College of Physicians & Surgeons of Alberta

Diagnostic Imaging Accreditation

New Facility or New Modality Application

Notes and Instructions:

- Fill out required areas and return to diagnostic.imaging@cpsa.ab.ca
- Please refer to the Guidance Document on the Diagnostic Imaging Accreditation webpage if the application pertains to **remotely interpreted Ultrasound or Echocardiography.**

Section 1

General Facility Information:

Facility Number	
Facility Name	
Address	
Phone Number	

Hours of Operation:

What are the routine business hours/days of operation?		
Are staff readily available outside of routine imaging business hours (on–call)? ***please check appropriate box***	**Yes**	**No**

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

Hours of Operation:

What are the routine business hours/days of operation?		
Are staff readily available outside of routine imaging business hours (on–call)? ***please check appropriate box***	**Yes**	**No**

Netcare Access and Provincial Imaging Repository Information:

Please check appropriately:	**Have**	**Have not applied**	**Applied / In Progress**
Netcare			
Provincial Image Repository Status			

Section 2
Personnel (indicate NA if not applicable to this facility):

(Public) Zone Diagnostic Imaging Clinical Director	
Name	
Specialty	
E-mail	

(Public) Zone / Group DI Executive Director/ Director / Manager	
Name	
E-mail	
Name	
E-mail	

Facility DI Medical Director or designated executive leadership (where applicable)	
Name	
Specialty	
E-mail	

Site DI Administrative / Executive Director (where applicable)	
Name	
E-mail	

DI Department Manager/Supervisor/Lead Technologist	
Name	
Specialty	
E-mail	

Modality Lead (s) – Imaging specialist (physician) and/or imaging consultant group	
Are they routinely on site (Weekly during business hours): yes _____ no_____	
Name	
E-mail	
Name	
E-mail	
Name	
E-mail	

Imaging Facility / Department Manager / Supervisor / Lead Technologist	
Name	
E-mail	

Imaging Facility PACS/IT Specialist	
Name	
E-mail	

Referring Physician (Stakeholder that uses the DI facility imaging services)	
Name	
E-mail	

Staffing – please provide number of employees				
DI facility manager (s)				
Supervisory / Lead Technologist (s)				
Technologists (MRT) registered with ACMDTT	**F/T:**	**P/T:**	**Casual:**	
Technologists (CLXT) registered with AACLXT	**F/T:**	**P/T:**	**Casual:**	
Sonographers	**Sonography Canada:**	**ARDMS**	**Both**	**ACMDTT**
Nursing	**RN:**	**LPN:**	**NA:**	

PACS / IT Specialists			

Section 3

Scope of Modalities:

- Check the specific imaging examination services that you will be providing at the facility, **OR**
- Check the new modality you are adding to your existing DI facility

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 Interpretation	
	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 Interpretation	
Radiography	**Routine**		Fluoroscopy	
	Pediatric		Intravascular Contrast Media exams	
	Intravenous Sedation		High Level Disinfection or Sterilization/Cleaning of medical supplies or equipment	
	Operating Room		Remote Interpretation	
Bone Densitometry (DEXA, DXA)	**Routine**		Remote Interpretation	
	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 Interpretation	
Nuclear Medicine	**Routine**		CNSC licensure	
	Pediatric		PET	
	Intravenous Sedation		High Level Disinfection or Sterilization / Cleaning of medical supplies or equipment	
	Nuclear Cardiology		Remote Interpretation	
Echocardiography	**Routine**		Intravenous Sedation	
	Pediatric		Transesophageal	
	Contrast		High Level Disinfection or Sterilization / Cleaning of medical supplies or equipment	
	Stress		Remote Interpretation	
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 Interpretation	

The CPSA recognizes that some programs / processes are not managed physically "on site". List centrally managed programs / processes that are handled off site. (eg. Safety, QMS, RIS/PACS, IPC)	Program/Process	Contact Name	Location

