award every four years for these facilities.

**Exemption:** If the spirometer used exclusively is the COPD-6 Spirometer, as approved by the Medical Services Commission for case finding, DAP accreditation is not required.

### Initial Accreditation Process



### Initial Accreditation Required Forms

- Facility Information for Initial Assessment Form - Community Spirometry\*
- Accreditation Agreement
- Initial Assessment Data Submission Part 1: Technical Data
- Initial Assessment Data Submission Part 2: Medical Review
- Spirometry Acceptance Testing Worksheets

\*In addition to submitting this completed form, physicians affiliated with a health authority intending to provide spirometry services in the community must include a letter stating the applicant has the requisite credentials as outlined in the BC Medical Quality Initiative (BC MQI) Provincial Privileging Dictionaries. This letter is most often provided by the medical affairs department. Physicians who only work in a private facility should review and follow the credentialing section on the DAP section of the College's [website](#). Credentialing applications will be reviewed and a response sent in writing to the applicant with notification of credentialing status.

## **Ongoing Accreditation - Spirometry Quality Control Program**

Spirometry is a useful diagnostic test commonly performed in a variety of settings; however accurate results are dependent on careful technique, and proper equipment calibration and maintenance. The American Thoracic Society (ATS) and European Respiratory Society (ERS) have recommended a number of procedures to reduce variability including the weekly testing of flow volume measurements and biologic normal subjects. Under the DAP Spirometry Quality Control Program, facility personnel at each site perform quality control procedures, and spirometry measurements on BioQC subjects according to the DAP protocol. The results, which are submitted to the DAP twice each year, give an indication of any areas of concern with the spirometer or performance of the tests. Where unsuccessful QC performance is observed, it will be escalated to the DAP Committee to then determine follow-up actions for the facility in order to maintain their accreditation award.

## Ongoing Accreditation

To achieve full accreditation the facility is scheduled for an accreditation assessment to the complete set of DAP standards for the specific diagnostic service. This assessment will be scheduled one year after the initial assessment of the facility. Facilities must address all nonconformances identified at the assessment, to the satisfaction of the DAP Committee, prior to the expiry of the provisional accreditation award.

Accreditation assessments are scheduled every four years and any nonconformances identified at the assessment must be addressed to ensure that facilities maintain continuing accreditation.

Accredited facilities and services participate in ongoing assessment activities throughout the accreditation cycle.

Additional information on ongoing accreditation is included in the DAP accreditation manual which is available to all accredited facilities.

## Relocation Assessment Process

All facilities relocating to a new address or within their existing building (e.g. facility is rebuilt on the same site) must proceed through the relocation assessment process **prior** to service delivery or patient testing.

The following four steps are for all programs: diagnostic imaging; laboratory medicine; neurodiagnostics; polysomnography; pulmonary function; and home sleep apnea testing.

### Step 1: Notification of Significant Change in Service Form

Physicians, surgeons and facilities intending to provide a diagnostic service must first complete the appropriate Notification of Significant Change in Service form. Each program has a unique set of forms, which can be found on their respective sections on the College website.

After the DAP has received the Notification of Significant Change in Service form, an accredited specialist will contact the facility to confirm receipt of the form.

### Step 2: Evidence Submission for Distance Review

**Note:** This step is not required for laboratory medicine.

The facility must complete the Evidence Submission for Distance Review form and submit it with the applicable evidence, prior to scheduling an on-site assessment.

It is strongly recommended that the appropriate program's accreditation standards for relocation assessment are reviewed and used in conjunction with the Evidence Submission for Distance Review form.

### Step 3: On-site Assessment

After the DAP has received and reviewed the evidence submission package, an accreditation specialist will contact the facility to schedule an on-site assessment. During the on-site assessment, the assessor will review the physical environment; discuss processes with staff and follow up on any outstanding issues identified during the distance review of the evidence submission.

### Step 4: Relocation Assessment Accreditation Report

Following the on-site assessment, the facility/service will be issued an accreditation report. If the facility is not meeting all of the requirements outlined in the accreditation standards for relocation assessment, these nonconformances will be outlined in the accreditation report and will need to be implemented prior to receiving an accreditation award for the new location/address. The expiration of the new accreditation award will remain the same as the previous accreditation award and the previously scheduled accreditation activities will not change.

## Focused Assessment Process

A focused assessment may be scheduled with a facility to confirm continuing accreditation after significant changes to the facility or service have occurred.

This may include but is not limited to a change in service or equipment, additional scope of service or renovations to the facility. These assessments may be scheduled as an on-site assessment or a desk-top audit.

All significant changes should be submitted to the DAP in a Notice of Significant Change in Service form. The DAP will then determine and communicate the next steps to the facility.

## Pause in Diagnostic Services

A pause in service occurs when operational constraints, such as trained personnel availability, equipment availability or medical oversight for example, forces an interruption to the provision of an accredited diagnostic service. It may impact one service or the entire scope of accreditation.

Facilities may experience a pause in service for many different reasons and of varying lengths of time. The DAP will allow a pause in service of limited duration without the need to cancel a facility's accreditation. It is important that this pause is reflected in the DAP communications to stakeholders and that the facility is appropriately assessed to resume services after the pause is resolved.

The scope of service at the facility shall be updated on the accredited facilities lists of the College website for all pauses greater than six months in duration.

Facilities with pauses in all services for greater than 12 months will require a new accreditation award through the initial assessment process.

### Pause in Service Timelines

#### Pause in Individual Services

If	Then
Less than six months	OK to resume service (with appropriate QC if required or other evidence requested by the DAP)
Greater than six months	Focused assessment

#### Pause of All Services

If	Then
Less than six months (at current address)	OK to resume service (with appropriate QC if required or other evidence requested by the DAP)
Between six and 12 months	Focused/relocation assessment
Greater than 12 months	Initial assessment

Facilities experiencing a pause in service should submit a Notice of Significant Change in Service form.

The DAP will monitor the pause in service and follow up with the facility as necessary.

## Fees

All accredited diagnostic facilities/services are subject to annual fees. The annual fees are determined based on the type of facility, types of services and the number of services provided. The DAP does not invoice facilities for the costs associated with on-site assessments.

**Note:** Fees are subject to change and a cancellation fee may also be applicable.

### **New facility application fee: \$2,000**

This fee accompanies an application for accreditation by a new non-accredited facility. The application fee includes conducting the on-site initial assessment. A new facility is not subject to annual fees for the current fiscal year in which they are accredited.

### **Unscheduled assessment fee: \$1,500**

These assessments are usually conducted at the direction of the DAP Committee to gain additional information on specific area of activity in a facility.

### **Initial assessment of new service fee: \$1,000**

This fee applies to an already accredited facility that has expanded service to provide another modality/discipline. For example, a diagnostic imaging department that has already received accreditation for radiology and ultrasound, and now decides to provide CT services would be subject to the initial assessment process and associated fee.

### **Relocation fee: \$1,000**

This fee applies to an already accredited facility that is relocating to another physical location. This applies to moves within the same facility (e.g. relocation to a different section of a hospital or building) and to moves involving a different physical address. In order to be eligible for a relocation visit, the facility must retain the same scope of service and have no significant change to technical, administrative or medical leadership.