



Australian
Commission on
Safety and Quality
in Health Care

DIAS

Diagnostic Imaging
Accreditation Scheme

National Medical Imaging Standards (Draft)

V0.16

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Acknowledgement

The Australian Commission on Safety and Quality in Health Care acknowledges the Traditional Owners, the Gadigal people of the Eora Nation on whose land the Commission's office is located, and the lands across Australia where those we partner with work. The Commission pays our deep respect to Aboriginal and Torres Strait Islander Elders past, present and emerging.

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About the Australian Commission on Safety and Quality in Health Care

The Australian Commission on Safety and Quality in Health Care (the Commission) leads and coordinates national healthcare improvements in safety and quality. The Commission partners with the Australian Government, state and territory governments and the private sector to achieve a safe, high-quality, sustainable health system. It also works closely with patients, carers, clinicians, managers, policymakers and healthcare organisations.

The Commission is responsible for the administration of the Diagnostic Imaging Accreditation Scheme on behalf of the Australian Government Department of Health and Aged Care (the Department). The Department retains responsibility for the regulation and funding of medical imaging in Australia.

Introduction

The National Safety and Quality Medical Imaging (NSQMI) Standards aim to protect the public from harm and improve the quality of imaging delivered by describing a nationally consistent framework that medical imaging providers should apply when providing health care. When fully implemented, patients can be confident that their imaging provider is committed to delivering and continuously improving the practice's safety and quality.

Developing the NSQMI Standards involved extensive consultation with consumers, practitioners and providers, professional and peak bodies, and other sector representatives, as well as a review of the literature, best practice, and evidence-based care.

The NSQMI Standards replace the Diagnostic Imaging Accreditation Scheme Standards.

Implementing the NSQMI Standards is the responsibility of imaging providers and all members of its workforce. Imaging providers are accountable for compliance with the standards.

Application of the standards

Medical imaging refers to processes that create visual representations of the body's tissue structure or organ function for clinical analysis and medical intervention. The NSQMI Standards apply to providers who use medical imaging to investigate, diagnose, treat, and monitor patients' conditions.

Health services that use medical imaging can implement the NSQMI Standards, including:

- Private imaging practices
- Private and public hospital imaging departments
- Practices using imaging at the point of care

- Practices using imaging to complete an interventional procedure
- Chiropractic practices
- Dental practices
- Specialist practices performing imaging in private rooms

Medical imaging practices that provide Medicare-funded services on the [Diagnostic Imaging Services Table](#) must apply these standards. Imaging practices providing imaging services under Medicare that do not require accreditation or non-Medicare imaging services should use these standards as they underpin the delivery of effective, safe and good quality care.

An imaging service can include any of the following modalities:

- Computed tomography (CT)
- Cone beam computed tomography
- Dual-energy X-ray absorptiometry (DEXA)
- Fluoroscopy
- Angiography
- Magnetic resonance imaging (MR))
- Mammography
- Tomosynthesis
- Orthopantomography
- Positron emission tomography (PET)
- PET/ CT
- PET/ MRI
- Single photon emission computed tomography (SPECT)
- Ultrasound
- Echocardiography
- X-ray

Overview of the standards

The NSQMI Standards are:

1. Clinical Governance

Clinical Governance refers to the structures, relationships, roles and responsibilities established by an imaging provider to ensure good clinical outcomes.

The community can be confident that systems are in place to deliver safe, high-quality, appropriate health care and continuously improve services.

2. Partnering with Consumers

Partnering with Consumers recognises the importance of working with patients and consumers in planning and delivering their health care and providing clear communication to minimise risks of harm.

It describes the systems and strategies to create a person-centred imaging practice.

The Clinical Governance and Partnering with Consumers Standards set the overarching requirements, or clinical governance framework, for effectively implementing the third and fourth standards: Clinical and Technical Safety.

3. Clinical Safety

Clinical Safety describes the systems and processes for minimising clinical risks and ensuring patients receive appropriate, safe, high-quality care.

4. Technical Safety

Technical Safety describes the systems and processes for ensuring a safe environment and appropriate use of imaging technology.

Structure of the standard

Each standard contains the following:

- a standard statement
- a consumer outcome statement
- a statement of intent
- explanatory notes on the standard's context
- criteria that describe the key areas covered by the standard.

