DIAGNOSTIC ACCREDITATION PROGRAM
College of Physicians and Surgeons of British Columbia
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Initial Assessment Evidence Submission for Distance Review

DIAGNOSTIC IMAGING

Introduction

The facility's evidence submission for distance review combined with the findings during the initial assessment visit, will be utilized to determine if the facility meets the DAP initial assessment accreditation standards. Provisional accreditation with an expiry of one year will be awarded when the standards are met. Within one year of being awarded provisional accreditation, the facility will be subject to an on-site survey.

The following sections outline the criteria that will be assessed by evidence submission. Follow-up may be required during the Initial Assessment visit to determine if the evidence is implemented.

Instructions

It is *strongly recommended* that the DAP Accreditation Standards for Initial Assessment – Diagnostic Imaging 2014 are used in conjunction with the Evidence Submission form to understand the scope of each request.

1. Facility name: _____
2. Review the standard and "Guidance for Evidence Submission." The "Guidance for Evidence Submission" is for guidance only and any applicable evidence may be submitted to meet the included criteria and criteria descriptors.
3. Gather the evidence. Complete the applicable box on the Evidence Submission Form (i.e. Evidence Attached, N/A, or No Evidence). If your response is "N/A" or "No Evidence", provide an explanation.
4. Label the evidence, either electronically (file name) or manually, identifying the criteria that the evidence is associated. For example, if submitting evidence for DGL2.3 (organizational chart), ensure that DGL2.3 is clearly labeled on the submitted document (either manually or electronically).
5. Submit the evidence electronically or by courier, along with the completed Initial Assessment Evidence Submission for Distance Review Form. Facilities should attempt to submit all documentation electronically. Electronic submissions are to be emailed to diagnosticimaging@cpsbc.ca
6. If unable to send the documentation electronically, please courier all forms and evidence to:

   Diagnostic Accreditation Program
   College of Physicians and Surgeons of British Columbia
   300–669 Howe Street
   Vancouver BC V6C 0B4

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

GOVERNANCE AND LEADERSHIP								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
DGL2.2	**Responsibility for the clinical oversight of diagnostic service quality and safety is assigned and supported by the organization.**			Medical leader position description.				
	DGL2.2.1	**M**	A senior medical leader is appointed with responsibility for the quality and safety of medical practice within the diagnostic service.		◯	◯	◯	
DGL2.3	**There is a documented and dated organizational chart.**			Organizational chart/structure.				
	DGL2.3.1	**M**	The management structure of the diagnostic service is clearly delineated.		◯	◯	◯	
	DGL2.3.2	**M**	Lines of accountability, responsibility and authority as well as the interrelationships of all staff are clear.		◯	◯	◯	
	DGL2.3.3	**M**	Relationships to other organizations are identified (e.g. remotely located medical leadership).		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

MEDICAL STAFF								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
DMS1.2	**Medical leaders must attend the diagnostic service to assess the quality and safety of service.**			Log of the medical leaders visits to the facility/service, if remotely supervised.				
	At a minimum, for radiology, mammography, ultrasound, echocardiography, computed tomography, magnetic resonance imaging, nuclear medicine and bone densitometry							
	DMS1.2.1-DMS1.2.15	**M**	The medical leader visits the facility prior to assuming responsibility for medical leadership of a new service.		◯	◯	◯	
DMS3.1	**Operators of radiographic and/or radioscopic equipment have documented training in:**			**For Radiology:** Training documentation for non-radiologist physicians who operate radiographic and/or radioscopic equipment.				
	DMS3.1.1	**M**	• the safe operation of radiographic and/or radioscopic equipment and accessories being used in the facility		◯	◯	◯	
	DMS3.1.2	**M**	• all manufacturer-specified quality assurance procedures		◯	◯	◯	
	DMS3.1.3	**M**	• radiation protection procedures and measures		◯	◯	◯	
	DMS3.1.4	**M**	• techniques to optimize image quality		◯	◯	◯	
	For radiography:							
	DMS3.1.5	**M**	• the radiological procedure being performed		◯	◯	◯	
	DMS3.1.6	**M**	• patient positioning for accurate localization of regions of interest		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

