IASIOS

INTERNATIONAL ACCREDITATION SYSTEM FOR
INTERVENTIONAL ONCOLOGY SERVICES

ENGLISH

IASIOS Self-Assessment

for Quality Assurance Core Requirements
in Interventional Oncology

CIRSE

www.iasios.org

The International Accreditation System for Interventional Oncology Services (IASIOS) is a membership-based credentialling system that awards seals of quality to facilities that enrol and demonstrate that their oncology service line meets the appropriate standards.

IASIOS has created a self-assessment checklist to help facilities offering Interventional Oncology services evaluate their processes in view of quality assurance for the whole patient pathway. The criteria correspond to the core requirements of the IASIOS.

The self-assessment below is intended to be used as a simple and quick way to evaluate if the standards are achievable for your hospital at this time, and to see which areas may need special attention or improvement. Please note that this is for informative purposes only and is not equivalent to accreditation.

Standard 1: Staff Competence

- ☐ Can you provide records that staff are appropriately registered/licensed to practise?
- ☐ Can you provide records of appropriate continuing professional development activities for individual staff?
- ☐ Can you provide records listing the number of each type of therapeutic IO procedure performed per year?
- ☐ Can you provide records of outpatient consultations with an IR prior to a therapeutic procedure being scheduled and after it has been carried out?
- ☐ Can you provide records and analyses of mortality and complications?

Standard 2: Workforce Profile

- ☐ Can you provide staff schedules showing that staff is being allocated time for professional development and annual leave, whilst providing sufficient skilled staff to deliver a safe service when required?

Standard 3: Management of Patient Records and Clinical Data

- ☐ Can you provide documentation outlining your facility's record management policy, including systematic processes for tracing patient records, keeping records secure and transferring, archiving and removing records as locally applicable?
- ☐ Do your patient records meet the minimum dataset requirements and are accurate, comprehensive and up-to-date; using current versions of staging systems?

Standard 4: Facility Infrastructure

- ☐ Do you have a documented approach for the adoption of new and novel technologies and procedures?
- ☐ Can you provide records of meetings regarding facility management, including the main focus of the meeting (performance review, operational management, risk and safety issues) and the frequency with which they occur?
- ☐ Can you provide records of Health and Safety inspections and actions?

Standard 5: Facility Process Management

- ☐ Is input from an interventional oncologist available for all patient cases discussed at appropriate Multidisciplinary Meetings (MDMs)?

Standard 6: Medical Devices and Equipment

- ☐ Can you demonstrate that interventional oncologists are involved in evaluating and approving the specifications for interventional oncology equipment?
- ☐ Can you provide documentation for acceptance testing and commissioning for all interventional oncology equipment?
- ☐ Can you provide documentation outlining the arrangements for the procurement, storage and management of reusable and non-reusable devices, drugs and materials used in IO procedures?
- ☐ Can you provide maintenance programme details and records for all significant items of reusable medical equipment?

Standard 7: Planning for Interventional Oncology Treatments

- ☐ Do you have a documented patient consent policy for use in interventional oncology?
- ☐ Do your patient records include informed patient consent for interventional treatment and associated procedures and any subsequent changes to the consented procedure?

Standard 8: Patient Care during Interventional Treatment Delivery

- ☐ Do you have a process to verify patient identity and match the patient to the intended treatment plan prior to each treatment session?
- ☐ Do you have a process for systemic equipment checks prior to use?
- ☐ Do you have a defined system for observing, monitoring and recording patients' vital signs during treatment?
- ☐ Do your patient records show that a process was used to verify patient identity and match the patient to the intended treatment plan prior to each treatment session and that a defined system was used for observing and monitoring patients' vital signs during treatment?
- ☐ Do you have a systematic process to check single-use devices, drugs and materials before use?

Standard 10: Safety, Quality and Improvement Processes

- ☐ Can you provide a written risk register showing that patient risks have been considered within the operation of the facility and the action plan addressing any outstanding risks?

Standard 11: Radiation Safety

- ☐ Do you have a system to manage radiation safety risks that includes training requirements for clinicians undertaking interventional oncology procedures involving ionising radiation; a policy that describes the management of pregnant patients who are being exposed to radiation; a register of all radiation emitting equipment and radioactive sources; and a register of all workers that shows the details of their licensed areas of work, specific responsibilities and records of radiation safety training and personal monitoring results?

Standard 12: Incident Monitoring Programme

- ☐ Does your facility systematically record incidents of all types (including near misses), analyse the data and take action as appropriate?
- ☐ Does your facility have a process for providing feedback of incidents and investigations to staff?