Each criterion contains the following:

- a consumer outcome statement
- actions that describe what is required to meet each criterion.

Guidance to support implementation

Not all actions in the NSQMI Standards will apply to all imaging practices. Imaging providers must consider their service context and modalities. Indicative information on “not applicable actions” is in **Appendix 1**. Providers can apply to have actions deemed not applicable, and the accrediting agency will confirm the “not applicable status” before an assessment commences.

Imaging practices accredited to other national safety and quality standards can streamline imaging practice assessment. The Commission will map the NSQMI Standards against these standards to identify actions unique to the NSQMI standards. This process will create the Medical Imaging (MI) Module. Accrediting agencies will assess these imaging practices once to duplicate requirements.

For further information and access to supporting resources on the NSQMI Standards, visit the Commission’s [website](#).

Terminology

The Commission adopted the following terminology in the National Medical Imaging Standard Patient or consumer

Patient or consumer

Patient refers to a person or group of people receiving imaging services. The term 'consumer' refers to a person who has used or may use an imaging practice, a consumer representative or an advocate. In addition, the term 'patient' encompasses all other relevant terms the imaging sector may use, including 'client', 'person', and 'people'.

Imaging practitioner

Imaging practitioner refers to trained and qualified individuals who perform imaging services, interpret images or support the delivery of imaging services. The term practitioner encompasses all other relevant terms that the imaging sector may use, including

- health practitioners,
- clinicians or profession-specific descriptions, for example,
- radiologist,
- radiographer,
- sonographer,
- nuclear medicine technologist or
- medical physicist.

Imaging provider

Imaging provider refers to an organisation or group of organisations that govern and manage medical imaging services. Imaging providers range from owner-operated providers, where a single practitioner is also responsible for administrative and management operations, to complex organisations comprising many practitioners, a supporting workforce, management and an overarching governing body.

Governing body

A governing body refers to a board, chief executive officer, organisation owner, partnership or other highest level of governance (individual or group of individuals) that has ultimate responsibility for strategic and operational decisions affecting the safety and quality of the imaging practice.

Healthcare vs. health care vs. care

Healthcare is an adjective (for example, the 'healthcare system') and health care is a noun (for example, 'the state of health care in Australia').

Where the word 'care' is not preceded by a qualifying word (for example, episode of care, comprehensive care), it encompasses broader elements of care (for example, personal or social care).

Referrer and referral

Referrer means a healthcare practitioner who writes to another practitioner asking them to consult on a patient by investigating, diagnosing, or treating them. The health practitioner receiving the referral then determines the course of action, which may include medical imaging.

Referral means a written communication between the practitioners. It explains the reasons for referring the patient and includes their symptoms, conditions, and medications.

The practitioner who receives the referral is responsible for selecting the imaging service, seeking consent and managing the patient.

Requester and request

Requester means a healthcare practitioner who writes to an imaging provider to request that a patient receive specific imaging services. The requester selects the imaging modality.

The written communication is called a request; most requests are forms. A request identifies the imaging service and clinical details. The requester is responsible for managing the patient.

Systems

System refers to the resources, policies, processes, and procedures the imaging provider organises, integrates, regulates, and delivers to accomplish a stated goal. Safety and quality systems vary depending on the size of the imaging provider and the associated service risks.

The NSQMI Standards require imaging providers to establish safety and quality systems.

1. Clinical Governance

Clinical Governance

Leaders in an imaging practice are responsible for continuously measuring and improving the safety and quality of patient care services and ensuring the service improvements are evidence-based, person-centred, safe, appropriate and effective

Consumer outcome

Patients are confident that the imaging practice is organised, efficient, and effective and that they will receive safe, appropriate, high-quality, person-centred health care.

Intention of this standard

To implement a clinical governance framework that ensures patients receive safe, high-quality and appropriate, person-centred health care.

Explanatory notes

Clinical governance is the relationships, roles and responsibilities established by an imaging provider between regulators and funders, managers, owners and governing bodies (where relevant), healthcare providers, the workforce, patients, consumers and other stakeholders to ensure optimal clinical outcomes.

Governing bodies or owners are ultimately responsible for ensuring the imaging practice is well run and delivers safe, high-quality, person-centred health care. They must ensure that the governance system operates effectively and that robust monitoring systems focus on continuous quality improvement.