MEDICAL STAFF								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
DMS4.1	**Delegated medical acts are clearly defined.**			A list of delegated medical acts performed within each modality. The competency assessment template for each delegated medical act.				
	DMS4.1.1	**M**	Each delegated medical act is clearly defined and circumscribed.		◯	◯	◯	
	DMS4.1.2	**M**	The degree of medical supervision required is identified.		◯	◯	◯	
	DMS4.1.3	**M**	Competency requirements to perform the delegated medical act are clearly identified.		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

HUMAN RESOURCES								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
DHR2.1	**The diagnostic service has qualified and competent staff to deliver services.**			List of technologists working within the facility that are not certified (e.g. CAMRT, Ultrasound Canada, ARDMS). Documented scope of practice for CLXTs. The job/position description for Nurses working within Diagnostic Imaging.				
	DHR2.1.1	**M**	The diagnostic service selects and recruits staff based on qualifications and experience (e.g. certification, academic preparation, knowledge, skills, and reference checks).		◯	◯	◯	
	DHR2.1.3	**M**	The diagnostic service defines the scope of practice for CLXT staff that is in alignment with their certification and training.		◯	◯	◯	
	DHR2.1.29	**M**	Nurses assisting with complex interventional procedures are registered with the College of Registered Nurses of British Columbia (CRNBC).		◯	◯	◯	
DHR5.1	**Orientation is provided to all new staff.**			Orientation documentation for new staff members (e.g. orientation checklists, information packages, etc.).				
	DHR5.1.3	**M**	• relevant policies and procedures related to performing the duties of the position		◯	◯	◯	
	DHR5.1.4	**M**	• roles and responsibilities of the individual and key staff		◯	◯	◯	
	DHR5.1.6	**M**	• patient safety (e.g. adverse events and critical incident reporting)		◯	◯	◯	
	DHR5.1.7	**M**	• patient identification		◯	◯	◯	
	DHR5.1.8	**M**	• patient confidentiality		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

HUMAN RESOURCES								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
	DHR5.1.9	**M**	• information management processes and systems		◯	◯	◯	
	DHR5.1.10	**M**	• management of infectious materials including routine precautions, needle stick injury protocol, personal protective equipment		◯	◯	◯	
	DHR5.1.11	**M**	• sharps handling and disposal		◯	◯	◯	
	DHR5.1.12	**M**	• WHMIS and other local, provincial and federal requirements		◯	◯	◯	
	DHR5.1.13	**M**	• injury prevention and reporting staff injuries (e.g. use of patient lifts and transfer devices)		◯	◯	◯	
	DHR5.1.14	**M**	• management of aggressive behaviour		◯	◯	◯	
	DHR5.1.15	**M**	• violence and harassment in the workplace		◯	◯	◯	
	DHR5.1.16	**M**	• emergency response/codes		◯	◯	◯	
	DHR5.1.17	**M**	• fire safety		◯	◯	◯	
	DHR5.1.18	**M**	• disaster response		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

PATIENT AND CLIENT FOCUS								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
DPC3.3	**The diagnostic service ensures that patients are provided with the information necessary to give or withhold informed consent.**			A list of examinations that require informed consent. Medical imaging/Hospital policy regarding informed consent. Informed consent template.				
	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.		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

GENERAL SAFETY								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
DSA1.2	**A safety manual is readily available to staff that includes:**			Policies and procedures for the following: • accessing first aid and medical assistance for staff related injuries • reporting and investigating staff safety incidents • exposure control plans for the exposure to biohazardous materials and/or chemicals • requirements for the use of personal protective and other safety equipment • WHMIS program information • emergency evacuation plan • staff working alone or in isolation • management of violent and aggressive behaviour				
	DSA1.2.1	**M**	• how to access first aid services and/or medical assistance for staff related injuries		◯	◯	◯	
	DSA1.2.2	**M**	• the policy and procedure for investigating and reporting staff safety incidents including near misses		◯	◯	◯	
	DSA1.2.3	**M**	• exposure control plans, based on existing occupational hazards		◯	◯	◯	
	DSA1.2.4	**M**	• requirements for use of personal protective and other safety equipment		◯	◯	◯	
	DSA1.2.5	**M**	• Workplace Hazardous Materials Information System (WHMIS) program information		◯	◯	◯	
	DSA1.2.6	**M**	• emergency evacuation plans		◯	◯	◯	
	DSA1.2.7	**M**	• procedures to protect staff “working alone” or in “isolation”		◯	◯	◯	
	DSA1.2.8	**M**	• procedures to manage violent and aggressive behaviour		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