Records Location (for assessor access and review)	Type	Detail	Location
	Human Resources	Personnel files	
	QMS	Contracts for external services/supplies	
		Occurrence Management	
		Audits	
	Equipment	Validation/verification data	
		Preventative Maintenance	
	PACS / RIS	Downtime records	
		Back-up records	
		Software/Hardware validation	

*A log detailing the completed staff performance evaluations should be available at each site

Section 4
Required Documentation for Submission:

Documentation Required for Submission	Embed Document(s) Here
Organization structure (e.g. Organization chart)	
Examples of: • Blank facility imaging requisition/consultation • Blank Screening form or Questionnaire (e.g. MRI, Mammography, etc).	
Complete list of imaging procedures that will be performed at the imaging facility	
List of **all** certified pieces of Radiation Equipment registered to the facility (for each piece provide):	

1. Manufacturer 2. Model name 3. Serial Number	
Copy of Canadian Association of Radiologists – Mammography Accreditation Program certificate (if applicable)	
Copy of Canadian Nuclear Safety Commission (CNSC) current certificate/licensure (if applicable)	
Most current Fire Code test/inspection/certification record	
Diagnostic Information Systems – Facility to have PACS/IT Specialist complete Appendix A	

Section 5

I have reviewed and confirm the above facility and assessment information / documentation to be a true representation of the facility imaging service provision.

Facility Medical Director / delegated executive leadership / accreditation contact Printed Name	
Signature	
Date	
Email Address	

College of Physicians & Surgeons of Alberta

Appendix A
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: August 2018

				Check Yes or No, and describe in detail if required
General Standard #	**IG.5.0 Diagnostic Imaging Information Systems**	**Yes**	**No**	**Comments:**
IG.5.1.1	There are policies, processes and procedures for the radiology information system (RIS) and digital image data system (PACS) that meet the needs of the facility and users of the imaging services.			
IG.5.1.2	The DI facility Medical Director or qualified designate approves all changes or modifications in the DI information system infrastructure, software, hardware and/or databases.			
IG.5.1.3	DI information system policies, processes and procedures meet the needs and requirements of the facility, and are easily accessible and readily available to all authorized personnel.			
IG.5.1.4	The DI facility employs and/or contracts qualified information systems specialists for the installation, programming maintenance, and quality control of information system hardware and software.			
IG.5.1.5	The DI facility ensures that the system infrastructure, information software and digital image software is compliant to the most current recognized standards reasonably achievable.			
IG.5.1.6	DI information software, hardware and databases are verified and validated prior to implementation, clinical use and after changes, modifications or upgrades.			
IG.5.2.1	The DI information system environment and equipment is clean, well maintained, secured, compatible and appropriate for the work load, range and complexity of the imaging examinations performed in the DI facility.			
IG.5.3.1	The DI facility has policies, processes and procedures to ensure DI information systems and programs are adequately secured to safeguard all data from unauthorized access, alteration or destruction.			
IG.5.3.2	There are appropriate computer security measures to prevent unauthorized access to information or data in other computer systems that can be may accessed through the DI information system.			
IG.5.3.3	Information security measures (software protocols) ensure confidentiality of diagnostic imaging data when transferring to another facility via public electronic measures or portable media device.			
IG.5.3.4	The DI facility ensures that no malicious software has infected portable media used to transport diagnostic imaging data.			
IG.5.3.5	Portable media has the appropriate DICOM viewer embedded to facilitate ease of diagnostic imaging data transference.			
IG.5.3.6	The DI facility has policies, processes and procedures to prevent loss of diagnostic imaging data, in case of hardware or software failure.			
IG.5.3.7	Electronic and /or hardcopy data stored onsite and offsite is accessible in timeframe appropriate to clinical needs and is secured from unauthorized access and damage.			

