DIAGNOSTIC ACCREDITATION PROGRAM
College of Physicians and Surgeons of British Columbia
300–669 Howe Street
Vancouver BC V6C 0B4
www.cpsbc.ca
Telephone: 604-733-7758
Toll Free: 1-800-461-3008 (in BC)
Fax: 604-733-3503

Initial Assessment Evidence Submission for Distance Review

PULMONARY FUNCTION

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 – Pulmonary Function 2015 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 PGL2.3 (organizational chart), ensure that PGL2.3 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 pulmonaryfunction@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:_____

GOVERNANCE AND LEADERSHIP								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
PGL2.2	**Responsibility for the clinical oversight of diagnostic service quality and safety is assigned and supported by the organization.**			Description for the Medical Leader position.				
	PGL2.2.1	**M**	A senior medical leader is appointed with responsibility for the quality and safety of the medical practice within the diagnostic service.		◯	◯	◯	
PGL2.3	**There is a documented and dated organizational structure that identifies:**			Organizational Chart/Structure				
	PGL2.3.1	**M**	• the management structure of the diagnostic service		◯	◯	◯	
	PGL2.3.2	**M**	• lines of accountability, responsibility, authority and interrelationships of all staff		◯	◯	◯	
	PGL2.3.3	**M**	• relationship to any other organization that the diagnostic service is associated with (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**
PMS1.2	**Medical leaders must visit the remotely supervised facility to assess the quality and safety of the service.**			Log of the medical leader's visits to the facility/service, **if remotely supervised.**				
	PMS1.2.1	**M**	The medical leader visits the facility prior to assuming responsibility for medical leadership for a new service.		◯	◯	◯	
PMS1.3	**Logs to record medical leader visits are maintained.**			Log of the medical leader's visits to the facility/service, **if remotely supervised**.				
	PMS1.3.1	**M**	A log is kept to record the visit of the medical leader or delegate to the diagnostic service.		◯	◯	◯	
	PMS1.3.2	**M**	Recommendations for improvement or required follow-up are recorded in the log.		◯	◯	◯	
	PMS1.3.4	**M**	The log is signed by the person conducting the visit.		◯	◯	◯	

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**
PMS2.3	**Pulmonary function services are provided by physicians:**			This will be achieved by a combination of the facility providing evidence and supported by information available at the College.				
	PMS2.3.1	**M**	• registered and licensed to practice medicine in British Columbia		◯	◯	◯	
	PMS2.3.2 and PMS2.3.3	**M**	• registered and licensed to practice Respirology by the College of Physicians and Surgeons of BC OR • in a health authority that cannot recruit a respirologist be a registrant in internal medicine, pediatrics or critical care medicine with completed training in pulmonary function and interpretation.		◯	◯	◯	
	PMS2.3.4	**M**	• approved to perform this restricted service by the College of Physicians and Surgeons of British Columbia		◯	◯	◯	

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**
PMS3.1	**Delegated medical acts are clearly defined.**			A list of delegated medical acts performed within the diagnostic service. The competency requirements for each delegated medical act.				
	PMS3.1.1	**M**	Each delegated medical act is clearly defined and circumscribed.		◯	◯	◯	
	PMS3.1.2	**M**	The degree of medical supervision required is identified.		◯	◯	◯	
	PMS3.1.3	**M**	Competency requirements to perform the delegated medical act are clearly identified.		◯	◯	◯	
PMS3.2	**The delegation of medical acts has been approved and accepted.**			The approval and acceptance of the delegated medical act.				
	PMS3.2.1	**M**	There is consensus from the medical community that the delegation of the medical act is appropriate.		◯	◯	◯	
	PMS3.2.2	**M**	The delegation of the medical act has been accepted by the individual(s) who will perform the delegated medical act.		◯	◯	◯	
	PMS3.2.3	**M**	Agreement from the governing body/ownership of the organization has been obtained prior to the delegated medical act being carried out in the organization.		◯	◯	◯	