GENERAL SAFETY								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
DSA1.12	**Samples and dangerous goods are transported safely.**			Staff Transportation of Dangerous Goods (TDG) training and documentation.				
	DSA1.12.1	**M**	Staff preparing patient samples for transport to another facility are certified in accordance with Transport of Dangerous Goods (TDG) Regulations.		◯	◯	◯	
	DSA1.12.2	**M**	Staff transporting patient samples and other dangerous goods are certified in accordance with Transport of Dangerous Goods (TDG) Regulations.		◯	◯	◯	

PATIENT SAFETY								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
DPS3.1	**The imaging service has a policy and procedure in place for conducting the universal protocol.**			Universal Protocol policy and procedure, if applicable.				
	DPS3.1.2	**M**	There is a policy that outlines the process for conducting the universal protocol.		◯	◯	◯	
	DPS3.1.3	**M**	The policy clearly specifies the procedures that fall within the universal protocol.		◯	◯	◯	
DPS6.1	**There are procedures to handle medical emergencies in a timely and effective manner.**			Emergency medical response protocol.				
	DPS6.1.1	**M**	There is a medical emergency response protocol in place.		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

INFECTION PREVENTION AND CONTROL								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
DIPC1.1	**An infection prevention and control plan is developed and implemented.**			Table of contents for the Infection Prevention and Control Manual				
	DIPC1.1.1	**M**	There are documented policies and procedures for infection prevention and control (e.g. an infection control manual).		◯	◯	◯	
DIPC7.5	**There is a safe and effective process for high level disinfection.**			**For Ultrasound and Echo:** Documented policies and procedures for high-level disinfection of semi-critical medical devices (e.g. endocavity probes).				
	DIPC7.5.1	**M**	There are implemented procedures for reprocessing each different type of medical device.		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

INFORMATION MANAGEMENT								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
DIM3.2	**Downtime procedures are available and communicated to staff.**			Downtime procedures for both scheduled and unscheduled system downtime.				
	DIM3.2.1	**M**	Downtime procedures are communicated to staff.		◯	◯	◯	
DIM4.1	**Patient confidentiality and information is protected through policies and procedures.**			Policy and procedures regarding information access (e.g. work station log-ins)				
	DIM4.1.1	**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.		◯	◯	◯	
DIM4.2	**The service has policies for the release or destruction of data.**			Policies for the release and destruction of patient information.				
	DIM4.2.1	**M**	There is a policy for the use and disclosure of personal information.		◯	◯	◯	
	DIM4.2.2	**M**	There is a policy that identifies how personal information is distributed (e.g. email, facsimile, web-based technology).		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

IMAGING INFORMATICS								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
II2.4	**Primary display systems used for display of small matrix systems have at a minimum:**			Specifications of all primary display systems (e.g. mega pixels, luminance ratios).				
	II2.4.1	**M**	• 1600 x 1200 (1.9 mega pixel) monitor or better		◯	◯	◯	
	II2.4.2	**M**	• a luminance ratio of at least 250:1 under normal reading conditions		◯	◯	◯	
	II2.4.3	**M**	• a luminance of 170 cd/m2 under normal reading conditions		◯	◯	◯	
II2.7	**The primary display system specifications, reporting environments and network and software security protocols for non-hospital (e.g. clinic or home reporting) settings meet the requirements as listed in II1.4.4, II 2.3, II2.4, II2.5, II2.6, and II2.7.**			Picture of reporting environment if the reporting environment is not on-site (e.g. home reporting).				
	II2.7.1	**M**	The primary display system specifications, reporting environments and network and software security protocols for non-hospital (e.g. clinic or home reporting) settings meet the requirements as listed in II1.4.4, II 2.3, II2.4, II2.5, II2.6, and II2.7.		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

