

Independent Health Facilities

Assessment Protocol for Pulmonary Function Studies - Technologist Assessor

INSTRUCTIONS:

Please complete (\checkmark) the attached protocol during the assessment. Ensure that all the questions have been answered, please do not leave any questions blank. A space has been provided at the bottom of each section for your comments.

FACILITY NAME/NO.: Date:

STAFF		Meets	Meets with	Does not	N/A
	the technologists meet the qualifications as lined on pg 6 of the CPPs & FS?		Recommendations	Meet	
2. Is th	nere a Chief Technologist appointed? If appointed, does the Chief Technologist meet the qualifications as outlined on pg 6 of the CPPs & FS?				
A	the Technologists: Ensure they are current with the changing technical trends in the cardiopulmonary field by attending conferences, meetings or other forms of continuing education and reading current relevant literature?				
	Arrange patient appointments and staff work schedules?				
	Distribute to referring physicians and agencies the test requisition and the completed test reports?				
>	Maintain proper policies & procedures? Maintain records of equipment calibration, maintenance and repair procedures?				
>	Maintain copies of test observations and reports?				
>	Maintain administrative records? Ensure that safety policies and the equipment and facilities necessary for their implementation are in place and in working order?				
	Ensure the safe and reliable performance of tests?				
	Observe and follow documented infection control measures?				
>	Maintain all necessary facility supplies?				
	Ensure safe and accurate performance of testing procedures?				
	Implement current policies & procedures?				
>	Provide assistance to the Quality Advisor?				

STAFF		Meets	Meets with	Does not	N/A	Comments
			Recommendations	Meet		
4.	Are written job descriptions available for all staff?					
5.	Are continuing professional development					
	activities documented by technologists?					
6.	Is all staff certified and current in BCLS?					

POLICIES AND PROCEDURES	Meets	Meets with	Does not	N/A
		Recommendations	meet	
Are there written policies/procedures guidelines for the				
following?				
Description of the proper methodology for performing each test offered by the facility, including criteria to ensure that the results				
obtained is reliable?The predicted normal values for each test offered				
by the facility including the references from which these values were obtained?				
Procedures to be followed to maintain proper infection control/body substance precautions as described in the Provincial Infectious Diseases Advisory Committee of Public Health Ontario 2013 as outlined on Pg 26 of the CPP&FS.				
Procedures to be followed for each test to ensure that the test is performed only on those patients for whom it can be performed safely?				

POLICIES AND PROCEDURES CONT'D	Meets	Meets with	Does not	N/A
		Recommendations	meet	
General safety precautions to be followed in				
operating the facility and performing the tests to				
prevent adverse health effects from occurring in				
the facility?				
Specific first aid measures to be followed in the				
event of adverse health effect including a				
description of the arrangement made to transfer				
patients to an acute care facility when required?				
A list of safety equipment and medications with				
expiry dates to be maintained by the facility?				
Routine maintenance procedures to be followed				
to ensure reliable and accurate testing				
equipment?				
Documentation of regular routine calibration and				
validation measures on test equipment?				
Patient consent based on scope of practice in the				
facility in compliance with the Health Care				
Consent Act?				
Latex anaphylaxis?				
Material Safety Data Sheets (MSDS) current				
within 3 years for all chemicals maintained in the				
facility				
A copy of the Workplace Hazardous Materials				
Information Systems (WHMIS) manual?				
Fire safety including fire prevention; classes of fires				
and extinguishers, steps on discovery of fires, plans				
for reporting fires, fire evacuation plans and maps?				
2. Are policies/procedures reviewed annually and dated				
accordingly?				
3. Is there evidence that the staff know the policy or				
where to look for the policy if needed?				
4. Is there evidence that the policy and procedures are				
implemented?				

^{*}Assessor may select staff at random to ask of knowledge or use of policies

QUALITY CONTROL ACTIVITIES	Meets	Meets with Recommendations	Does not Meet	N/A	Comments
Are Quality Control Activities implemented for:		Recommendations	Weet		
1. Are Quality Control Activities implemented for.					
ensuring the Calibrating syringe is not out-of-date of					
scheduled re-calibration.					
 successful daily calibration of spirometer according to 					1
manufacturer's recommendations.					
 successful daily calibration of gas analysers according to 					-
manufacturer's recommendations.					
 successful daily calibration of box pressure and mouth 					-
pressure according to manufacturer's					
recommendations.					
 successful leak check for body plethysmograph 					-
according to manufacturer's recommendations.					
2. Are additional Quality Control Activities implemented for:					
 Linearity check of spirometer using 3-L Calibrating 					
Syringe to simulate three individual flow volume loop					
with flow rates (\pm 0.5; \pm (\pm 0); \pm (>8)) L/sec. The					
difference between largest volume (FVC) and lowest					
volume (FVC) is < 0.105 L. Spirometer volume					
calibrated to an accuracy of (example: $\pm 3.5\%$ of the					
syringe volume of 3 L with the accuracy of 0.5%)?					
Syringe DLCOQC with a 3-L Calibrating syringe to					
simulate 2 tests with DLCO value ≤ 0.5 and the IVC , VA					
values are within the range of corrected ATPS/BTPS					
Conditions.					
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simulate 2 tests with DLCO value ≤ 0.5 and the IVC , VA					
values are within the range of corrected ATPS or BTPS					
Conditions.					
3. Non-specific Bronchial Provocative Test					
A new nebulizer's output must be determined by full					
calibration prior to use. The corresponding flow rate					
required to deliver the appropriate output must be					
recorded and used consistently.					
Checks of nebulizer output every 6 months need only test					
the output at that flow rate. If it varies by more than 10%					
during verification, a full calibration must be performed.					