Criteria 1: Governance

The imaging provider establishes and uses clinical governance systems to continuously improve its imaging services safety, quality and appropriateness.

Consumer outcome

The safety, quality and appropriateness of the patient care are priorities for the imaging practice's leadership, clinicians and workforce.

Item	Action
Clinical governance leadership and culture	<p>1.01 The governing body:</p> <ul style="list-style-type: none">a. establishes and maintains a clinical governance frameworkb. provides leadership to develop a culture of safety, continuous quality improvement and clinically appropriate imaging service delivery, and satisfies itself that this culture exists within the imaging practice.c. sets the priorities and strategic directions for safe, high-quality and appropriate person-centred imaging services and communicates these to the workforced. provides leadership to support partnerships with patients, carers, consumers, requesters and referrers.e. monitors the imaging practice's safety, quality and performance and directs action to improve performance and outcomes.
Business decision-making	<p>1.02 The imaging provider:</p> <ul style="list-style-type: none">a. prioritises patient safety, quality and imaging appropriateness in its business decisionsb. applies ethical principles to its business decision-making about the design, development and delivery of

Item	Action
Subcontracted services	<p data-bbox="663 331 778 358">services.</p> <p data-bbox="451 504 1273 560">1.03 The imaging provider subcontracting imaging services ensures the subcontractor complies with:</p> <ul style="list-style-type: none"> <li data-bbox="608 593 1321 660">a. medical Imaging Commonwealth, state and territory legislation and regulations <li data-bbox="608 689 1273 750">b. the National Safety and Quality Medical Imaging Standards.
Environmental Sustainability	<p data-bbox="451 824 1374 913">1.04 The imaging provider uses its governance systems to implement best practice strategies for reducing environmental impacts and unnecessary use of resources.</p>

Criteria 2: Patient safety and quality systems

Safety and quality systems are integrated with governance processes to enable the imaging provider to actively manage and improve the safety, quality, and appropriateness of patient health care

Consumer outcome

Patients and carers attend imaging practices with safety and quality systems that support and improve imaging services so they receive well-organised, safe, high-quality and appropriate person-centred imaging services. The imaging provider seeks, hears and addresses patient feedback.

Item	Action
Policies, procedures and protocols	1.05 The imaging provider establishes and maintains policies, procedures and protocols for its imaging practice and services and: <ul style="list-style-type: none">a. makes them readily available to the workforceb. monitors and acts to improve adherencec. ensures their compliance with legislation, regulation and jurisdictional requirements.
Quality improvement, measurement, and performance	1.06 The imaging provider has quality improvement processes that: <ul style="list-style-type: none">a. identify and collect data on safety and quality measures agreed locally and specified in policy documents.b. monitor performance and outcomesc. implement improvement in safety and quality activitiesd. provide the workforce and governing body with timely and accessible information on safety and quality performance.

Item	Action
Risk management	<p>1.07 The imaging provider has a risk management system that:</p> <ol style="list-style-type: none"> supports the workforce to identify, prioritise, mitigate and manage safety and quality risks routinely monitors, documents and reports on safety and quality risks using a risk management approach plans for and manages internal and external emergencies and disasters.
Incident management	<p>1.08 The imaging provider has an incident management system that:</p> <ol style="list-style-type: none"> supports the workforce to recognise and report incidents facilitates patients, carers, families, requesters and referrers to communicate concerns and report incidents involves the workforce in the review of incidents provides timely feedback on the analysis of incidents to the patients, workforce and governing body uses the information from the analysis of incidents to improve safety and quality regularly reviews and acts to improve the effectiveness of the incident management system.
Open disclosure	<p>1.09 The imaging provider uses its open disclosure processes when there is an adverse patient event.</p>
Feedback and complaints management	<p>1.10 The imaging provider has processes to:</p> <ol style="list-style-type: none"> seek feedback from patients and their carers, requesters, referrers and the workforce about the imaging practice and services report on feedback and complaints from patients and their carers, requesters, referrers and other service providers to the executive and the governing body act on feedback and address complaints in a timely way and inform patients of the outcome provide patients and their carers with information on

