



Diagnostic
Accreditation
Program

NEURODIAGNOSTIC SERVICES Accreditation Program Update

Special Edition

June 2008

Introduction

Over the past 2 1/2 years, the DAP has been actively redesigning its programs, processes, and systems to reflect several recommendations resulting from the External Review (Carlow 2002). We are pleased to announce that Accreditation Standards for Neurodiagnostic Services-Hospital Based have been approved by the Diagnostic Accreditation Program's Board of Directors.

Accreditation Standards Redevelopment

In December 2004, the DAP initiated a processes to review, revise, and develop new accreditation standards for all disciplines/modalities it accredits. The accreditation standards are developed through a collaborative and consultative process that involves health professionals and administrators from public and private facilities. The process for standards development and review allows for considerable input from the diagnostic services that will be using the standards and the surveyors who conduct the on-site surveys.

The accreditation standards have been

developed to meet the following criteria:

- ▶ Scope of the standards are clearly defined.
- ▶ Content is comprehensive.
- ▶ Patient-centered.
- ▶ Amenable to measurement through ratings or indicators.
- ▶ Can be surveyed and assessed in practice, are relevant, and contribute to quality and performance improvement.

To date, accreditation standards have been redeveloped for 18 accreditation programs within Diagnostic Imaging, Laboratory Medicine and Neurodiagnostic Services.

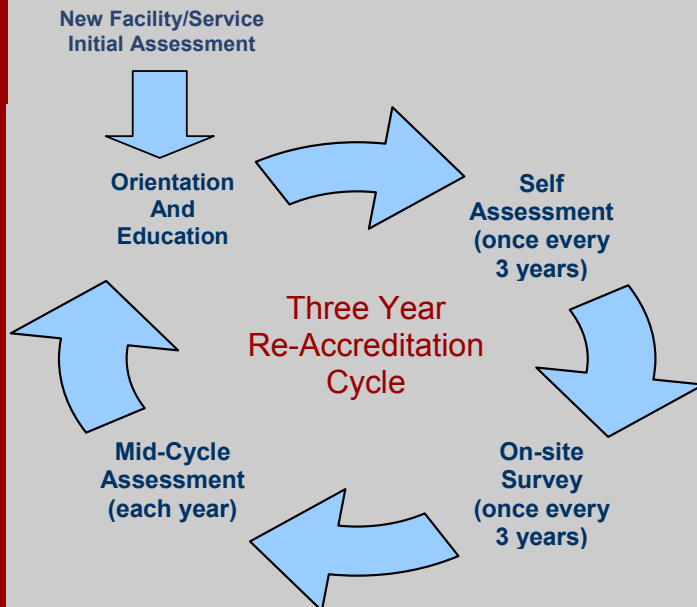
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Neurodiagnostic Services Accreditation Standards

In 2005, draft accreditation standards for Neurodiagnostic Services (EEG and EMG) were developed and field tested at two facilities, one a hospital based service, the second a community based service. Based upon feedback received from the surveyors and the participating facilities, significant revisions were implemented to the standards resulting in a second draft. This second draft was reviewed by the BCSET at its meeting in 2006 and also by targeted reviewers consisting of neurologists and EEG and EMG technologists. This second draft was focused to assessing EEG, EMG & Nerve Conduction Studies, and Evoked Potentials services provided by hospitals. This second draft was field tested at two additional hospitals in 2007 and the standards underwent further revision. This last revision to the standards was presented to the EEG & Evoked Potentials and EMG & Nerve Conduction Studies Advisory Committees for review. Following this review, the accreditation standards were presented to the DAP Board of Directors in February 2008 where they were formally reviewed and approved. Copies of these new Accreditation Standards for Neurodiagnostic Services will be distributed to hospital based providers in June 2008. On-site surveying of hospital based Neurodiagnostic Services will commence in early 2009.

New Accreditation Processes for Neurodiagnostic Services



The DAP has implemented new accreditation processes that reflect modern accreditation methodology and best practice. Hospital-Based Neurodiagnostic Services will participate in continuous assessment activities throughout a 3 year accreditation cycle. These new processes will be implemented for Hospital-Based Neurodiagnostic Services in 2008. A similar cycle of assessment activities will be developed and implemented for Community-Based Neurodiagnostic Services.