EQUIPMENT AND SUPPLIES								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
DES3.5	**Quality control procedures are established and used to monitor performance of electronic display devices (monitors/image display systems).**			Calibration/ acceptance testing reports for any new primary displays.				
	DES3.5.1	**M**	The performance of all new electronic display devices used for the interpretation of diagnostic images and guidance during interventional procedures is tested to verify performance prior to clinical use.		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

GLOBAL MODALITY								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
GM1.2	**Examination requests include accurate information that is received prior to an examination being undertaken.**			Facility requisition(s).				
	Information recorded on the requisition includes:							
	GM1.3.1	**M**	• the patient's first and last name		◯	◯	◯	
	GM1.3.2	**M**	• a unique personal identifier number such as provincial health number (PHN) or facility-issued identifier number		◯	◯	◯	
	GM1.3.3	**M**	• the date of birth		◯	◯	◯	
	GM1.3.4	**M**	• the gender		◯	◯	◯	
	GM1.3.5	**M**	• name and contact information of authorized individual		◯	◯	◯	
	GM1.3.6	**M**	• clear indication of the authorized individual		◯	◯	◯	
	GM1.3.7	**M**	• names of any other individual who is to receive a copy of the report		◯	◯	◯	
	GM1.3.8	**M**	• examination type(s) and any specific instructions		◯	◯	◯	
	GM1.3.9	**M**	• pertinent clinical information including indications, history, and provisional diagnosis		◯	◯	◯	
	GM1.3.10	**M**	• the date the request is received		◯	◯	◯	
	GM1.3.11	**M**	• indication of urgency		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

GLOBAL MODALITY								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
GM4.2	**Policies and procedures are in place for the administration of intravenous contrast agents.**			Policy and procedure for venipuncture and intravenous contrast administration.				
	GM4.2.1	**M**	Policies and procedures are in place for technologists who perform venipuncture and administer intravenous contrast.		◯	◯	◯	
	GM4.2.4	**M**	There are dose protocols for adults and pediatrics.		◯	◯	◯	
	GM4.2.6	**M**	Documented procedures are in place for treating patients with adverse contrast events.		◯	◯	◯	
GM5.1	**Policies and procedures are in place for the use of moderate sedation and general anesthesia.**			Policies and procedures for the use of sedation or general anesthesia.				
	GM5.1.a	**M**	There are policies and procedures for obtaining informed consent prior to administering sedation.		◯	◯	◯	
	GM5.1.2	**M**	There are policies and procedures for administering sedation.		◯	◯	◯	
	GM5.1.3	**M**	There are policies and procedures for monitoring patients who have been sedated.		◯	◯	◯	
	GM5.1.4	**M**	There are procedures for discharging patients who have been sedated.		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

GLOBAL MODALITY								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
GM8.1	**Reports are comprehensive and include appropriate patient and relevant clinical information.**			Sample report for each modality.				
	Reports include the following information:							
	GM8.1.1	**M**	• patient's first and last name		◯	◯	◯	
	GM8.1.2	**M**	• a unique personal identifier number such as PHN or facility-issued identifier number		◯	◯	◯	
	GM8.1.3	**M**	• date of birth		◯	◯	◯	
	GM8.1.4	**M**	• gender		◯	◯	◯	
	GM8.1.5	**M**	• facility name		◯	◯	◯	
	GM8.1.6	**M**	• examination performed		◯	◯	◯	
	GM8.1.8	**M**	• name of authorized individual requesting examination		◯	◯	◯	
	GM8.1.9	**M**	• report recipient(s)		◯	◯	◯	
	GM8.1.10	**M**	• date of the examination		◯	◯	◯	
	GM8.1.11	**M**	• the time of examination, if relevant (e.g. patients likely to have more than one of a given examination per day)		◯	◯	◯	
	GM8.1.12	**M**	• date of interpretation (e.g. dictation and/or transcription)		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