QUALITY CONTROL ACTIVITIES CONT'D	Meets	Meets with	Does not	N/A	Comments
		Recommendations	Meet		
Methacholine/provomethacholine used is Health					
approved and documentation is supported by					
purchasing invoice and stored according to					
Manufacturer recommendation.					
4. Stage 1 Exercise Testing					
Is the mechanical bicycle tested for accuracy according					
to manufacturer's recommendations?					
> Is the electronic bicycle calibrated according to					
manufacturer's recommendations.					
> Is the treadmill's belt velocity and grade tested					
according to manufacturer's recommendations?					
5. BIOLOGIC CONTROLS					
Are subjects used in biologic controls are healthy, non-					
smoking individuals?					
Spirometry parameters include but not limited to:					
FVC and FEV1					
Lung volumes parameters by dilution include but not					
limited to:					
FRC and VC					
Lung volumes parameters by plethysmography include					
but not limited to:					
FRC and VC					
Airway resistance parameters by plethysmography					
include but not limited to:					
R _{AW}					
 Diffusion capacity parameters by single breath include 					
but not limited to:					
DLCO, IVC, VA					
MIP and MEP parameters include but not limited to:					
MIP and MEP					
 Cardiopulmonary Exercise parameters include but not 					
limited to:					
VE, VO2, and VCO2					
 Pulse Oximetry parameters include but not limited to: 					
SpO ₂ and HR					
Are biologic controls performed monthly?					
Are biologic controls being monitored monthly from a					
pre-established mean and 2 standard deviations from at					
least 10 acceptable and repeatable dataset?					
icase to acceptable and repeatable dataset.	1	_1		1	

QUALITY CONTROL ACTIVITIES CONT'D	Meets	Meets with	Does not	N/A
Are biologic controls being monitored on a control chart (Levey-Jennings Plot) or tabular format?		Recommendations	Meet	
6. ARTERIAL BLOOD GASES				
Is there a one point calibration performed every 30 minutes or at least prior to the patient sample?				
For pH is a one-point calibration is performed using the calibration solution with normal pH to determine the status of the electrode? Is a two-point calibration is performed every 8 hours using 2 pH buffer solutions (e.g., 7.4 and 6.8) to determine the sensitivity of the electrode?				
For PCO ₂ is a one-point calibration is performed using a precision CO ₂ gas mixture (e.g. 5%) to determine the status of the electrode? Is a two-point calibration is performed using 2 precise mixtures of CO ₂ concentrations (e.g., 5% and 10%) to determine the sensitivity of the electrode?				
For PO ₂ is a zero point value performed using 0% O ₂ ? Is a one-point calibration performed using one O ₂ concentration (e.g., 20%) to determine the sensitivity?				
Is the spectrophotometer calibrated over the fixed wavelengths using a water sample to determine the zero point and the drift? Is a tHg calibration performed every 3 months?				

ENVIRONMENT, EQUIPMENT AND SUPPLIES	Meets	Meets with Recommendations	Does not Meet	N/A	Comments
1. Is the facility clean?					
2. Is all equipment used in the facility CSA approved?					
3. Are electrical cords, plugs, outlets routinely checked					
for damage?					
4. Are gas cylinders					
 Properly labeled and secured to a wall or placed in 					
a stationary cart whether or not they are in use?					
5. Is the laboratory equipped with laboratory-grade					
external environmental devices for temperature,					
humidity and barometric pressure to verify the					
accuracy of built-in devices of the pulmonary					
diagnostic systems?					
6. Are the physicians and staff familiar with the current					
recommendations of the ATS/ERS regarding					
pulmonary function standards?					
7. Is mandatory compliance with the minimal					
recommendations for spirometry, lung diffusion and lung volumes as published in 2005 by the joint					
publications of the ATS/ERS Task Force be adhered to					
by staff?					
8. Are the physicians and staff familiar with the Clinical					
Practice Parameters and Facility Standards?					
9. In rooms where pharmacological challenge testing is					
done:					
Is there adequate ventilation?					
Are filters used on the expiratory circuit of the					
mouthpiece apparatus?					
10. Are all tubings and valves sterilized after each use?					
11. Are clean mouthpieces and noseclips used for each					
patient?					
12. Are disposable bacterial filters used unless the					
circuitry is changed after each patient?					
13. Is equipment that cannot be subjected to heat or					
chemicals sterilized using a cold sterilizing solution?				-	
14. Does the facility follow manufacturer's					
recommendations for disinfecting and sterilization					
equipment?	<u>l</u>			1	

ENVIRONMENT, EQUIPMENT AND SUPPLIES	Meets	Meets with	Does not	N/A
		Recommendations	Meet	
15. Is the following equipment available in facilities				
performing exercise testing and bronchoprovocative				
testing?				
Sphygmomanometer and stethoscope				
Wheelchair				
➤ O₂ source with mask				
Connective tubing				
Resuscitation equipment				
Airway management equipment				
Appropriate drugs				
16. Are all resuscitation equipment, drugs and sterile				
equipment checked monthly for expiry dates?				
Is this activity documented?				
17. Are fire evacuation plans/maps posted throughout the				
facility?				
18. Are fire extinguishers easily accessible and checked				
each month and replaced if outdated or used?				
19. Is the fire evacuation plan practiced periodically?				
Is fire safety plan activities documented?				

Instructions:
Some items to cover (these are not questions, and should not simply be answered with a "yes", they are prompts to ensure you cover the required information)
How many procedures were observed? What types?
Identify Tech.
How did the tech(s) do? (ie., attitude, competency, ensure patient comfort, answer questions, etc)
Patient Consent obtained?
Procedures:
Comment:
Recommendation:

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