College of Physicians & Surgeons of Alberta

Diagnostic Imaging Accreditation
New Facility or New Modality Application

Public Facility

Notes and Instructions:

- Fill out required grey shaded areas and return to diagnostic.imaging@cpsa.ab.ca
- CPSA will follow up with the identified Facility Accreditation contact to continue the new facility or new modality application process
- Please refer to the Guidance Document on the Diagnostic Imaging Accreditation webpage if the application pertains to **remotely supervised Ultrasound or Echocardiography.**

Section 1
General Facility Information:

Facility Name	
Address*	
Phone Number	
Invoices are to be sent to:	

	Please check appropriate box	
Is this application for a:	**Yes**	**No**
New Facility		
New Modality in an existing facility		
Expected start date:		

Section 2
Personnel:

Zone Clinical Director (Physician)	
Name	
Phone	
E-mail	

Zone Director / Executive Director	
Name	
E-mail	
Zone Manager	
Name	
E-mail	
Facility Medical Director	
Name	
Specialty	
Phone	
E-mail	

*Individual defined in CPSA General Standards IG.1.2.3 (not the Zone Clinical Director) – See Appendix A for standard

Facility Medical Director (physician)/Dyad leadership partner	
Name	
Specialty	
Phone	
E-mail	

Note: For facilities with Consultants or Consulting Imaging Groups, please provide list:

Consultant and/or Consulting Group (if applicable)	
Name	
Phone	
E-mail	

Remotely Supervised/Teleradiology

***Transmitting: site of acquisition**
***Receiving: site of primary workstation to interpret**

Teleradiology /Remotely Supervised - provide physical address of receiving primary workstation (s) by Imaging consultant (s)	
Address (1)	
Address (2)	
Address (3)	
Address (4)	

Facility Main Accreditation Contact	
Name	
Phone	
E-mail	

Section 4
Scope of Modalities:

Information is used to determine required assessor resources and to customize Standard document tools for each assessment.

- **New Facility: check off ALL the imaging services that will be provided**
- **New Modality: check off ONLY the modality the facility is ADDING**

Modalities		√		√
Computed Tomography	**Routine**		MSK	
	Pediatric		CT Colonography	
	Cardiac CT		Intravascular Contrast Media exams	
	Pediatric CT		CT Fluoroscopy	
	Intravenous Sedation		High Level Disinfection or Sterilization/Cleaning of medical supplies or equipment	
	CT Biopsies		Remote Consultation	
	SPECT			

Magnetic Resonance Imaging	**Routine**		Functional MRI	
	Pediatric		MSK	
	Cardiac MRI		Intravascular Contrast Media exams	
	Pediatric MRI		Mass spectrometry	
	Intravenous Sedation		High Level Disinfection or Sterilization/Cleaning of medical supplies or equipment	
	Breast MRI		Remote Consultation	

Radiography	**Routine**		Fluoroscopy	
	Pediatric		Intravascular Contrast Media exams	
	Intravenous Sedation		High Level Disinfection or Sterilization/Cleaning of medical supplies or equipment	
	Operating Room		Remote Consultation	

Bone Densitometry (DEXA, DXA)	**Routine**		Remote Consultation	
	Pediatric			
Mammography CAR Accredited	**Routine** – Diagnostic		High Level Disinfection or Sterilization/Cleaning of medical supplies or equipment	
Mammography Non-CAR Accredited	Biopsies, Screening Only		High Level Disinfection or Sterilization/Cleaning of medical supplies or equipment	
			Remote Consultation	

Nuclear Medicine	**Routine**		CNSC licensure	
	Pediatric		PET	
	Intravenous Sedation		High Level Disinfection or Sterilization/Cleaning of medical supplies or equipment	
	Nuclear Cardiology		Remote Consultation	

Echocardiography	**Routine**		Intravenous Sedation	
	Pediatric		Transesophageal	
	Contrast		High Level Disinfection or Sterilization/Cleaning of medical supplies or equipment	
	Stress		Remote Consultation	

Ultrasound	**Routine**		Vascular	
	Pediatric		MSK	
	Biopsies		Obstetrical	
	Intravenous Sedation		High Level Disinfection or Sterilization/Cleaning of medical supplies or equipment	
	Contrast Use (oral/IV)		Remote Consultation	

Section 4
Required Documentation for Submission:

Documentation Required for Submission	Embed Document(s) Here
Organization structure (e.g. Organization chart)	
Examples of (if required): • Blank facility imaging requisition/consultation • Blank Screening form or Questionnaire (e.g. CT, MRI, Mammography, Bone Densitometry, etc.).	
Complete list of imaging procedures performed at the facility	
New Facility: List of **all** certified pieces of Radiation Equipment registered to the facility (for each piece provide): (**US/Echo/MRI exempt)** 1. Manufacturer 2. Model name 3. Serial Number New Modality only – please provide for the new certified piece of radiation equipment ONLY: (**US/Echo/MRI exempt)** 1. Manufacturer 2. Model name 3. Serial Number	

College of Physicians & Surgeons of Alberta

Questionnaire for Diagnostic Imaging Accreditation

I.G.5.0 Diagnostic Imaging Information Systems

Electronic Information Systems (RIS) and Digital Image Data Management Systems (PACS)

Revision: June 2017

Revision Date:	**June 2017** June 2009 May 2009 April 2008
Approval Date:	April 2017
Originating Committee:	Advisory Committee on Diagnostic Imaging