GLOBAL MODALITY								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
	GM8.1.14	**M**	Multiple page reports include patient identifiers on each sequentially numbered page.		◯	◯	◯	
GM9.2	**Urgent and other non-routine examination findings are effectively communicated.**			Policy and procedures on communicating urgent and other non-routine examination findings.				
	GM9.2.1	**M**	There is a written policy and procedures on communication of urgent and other non-routine examination findings (e.g. critical findings/results).		◯	◯	◯	

RADIATION SAFETY								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
RS2.2	**Procedures are in place to protect female patients of childbearing age.**			Documented procedure on how to proceed with pregnant or potentially pregnant patients.				
	RS2.2.2	**M**	If an examination is requested on a pregnant or potentially pregnant patient, there are documented procedures on how to proceed with the examination request.		◯	◯	◯	
RS5.1	**Radiation protection surveys are conducted to assess safety when:**			Radiation protection survey report (not acceptance testing report unless combined).				
	RS5.1.1	**M**	• there is a new installation		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

RADIATION SAFETY								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
RS6.1	**Appropriate steps are taken to ensure adequate shielding is present in controlled and uncontrolled areas.**			Floor plan identifying controlled and uncontrolled areas. Shielding plans.				
	RS6.1.1	**M**	The radiation levels in controlled areas that are occupied routinely by radiation workers are such that no radiation worker is occupationally exposed to more than 20 mSv per year.		◯	◯	◯	
	RS6.1.2	**M**	The radiation levels in uncontrolled areas are such that no person receives more than 1mSv per year.		◯	◯	◯	

RADIOLOGY								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
RA3.2	**Protocols contain all the information necessary to perform the examination.**			Sample examination protocol.				
	RA3.2.1	**M**	• the radiation technique		◯	◯	◯	
	RA3.2.2	**M**	• the equipment/supplies needed		◯	◯	◯	
	RA3.2.4	**M**	• a description of patient positioning		◯	◯	◯	
	RA3.2.5	**M**	• the type and dose of contrast agents administered		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

RADIOLOGY								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
RA3.3	**Examinations are performed following established protocols.**			Pediatric imaging protocols or technique charts.				
	RA3.3.3	**M**	There are protocols for the pediatric population.		◯	◯	◯	
	RA3.3.7	**M**	Written procedures are in place for the use of electronic markers when errors/omissions are identified after exposure.	Procedure on the use of electronic markers.	◯	◯	◯	
	RA3.3.8	**M**	Technique charts are available and reflective of the equipment used.	Technique charts.	◯	◯	◯	
RA12.1	**Acceptance testing is performed after purchase and prior to clinical use of film-based systems.**			Acceptance testing report for film-based systems.				
	Acceptance testing includes visual and functional testing of the:							
	RA12.1.1	**M**	• mechanical properties		◯	◯	◯	
	RA12.1.2	**M**	• safety systems		◯	◯	◯	
RA12.2	**Acceptance testing is performed after purchase and prior to clinical use of CR/DR systems that includes:**			Acceptance testing report for CR/DR radiographic systems (and mobile units).				
	Acceptance testing includes visual and functional testing of the:							
	RA12.2.1	**M**	• mechanical properties		◯	◯	◯	
	RA12.2.2	**M**	• safety systems		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

RADIOLOGY								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
RA12.3	**Acceptance testing is performed after purchase and prior to clinical use of radioscopic systems that includes:**			Acceptance testing report for radiographic systems (including film-based and mobile units).				
	Acceptance testing includes visual and functional testing of the:							
	RA12.3.1	**M**	• mechanical properties		◯	◯	◯	
	RA12.3.2	**M**	• safety systems		◯	◯	◯	

MAMMOGRAPHY								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
MA3.2	**Protocols contain all the information necessary to perform the examination.**			Sample examination protocol.				
	Protocol information includes, but is not limited to:							
	MA3.2.1	**M**	• the radiation technique		◯	◯	◯	
	MA3.2.2	**M**	• the equipment/supplies needed		◯	◯	◯	
	MA3.2.3	**M**	• a description of patient positioning		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

