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 *Safety and Quality Manual*, 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 |  |
| * medication management? |  |  |  | Standard 2.4 | Appendices 2, 3, 4, 9, 10 |  |
| * diagnostic imaging protocols? |  |  |  | Standard 3.1 | Appendices 2, 3 |  |
| * consumer feedback and complaints? |  |  |  | Standard 4.3 | Appendices 2, 3, 4, 9, 12 |  |
| * the names of the persons who develop, approve, implement, maintain, and review the practice’s policies and procedures? |  |  |  | Standard 1.1 | Appendices 2, 3 |  |
| 1. 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: |  |  |  |  |  |  |
| * AHPRA registration numbers |  |  |  |  | Appendices 2, 3, 5, 6 |  |
| * ASAR registration numbers |  |  |  |  | Appendices 2, 3, 5, 6 |  |
| 1. 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 |  |
| 1. 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** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Do you have available verifiable copies of current applicable:   Premises licenses  Premises compliance certificates  Possession licenses  Registration certificates  Management Licenses  Equipment compliance certificates  Note that not all States/Territories use the same terminology. |  |  |  | Standard 3.2 | Appendices 2, 3, 6 |  |
| 1. If required for your practice, do you have a Radiation Safety Plan (RSP)? |  |  |  | Standard 3.2 | Appendices 2, 6 |  |
| * If required in your jurisdiction, do you have a named RSO or Responsible Person? |  |  |  | Standard 3.2 | Appendices 2, 6 |  |
| 1. 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 |  |
| * Name of item? |  |  |  |  | Appendix 7 |  |
| * Name of manufacturer? |  |  |  |  | Appendix 7 |  |
| * Serial Number (or other identifier)? |  |  |  |  | Appendix 7 |  |
| 1. 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 |  |
| * Date of the service? |  |  |  |  | Appendices 2, 7 |  |
| * Who provided the service? |  |  |  |  | Appendices 2, 7 |  |
| * Details of the work performed during the service? |  |  |  |  | Appendices 2, 7 |  |
| * Results of the service? |  |  |  |  | Appendices 2, 77 |  |
| * Date or timeframe for the next service? |  |  |  |  | Appendices 2, 7 |  |
| * Actions taken by the practice in response to results of the service? |  |  |  | Standard 1.1 | Appendices 2, 4, 7 |  |
| 1. Has your service provider supplied copies of the following for service personnel who have worked on your equipment: |  |  |  |  |  |  |
| * Qualifications |  |  |  |  | Appendices 13A, 13B |  |
| * Radiation Use License |  |  |  |  | Appendices 6, 13A, 13B |  |
| * 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 |  |
| 1. 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 |  |
| 1. If providing ultrasound services, do you have a documented policy that meets the requirements of the Therapeutic Goods Order No. 54 (TGO 54) |  |  |  |  |  |  |
| 1. Does your practice have information that tells your patients about management and reduction of healthcare associated infections at your practice? |  |  |  |  |  |  |
| 1. 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 |  |
| * Defines inappropriate requests; and |  |  |  | Standard 1.1 | Appendices 2, 3 |  |
| * Responds to inappropriate requests? |  |  |  | Standard 1.1 | Appendices 2, 3 |  |
| 1. Do you have: |  |  |  |  |  |  |
| * Request forms which demonstrate that clinical need is included? |  |  |  |  | Appendix 9 |  |
| * Patient records which demonstrate that the clinical need is recorded in the patient notes? |  |  |  |  | Appendix 9 |  |
| 1. 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 policyfor obtaining patient consent prior to a diagnostic imaging procedure being provided at your practice? |  |  |  | Standard 1.1 | Appendices 2, 3 |  |
| * Does your policy include information about which procedures provided by your practice are invasive or represent a high risk? |  |  |  |  | Appendices 2, 3 |  |
| 1. Do you have records showing that: |  |  |  |  |  |  |
| * consent has been obtained for low risk procedures? |  |  |  |  | Appendix 9 |  |
| * written consent has been obtained for invasive or high risk procedures? |  |  |  |  | Appendices 9, 10 |  |
| 1. 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 |  |
| 1. 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 |  |
| 1. Do you have information for your patients about the imaging services you provide? |  |  |  |  | Appendix 10 |  |
| 1. 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: |  |  |  |  |  |  |
| * Identifiers that are approved for use at the practice and are unique to the patient? |  |  |  | Standard 1.1 | Appendices 2, 3 |  |
| * How the patient is matched to their intended procedure? |  |  |  | Standard 1.1 | Appendices 2, 3, 10 |  |