Item	Action	
		<p>relevant healthcare complaints authority</p> <p>e. use the analysis from feedback and complaints to improve the safety, quality and appropriateness of its imaging practice and services.</p>
Information security	1.11	The imaging provider has an information security management system that complies with the legislation and uses a risk-based approach to protect information confidentiality, integrity and access from unauthorised users, data modification and removal.
Patients' health information	1.12	<p>The imaging provider has processes to record patient health information that:</p> <ul style="list-style-type: none"> a. complies with jurisdictional legislation, including privacy, security and retention regulations b. establishes and manages the creation, identification, collection, correction, storage, protection and disposal of patient information c. captures requests, referrals, details of the imaging practitioners who performed and reported the imaging service, examination findings, diagnostic quality images and reports d. enables retrieval and transmission of patient information, images and reports e. enables patients, requesters and other authorised healthcare practitioners to access stored images and reports.
My Health Record	1.13	<p>The imaging provider contributes to My Health Record and has processes to:</p> <ul style="list-style-type: none"> a. comply with legislative requirements b. use the available National Healthcare Identifiers for patients and practitioners c. use standard national terminologies and formats d. support its workforce to upload reports to My Health Record e. ensure the accuracy and completeness of the information uploaded.

Criteria 3: Clinical performance and effectiveness

The workforce has the qualifications, knowledge and skills to provide patients with safe, high-quality, person-centred health care

Consumer outcome

Patients receive person-centred imaging services from competent and caring professional imaging practitioners

Item	Action
Clinical practice roles and responsibilities	<p>1.14 The imaging provider has processes that ensure the competency of its imaging practitioners by:</p> <ul style="list-style-type: none">a. confirming they have the qualifications, skills, registration, licenses, and recency of practice for modalities and imaging services required to perform their roleb. defining their function and safety and quality roles, responsibilities and accountabilities for services and supporting them to fulfil these rolesc. monitoring to ensure imaging practitioners are operating within their defined clinical rolesd. reviewing roles and skills of imaging practitioners when a modality, imaging service, or technology is introduced or substantially altered.
Safety and quality training	<p>1.15 The imaging provider:</p> <ul style="list-style-type: none">a. periodically completes a risk assessment to determine the required safety and quality trainingb. provides its workforce with orientation to and training in their safety and quality roles on commencement, when safety and quality responsibilities change and when introducing new imaging services, technology or

Item	Action	
		<p>equipment</p> <ul style="list-style-type: none"> c. provides access to training to meet these National Safety and Quality Medical Imaging Standards d. monitors the workforce participation in training.
Clinical supervision	1.16	<p>The imaging provider makes supervision available that:</p> <ul style="list-style-type: none"> a. ensures supervised imaging practitioners can safely fulfil their designated roles b. ensures access to after-hours advice is available for supervised practitioners when providing after-hours imaging services c. is delivered by qualified imaging practitioners with the relevant qualifications, experience and capacity to supervise effectively.
Performance management	1.17	<p>The imaging provider has processes to:</p> <ul style="list-style-type: none"> a. regularly engage the workforce in a review of their performance b. identify the training, development and supervision needs of its workforce and facilitate access to meet these needs c. support the interprofessional collaboration of its workforce.
Best practice and evidence-based care	1.18	<p>The imaging provider has processes that:</p> <ul style="list-style-type: none"> a. provide imaging practitioners with ready access to clinical care standards, professional and best practice guidelines, protocols, and resources b. supports its imaging practitioners in using these materials to improve patient care.
Appropriate care	1.19	<p>The imaging provider has processes to:</p> <ul style="list-style-type: none"> a. identify opportunities and act to reduce low value imaging services b. provide feedback to the imaging practitioner on their clinical performance and variation from agreed protocols c. support imaging practitioners to take part in clinical

Item

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review of their practice.