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**
PMS3.3	**Delegated medical acts are performed by competent individuals.**			Competency assessment template. Records of staff competency assessments for those that perform delegated medical acts.				
	PMS3.3.1	**M**	Additional training is provided to individuals performing the delegated medical act.		◯	◯	◯	
	PMS3.3.2	**M**	An assessment of the competence of the individual to perform a specific act is conducted by a physician.		◯	◯	◯	
	The record of the assessment of competence for each individual:							
	PMS3.3.3	**M**	• identifies the name of the individual		◯	◯	◯	
	PMS3.3.4	**M**	• the date of the assessment		◯	◯	◯	
	PMS3.3.5	**M**	• the specific act(s) being assessed		◯	◯	◯	
	PMS3.3.6	**M**	• the name of the physician conducting the assessment		◯	◯	◯	
	PMS3.3.7	**M**	• the signature of the physician attesting to the competence of the individual performing the specific act(s)		◯	◯	◯	

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**
PHR2.1	**The diagnostic facility has qualified and competent staff to deliver services.**			List of all technologists working within the facility. Certification for technologist(s).				
	PHR2.1.1 and PHR2.1.2	**M**	The diagnostic facility selects and recruits staff based on qualifications and experience (e.g. certification, academic preparation, knowledge, skills and reference checks). Therapists are certified with the Canadian Society of Respiratory Therapists (CSRT); or, are graduates from a recognized training school of respiratory therapy and are eligible to undergo examination from the Canadian Board of Respiratory Care (CBRC).		◯	◯	◯	
PHR3.1	**The staff and leadership of the diagnostic service understand their roles and accountabilities.**			Job description inclusive of scope of practice.				
	PHR3.1.1	**M**	There are job descriptions for all staff that reflect current practice and evolving responsibilities.		◯	◯	◯	

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**
PHR5.1	**Orientation is provided to all new staff.** **New staff receive orientation and training that includes:**			Orientation documentation for new staff members (e.g. orientation checklists, information packages, etc.).				
	PHR5.1.1	**M**	• patient safety		◯	◯	◯	
	PHR5.1.2	**M**	• patient identification		◯	◯	◯	
	PHR5.1.3	**M**	• management of infectious material including routine precautions, needle stick injury protocol and personal protective equipment		◯	◯	◯	
	PHR5.1.4	**M**	• sharps handling and disposal		◯	◯	◯	
	PHR5.1.5	**M**	• WHMIS (e.g. appropriate disposal of solutions and supplies)		◯	◯	◯	
	PHR5.1.6	**M**	• staff injury prevention and reporting		◯	◯	◯	
	PHR5.1.7	**M**	• fire safety		◯	◯	◯	
	PHR5.1.8	**M**	• management of aggressive behavior		◯	◯	◯	
	PHR5.1.9	**M**	• violence and harassment in the workplace		◯	◯	◯	
	PHR5.1.10	**M**	• emergency responses/ codes		◯	◯	◯	
	PHR5.1.11	**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**
PPC1.2	**Service standards of the diagnostic service are defined and communicated to patients and clients.**			Procedure for patient prioritization e.g. urgent requests.				
	PPC1.2.2	**M**	There is a process for patient prioritization.		◯	◯	◯	
PPC3.3	**The diagnostic service ensures that patients are provided with the information necessary to give or withhold informed consent.**			Processes are in place to identify what tests/procedures require informed consent. Note: The medical leader should be part of this process.				
	PPC3.3.1	**M**	The diagnostic service identifies the specific tests or procedures that require informed consent as well as the circumstance that would allow for exceptions to it.		◯	◯	◯	

GENERAL SAFETY								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
PSA1.1	**Potential hazards and risks to staff, patients and visitors are minimized.**			Example of a monthly safety audit/inspection report sheet.				
	PSA1.1.2	**M**	There is a safety program in place that includes monthly safety audits/inspections of the work area, equipment and practices to identify and resolve safety hazards.		◯	◯	◯	

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**
PSA1.2	**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 • conducting monthly safety audits and/or inspections • 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.				
	PSA1.2.1	**M**	• how to access first aid services and/or medical assistance for staff related injuries		◯	◯	◯	
	PSA1.2.2	**M**	• the policy and procedure for reporting staff safety incidents including near misses		◯	◯	◯	
	PSA1.2.3	**M**	• exposure control plans, based on existing occupational hazards		◯	◯	◯	
	PSA1.2.4	**M**	• requirements for use of personal protective and other safety equipment		◯	◯	◯	
	PSA1.2.5	**M**	• Workplace Hazardous Materials Information System (WHMIS) program information		◯	◯	◯	
	PSA1.2.6	**M**	• emergency evacuation plans		◯	◯	◯	
	PSA1.2.7	**M**	• procedures to protect staff “working alone” or in “isolation”		◯	◯	◯	
	PSA1.2.8	**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**
				• Management of violent and aggressive				
PSA1.3	**Safety issues are discussed and monitored.**			Documentation for the member(s) of the committee or safety representative for the diagnostic service.				
	PSA1.3.1	**M**	The diagnostic service has a safety committee or health and safety representative.		◯	◯	◯	