IG.5.4.1	All information captured in the DI information system has been verified and is accurate.			
IG.5.4.2	The reporting system accommodates technical comments related to patient presentation.			
IG.5.4.3	The DI facility has an audit mechanism to identify all individuals who have entered or modified the DI information software, other data, control files or ancillary programs.			
IG.5.5.1	Acquisition equipment and software is capable of capturing and populating examination images with the required patient demographics, facility information and technical parameters.			
IG.5.5.2	The DI facility has processes and procedures to ensure images at the site of acquisition are transmitted to the primary reporting workstation with no loss of image or data integrity.			
IG.5.5.3	Comparison of patient information on imaging examination reports and video / image displays with the original input is performed at defined intervals to ensure the integrity of data transfer.			
IG.5.5.4	There are processes and procedures to review the types and ratios of compression used for different imaging studies transmitted and stored to ensure appropriate clinical image quality.			
IG.5.5.5	The DI facility has processes and procedures for correction of incorrect information, identification and/or demographics used during or after original data acquisition.			
IG.5.5.6	Post processing images are only used to support the interpretation process in tandem with the original acquisition raw data images.			
IG.5.5.7	Images captured from displayed versions of the original images must only be permitted to be used exclusively when there is no other means of displaying the original images or data.			
IG.5.6.1	Primary display systems accurately reproduce the original examination image (raw acquired data) for which an official medical interpretation will be produced.			
IG.5.6.2	All primary display systems and environments comply with DI information system policies, processes and procedures, recognized standards, specifications, and facility information system security policies which are applicable for hospital, department, clinic and offsite reporting.			
IG.5.6.3	The DI facility ensures primary display systems have appropriate capability and software to post-process original acquired raw data sets/images.			
IG.5.7.1	All secondary display systems and environments comply with facility electronic information system and digital image data management system polices processes and procedures, recognized standards, specifications, and facility information system security policies which are applicable for hospital, department, clinic and office/residence/off site reporting.			
IG.5.8.1	The DI facility ensures that printed images are of a relatively high standard if being sent as a medical record.			
IG.5.8.2	DI facilities performing digital image digitization have access to an individual who is trained and experienced in maintenance and quality control of information technology			

	software and hardware.			
IG.5.8.3	The digitalization equipment is capable of converting the hardcopy or analogue image in an acceptable manner as to be compatible with the facility DI information system, so that an official interpretation may be given from the digitized images if necessary.			
IG.5.9.1	Stored diagnostic imaging data, information, images, reports and archived information is appropriately retained and retrievable within a time frame consistent with patient-care needs and relevant national, provincial and local legislation and codes.			
IG.5.10.1	Automated features of the DI information system enable rapid work flow.			
IG.5.10.2	The primary / secondary DI information system software and database performance is monitored and maintained as per manufacturer / vendor specifications by qualified personnel.			
IG.5.10.3	There is evidence of regular preventive maintenance, changes and modifications for all primary and secondary DI information system equipment.			
IG.5.10.4	There are policies, processes and procedures to ensure continuous DI information system operations via a dedicated secondary backup DI information system.			
IG.5.10.5	All unscheduled DI information system downtime, periods of system degradation (response time) and other computer problems critical to the DI information system are documented, including the reasons for failure and the corrective action taken.			
IG.5.10.6	There are policies, processes and procedures in place to handle significant DI information system software and hardware malfunctions / issues.			
IG.5.10.7	There are processes in place for error detection, correction and reconciliation of data in the DI information system.			
IG.5.10.8	The DI facility has processes for handling the shutdown and restarting of all or part of the computer system critical to the DI information system.			
IG.5.10.9	The DI facility has policies, processes and procedures to validate and monitor interface engines that allow data from one computerized database to be translated and automatically entered into another divergent system.			
IG.5.11.1	There are clear and transparent systems in place for rapid, secure transfer of and review of images.			
IG.5.11.2	Interpretation and reporting of images by teleradiology complies with all of the CPSA DI Standards, regardless of where and by whom the data is reported.			
IG.5.11.3	The same teleradiologist interprets the examination and issues the report.			
IG.5.11.4	The teleradiologist is available for consultation with the responsible clinician as required.			
IG.5.11.5	Teleradiology results are integrated into the base DI facility's radiology information system, PACS and provincial repository (where feasible) in a timely manner.			
IG.5.11.6	All participating teleradiologists participate in the DI facility's quality control and quality assurance programs.			