

Appendix 1: Template - Accreditation checklist for each Standard

To determine whether your practice currently meets the requirements of the DIAS Standards, complete the following checklist:

Standard 1.1

Requirements to achieve accreditation against Standard 1.1	✓	✘	NA	Related Standards	Related appendices	Action required
1. Do you have a documented Safety and Quality Manual? Does your <i>Safety and Quality Manual</i> , include sections that document your practices policies and procedures for each of the following:				All	Appendices 2, 3	
• governance?					Appendices 2, 3	
• the registration and licensing of personnel?				Standard 1.2	Appendices 2, 3, 4, 5, 6	
• diagnostic imaging equipment and servicing?				Standards 1.4, 1.5	Appendices 2, 3, 4, 6, 7, 8, 13A, 13B.	
• radiation safety and Optimised Radiation Technique Charts				Standards 1.3, 3.2	Appendices 2, 3, 4, 6, 11	
• healthcare associated infection?				Standard 1.6	Appendices 2, 3, 4	
• provision of diagnostic imaging services and reporting and recording image findings?				Standards 2.1, 4.1, 4.2	Appendices 2, 3, 4, 9	
• consumer consent and information?				Standard 2.2	Appendices 2, 3, 4, 9, 10	
• patient identification and procedure matching?				Standard 2.3	Appendices 2, 3, 9, 10	

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Requirements to achieve accreditation against Standard 1.1	✓	✘	NA	Related Standards	Related appendices	Action required
<ul style="list-style-type: none"> medication management? 				Standard 2.4	Appendices 2, 3, 4, 9, 10	
<ul style="list-style-type: none"> diagnostic imaging protocols? 				Standard 3.1	Appendices 2, 3	
<ul style="list-style-type: none"> consumer feedback and complaints? 				Standard 4.3	Appendices 2, 3, 4, 9, 12	
<ul style="list-style-type: none"> the names of the persons who develop, approve, implement, maintain, and review the practice's policies and procedures? 				Standard 1.1	Appendices 2, 3	
2. Mechanisms to provide evidence that each standard and its requirements are evaluated, audited reviewed and monitored.				Standard 1.1	Appendices 2, 3, 4	

Standard 1.2

Requirements to achieve accreditation against Standard 1.2	✓	✘	NA	Related Standards	Related appendices	Action required
1. Does your practice have a list of all staff who operate imaging equipment and/or report on generated images that includes:						
<ul style="list-style-type: none"> AHPRA registration numbers 					Appendices 2, 3, 5, 6	
<ul style="list-style-type: none"> ASAR registration numbers 					Appendices 2, 3, 5, 6	

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Requirements to achieve accreditation against Standard 1.2	✓	✘	NA	Related Standards	Related appendices	Action required
2. For each person operating radiation emitting equipment, does your practice hold a copy of the complete Use License as issued by the relevant State or Territory regulator?					Appendices 2, 3, 5, 6	
3. Do you have a records showing that registrations and licenses are checked annually?					Appendix 4	

Standard 1.3

Requirements to achieve accreditation against Standard 1.3	✓	✘	NA	Related Standards	Related appendices	Action required
<p>1. Do you have available verifiable copies of current applicable:</p> <ul style="list-style-type: none"> • Premises licenses • Premises compliance certificates • Possession licenses • Registration certificates • Management Licenses • Equipment compliance certificates <p>Note that not all States/Territories use the same terminology.</p>				Standard 3.2	Appendices 2, 3, 6	
2. If required for your practice, do you have a Radiation Safety Plan (RSP)?				Standard 3.2	Appendices 2, 6	
<ul style="list-style-type: none"> • If required in your jurisdiction, do you have a named RSO or Responsible Person? 				Standard 3.2	Appendices 2, 6	

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Requirements to achieve accreditation against Standard 1.3	✓	✘	NA	Related Standards	Related appendices	Action required
3. Do you have evidence that your RSP was reviewed within the last accreditation cycle?				Standard 1.1	Appendix 4	

Standard 1.4

Requirements to achieve accreditation against Standard 1.4	✓	✘	NA	Related Standards	Related appendices	Action required
1. Does your practice have a current inventory that includes all diagnostic imaging equipment and includes the following:					Appendices 2, 7	
<ul style="list-style-type: none"> Name of item? 					Appendix 7	
<ul style="list-style-type: none"> Name of manufacturer? 					Appendix 7	
<ul style="list-style-type: none"> Serial Number (or other identifier)? 					Appendix 7	
2. Do you have a current LSPN equipment list that includes all equipment used to perform diagnostic imaging services?					Appendix 8	

