IQIPS v2 2020 update

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Overview

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- The IQIPS Standard overview
- The Standard in detail
- Transition assessment

IQIPS Scheme and Standard:

- First Assessments in 2012. UKAS perform independent conformity assessment against the Standard
- Developed with Royal College of Physicians
  - Owned and developed by Accreditation Clinical Advisory Group
- IQIPS Standard awareness course
- Annual assessment to assure continued compliance
- Assessment team – Assessment Manager, Technical and Lay assessors
- 100 accredited customers (92 audio, 4 GI phys, 4 Neuro, 1 urodynamics, 3 vascular, 4 Cardiac) and 38 applicants
- Transition 24 customers – 23 recommended

IQIPS
Improving Quality In Physiological diagnostic Services

Benefits

- Proactive risk anticipation and management
- Cost efficiencies
- Resourcing leverage
- Enhanced collaboration across disciplines – streamlining
- CQC recognition
- Confidence in outcomes
- Quality improvements
- Enhanced patient satisfaction

IQIPS Standard v2 2020

+ 5 Standard domains
    - Leadership & Management
    - Clinical
    - Safety
    - Facilities, Workforce & Resource
    - Patient Experience
+ Transition assessment in line with next planned assessment

Changes from 2012 version

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Main

- 5 domains
- Reduced duplication
- Focus on leadership and management using QMS, quality policy, management review and defining a Quality Manual
- Generic standard for all disciplines

Other

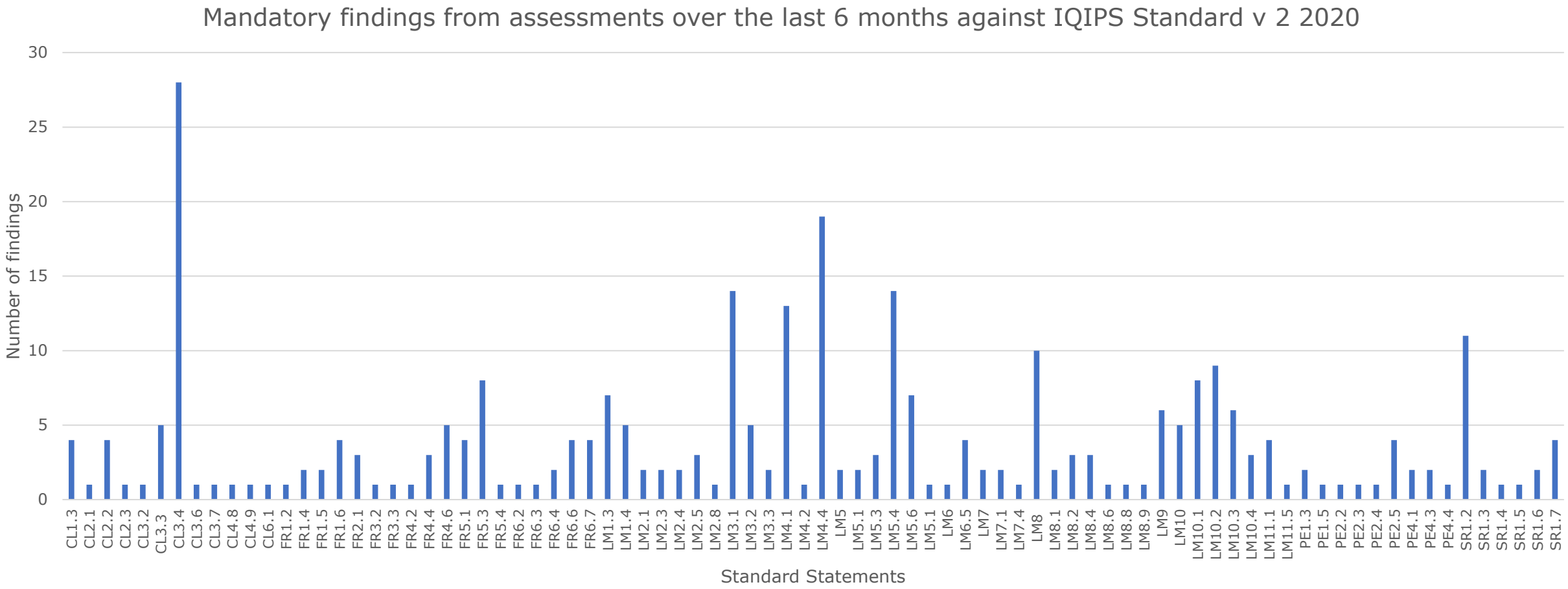
- Knowledge of uncertainty of measurements
- Understanding of traceability of equipment and calibration authority
- Understanding of non-conformity

IQIPS Standard v2.0 2020

+ Quality Domains
  + Management & Leadership
  + Clinical
  + Patient Experience
  + Facilities and Resources
  + Safety

Mandatory finding data

Key areas of non –conformity – MU, Management Review, Audit, traceability/calibration, competency, document control, non conformity management



LM3

LM3 The healthcare provider must operate within its quality policy and monitor performance against measurable quality objectives System(s) must ensure, where applicable:	
LM3.1.	The leadership team develop, and publish an appropriate quality policy and measurable quality objectives that are regularly reviewed;
LM3.2.	Agreed local targets and key performance indicators/outcomes for service activities and clinical procedures, in line with local and national targets e.g. waiting times, report turnaround times, Do Not Attend rates, equipment breakdown times, staff retention rates, patient/client satisfaction rates, workloads etc;
LM3.3.	Consistency in performance across the provider's activities with internal and external benchmarking.