| * 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 |  |
| * Matching patients when transferring responsibility of care? |  |  |  | Standard 1.1 | Appendices 2, 3 |  |
| 1. Do you have records showing the use of three patient identifiers referenced in your policy? |  |  |  | Standard 1.1 | Appendix 9 |  |
| 1. 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 |  |
| 1. Can you provide records which demonstrate the actions taken in response to mis-match events? |  |  |  |  | Appendices 4, 9 |  |
| 1. 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 |  |

**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: |  |  |  |  |  |  |
| * storing, preparing and disposing of medications? |  |  |  | Standard 1.1 | Appendices 2, 3 |  |
| * identifying at risk patients? |  |  |  | Standard 1.1 | Appendices 2, 3 |  |
| * administering medications safely? |  |  |  | Standard 1.1 | Appendices 2, 3 |  |
| * monitoring and recording the effects of medication? |  |  |  | Standard 1.1 | Appendices 2, 3 |  |
| * reporting, investigating, and responding to adverse reactions or medication mismanagement incidents when they occur? |  |  |  |  | Appendices 2, 4 |  |
| 1. Does your practice have a documented management plan for adverse reactions which: |  |  |  |  |  |  |
| * identifies the procedures for managing adverse reactions at the time they occur |  |  |  |  | Appendix 2 |  |
| * the type and location of resuscitation equipment and associated drugs at the practice? |  |  |  |  | Appendix 2 |  |
| * the personnel certified in basic life support, and qualified to use resuscitation equipment and drugs? |  |  |  |  | Appendix 2 |  |
| * Where contrast is used, documented protocols for use and administration. |  |  |  |  | Appendix 2 |  |
| * a process for capturing information on medication management incidents, and initiating quality improvement activities as a result of these events? |  |  |  |  | Appendix 4 |  |
| 1. Do you have a protocol which documents the appropriate use and administration of contrast? |  |  |  | Standard 3.1 | Appendix 2 |  |
| 1. 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 |  |
| 1. Can your practice provide records of adverse medication events showing that they have been appropriately documented and investigated? |  |  |  |  | Appendices 4, 9 |  |
| 1. 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 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 |  |
| * Where appropriate, qualifications, experience and specialization of personnel operating equipment; |  |  |  | Standard 1.2 |  |  |
| * Circumstances where imaging personnel must seek guidance or input from the supervising medical practitioner. |  |  |  |  |  |  |
| 1. Have all protocols in use at the practice been reviewed in the last accreditation cycle |  |  |  | Standard 1.1 | Appendix 4 |  |
| * 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 |  |
| 1. Does your practice have records which show that settings have been reviewed and authorised by a qualified person, annually for: |  |  |  |  |  |  |
| * Manually entered settings? |  |  |  | Standard 1.1 | Appendices 2, 3, 4 |  |
| * Settings embedded in the software? |  |  |  | Standard 1.1 | Appendices 2, 3, 4 |  |
| 1. 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 |  |
| 1. 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 |  |
| * 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 |  |
| 1. For each diagnostic procedure where DRLs have been published in Australia: |  |  |  |  |  |  |
| * 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 |  |
| * 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 |  |
| 1. Do your imaging reports for each modality contain the information as described in your policy? |  |  |  |  | Appendix 9 |  |
| 1. 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 |  |
| 1. 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 |  |
| 1. 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 |  |
| * Does the policy make provision for collecting feedback from consumers, stakeholders and requestors? |  |  |  | Standard 1.1 | Appendices 2, 3 |  |
| * Is your policy consistent with the principles of open disclosure and fairness, accessibility, responsiveness, efficiency and integration? |  |  |  | Standard 1.1 |  |  |
| 1. Does your practice have publically accessible information about how and why you collect feedback? |  |  |  |  | Appendix 2 |  |
| 1. Have your staff received training in managing and responding to feedback and complaints? |  |  |  |  |  |  |
| * Do you have records of this training? |  |  |  |  |  |  |
| 1. Do you have records of feedback / complaints received and the actions taken in response to these? |  |  |  |  | Appendices 4, 9, 12 |  |
| 1. 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.**