SAFETY AND QUALITY MANUAL

Practice Name

This template has been designed to prompt practices to document their policies and procedures, and so address the requirements of the DIAS Standards.

This is not a standalone template, and should be used in conjunction with the 2015 DIAS User Guide on the Department of Health website.

Blue text in this template is intended to be deleted from the final copy.

Appendix 3: Template Safety and Quality Manual

Contents

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Governance

This Practice is owned and operated by name.

Australian Public Company, Limited By Guarantee

Registered on date in the state of state.

ABN: abn

ACN: acn

Registered office and principal place of business:

Address

LSPN number registered with the Department of Human Services for Medicare purposes, and accredited with approved accreditor accreditor name.

Key Contacts:

Position: Name

Position: Name

Our insurance broker is Insurer Name. Certificates of currency are held by the Name including:

- $amount Workers Compensation,
- $amount Public Liability, and
- $amount Professional Indemnity.

Roles and Responsibilities

Key positions and their responsibilities. This can be described or illustrated as an organisation chart.

Safety and Quality Manual Review Process

Who is responsible for reviewing and authorising this manual? How often is it reviewed and what is the process?

Appendix 3: Template Safety and Quality Manual

Risk Assessment Procedure

How does the practice assess and manage risks?

Registration and Licensing of Personnel

Where do you keep the current staff list? If there are few staff the list could be included here, or for a long list it may be in a spreadsheet or attachment. Does the staff list include registration numbers or are they listed/kept elsewhere?

What registration and/or licensing do you require for your practice? What records are retained by the practice; who performs the annual check and how is the check recorded?

Radiation Safety and Optimised Radiation Technique Charts

Delete this section if the practice is ultrasound or MRI-only

How does your practice manage radiation safety? Is there a radiation safety plan? How often is it reviewed and by whom?

Who performs the annual review of technique charts and equipment settings? What is the process for this review?

If your practice performs CT, when and how are the annual comparisons with DRLs performed?

Diagnostic Imaging Equipment and Servicing

Diagnostic Imaging Equipment Inventory

Where is the inventory stored, and how often is it reviewed against the LSPN equipment list. Who is responsible for maintaining the inventory?

If the inventory is short, you may wish to include the equipment details here; otherwise it can be recorded in hardcopy or on a spreadsheet as suits the practice best.

Equipment listed on LSPN number

Who is named in the LSPN register as the Medicare Authorised Person? Is this the same person responsible for maintaining the information on the LSPN register?

Diagnostic Imaging Equipment Servicing

Where is information kept about the next service date for each item of equipment?

How does the practice obtain the required qualifications, use licenses and training evidence from service engineers/technicians? Where is this information kept?

Healthcare Associated Infection

How does the practice minimise the risk of Healthcare Associated Infections?

How does the practice communicate their approach to patients?

If the practice performs ultrasound, the procedure for reprocessing the transducer must include appropriate disinfection.

What is the procedure to follow in the event of a HAI incident?

Requests for Diagnostic Imaging Services

Does the practice perform imaging services in response to requests, or is the imaging self-determined?

If the practice accepts requests for imaging services, what would constitute an inappropriate request, and how is it handled?

Consumer Consent and Information

Where is consumer information kept, or obtained from?

What patient health information or history is collected prior to procedures?

How are patients informed of the risk associated with examinations? How do you record that they have been informed of risks?

Does the practice perform any invasive and/or high risk procedures such as endocavity ultrasounds, stress echocardiograms, CT with contrast, joint injections under ultrasound guidance etc? If so, what is the procedure for obtaining written consent for these procedures?

What is the procedure for obtaining and recording verbal consent for all other procedures?

Patient Identification and Procedure Matching

Which three (or more) patient identifiers are approved for use?

At what stages are the patient identifiers checked? At a minimum this must be at the point of imaging and on the report.

If administering iodinated contrast or performing other high risk procedures, a 'time out' procedure must be completed. What high risk procedures are performed at the practice, and how is the time-out performed and recorded? (This procedure may be included here, or elsewhere, as suits the practice).

How are patient mis-match events documented, investigated and remedied?

Medication Management

Delete this section if the practice does not use medications which fall within the scope of DIAS

How are medications stored, prepared and disposed?

If contrast is used, what precautions are in place to minimise the risk to patients of adverse events? Where is the protocol that describes appropriate use and administration of contrast (may be in this section, or included in the various CT protocols)?

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Managing Adverse Reactions

How are adverse events managed at the time they occur? How are they documented, investigated and responded to?

Which staff are certified in basic life support and qualified to use resuscitation equipment and drugs?

What resuscitation equipment, and associated drugs, are kept at the practice? Where are they kept?

Diagnostic Imaging Protocols

Where are the protocols kept? Which staff are trained or authorised to perform each?

Who is responsible for reviewing and authorising the protocols? How is the review documented?

Communication with Requesting Practitioners Policy

If the practice only performs self-determined imaging, this section is not applicable and can be deleted

Describe what information is included in reports, how urgent or unexpected findings are handled, and what is the practice's policy regarding giving patients copies of reports.

How does the practice ensure that requesting physicians can communicate with the practice and reporting radiologist as necessary? How is any communication or feedback documented and handled by the practice?

Feedback and Complaints

How does the practice invite feedback from patients and other stakeholders?

How is feedback recorded and collected?

How do you provide publically available information about what you record and how you use feedback?

Who is responsible for review and acting on feedback received? How is the review and any subsequent action recorded?

What training do your staff receive regarding handling complaints and feedback, and where are the records kept?