

Thank you for the opportunity to comment on the proposed changes to the IHF Clinical Practice Parameters for Diagnostic Imaging. Below are the comments from the IDCA Board of Directors by section/subsection. In general, it has been noted in the IHF community that assessors are implementing the changes as if the proposed changes to the Parameters are already approved and in practice. The changes proposed also assume that the legislative changes proposed by the Ministry of Health and Long-term Care will be enacted as introduced. Such presumptions are premature and deter effective consultation.

PAGE	PROPOSED STATEMENTS	COMMENTS/ FEEDBACK from IDCA
Preface	DI	BMD is not specifically mentioned
Vol 1; S. 1.1	Staffing at the facility...need to be registered with College	Addition needed: Staff also need to be in good standing with their College.
	Staffing....the QA is responsible for appropriate amount of staff	What is the source for the numbers and ratios cited. Please reference the guideline used re the appropriate ration of staff to patients.
1.3	Currently only has radiologist change of practice	This should be more inclusive and include cardiologist and internal medicine physicians not just radiologists. This change would better reflect the current environment.
1.11	No legal requirement by seek involvement of Qualified Medical Physicist to part of QC program	No explanation of “why” is provided. No qualifications are outlined for this person. Compensation will be required; a burden to IHF owners.
2.3.4	Mammography...must have continuous, uninterrupted CAR-MAP accreditation	From what date should this period begin?
3.3.9	Disinfectant solution/ wipes	What defines “hospital grade” disinfectant? A definition of “low level” should suffice.
3.3.9.1	Separate reprocessing area	A timeframe to change facilities is required e.g. 18 months to meet standard. Certain facilities may not have the physical capability to meet this requirement and making the physical changes of obtaining a building permit, contracting plumbing, municipal inspections or relocating if landlord does not support structural changes will require time to implement.

3.3.9.2	Gels	Not being able to wash and refill containers for use is unnecessary in an appropriate sterilized environment; additional costs for clinics
5.4	Quality management for mammography	Does this apply only to mammography sites?
Vol. 2 Ch 7	Refer to CAR guidelines on a modality	Assume every site has access through a radiologist-member; not all clinics are owned by physicians yet owners are the accountable party
	Compulsory participation in OBSP	Explanation as to why is required