LM4

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LM4 The healthcare provider must establish, implement, and maintain a quality management system (QMS) The healthcare provider must establish an appropriate QMS to integrate all agreed processes, monitor their effectiveness and ensure continuous improvement of its service(s). The QMS will:	
LM4.1.	Be described in a quality manual;
LM4.2.	Be sufficiently robust to ensure that staff only have access to the latest and current versions of documents;
LM4.3.	Ensure availability of supporting documentation to include, but not be limited to: • Processes (ways of working) for all activities; • Pathways and clinical protocols; • Records of resources (staffing, equipment etc) available to support delivery; • Forms in use; • Internal audits; • Publications;
LM4.4.	Be subjected to regular management reviews, at least annually, to include at least the following: • Quality improvement initiatives to include business planning; • Periodic review of referrals received; • Results and outcomes from user feedback and complaints; • Results and outcomes from user feedback and complaints; • Staff and stakeholder consultation and feedback; • Results and outcomes from internal audits; • Risk management reports, and update of risk register; • Reviews conducted by external organisations; • Objectives aligned to local and national performance targets with outcomes of inter-service comparison programmes/benchmarking; • Performance of suppliers; • Identification and control of non-conformities; • Follow-up actions from previous management reviews; • Changes to the volume and scope of work including capacity and demand, staffing, premises, equipment consumables and resources;

LM8 and LM9

LM8 The healthcare provider must identify, manage, and eliminate non-conformities by taking corrective actions	
System(s) must ensure, where applicable:	
LM8.1.	Designated responsibilities for non-conformities;
LM8.2.	Training for staff to detect and record non-conformities;
LM8.3.	Immediate actions are taken to mitigate the effect of non-conformities;
LM8.4.	Root cause analysis to determine the reasons for and extent of the non-conformity;
LM8.5.	Actions are taken to remove the root cause and prevent reoccurrence of the non-conformity;
LM8.6.	Mechanism(s) for recording non-conformities and resultant changes in practice
LM8.7.	Mechanisms for communicating non-conformities and resultant changes in practice to relevant users, staff and stakeholders;
LM8.8.	Regular review of non-conformities to identify trends;
LM8.9.	Criteria are available to determine the following in the case of a clinical non- conformity: • Whether clinical activities should be halted; • Whether reports should be withheld; • Who authorises the recommencement of any halted clinical activities; The need for previously released results to be recalled; • The medical significance of a non-conformity to patient/client management; • Responsibilities for reporting the non-conformity to the relevant referrer, users, staff and for escalating to the regulatory authority and/or equipment manufacturer as appropriate.

LM9 The healthcare provider must seek and eliminate the cause(s) of potential future non-conformities by taking preventative actions	
System(s) must ensure, where applicable:	
LM9.1.	Designated responsibility for non-conformity prevention;
LM9.2.	Review of data/information to determine where future non-conformities could occur (e.g. as part of clinical review meetings such as 'Discrepancy' or 'Morbidity and Mortality');
LM9.3.	Root cause(s) of potential non-conformities are sought;
LM9.4.	The need for preventative action is evaluated
LM9.5.	Preventative action occurs when it is required;
LM9.6.	Results and effectiveness of preventative action are reviewed and documented.

LM10

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LM10 The healthcare provider must evaluate and audit the effectiveness of their QMS including clinical activities	
System(s) must ensure, where applicable:	
LM10.1.	The QMS including clinical activities is evaluated and assured with a regular audit cycle. This would usually be annually;
LM10.2.	Use of different audit methods (vertical, horizontal and/or witnessing) to comprehensively cover the requirements of this standard;
LM10.3.	The scope, criteria, methodology and frequency of audits are defined, documented and reported in an agreed format;
LM10.4.	That staff involved in the audit process have appropriate training.

