Frequently Asked Questions

Contents

Teleradiology definition 1
Latest standard revisions (v4) 2
(v4) Standard Compliance for existing accredited diagnostic imaging facilities 3
Offering Tele-Ultrasound (US) as a new modality/existing facility or as a new facility 4
Previously submitted 'remotely supervised' ultrasound standard exemptions (v3) 5

Following the December 2023 approval of the (v4) CPSA Diagnostic Imaging Accreditation Standards, this document provides answers to commonly asked questions from currently accredited or new imaging facilities.

Teleradiology definition

Teleradiology is the electronic transmission of diagnostic imaging studies from one location to another for the purposes of interpretation and/or consultation. This definition includes interfacility PACS networks as well as remote teleradiology.
(*Canadian Association of Radiologists* definition)

The following situations are NOT considered teleradiology:

- An on-call and/or on-site supervising imaging specialist can arrange for the urgent/emergent patient to wait under the care of the most responsible physician (e.g., emergency physician) within an urgent care/hospital, **and/or** the urgent/emergent patient has been admitted to an urgent care/hospital setting.
- Where the diagnostic imaging (DI) facility is physically attached to an urgent care/hospital, there is no imaging specialist on site and:
    - The on-site, on-shift emergency physician agrees to supervise and be responsible for the administration of intravascular contrast to an elected booked out-patient, **and**
    - The DI department has a formal written process between the urgent care/hospital/emergency department and the DI department agrees that the emergency physician on-site/on-shift is responsible for the supervision and monitoring of any outpatient intravascular contrast administration, if required.
- There is a DI specialist present on-site supervising and reporting a significant amount of imaging exams at the facility.

Latest standard revisions (v4)

Are the (v4) standards publicly available through the CPSA website?
No. Facility Medical Directors/facility accreditation contacts are given access to the standards via the secure Facility SharePoint perpetually. If you are an active facility Medical Director, you will have been provided with a secure, individualized Facility SharePoint username and password. Access is provided to this SharePoint site upon successful new facility/new modality application. Access is provided to this SharePoint site upon successful new facility/modality application.

Other stakeholders/new facility applications looking to access a copy of the standards must contact the Accreditation department directly at accreditation@cpsa.ab.ca. Non-facility requests will be handled on an individual basis.

When do the(v4) compliance changes take effect?
The (v4) changes will take effect at different times depending on the facility:

- For new facilities/existing facilities requesting new modalities, expectation of compliance begins **January 31, 2024**
- For facilities undergoing 4-year accreditation assessments in 2024 (January - September), assessment will be based on the (v3) standards with an expectation of (v4) compliance **starting October 1, 2024**
- Facilities NOT undergoing 4-year accreditation assessments in 2024 have expectation of compliance **starting October 1, 2024**

Why did the phrase 'remotely supervised' change to teleradiology?
The phrase changed to better align with most recognized national and international imaging terminology and references.

The phrase 'remotely supervised' superseding the modality type is now replaced with the phrase 'tele'. For example: remotely supervised ultrasound is now Tele-US, remotely supervised echocardiography is now Tele-Echo, etc.

What are the key standard changes?

- Time and ratio criteria have been removed.
- Distance change: Provision of tele-US (only) is based in six named cities/central defined points OUTWARDS by a 25km radius (see p. 4) where eligibility is determined by whether imaging facilities are within or touching the radius (ineligible) or outside of the radius (eligible).
    - Imaging facilities providing US imaging inside a 25km radius of the six named cities are required to have an imaging specialist on-site supervising and reporting a significant portion of the US exams acquired at that facility.
- Teleradiology specific standards have been revised to expand information regarding imaging consultant and facility roles and responsibilities, communications, enhanced peer/learning program expectations, clearly defined imaging exams that cannot be conducted via teleradiology, revised sonographer experience/training and other areas.