MAMMOGRAPHY								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
MA12.1	**Acceptance testing of film-based systems is performed by a medical physicist after purchase and prior to clinical use.**			Acceptance testing report for film-based mammography systems.				
	Acceptance testing includes visual and functional testing of the:							
	MA12.1.1	**M**	• mechanical properties		◯	◯	◯	
	MA12.1.2	**M**	• safety systems		◯	◯	◯	
MA12.2	**Acceptance testing of CR/DR systems is performed by a medical physicist after purchase and prior to clinical use of mammography X-ray equipment.**			Acceptance testing report for CR/DR mammography systems.				
	Acceptance testing includes visual and functional testing of the:							
	MA12.2.1	**M**	• mechanical properties		◯	◯	◯	
	MA12.2.2	**M**	• safety systems		◯	◯	◯	

ULTRASOUND								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
US3.2	**Protocols contain all the information necessary to perform the examination.**			Sample examination protocol.				
	Protocol information includes, but is not limited to:							
	US3.2.1	**M**	• clearly specified measurements and imaging views		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

ULTRASOUND								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
US3.3	**Examinations are performed following established protocols.**			A protocol for the use of gel in the performance of ultrasound examinations.				
	US3.3.6	**M**	There is an established protocol for the use of gel in the performance of the ultrasound examinations that is in accordance with Health Canada Safety Guidelines.		◯	◯	◯	
US12.1	**Acceptance testing is performed after purchase and prior to clinical use of equipment that includes:**			Acceptance testing report for each Ultrasound system.				
	US12.1.1	**M**	• visual inspection of system and probes		◯	◯	◯	
	US12.1.2	**M**	• electrical leakage current testing of probes		◯	◯	◯	

ECHOCARDIOGRAPHY								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
EC3.2	**Protocols contain all the information necessary to perform the examination.**			Sample examination protocol.				
	Protocol information includes, but is not limited to:							
	EC3.2.1	**M**	• clearly specified measurements and imaging views		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

ECHOCARDIOGRAPHY								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
EC3.3	**Examinations are performed following established protocols.**			Protocol for the use of gel in the performance of echocardiography examinations.				
	EC3.3.5	**M**	There is an established protocol for the use of gel in the performance of the echocardiography examinations that is in accordance with Health Canada Safety Guidelines.		◯	◯	◯	
EC4.2	**Policies and procedures are in place for the administration of intravenous ultrasonic contrast agents.**			Policies and procedures for technologists performing venipuncture. Adult dose protocols for contrast. Adverse contrast reaction procedure.				
	EC4.2.1	**M**	Policies and procedures are in place for technologists who perform venipuncture.		◯	◯	◯	
	EC4.2.4	**M**	There are dose protocols for adults.		◯	◯	◯	
	EC4.2.6	**M**	Documented procedures are in place for treating patients with adverse contrast events.		◯	◯	◯	
EC12.1	**Acceptance testing is performed after purchase and prior to clinical use of equipment that includes:**			Acceptance testing report for each Echocardiography system.				
	EC12.1.1	**M**	• visual inspection of system and probes		◯	◯	◯	
	EC12.1.2	**M**	• electrical leakage current testing of probes		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

COMPUTED TOMOGRAPHY								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
CT3.2	**Protocols contain all the information necessary to perform the examination.**			Sample examination protocol.				
	Protocol information includes, but is not limited to:							
	CT3.2.1	**M**	• the equipment/supplies needed		◯	◯	◯	
	CT3.2.2	**M**	• a description of patient positioning		◯	◯	◯	
	CT3.2.3	**M**	• the technical parameters		◯	◯	◯	
	CT3.2.4	**M**	• the type and dose of contrast agents administered		◯	◯	◯	
CT3.3	**Examinations are performed following established protocols.**			Pediatric protocols.				
	CT3.3.4	**M**	There are protocols for the pediatric population.		◯	◯	◯	
CT12.1	**Acceptance testing is performed after purchase and prior to clinical use of the equipment.**			Acceptance testing report for each CT scanner.				
	Acceptance testing includes visual and functional testing of the:							
	CT12.1.1	**M**	• mechanical properties		◯	◯	◯	
	CT12.1.2	**M**	• safety systems		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