Standard 1.5

Requirements to achieve accreditation against Standard 1.5	✓	✘	NA	Related Standards	Related appendices	Action required
1. Can you provide records and service reports for your equipment which include the following					Appendices 2, 3, 7	
<ul style="list-style-type: none"> Date of the service? 					Appendices 2, 7	

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Requirements to achieve accreditation against Standard 1.5	✓	✘	NA	Related Standards	Related appendices	Action required
<ul style="list-style-type: none"> Who provided the service? 					Appendices 2, 7	
<ul style="list-style-type: none"> Details of the work performed during the service? 					Appendices 2, 7	
<ul style="list-style-type: none"> Results of the service? 					Appendices 2, 77	
<ul style="list-style-type: none"> Date or timeframe for the next service? 					Appendices 2, 7	
<ul style="list-style-type: none"> Actions taken by the practice in response to results of the service? 				Standard 1.1	Appendices 2, 4, 7	
2. Has your service provider supplied copies of the following for service personnel who have worked on your equipment:						
<ul style="list-style-type: none"> Qualifications 					Appendices 13A, 13B	
<ul style="list-style-type: none"> Radiation Use License 					Appendices 6, 13A, 13B	
<ul style="list-style-type: none"> Training records applicable to the equipment being serviced 					Appendices 13A, 13B	

Standard 1.6

Requirements to achieve accreditation against Standard 1.6	✓	✘	NA	Related Standards	Related appendices	Action required
1. Does your practice have a documented healthcare associated infection policy and associated procedures covering the elements of Standard 1.6?				Standard 1.1	Appendices 2, 3	

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Requirements to achieve accreditation against Standard 1.6	✓	✘	NA	Related Standards	Related appendices	Action required
2. Have you documented your quality improvement activities, which describe the actions taken in response to the transmission of an infectious agent(s)?				Standard 1.1	Appendices 2, 4	
3. If providing ultrasound services, do you have a documented policy that meets the requirements of the Therapeutic Goods Order No. 54 (TGO 54)						
4. Does your practice have information that tells your patients about management and reduction of healthcare associated infections at your practice?						
5. Do you have records showing that the elements of this standard have been reviewed against current procedures, and that any identified issues have been actioned?				Standard 1.1	Appendix 4	

Standard 2.1

Requirements to achieve accreditation against Standard 2.1	✓	✘	NA	Related Standards	Related appendices	Action required
1. Does your practice have a policy and a procedure describing how the practice:				Standard 1.1	Appendices 2, 3	
<ul style="list-style-type: none"> Defines inappropriate requests; and 				Standard 1.1	Appendices 2, 3	
<ul style="list-style-type: none"> Responds to inappropriate requests? 				Standard 1.1	Appendices 2, 3	

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Requirements to achieve accreditation against Standard 2.1	✓	✘	NA	Related Standards	Related appendices	Action required
2. Do you have:						
<ul style="list-style-type: none"> Request forms which demonstrate that clinical need is included? 					Appendix 9	
<ul style="list-style-type: none"> Patient records which demonstrate that the clinical need is recorded in the patient notes? 					Appendix 9	
3. Do you have records showing that the elements of this standard have been reviewed against current procedures, and that any identified issues have been actioned?				Standard 1.1	Appendix 4	

Standard 2.2

Requirements to achieve accreditation against Standard 2.2	✓	✘	NA	Related Standards	Related appendices	Action required
1. Do you have a documented policy for obtaining patient consent prior to a diagnostic imaging procedure being provided at your practice?				Standard 1.1	Appendices 2, 3	
<ul style="list-style-type: none"> Does your policy include information about which procedures provided by your practice are invasive or represent a high risk? 					Appendices 2, 3	
2. Do you have records showing that:						

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Requirements to achieve accreditation against Standard 2.2	✓	✘	NA	Related Standards	Related appendices	Action required
<ul style="list-style-type: none"> consent has been obtained for low risk procedures? 					Appendix 9	
<ul style="list-style-type: none"> written consent has been obtained for invasive or high risk procedures? 					Appendices 9, 10	
3. Do you have records showing that your practice collects health information that would inform the practice about the individual risk of the examination to the patient?					Appendices 9, 10	
4. Do you have records showing that risks have been advised to the patient? (not applicable to simple ultrasound or plain x-ray)					Appendices 9, 10	
5. Do you have information for your patients about the imaging services you provide?					Appendix 10	
6. Do you have records showing that the elements of this standard have been reviewed against current procedures, and that any identified issues have been actioned?				Standard 1.1	Appendix 4	