PATIENT SAFETY								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
PPS1.2	**The activities of the diagnostic service ensures patient safety.**			Describe the mechanisms in place to address patients with allergies or sensitivities.				
	PPS1.2.4	**M**	Mechanisms are in place to address patient sensitivities and allergies.		◯	◯	◯	

Initial 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**
PPS2.1	**Patient identification is confirmed prior to a patient's test or procedure by the individual(s) performing the test or procedure.**			What are the two unique patient identifiers used. If pediatric testing is performed, describe the process for patient identification. Describe how patient discrepancies are resolved.				
	PPS2.1.3	**M**	At least two unique patient identifiers are used when verifying patient identification.		◯	◯	◯	
	PPS2.1.8	**M**	Pediatric and other patients who cannot provide identification information are identified by a responsible adult.		◯	◯	◯	
	PPS2.1.9	**M**	Patient identity information discrepancies are resolved prior to performing the test.		◯	◯	◯	
PPS5.1	**There are procedures to handle medical emergencies in a timely and effective manner.**			Emergency response procedures.				
	PPS5.1.1	**M**	There is an emergency response procedure in place.		◯	◯	◯	
	PPS5.1.2	**M**	Staff are familiar with the procedure(s) for responding to medical emergencies.		◯	◯	◯	
	PPS5.1.6	**M**	The facility identifies staff who respond to emergencies and provides training in the use of emergency equipment.		◯	◯	◯	

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**
PIPC1.1	**An infection prevention and control plan is developed and implemented.**			Documented policies and procedures for infection prevention and control (e.g. an infection control manual, equipment cleaning procedures, hand-washing procedures).				
	PIPC1.1.1	**M**	There are documented policies and procedures for infection and control.		◯	◯	◯	
PIPC3.3	**The diagnostic service has a process for the assessment and use of a N95 respirator/mask.**			Documentation for N95 mask fit testing.				
	PIPC3.3.2	**M**	Fit testing of N95 respirators/masks is performed annually and is documented.		◯	◯	◯	
PIPC5.1	**Blood and body fluid exposure precautions are used to safeguard staff.**			Documented policies and procedures for BBF.				
	PIPC5.1.1	**M**	There are documented policies and procedures for follow-up to blood and body fluid exposure (BBF).		◯	◯	◯	
PIPC6.1	**Safe and effective cleaning of the physical environment is maintained.**			Documented policies and procedures cleaning and disinfection of surfaces and ancillary medical equipment.				
	PIPC6.1.1	**M**	Policies and procedures are in place indicating the frequency and method of environmental cleaning and disinfection.		◯	◯	◯	

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**
PIM3.2	**Downtime procedures are available and communicated to staff.**			Downtime procedures for both scheduled and unscheduled system downtime.				
	PIM3.2.2	**M**	Users know how to contact support staff in the event of system and/or equipment malfunction.		◯	◯	◯	

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**
PIM4.1	**Patient confidentiality and information is protected through policies and procedures.**			Policy and procedures regarding information access (e.g. work station log-ins) Policies and procedures regarding patient confidentiality and information. Policies specifying the level of access permitted for each level of staff. Policy addressing how to handle unauthorized users. Policy for password confidentiality and use. Procedure for ensuring patient identification is removed before secondary use is permitted.				
	PIM4.1.1	**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.		◯	◯	◯	
	PIM4.1.4	**M**	There is a policy that addresses how to handle unauthorized access.		◯	◯	◯	
	PIM4.1.5	**M**	For computer-based systems there is a policy for password confidentiality and use.		◯	◯	◯	
	PIM4.1.6	**M**	Generic login accounts are not used.		◯	◯	◯	
	PIM4.1.7	**M**	There is a procedure to remove patient identifiers from test data and reports prior to secondary use (e.g. records used for research or teaching purposes are anonymized).		◯	◯	◯	

