DIAGNOSTIC ACCREDITATION PROGRAM
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Relocation Assessment Evidence Submission for Distance Review

DIAGNOSTIC IMAGING

Introduction

The facility's evidence submission will be utilized to determine if the facility meets the DAP relocation assessment accreditation standards. The facility's current accreditation award will be transferred to the new address/location after all requirements have been implemented.

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

FACILITY INFORMATION

Facility name: _____

New address: _____

City: _____ Postal code: _____

Imaging service phone number: _____ Projected date of new facility opening: _____

CONTACT PERSON FOR IMAGING SERVICE ACCREDITATION ACTIVITIES

Name: _____ Title: _____

Address: _____

City: _____ Postal code: _____

Phone: _____ Fax: _____

Cellular phone: _____ Email: _____

Relocation 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.				
	DMS1.2.1- DMS1.2.15	**M**	The medical leader visits the facility prior to assuming responsibility for medical leadership of a new service.		◯	◯	◯	

HUMAN RESOURCES								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
DHR5.2	**Orientation and ongoing training is provided to existing staff to uphold the quality and safety of the diagnostic service.**			Orientation records to the new space/facility and policies or procedures that have changed as a result of the relocation (e.g. emergency evacuation procedures, codes, etc.). Orientation records on any new equipment (both imaging systems and ancillary equipment).				
	DHR5.2.1	**M**	Orientation and training is provided to existing staff in response to changing roles, technology, competency demands, laws and regulations or after an extended leave.		◯	◯	◯	
	DHR5.2.3	**M**	Existing staff are provided with ongoing training or orientation in imaging system and ancillary equipment use, maintenance and safety features.		◯	◯	◯	

Relocation 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:**			Safety manual, highlighting the procedures updated following the relocation (e.g. evacuation plans, emergency response procedures, staff working alone or in isolation).				
	DSA1.2.1	**M**	• how to access first aid services and/or medical assistance for staff related injuries		◯	◯	◯	
	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		◯	◯	◯	
DSA2.1	**The design and layout of the physical space meets laws, regulations and codes.**							
	DSA2.1.1	**M**	A professional engineer, responsible for the build, has attested that the new construction or structural changes meet the minimum CSA standards.	City-issued occupancy permit.	◯	◯	◯	

Relocation Assessment Evidence Submission for Distance Review *continued*

Facility name: _____

PATIENT SAFETY								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
DPS6.1	**There are procedures to handle medical emergencies in a timely and effective manner.**			Updated emergency medical response protocol.				
	DPS6.1.1	**M**	There is a medical emergency response protocol in place.		◯	◯	◯	

INFECTION PREVENTION AND CONTROL								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
DIPC5.1	**There is a defined follow up process that addresses possible or actual blood and body fluid exposures.**			Updated blood and body fluid exposure procedures.				
	DIPC5.1.3	**M**	There are documented policies and procedures for the prevention and follow-up of blood and body fluid exposures.		◯	◯	◯	

Relocation 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**
DES2.1	**Acceptance testing is performed after purchase and prior to clinical use of equipment.**							
	DES2.1.4	**M**	Acceptance testing of imaging equipment includes an initial inspection of the equipment and any ancillary equipment.	Acceptance reports for any new ancillary equipment (e.g. pumps, lead aprons & lead shields).	◯	◯	◯	
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 or secondary displays (monitors).				
	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.		◯	◯	◯	

Relocation 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**
RS4.2	**New and replaced medical X-ray equipment is registered with the Diagnostic Accreditation Program of BC.**			DAP equipment registration forms for all new or replaced equipment. *Note: Forms can be found at: https://www.cpsbc.ca/programs/dap/accreditation/diagnostic-imaging*				
	RS4.2.1	**M**	New and replaced medical X-ray equipment is registered with the Diagnostic Accreditation Program of BC and includes the facility name and address.		◯	◯	◯	
RS5.1	**Radiation protection surveys are conducted to assess safety when:**			Radiation protection survey report for all X-ray, CT and Mammography rooms.				
	RS5.1.1	**M**	• there is a new installation		◯	◯	◯	
RS6.1	**Appropriate steps are taken to ensure adequate shielding is present in 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.		◯	◯	◯	