Standard 2.3

Requirements to achieve accreditation against Standard 2.3	✓	✘	NA	Related Standards	Related appendices	Action required
1. Do you have a documented policy and a procedure that includes:						

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Requirements to achieve accreditation against Standard 2.3	✓	✘	NA	Related Standards	Related appendices	Action required
<ul style="list-style-type: none"> Identifiers that are approved for use at the practice and are unique to the patient? 				Standard 1.1	Appendices 2, 3	
<ul style="list-style-type: none"> How the patient is matched to their intended procedure? 				Standard 1.1	Appendices 2, 3, 10	
<ul style="list-style-type: none"> Ensuring that patients are identified and matched to their procedure through all critical points of their service, such as at the point of imaging and reporting 				Standard 1.1	Appendices 2, 3, 10	
<ul style="list-style-type: none"> Matching patients when transferring responsibility of care? 				Standard 1.1	Appendices 2, 3	
2. Do you have records showing the use of three patient identifiers referenced in your policy?				Standard 1.1	Appendix 9	
3. Does your practice have a documented policy and a procedure which set out the process for reporting, investigating and responding to patient care mismatching events?				Standard 1.1	Appendices 2, 3	
4. Can you provide records which demonstrate the actions taken in response to mis-match events?					Appendices 4, 9	
5. Do you have records showing that the elements of this standard have been reviewed against current procedures, and that any identified issues have been actioned?				Standard 1.1	Appendices 4, 9	

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Standard 2.4

Requirements to achieve accreditation against Standard 2.4	✓	✘	NA	Related Standards	Related appendices	Action required
1. Does your Practice have a documented medication management policy and procedure which includes:						
<ul style="list-style-type: none"> storing, preparing and disposing of medications? 				Standard 1.1	Appendices 2, 3	
<ul style="list-style-type: none"> identifying at risk patients? 				Standard 1.1	Appendices 2, 3	
<ul style="list-style-type: none"> administering medications safely? 				Standard 1.1	Appendices 2, 3	
<ul style="list-style-type: none"> monitoring and recording the effects of medication? 				Standard 1.1	Appendices 2, 3	
<ul style="list-style-type: none"> reporting, investigating, and responding to adverse reactions or medication mismanagement incidents when they occur? 					Appendices 2, 4	
2. Does your practice have a documented management plan for adverse reactions which:						
<ul style="list-style-type: none"> identifies the procedures for managing adverse reactions at the time they occur 					Appendix 2	
<ul style="list-style-type: none"> the type and location of resuscitation equipment and associated drugs at the practice? 					Appendix 2	

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Requirements to achieve accreditation against Standard 2.4	✓	✘	NA	Related Standards	Related appendices	Action required
<ul style="list-style-type: none"> the personnel certified in basic life support, and qualified to use resuscitation equipment and drugs? 					Appendix 2	
<ul style="list-style-type: none"> Where contrast is used, documented protocols for use and administration. 					Appendix 2	
<ul style="list-style-type: none"> a process for capturing information on medication management incidents, and initiating quality improvement activities as a result of these events? 					Appendix 4	
3. Do you have a protocol which documents the appropriate use and administration of contrast?				Standard 3.1	Appendix 2	
4. Do you have records showing that the patient's medication use, and/or history regarding previous reactions to medications?				Standard 2.2	Appendices 9, 10	
5. Can your practice provide records of adverse medication events showing that they have been appropriately documented and investigated?					Appendices 4, 9	
6. Do you have records showing that the elements of this standard have been reviewed against current procedures, and that any identified issues have been actioned?				Standard 1.1	Appendix 4	

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Standard 3.1

Requirements to achieve accreditation against Standard 3.1	✓	✘	NA	Related Standards	Related appendices	Action required
1. Does your practice have documented protocols for all routine procedures performed? Do the protocols include:				Standard 1.1	Appendices 2, 3	
<ul style="list-style-type: none"> Where appropriate, qualifications, experience and specialization of personnel operating equipment; 				Standard 1.2		
<ul style="list-style-type: none"> Circumstances where imaging personnel must seek guidance or input from the supervising medical practitioner. 						
2. Have all protocols in use at the practice been reviewed in the last accreditation cycle				Standard 1.1	Appendix 4	
<ul style="list-style-type: none"> Do you have records showing that the review was undertaken, including when and by whom? 				Standard 1.1	Appendix 4	

Standard 3.2

Requirements to achieve accreditation against Standard 3.2	✓	✘	NA	Related Standards	Related appendices	Action required
1. Does your Practice have a technique chart, consistent with the ALARA principle, for each unit of ionising radiographic equipment located at the Practice?				Standard 1.3	Appendices 2, 3	