- New overarching main standards have been developed to support the provision of Tele-BD, Tele-CT, Tele-Echo, Tele-Mammo, Tele-MRI and Tele-Nuc Med.
- Assessment of compliance verbiage has been clarified and/or enhanced.
- Facility Medical Directors must be either an active CPSA-rostered radiologist, a cardiologist (with recognized advanced echocardiography training e.g. CCS/CSE) or a nuclear medicine specialist.
- Facility Medical Director on-site visit requirements have increased.
- Stronger peer review/learning program expectations and compliance have been established for both imaging specialists and technical staff.
- Clarifying parameters have been added for imaging exams that require on-site supervision by an imaging specialist and/or most responsible physician.
- Facility Medical Directors are responsible for providing credential reviews with privileging approvals to consultant imaging specialists as appropriate.
- Standards now support facility Medical Director Training for CPSA regulated members.
- The standards have been visually rebranded to support CPSA membership in the Western Canadian Accreditation Alliance (WCAA); however, they are still the intellectual property and responsibility of CPSA.
- All imaging reports are required to be available in the provincial medical data repository (Netcare or successor).
- Updated definitions and glossary are located at the end of the General Standards.
- Updated references.

Is there a process to submit a standard revision request regarding the (v4) standards?
Yes. The last page of the General Accreditation standards has a *Standard Revision Form*. This form can be completed and submitted to the Diagnostic Imaging Accreditation Department. The *Standard Revision Form* is also available on the Accreditation webpage.

Are the standards reviewed for accuracy of references, currency and best practice, etc.?
Yes. The entire suite of standards is reviewed annually, with a full revision within a 4-year cycle. (v3) Diagnostic Imaging Accreditation Standards have been awarded international recognition and accreditation by *The International Society for Quality in Healthcare (ISQua)* and the (v4) application with ISQua is pending.

(v4) Standard Compliance for existing accredited diagnostic imaging facilities

Our facility is accredited for US (on-site), but we want to start using tele-US as well. Can we just start providing tele-US without contacting the CPSA?
No. All accredited facilities are required to apply for tele-US as an additional and new modality, even if the facility is already accredited for US (on-site). If eligible, routine accreditation policies, processes and procedures will be initiated.

Refer to p. 4 on how to determine eligibility to perform tele-US.

What do we have to do to work towards (v4) compliance?
Current facilities will have to review the (v3) to (v4) summary revision listing (which will be made available in the Facility SharePoint) and compare the standards, recognize the changes and revise any policies, processes and procedures as required. Compliance to the (v4) standards by current facilities must be achieved by **October 1, 2024**.

I am currently a DI facility Medical Director but not a diagnostic radiologist, a cardiologist or a nuclear medicine specialist. Can I continue being a DI facility Medical Director with the new (v4) standards?
As of October 1, 2024, no. The facility must have a radiologist, cardiologist (with recognized echocardiography training) or nuclear medicine specialist as a facility Medical Director.

Offering Tele-Ultrasound (US) as a new modality/existing facility or as a new facility

How do we know if our new facility is eligible to perform tele-US?
You will assess the distance to your town/city/municipal 'town/city hall' coordinates against the coordinates to the closest one of six following cities, also identified in the Appendix of the General Standards:

- Grande Prairie (55.173038, -118.788224)
- Edmonton (53.54399, -113.489804)
- Red Deer (52.268819, -113.809235)
- Calgary (51.045644, -114.05646)
- Lethbridge (49.694394, -112.837759)
- Medicine Hat (50.041492, -110.678366)

If the distance is **>25km radius**, your facility is **eligible** to provide tele-US imaging services and must apply to the CPSA. If the distance **touches the 25km radius line or is <25km**; you are **not eligible** to offer tele-US imaging services.

For an easier way to determine this, visit this site and follow the steps below:

1. Enter the coordinates for the corresponding city (see above) in the "Enter an address" search bar
2. Select the "Radius KM" drop down menu, select "25 km"
3. Zoom into the map to determine where your location falls in relation to the blue circle that has been generated.
    a. Within/touching radius: ineligible
    b. Outside radius: eligible

If my facility is touching or inside the 25km radius, are we still able to request a standard exemption review?
Yes. Your request and supporting documentation will be taken to the Advisory Committee on Diagnostic Imaging for review and recommendation.

Previously submitted 'remotely supervised' ultrasound standard exemptions (v3)

Our new and/or existing facility applied for US standard exemption with the (v3) remotely supervised US criteria and it was denied. Are we now automatically considered eligible to provide tele-US? Can we apply to provide tele-US?
No. For determination of eligibility to provide tele-US, CPSA invites you to apply as a new facility or a new modality within an existing facility under (v4) standard criteria.