CL3

CL3	**The healthcare provider must assure the technical quality of clinical activities** System(s) must ensure, where applicable:
CL3.1	Patients/clients are correctly identified, and appropriate consent is obtained;
CL3.2	Equipment has been calibrated and is fit for purpose;
CL3.3	Availability of appropriate positioning and supporting devices to ensure the integrity and quality of the clinical activity;
CL3.4	Availability of protocols for each clinical activity. Protocols must: • Be evidence-based and appropriate; • Fully describe the critical procedural steps; • Include diagnostic criteria and measurement uncertainty, as appropriate; • Include arrangements for safe sedation, analgesia and or anaesthesia where necessary; • Include health and safety considerations, contraindications and infection control; • Include guidance for onward referral, management of incidental or clinically urgent findings, and post-procedure care.
CL3.5	Regular review of protocols, communication of protocol changes to relevant staff, and training on the changes where necessary;
CL3.6	Competent and appropriate supervision of staff;
CL3.7	Quality control measures are in place to ensure that the intended outcome of the testing/measurement/assessment stage is achieved, and that if there is a problem with quality, data is not released for reporting before the patient/client is discharged from the service;
CL3.8	Results are reported in an appropriate time frame.

CL4

CL4	**The healthcare provider must ensure the clinical and technical quality of records, interpretations and reports.** System(s) must ensure, where applicable:
CL4.1	Defined responsibilities for reporting clinical activities. If certain clinical activities are not reported then an agreement for transferring responsibility for the evaluation must be in place;
CL4.2	Adequate numbers of competent reporting staff are available and documented;
CL4.3	Reporting formats are agreed with referrers and stakeholders;
CL4.4	Availability of locally agreed reporting structures/templates to reporting staff, including those external to the healthcare provider;
CL4.5	Clear identification of the report issuer. This is particularly relevant where outsourcing arrangements are used;
CL4.6	Reports include, as appropriate: • Referral information • Date and time of clinical activity • The clinical activity performed • Relevant findings/observations, including unexpected findings; • A conclusion and/or diagnosis; • How certain the conclusion is, and advice on further diagnostic tests; • Signature(s) with the name(s) of the reporter(s) and their position(s);
CL4.7	Mechanisms for auditing reports and processes for feedback and remedial actions;
CL4.8	Access to a second opinion, where appropriate;
CL4.9	Deviations from the reporting requirements are justified, documented and communicated to referrers.

FR1

FR1 The healthcare provider must manage facilities and environment to support service delivery. System(s) must ensure, where applicable:	
FR1.1.	Sufficient suitable space to deliver all aspects of the service;
FR1.2.	Enough suitable facilities for patient/client confidentiality and privacy and dignity;
FR1.3.	Appropriate access for users and staff who use wheelchairs, trolleys/beds, have impaired vision, hearing, or have other needs;
FR1.4.	Management and monitoring of the condition of facilities and environment including cleaning and maintenance;
FR1.5.	Display of relevant signage to notify users, staff and visitors of access and specific hazards.
FR1.6.	Facilities and environment are fit for their intended purpose, in particular:
FR1.6.1	**Clinical facilities** • Records relating to environmental conditions that allow for correct performance (assure quality and integrity) of the clinical activity concerned e.g. noise reduction, ventilation, variable lighting and temperature, equipment performance; • Appropriate facilities for decontamination of equipment and consumables
FR1.6.2	**Reception, waiting and changing facilities** • Sufficient and appropriate seating facilities for all patients/clients including space for those waiting in wheelchairs, needing bariatric support, waiting for hospital transport, as appropriate; • Appropriate waiting areas for children, vulnerable adults and their carers and those waiting on trolleys; • Screened areas for patients/clients dressed in gowns or those waiting on trolleys or in beds; • Secure storage facilities for patient's/clients' valuables;
FR1.6.3	**Staff facilities** • Sufficient and appropriate changing facilities for staff including those with disabilities; • Access to safe storage for personal items; • Access to toilet facilities and drinking water; • Storage of personal protective equipment.

FR5

FR5	The healthcare provider must calibrate and maintain equipment
System(s) must ensure, where applicable:	
FR5.1.	Use of an authorised/accredited body to conduct calibration;
FR5.2.	That calibration and maintenance takes account of conditions of use and manufacturer's instructions;
FR5.3.	Traceability between the equipment and the calibrated reference standard;
FR5.4.	Verification of the measurement accuracy at defined measurement intervals;
FR5.5.	Timely and accurate updating of correction factors as necessary;
FR5.6.	Safeguards to prevent adjustments or tampering that might invalidate clinical results;
FR5.7.	Reporting of faults and management of equipment breakdowns and repairs, in line with legislation, manufacturer's guidelines and organisational policy;
FR5.8.	Mechanisms to communicate health and safety warnings and alerts to staff, which are formally acknowledged, and acted on within specified timescales;
FR5.9.	Regular review of electrical safety, emergency stop devices (where relevant);
FR5.10.	Regular cleaning and decontamination of all equipment, including ancillary equipment following direct contact with patients/clients;
FR5.11.	Maintenance of training and authorisation records for staff who calibrate, clean and decontaminate equipment;
FR5.12.	Timely Investigation and reporting of adverse incidents and accidents caused by defective equipment to manufacturers and relevant authorities;
FR5.13.	Labelling and removal from service of any equipment found to be defective.

Thank you

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