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Criteria 4: Safe environment for the delivery of care

The delivery of imaging services occurs in an environment that enables safe and high-quality health care for patients

Consumer outcome

Patients are safe and comfortable when accessing and having imaging services

Item	Action
Safe environment	<p>1.20 The imaging provider minimises safety and quality risks in its imaging services by:</p> <ul style="list-style-type: none">a. ensuring the design, functions and maintenance of the facilities and equipment support safe careb. providing access to an environment, facilities, equipment and devices that are fit for purpose, well-maintained and meet the needs of patients, including those with a disability and from diverse backgroundsc. ensuring patients' privacy, dignity and security when providing imaging servicesd. having fall prevention, patient transfer and positioning processes.
People with diverse care needs	<p>1.21 The imaging provider addresses discrimination and provides a culturally safe and inclusive environment when providing imaging services to:</p> <ul style="list-style-type: none">a. Aboriginal and Torres Strait Islander peopleb. people at increased risk because of their complex care needs or background

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- c. gender diverse people
 - d. people living with a disability
 - e. children.
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2. Partnering with consumers

Partnering with consumers

Imaging providers develop, implement and maintain systems to deliver person-centred care by partnering with patients and consumers in their health care.

Consumer outcome

Consumers are partners in their health care and receive person-centred care. Imaging practitioners respect a patient's healthcare rights, obtain informed consent and incorporate the patient's perspective when delivering imaging services.

Intention of this standard

The Partnering with Consumers Standard recognises the importance of working with patients when communicating about and delivering imaging services so risks are articulated and minimised. This standard and the Clinical Governance Standard form a comprehensive clinical governance framework.

Explanatory notes

The evidence shows that partnering with consumers is integral to improving patient outcomes and benefits consumers, healthcare services and the health system. Partnerships are central to person-centred care, which is respectful of and responsive to the individual patient's preferences, needs and values.

Effective partnerships, a positive patient experience, high-quality health care and improved safety are linked. Partnerships between imaging providers and patients involve incorporating patients' values and views into the imaging practice's services.

How an imaging provider partners with patients and consumers will vary according to the type of imaging services delivered and the size of the imaging practice.

The imaging provider needs to monitor its processes for partnering with patients and consumers, review its findings and refine its processes to improve the effectiveness of patient and consumer partnerships.

Criteria 1. Person-centred care

Person-centred care and partnering with consumers underpin the delivery of care. Patients are partners in their health care to the extent that they choose.

Consumer outcome

Patients and their carers understand the nature of the imaging service, including any risks, can discuss their needs for completing the imaging service, provide informed consent, and have a positive imaging service experience

Item	Action
Healthcare rights	2.01 The imaging provider: <ul style="list-style-type: none">a. uses a charter of rights consistent with the Australian Charter of Healthcare Rightsb. supports its workforce to apply the principles of the Charter of Rightsc. makes the Charter of Rights available for patients, carers, families and consumers.
Informed consent	2.02 The imaging provider: <ul style="list-style-type: none">a. implements an informed consent system that complies with legislation and guidelines and ensures patients give their informed consent for imaging servicesb. ensures financial consent is transparent and completed before the imaging service occurs when a patient incurs a costc. has processes to ensure patients which require support in decision making:<ul style="list-style-type: none">I. are identifiedII. have access to the necessary support to

Item	Action
Shared decision making	<p data-bbox="791 331 1289 389">make, communicate and participate in decisions</p> <p data-bbox="711 427 1385 486">III. only use substitute decision-makers when the options for support are exhausted.</p> <p data-bbox="655 524 1362 645">d. obtains patient consent to collect, store and distribute identifiable or de-identified personal data and records for purposes other than patient direct care.</p> <p data-bbox="604 712 1382 806">The imaging provider supports imaging practitioners to provide person-centred care and actively involve patients in their care.</p>

Criteria 2. Health literacy

Imaging providers communicate with patients, carers and consumers in a way that supports person-centred care and effective partnerships

Consumer outcome

Patients and carers are given the information they need in a way they can understand to support them in making decisions about their imaging services.

Item	Action
Communication that supports person-centred care	2.04 The imaging provider supports the workforce to tailor their communication with patients and their carers to meet their needs and preferences.
Accessing imaging practice and service information	2.05 The imaging provider makes information available to patients regarding: <ul style="list-style-type: none">a. the modalities and imaging services providedb. the location(s), opening hours, booking of appointments and access to the imaging practicec. factors that may restrict patient access to the imaging practiced. their estimated service costs and out-of-pocket costs for requested or referred servicese. their imaging service, preparation for the imaging service before attending the practice, post-imaging follow-up and aftercare.

3. Clinical safety

Clinical safety

Imaging providers implement clinical safety systems and processes to maximise safe, high-quality care and minimise safety risks from imaging services.

Consumer outcome

Patients receive safe, high-quality care.