Relocation 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.**			If new imaging equipment is installed, protocols updated to reflect the system(s) in place. Technique charts are reflective of the imaging system(s) in place.				
	RA3.3.1	**M**	Protocols are readily available to staff performing the examination.		◯	◯	◯	
	RA3.3.3	**M**	There are protocols for the pediatric population.		◯	◯	◯	
	RA3.3.8	**M**	Technique charts are available and reflective of the equipment used.		◯	◯	◯	
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). *Note: Acceptance testing is not required for mobile units relocated within the same facility.*				
	Acceptance testing includes visual and functional testing of the:							
	RA12.2.1	**M**	• mechanical properties		◯	◯	◯	
	RA12.2.2	**M**	• safety systems		◯	◯	◯	

Relocation 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). *Note: Acceptance testing is not required for mobile units relocated within the same facility.*				
	Acceptance testing includes visual and functional testing of the:							
	RA12.3.1	**M**	• mechanical properties		◯	◯	◯	
	RA12.3.2	**M**	• safety systems		◯	◯	◯	

Relocation 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**
MA3.3	**Examinations are performed following established protocols.**			If new imaging equipment is installed, protocols updated to reflect the system(s) in place.				
	MA3.3.1	**M**	Protocols are readily available to staff performing the examination.		◯	◯	◯	
MA12.1	**Acceptance testing of film-based systems is performed by a medical physicist after purchase and prior to clinical use.**			Physicist's 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.**			Physicist's 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		◯	◯	◯	

Relocation 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.**			If new imaging equipment is installed, protocols updated to reflect the system(s) in place.				
	US3.3.1	**M**	Protocols are readily available to staff performing the examination.		◯	◯	◯	
US12.1	**Acceptance testing is performed after purchase and prior to clinical use of equipment that includes:**			Acceptance testing report for each ultrasound system. *Note: Ultrasound systems relocated within the same facility do not require acceptance testing.*				
	US12.1.1	**M**	• visual inspection of system and probes		◯	◯	◯	
	US12.1.2	**M**	• electrical leakage current testing of probes		◯	◯	◯	

Relocation 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.**			If new imaging equipment is installed, protocols updated to reflect the system(s) in place.				
	EC3.3.1	**M**	Protocols are readily available to staff performing the examination.		◯	◯	◯	
EC12.1	**Acceptance testing is performed after purchase and prior to clinical use of equipment that includes:**			Acceptance testing report for each echocardiography system. *Note: Echocardiography systems relocated within the same facility do not require acceptance testing.*				
	US12.1.1	**M**	• visual inspection of system and probes		◯	◯	◯	
	US12.1.2	**M**	• electrical leakage current testing of probes		◯	◯	◯	

Relocation 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**
CT3.3	**Examinations are performed following established protocols.**			If new imaging equipment is installed, protocols updated to reflect the system(s) in place.				
	CT3.3.2	**M**	Protocols are equipment specific.		◯	◯	◯	
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		◯	◯	◯	

Relocation 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**
MR3.3	**Examinations are performed following established protocols.**			If new imaging equipment is installed, protocols updated to reflect the system(s) in place.				
	MR3.3.3	**M**	Protocols are equipment specific.		◯	◯	◯	
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		◯	◯	◯	

Relocation 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.		◯	◯	◯	
MRS4.3	**Education is provided to:**			MR Safety training records for non-MRI personnel that may enter Zone 3 or 4.				
	MRS4.3.1	**M**	• Housekeeping staff		◯	◯	◯	
	MRS4.3.2	**M**	• Municipal emergency response staff		◯	◯	◯	
	MRS4.3.3	**M**	• Security staff		◯	◯	◯	

Relocation 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**
NM3.3	**Examinations are performed following established protocols.**			If new imaging equipment is installed, protocols updated to reflect the system(s) in place.				
	NM3.3.2	**M**	Protocols are equipment specific.		◯	◯	◯	
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		◯	◯	◯	

Relocation 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.).		◯	◯	◯	

Relocation 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**
BD3.3	**Examinations are performed following established protocols.**			If new imaging equipment is installed, protocols updated to reflect the system(s) in place.				
	BD3.3.3	**M**	Protocols are readily available to staff performing the examination.		◯	◯	◯	
BD 11.2	**The cross-calibration of the bone densitometry equipment is performed according to standard protocols and prior to clinical use.**			Cross-calibration report if the existing system is replaced with: - new hardware - new BMD system				
	Acceptance testing includes visual and functional testing of the:							
	BD12.1.1	**M**	• mechanical properties		◯	◯	◯	
	BD12.1.2	**M**	• safety systems		◯	◯	◯	
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		◯	◯	◯	