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**
PIM4.2	**The service has policies for the release or destruction of data:**			Policies for the release and destruction of patient information.				
	PIM4.2.1	**M**	There is a policy for the use and disclosure of personal information.		◯	◯	◯	
	PIM4.2.2	**M**	There is a policy that identifies how personal information is distributed (e.g. email, facsimile).		◯	◯	◯	
	PIM4.2.4	**M**	Confidential data is destroyed appropriately.		◯	◯	◯	
PIM7.1	**The diagnostic service retains documents and records**			Policies for the retention of documents and records.				
	Retention times for diagnostic reports complies with the service's policy or provincial requirements (e.g. B.C. Limitation Act), whichever is longer.							
	PIM7.1.1	**M**	The medical records are stored according to the British Columbia's revised Limitation Act (2013).		◯	◯	◯	

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**
PES1.1	**There is a current inventory for all equipment used in the diagnostic chain that includes:**			Facilities require documentation to ensure that the equipment is functioning appropriately. E.g. BIOMED, QC reports.				
	PES1.1.1	**M**	• name of item		◯	◯	◯	
	PES1.1.4	**M**	• date of installation		◯	◯	◯	
	PES1.1.6	**M**	• acceptance testing		◯	◯	◯	
	PES1.1.7	**M**	• quality control records		◯	◯	◯	
PES1.3	**The diagnostic service investigates and resolves problems involving all equipment.**			This information is a combination of BIOMED and vendor experts.				
	PES1.3.2	**M**	There is a list of service staff and their contact information.		◯	◯	◯	

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**
PES2.1	**Safety testing is performed after purchase and prior to clinical use equipment.**			Facilities require documentation to ensure that the equipment is functioning appropriately. E.g. BIOMED report, QC reports.				
	PES2.1.1	**M**	New, replaced, or relocated equipment has safety testing performed prior to clinical use.		◯	◯	◯	
	PES2.1.2	**M**	The tester is independent of the manufacturer.		◯	◯	◯	
	PES2.1.4	**M**	Acceptance testing records are available for review.		◯	◯	◯	
	PES2.1.4	**M**	Acceptance testing of diagnostic testing includes biological controls have 10 tests performed to ensure accuracy and repeatability.	Data for BioQC available for review.	◯	◯	◯	
	PES2.1.10	**M**	Acceptance testing for diagnostic equipment includes a review of the test data by the medical leader prior to clinical testing.	Documentation that the acceptance testing data has been reviewed by the medical leader.	◯	◯	◯	
PES4.1	**Calibration/verification is performed on pulmonary function equipment to ensure equipment is ready for patient testing.**			Documentation for certification of a 3L syringe(s).				
	PES4.1.5	**M**	A certified 3L syringe is used for calibration/verification.		◯	◯	◯	

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**
PES6.1	**Biological references are established to ensure accurate test results for interpretation.**			List of biological references; which are reviewed by the medical leader.				
	PES6.1.1	**M**	A list of biological references used is defined and documented.		◯	◯	◯	
	PES6.1.4	**M**	The list of biological references used is reviewed by the medical leader.		◯	◯	◯	

GLOBAL PULMONARY FUNCTION								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
GP1.3	**Test requests include accurate and appropriate information**			Facility requisition.				
	Information recorded on the requisition includes:							
	GP1.3.1	**M**	• the patient's first and last name		◯	◯	◯	
	GP1.3.2	**M**	• a unique personal identifier number such as provincial health number (PHN) or facility-issued identifier number		◯	◯	◯	
	GP1.3.3	**M**	• the date of birth		◯	◯	◯	
	GP1.3.4	**M**	• the gender		◯	◯	◯	
	GP1.3.5	**M**	• name and contact information of authorized individual		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name:_____