Intention of this standard

This standard intends to identify and mitigate common clinical safety risks in imaging services.

Explanatory notes

The Clinical Safety Standard provides a framework for imaging providers to address and mitigate safety and quality risks commonly encountered in imaging practices.

This standard requires the imaging provider to use the safety and quality processes developed through implementing Clinical Governance and Partnering with Consumer Standards, which includes implementing policies and procedures, managing risks, identifying training needs and continuously improving clinical safety and quality to achieve a safety and quality environment and culture.

Criteria 1. Preventing and controlling infections

Imaging providers communicate with patients, carers and consumers in a way that supports person-centred care and effective partnerships. The environment in which the imaging provider delivers imaging services is clean. The imaging practice identifies and manages patients with infection risk factors and uses evidence-based processes to prevent and control infections

Consumer outcome

The risk of patients acquiring or spreading infection is assessed and minimised.

Explanatory notes

Each year, many infections are associated with the provision of health care and affect many patients and, in some cases, consumers and workforce members. These infections:

- Cause considerable harm and may increase the risk of morbidity and mortality
- Increase the use of healthcare services
- Place greater demands on the workforce
- Delay access to health care

Infection prevention and control within imaging practices aims to minimise the risk of transmission of infections within the practice and in the broader community.

Item	Action
Clean and hygienic environment	3.01 The imaging provider has processes to: <ul style="list-style-type: none">a. maintain a clean, safe and hygienic environment that aligns with the current edition of <i>Australian Guidelines for the Prevention and Control of Infection in Healthcare</i> and state or territory requirementsb. evaluate and respond to infection risksc. use cleaning and disinfection products listed on the

Australian Register of Therapeutic Goods, consistent with manufacturers' instructions for use and recommended frequencies

- d. provide access to workforce training on cleaning processes for routine and outbreak situations and novel infections.

Standard and transmission-based infection prevention and control precautions

3.02 The imaging provider has infection prevention and control processes that:

- a. apply standard and transmission-based precautions that align with the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*
- b. comply with jurisdictional laws, requirements, and policies, including work health and safety laws
- c. are consistent with the National Hand Hygiene Initiative (NHHI)
- d. support the workforce and patients by promoting and practising hand and respiratory hygiene and cough etiquette
- e. use and manage invasive medical devices consistently with the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*.

Workforce infection and immunisation

3.03 The imaging provider has infection prevention and control processes for managing transmissible infections in the workforce that:

- a. align with the state or territory work health and safety regulations and the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*
- b. include a workforce immunisation program aligned with the *Australian Immunisation Handbook* and jurisdictional requirements for vaccine-preventable diseases
- c. align with state and territory public health requirements for workforce screening and exclusion periods
- d. promote non-attendance or remote attendance of the workforce and, in situations where it is not possible, minimise transmission risks
- e. plan for and manage continuity of services during outbreaks or events where there is an increased risk of infection transmission.

Aseptic technique 3.04 The imaging provider:

- a. identifies imaging services that require aseptic technique
-

-
- b. has an aseptic technique process and monitors compliance with the process
 - c. provides training to address gaps in aseptic technique competencies.
-

Reprocessing of reusable equipment and devices

3.05

The imaging provider using reusable medical devices has processes:

- a. for reprocessing semi-critical and critical medical devices that are consistent with national standards and manufacturers' guidelines
 - b. to identify and trace the patient, imaging service and reusable medical devices used
 - c. to manage reprocessing requirements and additional controls for emerging infection.
-

Criteria 2. Medication, contrast media and radiopharmaceutical safety

Imaging providers have processes and equipment to support the safe, appropriate, and effective use of medicines, contrast media and radiopharmaceuticals, reduce the risks of adverse events and improve the safety and quality of their use.

Consumer outcome

The risks to patients from medicines, contrast media and radiopharmaceuticals are assessed and minimised. Patients understand the risks and are supported to make decisions about their use. Processes are in place to deal with adverse outcomes.

Explanatory notes

Imaging providers commonly use medicines, contrast media and radiopharmaceuticals. They contribute to improved diagnosis and treatment. However, they are associated with adverse events and should be prescribed, stored, handled, and administered appropriately to prevent avoidable errors and patient harm. Adverse events, both avoidable and unavoidable, can impact health outcomes for patients and healthcare costs. Standardising and systemising processes can reduce medicine, contrast media and radiopharmaceutical incidents.