MAGNETIC RESONANCE IMAGING								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
MR3.2	**Protocols contain all the information necessary to perform the examination.**			Sample examination protocol.				
	Protocol information includes, but is not limited to:							
	MR3.2.1	**M**	• the equipment/supplies needed		◯	◯	◯	
	MR3.2.2	**M**	• a description of patient positioning		◯	◯	◯	
	MR3.2.3	**M**	• the technical parameters		◯	◯	◯	
	MR3.2.4	**M**	• the type and dose of contrast agents administered		◯	◯	◯	
	MR3.2.5	**M**	• when guidance and/or review by a radiologist are required prior to patient discharge (e.g. suspected cord compression, etc.)		◯	◯	◯	
MR12.1	**Acceptance testing is performed by a medical physicist after purchase and prior to clinical use of the MRI system.**			Acceptance testing report for each MRI system.				
	Acceptance testing procedures include, but are not limited to the following:							
	MR12.1.1	**M**	• assessment and identification of the fringe fields		◯	◯	◯	
	MR12.1.2	**M**	• magnetic field homogeneity		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

MAGNETIC SAFETY								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
MRS1.1	**Individuals knowledgeable in MRI safety are involved in planning and review of facility design plans for a new MRI installation.**			Facility floor plan showing all four zones.				
	MRS1.1.1	**M**	Any new facility has incorporated the ACR 4 Zone Configuration into their design plans.		◯	◯	◯	
MRS2.1	**Screening procedures are strictly enforced to ensure safety to all individuals who enter the MR facility.**			MR screening form.				
	MRS2.1.2	**M**	There are documented screening procedures in place for all individuals who enter the MR environment.		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

MAGNETIC SAFETY								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
MRS4.1	**There is an MR safety manual with policies and procedures that include, but are not limited to:**			Policies and procedures from facility magnetic safety manual which include: • Responding to a fire alarm and fire with scan room • Evacuation and quench provisions for superconductive magnets				
	MRS4.1.1	**M**	• responding to a fire alarm and fire within the scan room when staff is either present or absent in the service		◯	◯	◯	
	Evacuation quench provisions for superconductive magnets include:							
	MRS4.1.2	**M**	• a clearly marked quench-activation device		◯	◯	◯	
	MRS4.1.3	**M**	• evacuation procedures for patients and staff		◯	◯	◯	
	MRS4.1.4	**M**	• a fail-safe ventilation path for quenched helium		◯	◯	◯	
	MRS4.1.5	**M**	• a protocol for managing the worst case scenario quench (e.g. gaseous helium does not vent out of the scan room and displaces oxygen)		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

NUCLEAR MEDICINE								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
NM3.2	**Protocols include all the information necessary to perform the examination.**			Sample examination protocol.				
	Protocol information includes, but is not limited to:							
	NM3.2.1	**M**	• the equipment/supplies needed		◯	◯	◯	
	NM3.2.2	**M**	• a description of patient positioning (e.g. supine, prone, posterior, anterior, head in, head out, arms up, arms down, etc.)		◯	◯	◯	
	NM3.2.3	**M**	• the technical parameters		◯	◯	◯	
NM3.4	**There are established procedures in place for the preparation and administration of radiopharmaceuticals.**			Policies and procedures for preparing radiopharmaceuticals .				
	NM3.4.1	**M**	Written protocols for the preparation and administration of radiopharmaceuticals are readily available.		◯	◯	◯	
NM3.5	**There are established procedures in place for the preparation and administration of pharmacologic agents.**			Policies and procedures for preparing and administer pharmacologic agents.				
	NM3.5.1	**M**	Policies and procedures are in place for technologists who administer pharmacologic agents.		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