				Please check Yes or No, and describe or detail if required
General Standard Number		**Yes**	**No**	**Comments:**
IG.5.1.1 IG.5.1.3	1. Does the facility have readily available and accessible policies, processes and procedures specific to the RIS and PACS systems?			
IG.5.11.2 IG.9.2.11	2. Does the facility have the capability to obtain prior patient examinations and reports? (e.g. Netcare access and the provincial imaging repository access?			
IG.9.2.11	3. Does the facility subscribe to Netcare access?			
IG.5.11.5 IG.9.2.11	4. Is the imaging facility part of the provincial imaging repository?			
IG.2.8.1 IG.2.9.2 IG.4.3.10 IG.5.10.6	5. Are there policies, processes and procedures in place to handle significant DI information system software and hardware malfunctions, issues or potential disaster?			
IG.5.1.2	6. Does the DI Medical Director or qualified designate approve all changes or modifications in the DI information system?			
IG.5.1.5 IG.5.1.6 IG.5.3.5 IG.5.5.4 IG.5.6.3 IG.5.8.2 IG.5.10.2	7. Is the DI facility information infrastructure and software DICOM and IHE compliant?			
IG.4.3.1 IG.5.1.4 IG.5.1.6 IG.5.10.2	8. Does the facility employ or contract a qualified information system specialist for the installation, programming maintenance and quality control of the information system hardware and software?			
IG.4.3.3 IG.4.3.5 IG.4.3.7 IG.4.3.10 IG.5.1.6 IG.5.10.2 IG.5.10.3	9. Is the equipment being used to manufacturer specifications and on a documented preventative maintenance schedule?			
IG.3.7 IG.5.2.1 IG.5.3.1 IG.5.3.7	10. Does the DI facility have policies, processes and procedures to ensure all information systems are safeguarded and secured from unauthorized access?			
IG.5.3.3 IG.5.3.4 IG.5.3.5	11. Does the DI facility transport data, reports and/or patient images on portable media?			
IG.2.3.11 IG.5.9.1 IG.5.11.5 IG.9.2.14 IG.10.3.6 IG.10.10.23	12. Are there policies, processes and procedures for secure storage and retention of facility operational documents and patient records, including patient information, images and reports that support retention timeframes compliant with applicable national, provincial and local legislation and codes?			

IG.5.9.1 IG.5.10.8	13. Does the DI facility have a secure archival retrieval system that can reproduce the original reported imaging results and images in a time frame consistent with relevant patient care needs?			
IG.5.5.1	14. Do all images include: • Patient first and last name • Second patient identifier • Specific DI facility name • Date and time of the examination • Patient orientation, if required			
IG.5.5.2 IG.5.3.6 IG.5.5.3 IG.5.10.4 IG.5.10.8	15. Does the facility have a process to ensure images at the acquisition site are transmitted to the primary workstation with no loss of image or data integrity?			
IG.5.6.3	16. Is the direct image capture the entire image data set produced by the digital modality in terms of both image matrix size and pixel bit depth transferred to the PACS/teleradiology system, in DICOM?			
IG.5.6.3 IG.5.7.1	17. Is the secondary imaging capture for small-matrix images as large or larger than that of the original image (minimum 8 bits pixel depth), and large-matrix images digitized corresponding to 2.5 lp/mm or greater and a minimum of 10 bits pixel depth?			
IG.5.5.7 IG.5.6.2 IG.5.6.3	18. Is the entire image data set produced by the digital modality in terms of matrix size and bit depth transferred to the PACS/tele- radiology system using the DICOM standard?			
IG.5.5.4	19. Are there processes to review the types and ratios of compression used?			
IG.5.5.5	20. Does the facility have a process in place for error detection, correction, and reconciliation in the DI information system?			
IG.5.6.2 IG.5.6.3 IG.5.7.1	21. Does the facility have primary workstations for reporting images that are considered “off-site”?			
IG.5.6.1 IG.5.6.2 IG.5.6.3	22. Do all primary workstations (*on and off site*) have: • 1600x1200 (1.9 megapixel) monitor or better? • luminance ration of at least 250:1 (under normal reading conditions)? • luminance of 170 cd/m2 (under normal reading conditions)? • ability to select image sequence? • accurately associate patient and study data with images? • adjustable brightness and contrast? • invert gray-scale values of displayed images? • magnification (zoom)?			

	• rotate and flip while maintaining patient orientation? • measure, display linear measurements? • pixel value determination? • display prior image compression ratio, processing or cropping? • matrix size and bit depth display? • display total number of images acquired in the series and relevant technical parameter? • appropriate capability and software to post-process original acquired raw data sets/images? • Two 5-megapixel monitors and appropriate software for Mammography?			
IG.5.7.1	23. Do secondary display systems used meet (for clinical decision making, but not reporting): • 1024.1280 (or better) monitor, and pixel matrix of 1600x1200? • Luminance ratio of at least 150:1 • Luminance of 170 cd/m2 Or for image review (only) meet: • 1024x1280 (or better) • Luminance ratio of at least 100:1 • Luminance of 100 cd/m2			
IG.5.8.1 IG.5.8.2	24. Does the facility 'print' images?			
IG.5.8.2 IG.5.8.3	25. Does the facility perform digital image digitization?			
IG.5.6.3 IG.5.11	26. Does interpretation and reporting of images by **teleradiology** comply with all the CSPA DI Standards, regardless of where and by whom the data is reported?			

Section 5
Signature:

I have reviewed and confirm the above facility and assessment information and documentation.

Zone Manager	
Date	
Signature	
Email	

Please upload this completed document to your confidential facility Sharepoint site.

For assistance:

Ms. Virginia Perry
Accreditation Services
780.969.4999
Virginia.perry@cpsa.ab.ca