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Requirements to achieve accreditation against Standard 3.2	✓	✘	NA	Related Standards	Related appendices	Action required
2. Does your practice have records which show that settings have been reviewed and authorised by a qualified person, annually for:						
<ul style="list-style-type: none"> Manually entered settings? 				Standard 1.1	Appendices 2, 3, 4	
<ul style="list-style-type: none"> Settings embedded in the software? 				Standard 1.1	Appendices 2, 3, 4	
3. For each item of equipment used for fluoroscopy, evidence that the practice has a log of screening times that has been reviewed and authorized by a qualified annually. Note: Dose metrics are also acceptable where available				Standard 1.1	Appendices 2, 3, 4, 11	
4. For each item of equipment used for interventional angiography, evidence that the system generated dose metrics have been reviewed and authorized by a qualified person annually.				Standard 1.1	Appendices 2, 3, 4	
<ul style="list-style-type: none"> If the system is not capable of generating dose metrics, the practice must have evidence that a log of screening times is kept and reviewed and authorized by a qualified person annually. 				Standard 1.1	Appendices 2, 3, 4, 11	
5. For each diagnostic procedure where DRLs have been published in Australia:						

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Requirements to achieve accreditation against Standard 3.2	✓	✘	NA	Related Standards	Related appendices	Action required
<ul style="list-style-type: none"> Do you have records which show that your practice annually compares your facility or practice reference level (FRL or PRL) to the published DRL? 				Standard 1.1	Appendices 2, 3, 4	
<ul style="list-style-type: none"> If DRLs are exceeded, do you have records showing that the settings on your equipment are reviewed to determine whether radiation protection has been optimized? 				Standard 1.1	Appendices 2, 3, 4	

Standard 4.1

Requirements to achieve accreditation against Standard 4.1	✓	✘	NA	Related Standards	Related appendices	Action required
1. Does your Practice have a documented policy for the provision of reports to requesting practitioners and patients?				Standard 1.1	Appendices 2, 3	
2. Do your imaging reports for each modality contain the information as described in your policy?					Appendix 9	
3. Do you have records which describe actions taken in response to feedback from requesting practitioners about the content or provision of reports?				Standard 1.1	Appendix 4	

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Requirements to achieve accreditation against Standard 4.1	✓	✘	NA	Related Standards	Related appendices	Action required
4. Do you have records showing that the elements of this standard have been reviewed against current procedures, and that any identified issues have been actioned?				Standard 1.1	Appendix 4	

Standard 4.2

Requirements to achieve accreditation against Standard 4.2	✓	✘	NA	Related Standards	Related appendices	Action required
1. Do you have records to show that findings of diagnostic imaging procedures are recorded in the patient notes?				Standard 2.1	Appendices 2, 3, 9	
2. Do you have records showing that the elements of this standard have been reviewed against current procedures, and that any identified issues have been actioned?				Standard 1.1	Appendix 4	

Standard 4.3

Requirements to achieve accreditation against Standard 4.3	✓	✘	NA	Related Standards	Related appendices	Action required
1. Does your practice have a documented policy for inviting, recording, managing and responding to feedback and complaints?				Standard 1.1	Appendices 2, 3	
<ul style="list-style-type: none"> Does the policy make provision for collecting feedback from consumers, stakeholders and requestors? 				Standard 1.1	Appendices 2, 3	

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Requirements to achieve accreditation against Standard 4.3	✓	✘	NA	Related Standards	Related appendices	Action required
<ul style="list-style-type: none"> Is your policy consistent with the principles of open disclosure and fairness, accessibility, responsiveness, efficiency and integration? 				Standard 1.1		
2. Does your practice have publically accessible information about how and why you collect feedback?					Appendix 2	
3. Have your staff received training in managing and responding to feedback and complaints?						
<ul style="list-style-type: none"> Do you have records of this training? 						
4. Do you have records of feedback / complaints received and the actions taken in response to these?					Appendices 4, 9, 12	
5. Do you have records showing that the elements of this standard have been reviewed against current procedures, and that any identified issues have been actioned?				Standard 1.1	Appendix 4	

For practices responding with a ✓ in every row, the process of gathering documentation for an accreditation application is now completed.
 For practices indicating ✘ in one or more rows, please see the section *Preparing your accreditation application* under the applicable standard in the User Guide.

Congratulations!

You have completed working through the Diagnostic Imaging Accreditation Standards and your practice is now ready to submit an accreditation application.