Item	Action
Cannulation	<p>3.06 The imaging provider administering medicines, contrast media, or radiopharmaceuticals has processes to ensure imaging practitioners:</p> <ul style="list-style-type: none">a. are competent to insert, maintain and remove peripheral intravenous cathetersb. follow infection control processesc. provide information to patients on cannulation risksd. identify, mitigate risks of, respond to and manage extravasatione. document extravasation in the patient health information and inform requesters.

Item	Action
Safe management and administration of medicines, contrast media and radiopharmaceuticals	<p data-bbox="472 360 1394 427">3.07 The imaging provider administering medicines, contrast media, or radiopharmaceuticals has processes to ensure:</p> <ul style="list-style-type: none"> <li data-bbox="603 461 1394 584">a. compliance with manufacturer's instructions, jurisdictional legislation and requirements for their prescription, safe and secure storage, handling, supply, administration and disposal <li data-bbox="603 618 1394 707">b. imaging practitioners follow best practice guidelines when administering blood and blood products with radiopharmaceuticals <li data-bbox="603 741 1394 1122">c. imaging practitioners: <ul style="list-style-type: none"> <li data-bbox="659 808 1394 898">i. provide patients with information on medicines, contrast media or radiopharmaceuticals, including the risks and aftercare <li data-bbox="659 931 1394 1021">ii. check for and document a patient's risk factors and contraindications to the use of medicines, contrast media or radiopharmaceuticals <li data-bbox="659 1055 1394 1122">iii. use the patient's clinical history to minimise imaging service and patient aftercare risks <li data-bbox="603 1155 1394 1279">d. imaging practitioners actively prepare and monitor for adverse effects, are competent to administer medicines, respond to and escalate care for severe reactions, including anaphylaxis <li data-bbox="603 1312 1394 1379">e. adverse events are reported to the Therapeutic Goods Administration and other regulators.
Sedation and anaesthetics	<p data-bbox="472 1447 1353 1480">3.08 The imaging provider has processes to:</p> <ul style="list-style-type: none"> <li data-bbox="624 1514 1353 1581">a. ensure only qualified healthcare practitioners sedate and anaesthetise patients <li data-bbox="624 1603 1353 1671">b. implement current guidelines and standards for sedation and anaesthetics relevant to their service <li data-bbox="624 1693 1353 1760">c. ensure workforce, facilities, and equipment are available to treat, monitor and resuscitate patients.

Criteria 3. Recognising and responding to acute deterioration

Imaging providers have systems to recognise and respond to a patient's acute health deterioration and escalate healthcare.

Consumer outcome

If a patient's health deteriorates, they receive the healthcare they need promptly.

Explanatory notes

Observable physiological and clinical abnormalities often precede serious adverse events. Early identification of deterioration may improve outcomes and lessen the intervention required to stabilise patients whose condition deteriorates.

Item	Action
Recognising acute 3.09 deterioration or distress and escalating care	<p>The imaging provider has processes to support imaging practitioners to:</p> <ol style="list-style-type: none">promptly respond to a patient whose physical, mental or cognitive state acutely deterioratesmaintain the skills required to manage episodes of acute deteriorationhave referral pathways to escalate carehave ready access to equipment and medicines to support life until emergency assistance arrivesnotify a patient's carers or family, requesting or referring healthcare providers and other healthcare providers when a patient's health care is escalated.

Criteria 4. Communicating for safety

Communicating for safety aims to ensure timely, purpose-driven, effective communication and documentation to support continuous, coordinated and safe patient care.

Consumer outcome

Imaging and healthcare providers communicate to ensure their patients receive the required healthcare.

Explanatory notes

Communication is a key safety and quality issue in health care. The actions relating to communicating for safety recognise the importance of effective communication and its role in supporting continuous, coordinated and safe patient care.

Communication is inherent to patient care, and informal communications will occur throughout healthcare delivery. These actions do not apply to all communications. Instead, the intention is to ensure that systems and processes are in place at crucial times when effective communication is critical to patient safety, such as communicating urgent results.