NUCLEAR MEDICINE								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
NM12.1	**Acceptance testing is performed by a medical physicist after purchase and prior to clinical use of gamma camera systems.**			Acceptance testing report of each nuclear medicine gamma camera.				
	NM12.1.1	**M**	• multiple-window registration		◯	◯	◯	
	NM12.1.2	**M**	• maximum count rate		◯	◯	◯	
NM12.2	**Acceptance testing is performed after purchase and prior to clinical use of well counter systems.**			Acceptance testing report of well counter system.				
	NM12.2.1	**M**	• crystal energy resolution		◯	◯	◯	
	NM12.2.2	**M**	• linear geometry and sensitivity		◯	◯	◯	
	NM12.2.3	**M**	• minimum/maximum detectable levels		◯	◯	◯	
NM12.3	**Acceptance testing is performed after purchase and prior to clinical use of uptake probe systems.**			Acceptance testing report for uptake probe.				
	NM12.3.1	**M**	• crystal energy resolution		◯	◯	◯	
NM12.4	**Acceptance testing is performed after purchase and prior to clinical use of dose calibrator systems.**			Acceptance testing report for dose calibrator(s).				
	NM12.4.1	**M**	• geometrical sensitivity		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

NUCLEAR MEDICINE								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
NM12.5	**Acceptance testing is performed after purchase and prior to clinical use of SPECT/CT hybrid systems.**			Radiation scatter measurement report.				
	NM12.5.1	**M**	For all SPECT/CT hybrid systems, the radiation levels are monitored at critical areas in the imaging room (e.g. bedside, doorway, workstation, etc.).		◯	◯	◯	

NUCLEAR MEDICINE RADIATION SAFETY								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
NMRS1.1	**Imaging staff is aware of the risks of ionizing radiation and manage the risks appropriately.**			Documented policies and procedures for the safe handling of radioactive material.				
	NMRS1.1.2	**M**	There are documented policies and procedures for radiation safety and for handling radioactive materials.		◯	◯	◯	
NMRS2.2	**Procedures are in place to protect female patients of childbearing age.**			Documented procedure on how to proceed with pregnant or potentially pregnant patients.				
	NMRS2.2.2	**M**	If an examination is requested on a pregnant or potentially pregnant patient, there are documented procedures on how to proceed with the examination request.		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

NUCLEAR MEDICINE RADIATION SAFETY								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
NMRS 3.1	**Radiation safety is ensured when staff members handle radioactive materials.**			CNSC licence.				
	NMRS3.1.1	**M**	The nuclear medicine service operates in compliance with the Canadian Nuclear Safety Commission (CNSC) regulations for medical diagnostic and/or therapeutic use of radioisotopes.		◯	◯	◯	
NMRS3.3	**Transportation of radioactive and hazardous materials complies with federal regulations.**			Transportation of Dangerous Goods (TDG) certification.				
	NMRS3.3.1	**M**	A nuclear medicine service that ships or receives biohazardous or radioactive materials has staff certified in the Transportation of Dangerous Goods (TDG).		◯	◯	◯	
	NMRS3.3.2	**M**	Shipping and receiving is handled or directly supervised by a person with TDG certification.		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

BONE DENSITOMETRY								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
BD3.2	**Protocols contain all the information necessary to perform the examination.**			Sample examination protocol.				
	Protocol information includes, but is not limited to:							
	BD3.2.1	**M**	• the equipment/supplies needed		◯	◯	◯	
	BD3.2.2	**M**	• a description of patient positioning		◯	◯	◯	
	BD3.2.3	**M**	• detailed instructions for acquiring and processing examinations		◯	◯	◯	
BD3.3	**Protocols are in place for serial bone densitometry monitoring.**			Pediatric imaging protocols.				
	BD3.3.3	**M**	Pediatric protocols are documented and available to staff.		◯	◯	◯	
BD 12.1	**Acceptance testing is performed after purchase and prior to clinical use of equipment.**			Acceptance testing report for bone densitometry system(s).				
	Acceptance testing includes visual and functional testing of the:							
	BD12.1.1	**M**	• mechanical properties		◯	◯	◯	
	BD12.1.2	**M**	• safety systems		◯	◯	◯	