GLOBAL PULMONARY FUNCTION								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
	GP1.3.6	**M**	• clear indication of the authorized individual		◯	◯	◯	
	GP1.3.7	**M**	• name(s) of any other individual who is to receive a copy of the report		◯	◯	◯	
	GP1.3.8	**M**	• test type(s) and any specific instructions		◯	◯	◯	
	GP1.3.9	**M**	• pertinent clinical information including indications, history, and provisional diagnosis		◯	◯	◯	
	GP1.3.10	**M**	• the date the request is received		◯	◯	◯	
	GP1.3.11	**M**	• indication of urgency		◯	◯	◯	
GP3.2	**The diagnostic facility ensures documentation is available to ensure consistency of testing.**			Policy and procedural manual.				
	GP3.2.1	**M**	All procedures are documented, communicated to, and available to staff performing testing.		◯	◯	◯	
	GP3.2.2	**M**	Documentation contains all the relevant information necessary to perform the test.		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name:_____

GLOBAL PULMONARY FUNCTION								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
GP5.1	**Reports are comprehensive and include appropriate patient and relevant clinical information including, but not limited to:**			Sample report with patients descriptors removed				
	GP5.1.1	**M**	• patient's first and last name		◯	◯	◯	
	GP5.1.2	**M**	• a unique personal identifier number such as PHN or facility-issued identifier number		◯	◯	◯	
	GP5.1.3	**M**	• date of birth		◯	◯	◯	
	GP5.1.4	**M**	• height		◯	◯	◯	
	GP5.1.5	**M**	• weight (BMI)		◯	◯	◯	
	GP5.1.6	**M**	• race		◯	◯	◯	
	GP5.1.7	**M**	• reference values		◯	◯	◯	
	GP5.1.8	**M**	• gender		◯	◯	◯	
	GP5.1.9	**M**	• facility name		◯	◯	◯	
	GP5.1.10	**M**	• test(s) performed		◯	◯	◯	
	GP5.1.11	**M**	• clinical indication for the test		◯	◯	◯	
	GP5.1.12	**M**	• name of authorized individual requesting the test		◯	◯	◯	
	GP5.1.13	**M**	• the individual performing the test		◯	◯	◯	
	GP5.1.14	**M**	• report recipient(s)		◯	◯	◯	
	GP5.1.15	**M**	• date of the test		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name:_____

GLOBAL PULMONARY FUNCTION								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
	GP5.1.17	**M**	• date of interpretation		◯	◯	◯	
	GP5.1.18	**M**	• report status (e.g. preliminary vs final)		◯	◯	◯	
	GP5.1.19	**M**	Multiple page reports include patient identifiers on each sequentially numbered page.		◯	◯	◯	
GP6.2	**Urgent and other non-routine test findings are effectively communicated.**			Policy and procedures on communicating urgent and other non-routine test findings.				
	GP6.2.1	**M**	There is a written policy and procedures on communication of urgent and other non-routine test findings (e.g. critical findings/results).		◯	◯	◯	

PULMONARY FUNCTION								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
PF1.1	**Pre-testing information is collected and assessed prior to commencing the test.**			Procedure for testing patients that are on supplemental oxygen.				
	PF1.1.4	**M**	Procedures are in place for patients that are on supplemental oxygen.		◯	◯	◯	

Initial Assessment Evidence Submission for Distance Review *continued*

Facility name:_____

PULMONARY FUNCTION								
Criteria and descriptors **Note: M** indicates mandatory.				**Guidance for evidence submission**	**Evidence attached**	**Not applicable**	**No evidence**	**Explain**
PF2.1	**Procedures for spirometry testing follow current standards and best practices.**			Documentation for exclusion criteria				
	PF2.1.4	**M**	Exclusion criteria for spirometry testing is established and includes but is not limited to patients with cardiac instability.		◯	◯	◯	
PF2.6	**Procedures for bronchodilator administration follow current standards and best practices.**			Documentation for bronchodilator administration.				
	There is a defined procedure to administer bronchodilators that includes:							
	PF2.6.1	**M**	• dosage		◯	◯	◯	
	PF2.6.2	**M**	• means of delivery (MDI, nebulizer, flowrate)		◯	◯	◯	
	PF2.6.3	**M**	• repeat administration		◯	◯	◯	
	PF2.6.4	**M**	• time period for post bronchodilator testing is established		◯	◯	◯	
	PF2.6.5	**M**	• a spacer is used in conjunction with a MDI		◯	◯	◯	
PF10.1	**6MW tests are conducted in a manner that ensures accurate results.**			Documentation for a standardized protocol for a 6MW test.				
	PF10.1.1	**M**	Testing follows standardized protocols.		◯	◯	◯	