New Facility or New Diagnostic Service Initial Assessment

A new facility and new services provided by an accredited facility proceed through the Initial Assessment process PRIOR to service delivery to patients that includes:

- ▶ Completion of documentation outlining facility service profile, equipment, individuals and related qualifications, etc.
- ▶ Review of documentation by a DAP Accreditation & Research Development Officer.
- ▶ On-site visit by a DAP Accreditation & Research Development Officer. In certain circumstances the Accreditation & Research Development Officer will be accompanied by other external peer experts.
- ▶ Completion of the initial assessment report by the Accreditation & Research Development Officer recommending whether the facility/service should be granted or denied Provisional Accreditation.
- ▶ If the facility/service is granted Provisional Accreditation, they are permitted to commence service delivery to patients, on condition that they are enrolled into the full DAP accreditation process within six to twelve months. If the facility/service is not granted Provisional Accreditation, they are not permitted to commence service delivery to patients.

Orientation & Education

All diagnostic services undergoing accreditation are provided with on-site orientation and education. This orientation is provided during a Survey Planning session that is conducted by an assigned DAP Accreditation Specialist.

The orientation covers topics such as:

- ▶ Principles of quality improvement, accreditation, and the quality framework
- ▶ Accreditation Process and Methodology
- ▶ On-site Survey
- ▶ Standards organization
- ▶ Rating Scale
- ▶ Working through examples



Self Assessment

The Self Assessment is completed once in the 3 year cycle and precedes the On-site Survey. Conducting a quality Self Assessment enables the diagnostic service to evaluate their performance relative to stated standards and best practice. Assessing the diagnostic service's practices provides a profile of the strengths, risks, and opportunities for improvement. This is both a valuable process and tool to enable the management to focus continuous quality improvement efforts toward specific activities and take action with the creation of a quality improvement plan. The Self Assessment also prepares the diagnostic service for the On-site Survey.

On-site Survey

The On-site Survey is completed once in the 3 year cycle and is conducted by a team of external peers comprised of medical, technical and management surveyors. During the On-site Survey, the surveyor will assess the performance of the diagnostic service using a patient tracer methodology. This enables the surveyor to assess the performance of the diagnostic

service as staff are conducting patient studies. Detailed survey protocols provide direction to the surveyor outlining what to ask, observe, and assess. The use of protocols also assists with increasing the objectivity and consistency amongst surveyors. The tracer methodology has been used successfully by the Joint Commission (JCAHO) and the DAP approach is based upon their experiences.

Mid-cycle Assessment

In the two years that a full Self Assessment and On-site Survey is not being conducted, the diagnostic service will complete a site specific Mid-cycle Assessment. This self assessment is an abbreviated version of the DAP standards and focuses on the critical aspects of providing effective and safe patient care. DAP staff review the Mid-cycle Assessment submis-

sions utilizing screening criteria that flag real or potential problems. Should the DAP identify an area of concern, the diagnostic service will be contacted directly for clarification. For issues requiring further analysis the diagnostic service will be required to complete a more detailed assessment. Based on this response the DAP may conduct an on-site focused visit.

Implementing the New Accreditation Processes

On-site surveying of hospital based Neurodiagnostic Services will commence in early 2009. Each Neurodiagnostic Service has been assigned a DAP Accreditation Specialist who will provide guidance to the service in understanding what is involved with the new accreditation processes, and also to assist the service in preparing from the Self-Assessment and On-site Survey. In June 2008, each hospital based Neurodiagnostic Service will receive a letter indicating the accreditation assessment activities that they will be undertaking over the next 3 years. For those Neurodiagnostic Services scheduled for an On-site Survey in 2009, the date of the survey will also be provided to you.



Neurodiagnostic Services Surveyors

A critical element of the on-site survey is the assessment provided by DAP Surveyors. Surveyors are a valued and essential part of the DAP accreditation process as they bring a wealth of experience, knowledge and expertise. During the on-site survey, a team of peers conducts an on-site assessment of the Neurodiagnostic Service to evaluate the level of actual performance to achieving the accreditation standards. The DAP requires Medical, Technical and Management Surveyors for the Neurodiagnostic Services accreditation programs. All surveyors receive training and orientation and are compensated for their time. If you are interested in becoming a DAP Surveyor, please contact **Jennifer Love, Manager, Surveyor Operations at 604-739-6656**.

Additional information on becoming a surveyor is available on the DAP website.

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