

# Initial Assessment Evidence Submission for Distance Review

## NEURODIAGNOSTICS

### 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 – Neurodiagnostics 2013 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 NGL2.3 (organizational chart), ensure that NGL2.3 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 [neurodiagnostics@cpsbc.ca](mailto:neurodiagnostics@cpsbc.ca).

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: \_\_\_\_\_

| <b>GOVERNANCE AND LEADERSHIP</b>                                |  |   |   |                          |                       |                       |                |
|---|--|---|---|--------------------------|-----------------------|-----------------------|----------------|
| <b>Criteria and descriptors</b><br>Note: M indicates mandatory. |  |   | <b>Guidance for evidence submission</b> | <b>Evidence attached</b> | <b>Not applicable</b> | <b>No evidence</b>    | <b>Explain</b> |
| <b>NGL2.2</b>   | <b>Responsibility for the clinical oversight of diagnostic service quality and safety is assigned and supported by the organization.</b> |   | Medical Leader position description.    |                          |                       |                       |                |
|   | NGL2.2.1   | <b>M</b> A senior medical leader is appointed with responsibility for the quality and safety of the medical practice within the diagnostic service.   |   | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
| <b>NGL2.3</b>   | <b>There is a documented and dated organizational structure that identifies:</b>   |   | Organizational Chart/Structure          |                          |                       |                       |                |
|   | NGL2.3.1   | <b>M</b> <ul style="list-style-type: none"> <li>the management structure of the diagnostic service</li> </ul>   |   | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
|   | NGL2.3.2   | <b>M</b> <ul style="list-style-type: none"> <li>lines of accountability, responsibility, authority and interrelationships of all staff</li> </ul>   |   | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
|   | NGL2.3.3   | <b>M</b> <ul style="list-style-type: none"> <li>relationship to any other organization that the diagnostic service is associated with (e.g. remotely located medical leadership)</li> </ul> |   | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: \_\_\_\_\_

| <b>MEDICAL STAFF</b>  |   |  |  |                          |                       |                       |                |
|---|---|--|--|--------------------------|-----------------------|-----------------------|----------------|
| <b>Criteria and descriptors</b><br>Note: M indicates mandatory. |   |  | <b>Guidance for evidence submission</b>  | <b>Evidence attached</b> | <b>Not applicable</b> | <b>No evidence</b>    | <b>Explain</b> |
| <b>NMS1.2</b>   | <b>Medical leaders must visit the remotely supervised facility to assess the quality and safety of the service.</b> |  | Log of the medical leaders visits to the facility/service, if remotely supervised. |                          |                       |                       |                |
|   | NMS1.2.1  | <b>M</b> The medical leader visits the facility prior to assuming responsibility for medical leadership for a new service. |  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
| <b>NMS1.2</b>   | <b>Medical leaders must visit the remotely supervised facility to assess the quality and safety of the service.</b> |  | Log of the medical leaders visits to the facility/service, if remotely supervised. |                          |                       |                       |                |
|   | NMS1.3.1  | <b>M</b> A log is kept to record the visit of the medical leader or delegate to the diagnostic service.                    |  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
|   | NMS1.3.2  | <b>M</b> Recommendations for improvement or required follow-up are recorded in the log.                                    |  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
|   | NMS1.3.4  | <b>M</b> The log is signed by the person conducting the visit.   |  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
| <b>NMS3.1</b>   | <b>Delegated medical acts are clearly defined.</b>  |  | A list of delegated medical acts performed within the diagnostic service.          |                          |                       |                       |                |
|   | NMS3.1.1  | <b>M</b> Each delegated medical act is clearly defined and circumscribed.  |  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
|   | NMS3.1.2  | <b>M</b> The degree of medical supervision required is identified.   | The competency requirements for each delegated medical act.                        | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
|   | NMS3.1.3  | <b>M</b> Competency requirements to perform the delegated medical act are clearly identified.                              |  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |

# Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: \_\_\_\_\_

| <b>MEDICAL STAFF</b>  |   |  |   |                          |                       |                       |                |
|---|---|--|---|--------------------------|-----------------------|-----------------------|----------------|
| <b>Criteria and descriptors</b><br>Note: M indicates mandatory. |   |  | <b>Guidance for evidence submission</b>                   | <b>Evidence attached</b> | <b>Not applicable</b> | <b>No evidence</b>    | <b>Explain</b> |
| <b>NMS3.2</b>   | <b>The delegation of medical acts has been approved and accepted.</b> |  | The approval and acceptance of the delegated medical act. |                          |                       |                       |                |
|   | NMS3.2.1  | <b>M</b> There is consensus from the medical community that the delegation of the medical act is appropriate.  |   | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
|   | NMS3.2.3  | <b>M</b> The delegation of the medical act has been accepted by the individual(s) who will perform the delegated medical act.  |   | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
|   | NMS3.2.4  | <b>M</b> Agreement from the governing body/ownership of the organization has been obtained prior to the delegated medical act being carried out in the organization. |   | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |

# Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: \_\_\_\_\_

| <b>MEDICAL STAFF</b>  |   |  |  |                          |                       |                       |                |
|---|---|--|--|--------------------------|-----------------------|-----------------------|----------------|
| <b>Criteria and descriptors</b><br>Note: M indicates mandatory. |   |  | <b>Guidance for evidence submission</b>  | <b>Evidence attached</b> | <b>Not applicable</b> | <b>No evidence</b>    | <b>Explain</b> |
| <b>NMS3.3</b>   | <b>Delegated medical acts are performed by competent individuals.</b> |  | Competency assessment template.  |                          |                       |                       |                |
|   | NMS3.3.1  | <b>M</b> Additional training is provided to individuals performing the delegated medical act.  | Records of staff competency assessments for those that perform delegated medical acts. | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
|   | NMS3.3.2  | <b>M</b> An assessment of the competence of the individual to perform a specific act is conducted by a physician.  |  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
|   | The record of the assessment of competence for each individual:       |  |  |                          |                       |                       |                |
|   | NMS3.3.3  | <b>M</b> <ul style="list-style-type: none"> <li>identifies the name of the individual</li> </ul>   |  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
|   | NMS3.3.4  | <b>M</b> <ul style="list-style-type: none"> <li>the date of the assessment</li> </ul>  |  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
|   | NMS3.3.5  | <b>M</b> <ul style="list-style-type: none"> <li>the specific act(s) being assessed</li> </ul>  |  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
|   | NMS3.3.6  | <b>M</b> <ul style="list-style-type: none"> <li>the name of the physician conducting the assessment</li> </ul>   |  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
|   | NMS3.3.7  | <b>M</b> <ul style="list-style-type: none"> <li>the signature of the physician attesting to the competence of the individual performing the specific act(s)</li> </ul> |  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |

# Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: \_\_\_\_\_

| <b>HUMAN RESOURCES</b>  |   |   |   |                          |                       |                    |                |
|---|---|---|---|--------------------------|-----------------------|--------------------|----------------|
| <b>Criteria and descriptors</b><br>Note: M indicates mandatory. |   |   | <b>Guidance for evidence submission</b>   | <b>Evidence attached</b> | <b>Not applicable</b> | <b>No evidence</b> | <b>Explain</b> |
| <b>NHR2.1</b>   | <b>The diagnostic facility has qualified and competent staff to deliver services.</b> |   | List of all technologists working within the facility.<br><br>Certification for technologist(s).<br><br>Job description inclusive of scope of practice. |                          |                       |                    |                |
|   | NHR2.1.1–NHR2.1.4   | <b>M</b> Technical staff providing neurodiagnostic services are certified with the Canadian Association of Electroneurodiagnostic Technologists (CAET) or Technical staff providing neurodiagnostic services are certified with the Association of Electromyography of Canada (AETC) or Technical staff providing neurodiagnostic services are graduates of an accredited training school for neurodiagnostics and are eligible to undergo examination of the Canadian Board of Registered Technologists (CBRET) or the American Board of Registered Electrodiagnostic Technologists (ABRET). |   | ○                        | ○                     | ○                  |                |

# Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: \_\_\_\_\_

| <b>HUMAN RESOURCES</b>  |  |   |  |                          |                       |                       |                |
|---|--|---|--|--------------------------|-----------------------|-----------------------|----------------|
| <b>Criteria and descriptors</b><br>Note: M indicates mandatory. |  |   | <b>Guidance for evidence submission</b>  | <b>Evidence attached</b> | <b>Not applicable</b> | <b>No evidence</b>    | <b>Explain</b> |
| <b>NHR5.1</b>   | <b>Orientation is provided to all new staff. New staff receive orientation and training that includes:</b> |   | Orientation documentation for new staff members (e.g. orientation checklists, information packages, etc.). |                          |                       |                       |                |
|   | NHR5.1.1   | M • patient safety  |  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
|   | NHR5.1.2   | M • patient identification  |  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
|   | NHR5.1.3   | M • management of infectious material including routine precautions, needle stick injury protocol and personal protective equipment |  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
|   | NHR5.1.4   | M • sharps handling and disposal  |  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
|   | NHR5.1.5   | M • WHMIS (e.g. appropriate disposal of solutions and supplies)   |  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
|   | NHR5.1.6   | M • staff injury prevention and reporting   |  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
|   | NHR5.1.7   | M • fire safety   |  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
|   | NHR5.1.8   | M • management of aggressive behavior   |  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
|   | NHR5.1.9   | M • violence and harassment in the workplace  |  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
|   | NHR5.1.10  | M • emergency responses/ codes  |  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
|   | NHR5.1.11  | M • disaster response   |  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: \_\_\_\_\_

| PATIENT AND CLIENT FOCUS                                 |  |   |  |  |                       |                       |                       |
|--|--|---|--|--|-----------------------|-----------------------|-----------------------|
| Criteria and descriptors<br>Note: M indicates mandatory. |  |   | Guidance for evidence submission               | Evidence attached  | Not applicable        | No evidence           | Explain               |
| NPC1.2   | <b>Service standards of the diagnostic service are defined and communicated to patients and clients.</b> |   |  | Procedure for patient prioritization e.g. urgent requests. |                       |                       |                       |
|  | NPC1.2.2   | M | There is a process for patient prioritization. |  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| GENERAL SAFETY   |   |   |   |  |                       |                       |                       |  |
|--|---|---|---|--|-----------------------|-----------------------|-----------------------|--|
| Criteria and descriptors<br>Note: M indicates mandatory. |   |   | Guidance for evidence submission  | Evidence attached  | Not applicable        | No evidence           | Explain               |  |
| NSA1.2   | <b>A safety manual is readily available to staff that includes:</b> |   |   | Policies and Procedures for the following:<br><ul style="list-style-type: none"> <li>Accessing first aid and medical assistance for staff related injuries.</li> <li>Reporting and investigating staff safety incidents.</li> <li>Conducting monthly safety audits and/or inspections.</li> <li>Exposure control plans for the exposure to biohazardous materials and/or chemicals.</li> <li>Requirements for the use of personal</li> </ul> |                       |                       |                       |  |
|  | NSA1.2.1  | M | <ul style="list-style-type: none"> <li>how to access first aid services and/or medical assistance for staff related injuries</li> </ul> |  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |
|  | NSA1.2.2  | M | <ul style="list-style-type: none"> <li>the policy and procedure for reporting staff safety incidents</li> </ul>                         |  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |
|  | NSA1.2.3  | M | <ul style="list-style-type: none"> <li>exposure control plans, based on existing occupational hazards</li> </ul>                        |  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |
|  | NSA1.2.4  | M | <ul style="list-style-type: none"> <li>requirements for use of personal protective and other safety equipment</li> </ul>                |  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |
|  | NSA1.2.5  | M | <ul style="list-style-type: none"> <li>Workplace Hazardous Materials Information System (WHMIS) program information</li> </ul>          |  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |
|  | NSA1.2.6  | M | <ul style="list-style-type: none"> <li>emergency evacuation plans</li> </ul>  |  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |
|  | NSA1.2.7  | M | <ul style="list-style-type: none"> <li>procedures to protect staff "working alone" or in "isolation"</li> </ul>                         |  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |



# Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: \_\_\_\_\_

| <b>GENERAL SAFETY</b>   |   |   |   |  |                          |                       |                       |                |
|---|---|---|---|--|--------------------------|-----------------------|-----------------------|----------------|
| <b>Criteria and descriptors</b><br>Note: M indicates mandatory. |   |   |   | <b>Guidance for evidence submission</b>  | <b>Evidence attached</b> | <b>Not applicable</b> | <b>No evidence</b>    | <b>Explain</b> |
|   | NSA1.2.8  | M | <ul style="list-style-type: none"> <li>procedures to manage violent and aggressive behaviour</li> </ul> | protective and other safety equipment. <ul style="list-style-type: none"> <li>WHMIS program information.</li> <li>Emergency evacuation plan.</li> <li>Staff working alone or in isolation.</li> <li>Management of violent and aggressive behaviour.</li> </ul> | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
| NSA1.3  | <b>Safety issues are discussed and monitored.</b> |   |   | Documentation for the member(s) of the committee or safety representative for the diagnostic service.  |                          |                       |                       |                |
|   | NSA1.3.1  | M | The diagnostic service has a safety committee or health and safety representative.                      |  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: \_\_\_\_\_

| INFECTION PREVENTION AND CONTROL                         |  |  |   |                       |                       |                       |         |
|--|--|--|---|-----------------------|-----------------------|-----------------------|---------|
| Criteria and descriptors<br>Note: M indicates mandatory. |  |  | Guidance for evidence submission  | Evidence attached     | Not applicable        | No evidence           | Explain |
| NIPC1.1  | <b>An infection prevention and control plan is developed and implemented.</b>      |  | Documented policies and procedures for infection prevention and control (e.g. an infection control manual, equipment cleaning procedures, hand-washing procedures). |                       |                       |                       |         |
|  | NIPC1.1.1  | M There are documented policies and procedures for infection and control.  |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
| NIPC7.1  | <b>There is a safe and effective process for sterilization of medical devices.</b> |  | Procedures for sterilization are in accordance with manufacturer's recommendations.   |                       |                       |                       |         |
|  | NIPC7.1.1  | M Sterilization of medical devices by staff is performed following manufacturer's instructions. E.g. Single Fiber EMG needles. |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
| INFORMATION MANAGEMENT                                   |  |  |   |                       |                       |                       |         |
| Criteria and descriptors<br>Note: M indicates mandatory. |  |  | Guidance for evidence submission  | Evidence attached     | Not applicable        | No evidence           | Explain |
| NIM3.2   | <b>Downtime procedures are available and communicated to staff.</b>                |  | Downtime procedures for both scheduled and unscheduled system downtime.   |                       |                       |                       |         |
|  | NIM3.2.2   | M Users know how to contact support staff in the event of system and/or equipment malfunction.                                 |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |

# Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: \_\_\_\_\_

| INFORMATION MANAGEMENT                                   |  |   |   |                       |                       |                       |         |
|--|--|---|---|-----------------------|-----------------------|-----------------------|---------|
| Criteria and descriptors<br>Note: M indicates mandatory. |  |   | Guidance for evidence submission  | Evidence attached     | Not applicable        | No evidence           | Explain |
| NIM4.1   | <b>Patient confidentiality and information is protected through policies and procedures.</b> |   | Policy and procedures regarding information access (e.g. work station log-ins)  |                       |                       |                       |         |
|  | NIM4.1.1   | M Data access is restricted, controlled and monitored.  | Policies and procedures regarding patient confidentiality and information. <ul style="list-style-type: none"> <li>• Policies specifying the level of access permitted for each level of staff.</li> <li>• Policy addressing how to handle unauthorized users.</li> <li>• Policy for password confidentiality and use.</li> <li>• Procedure for ensuring patient identification is removed before secondary use is permitted.</li> </ul> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | NIM4.1.2   | 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.            |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | NIM4.1.3   | M Authorized staff maintains user access and restriction controls.  |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | NIM4.1.5   | M There is a policy that addresses how to handle unauthorized users.  |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | NIM4.1.6   | M For computer-based systems there is a policy for password confidentiality and use.  |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | NIM4.1.7   | M Generic login accounts are not used.  |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | NIM4.1.8   | 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). |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |

# Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: \_\_\_\_\_

| INFORMATION MANAGEMENT                                   |  |   |  |  |                       |                       |         |
|--|--|---|--|--|-----------------------|-----------------------|---------|
| Criteria and descriptors<br>Note: M indicates mandatory. |  |   | Guidance for evidence submission                                 | Evidence attached  | Not applicable        | No evidence           | Explain |
| <b>NIM4.2</b>  | <b>The service has policies for the release or destruction of data:</b>                          |   | Policies for the release and destruction of patient information. |  |                       |                       |         |
|  | There is a policy for the use and disclosure of personal information:                            |   |  |  |                       |                       |         |
|  | NIM4.2.1   | <b>M</b> • to patients                                    |  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |         |
|  | NIM4.2.2   | <b>M</b> • to family members                              |  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |         |
|  | NIM4.2.3   | <b>M</b> • to health care professionals                   |  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |         |
|  | NIM4.2.4   | <b>M</b> • to other service areas within the organization |  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |         |
|  | NIM4.2.5   | <b>M</b> • to other organizations                         |  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |         |
|  | NIM4.2.6   | <b>M</b> • for research and education purposes            |  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |         |
|  | NIM4.2.7   | <b>M</b> • for legal reasons                              |  | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |         |
|  | There is a policy that identifies personal information that can be distributed by the following: |   |  | Policy that identifies personal information that can be distributed by email, facsimile or web-based technology. |                       |                       |         |
|  | NIM4.2.8   | <b>M</b> • electronic mail                                | <input type="radio"/>  |  | <input type="radio"/> | <input type="radio"/> |         |
|  | NIM4.2.9   | <b>M</b> • facsimile                                      | <input type="radio"/>  |  | <input type="radio"/> | <input type="radio"/> |         |
| NIM4.2.10  | <b>M</b> • web-based technology  | <input type="radio"/>                                     | <input type="radio"/>  |  | <input type="radio"/> |                       |         |

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: \_\_\_\_\_

| INFORMATION MANAGEMENT                                   |  |   |  |                       |                       |                       |         |
|--|--|---|--|-----------------------|-----------------------|-----------------------|---------|
| Criteria and descriptors<br>Note: M indicates mandatory. |  |   | Guidance for evidence submission                     | Evidence attached     | Not applicable        | No evidence           | Explain |
| NIM7.1   | <b>The diagnostic service retains documents and records</b>                            |   | Policies for the retention of documents and records. |                       |                       |                       |         |
|  | Medical records are stored according to the British Columbia's revised Limitation Act. |   |  |                       |                       |                       |         |
|  | NIM7.1.1   | M The medical records are stored according to the British Columbia's revised Limitation Act                                 |  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | NIM7.1.2   | M Pediatric record and diagnostic report retention complies with adult criteria, in addition to "past the age of majority". |  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |

| EQUIPMENT AND SUPPLIES                                   |   |   |  |                       |                       |                       |         |
|--|---|---|--|-----------------------|-----------------------|-----------------------|---------|
| Criteria and descriptors<br>Note: M indicates mandatory. |   |   | Guidance for evidence submission                             | Evidence attached     | Not applicable        | No evidence           | Explain |
| NES1.3   | <b>The diagnostic service investigates and resolves problems involving all equipment.</b> |   |  |                       |                       |                       |         |
|  | NES1.3.2  | M There is a list of service staff and their contact information.                           |  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
| NES2.1   | <b>Safety testing is performed after purchase and prior to clinical use equipment.</b>    |   | Safety testing of all new, replaced, or relocated equipment. |                       |                       |                       |         |
|  | NES2.1.1  | M New, replaced, or relocated equipment has safety testing performed prior to clinical use. |  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | NES2.1.2  | M The tester is independent of the manufacturer.  |  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |

# Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: \_\_\_\_\_

| GLOBAL NEURODIAGNOSTICS                                  |   |  |                                  |                       |                       |                       |         |
|--|---|--|----------------------------------|-----------------------|-----------------------|-----------------------|---------|
| Criteria and descriptors<br>Note: M indicates mandatory. |   |  | Guidance for evidence submission | Evidence attached     | Not applicable        | No evidence           | Explain |
| <b>GN1.2</b>   | <b>Tests requests include accurate and appropriate information.</b> |  | Facility requisition.            |                       |                       |                       |         |
|  | Information recorded on the requisition includes:                   |  |                                  |                       |                       |                       |         |
|  | GN1.3.1   | <b>M</b> <ul style="list-style-type: none"> <li>the patient’s first and last name</li> </ul>   |                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | GN1.3.2   | <b>M</b> <ul style="list-style-type: none"> <li>a unique personal identifier number such as Provincial Health Number (PHN) or facility–issued identifier number</li> </ul> |                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | GN1.3.3   | <b>M</b> <ul style="list-style-type: none"> <li>the date of birth</li> </ul>   |                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | GN1.3.4   | <b>M</b> <ul style="list-style-type: none"> <li>the gender</li> </ul>  |                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | GN1.3.5   | <b>M</b> <ul style="list-style-type: none"> <li>name and contact information of authorized individual</li> </ul>   |                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | GN1.3.6   | <b>M</b> <ul style="list-style-type: none"> <li>clear indication of the authorized individual</li> </ul>   |                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | GN1.3.7   | <b>M</b> <ul style="list-style-type: none"> <li>name(s) of any other individual who is to receive a copy of the report</li> </ul>  |                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | GN1.3.8   | <b>M</b> <ul style="list-style-type: none"> <li>test type(s) and any specific instructions</li> </ul>  |                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | GN1.3.9   | <b>M</b> <ul style="list-style-type: none"> <li>pertinent clinical information including indications, history, and provisional diagnosis</li> </ul>                        |                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | GN1.3.10  | <b>M</b> <ul style="list-style-type: none"> <li>the date the request is received</li> </ul>  |                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |

# Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: \_\_\_\_\_

| GLOBAL NEURODIAGNOSTICS                                  |   |   |   |   |                       |                       |                       |         |
|--|---|---|---|---|-----------------------|-----------------------|-----------------------|---------|
| Criteria and descriptors<br>Note: M indicates mandatory. |   |   |   | Guidance for evidence submission                  | Evidence attached     | Not applicable        | No evidence           | Explain |
|  | GN1.3.11  | M | • indication of urgency   |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
| GN5.1  | <b>Reports are comprehensive and include appropriate patient and relevant clinical information including, but not limited to:</b> |   |   | Sample report with patients' descriptors removed. |                       |                       |                       |         |
|  | GN5.1.1   | M | • patient's first and last name   |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | GN5.1.2   | M | • a unique personal identifier number such as PHN or facility-issued identifier number                      |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | GN5.1.3   | M | • date of birth   |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | GN5.1.4   | M | • gender  |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | GN5.1.5   | M | • facility name   |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | GN5.1.6   | M | • test performed  |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | GN5.1.7   | M | • the individual performing the test  |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | GN5.1.8   | M | • name of authorized individual requesting test   |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | GN5.1.9   | M | • report recipient(s)   |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | GN5.1.10  | M | • date of the test  |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |
|  | GN5.1.11  | M | • the time of test, if relevant (e.g. patients likely to have more than one of a given examination per day) |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |         |

# Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: \_\_\_\_\_

| GLOBAL NEURODIAGNOSTICS                                  |   |   |   |   |                       |                       |                       |
|--|---|---|---|---|-----------------------|-----------------------|-----------------------|
| Criteria and descriptors<br>Note: M indicates mandatory. |   |   | Guidance for evidence submission  | Evidence attached   | Not applicable        | No evidence           | Explain               |
|  | GN5.1.12  | M | • date of interpretation (e.g. dictation and/or transcription)                          |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | GN5.1.13  | M | • report status (e.g. preliminary or final)   |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|  | GN5.1.14  | M | • Multiple page reports include patient identifiers on each sequentially numbered page. |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| GN6.2  | <b>Urgent and other non-routine test findings are effectively communicated.</b> |   | Policy and procedures on communicating urgent and other non-routine test findings.      |   |                       |                       |                       |
|  | GN6.2.1   | M |   | There is a written policy and procedures on communication of urgent and other non-routine test findings (e.g. critical findings/results). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| ELECTROENCEPHALOGRAPHY (EEG)                             |   |   |   |  |                       |                       |                       |
|--|---|---|---|--|-----------------------|-----------------------|-----------------------|
| Criteria and descriptors<br>Note: M indicates mandatory. |   |   | Guidance for evidence submission          | Evidence attached  | Not applicable        | No evidence           | Explain               |
| EEG2.1   | <b>Electrodes are selected and put into operation according to standardized procedures.</b> |   | Incorporated into a documented procedure. |  |                       |                       |                       |
|  | EEG2.1.1  | M |   | The head is measured and electrodes are accurately placed according to the 10-20 Electrode Placement System. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



# Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: \_\_\_\_\_

| <b>ELECTROENCEPHALOGRAPHY (EEG)</b>                             |   |   |   |                          |                       |                       |                |
|---|---|---|---|--------------------------|-----------------------|-----------------------|----------------|
| <b>Criteria and descriptors</b><br>Note: M indicates mandatory. |   |   | <b>Guidance for evidence submission</b>   | <b>Evidence attached</b> | <b>Not applicable</b> | <b>No evidence</b>    | <b>Explain</b> |
| <b>EEG4.5</b>   | <b>Montages are standardized according to established best practices.</b> |   | Incorporated into a documented procedure. |                          |                       |                       |                |
|   | EEG4.5.1  | M A minimum of 16 channels of simultaneous EEG activity are recorded.             |   | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
|   | EEG4.5.2  | M Longitudinal-bipolar, transverse-bipolar and referential montages are recorded. |   | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |

| <b>ELECTROMYOGRAPHY (EMG) AND NERVE CONDUCTION STUDIES (NCS)</b> |  |  |   |                          |                       |                       |                |
|--|--|--|---|--------------------------|-----------------------|-----------------------|----------------|
| <b>Criteria and descriptors</b><br>Note: M indicates mandatory.  |  |  | <b>Guidance for evidence submission</b>   | <b>Evidence attached</b> | <b>Not applicable</b> | <b>No evidence</b>    | <b>Explain</b> |
| <b>EMG2.1</b>  | <b>EMG recording preparation/techniques are comprehensive and provide all the necessary information.</b> |  | Incorporated into a documented procedure. |                          |                       |                       |                |
|  | EEG2.2.1   | M Only physicians perform EMG needle procedures. |   | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |
|  | EEG2.2.4   | M Appropriate skin preparation is performed.     |   | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |

# Initial Assessment Evidence Submission for Distance Review *continued*

Facility name: \_\_\_\_\_

| <b>EVOKED POTENTIALS</b>   |   |   |  |                          |                       |                       |                |
|--|---|---|--|--------------------------|-----------------------|-----------------------|----------------|
| <b>Criteria and descriptors</b><br><b>Note: M indicates mandatory.</b> |   |   | <b>Guidance for evidence submission</b>  | <b>Evidence attached</b> | <b>Not applicable</b> | <b>No evidence</b>    | <b>Explain</b> |
| <b>EP3.1</b>   | Normative data values are established and routinely employed. |   | The process or procedure to establish normative data. This is particularly important to VEP's and sometimes to BAEP. |                          |                       |                       |                |
|  | EP3.1.1   | <b>M</b> The normative data is readily available. |  | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> |                |