Item	Action
Communication to 3.10 support referrers and requesters	<p>The imaging provider supports and collaborates with requesters, referrers and a patient's other healthcare providers by:</p> <ul style="list-style-type: none">a. advising about modality and imaging service options, imaging service requirements, appropriateness, preparation and aftercare, risks and patient management.b. using best practice, structured communication processes at transitions of carec. communicating information that is accurate and complete in a timely manner.
Request assessment	<p>3.11 The imaging provider has processes to assess imaging service requests that:</p> <ul style="list-style-type: none">a. ensure requests funded by Medicare comply with the <i>Health Insurance Act 1973</i> legislation

Item	Action
	<ul style="list-style-type: none"> b. ensure the request is from an authorised requester c. ensure there is an identifiable clinical need d. determine the clinical objective and appropriateness of the request e. describe how requests with insufficient or incorrect information are managed.
Communicating results	<p>3.12 The imaging provider has processes to:</p> <ul style="list-style-type: none"> a. provide structured, accurate, clear, concise, and verified written reports to requesters, referrers, patients and other healthcare providers in a clinically appropriate timeframe b. document the reporting imaging practitioner's professional status on the report c. provide images and image data to the requester and other healthcare providers in DICOM format that enables subsequent analysis and secondary diagnosis d. ensure an imaging practitioner is available to interpret the results and provide follow-up advice to requesters and other healthcare providers within clinically acceptable timeframes e. inform patients how and when to access their images and results f. ensure stored images are readable and retrievable and reports are retained for the period defined by the relevant jurisdiction.
Reporting critical results	<p>3.13 The imaging provider has processes that:</p> <ul style="list-style-type: none"> a. enables a timely response to a critical result, which is a test outcome that indicates a life-threatening condition necessitating urgent medical intervention b. enables the timely communication of a critical result to the appropriate recipient, particularly the responsible clinician, via an escalation procedure to ensure continuity of care c. promptly notify the requesting clinician of a critical result and seek an acknowledgment of the report d. align with recommended practice, especially promptly notifying the responsible clinician, patient, or their carer, via an escalation procedure when the requesting clinician is not contactable, to ensure continuity of care.

Criteria 5. Delivering quality imaging services

The imaging provider has processes to identify the patient, inform the patient about the nature of the imaging service, perform the correct imaging service, acquire optimal quality images and interpret them correctly, and effectively communicate the results.

Consumer outcome

Patients understand the preparations and what is involved in their imaging service and have the correct imaging service performed. Imaging services deliver high-quality images that are interpreted correctly and promptly reported in clear, actionable reports.

Explanatory notes

Breakdown in the communication of information, particularly relating to imaging services results, is one of the contributing factors in serious adverse events in medical imaging and is a major preventable cause of patient harm. Adverse events relate to misinterpreting the result, reporting the wrong result to the patient and not having the result in the patient's healthcare record.

Item	Action
Patient identification and imaging service matching	<p>3.14 The imaging provider:</p> <ul style="list-style-type: none">a. defines and approves at least three unique patient identifiersb. uses the approved identifiers for registration, during imaging services and when providing images and reportsc. correctly matches the patient to their imaging serviced. correctly matches the anatomical site and side of the imaging servicee. labels all images and reports for reporting and external review so they can be traced to the patientf. documents and takes prompt corrective action when a patient identification, imaging service, site or side discrepancy is identified.

Item	Action
Planning an imaging service	<p data-bbox="432 338 1334 405">3.15 The imaging provider has processes for planning an imaging service, which includes:</p> <ul style="list-style-type: none"> <li data-bbox="592 434 1374 501">a. observing a patient on presentation, during and after the imaging service <li data-bbox="592 528 1342 595">b. taking a relevant patient history and where required, a clinical examination <li data-bbox="592 622 1385 719">c. assessing the patient's health status, medical information and risk of harm and documenting it in the patient's information record <li data-bbox="592 745 1358 813">d. reviewing previous images and reports, where relevant and available <li data-bbox="592 840 1401 936">e. reviewing the clinical benefits and potential for harm of the imaging service and the use of alternative imaging services <li data-bbox="592 963 1166 999">f. documenting the assessment outcomes.
Changing the imaging service	<p data-bbox="432 1043 1278 1133">3.16 The imaging provider complies with legislation regarding substitution of and additional imaging services and has processes to:</p> <ul style="list-style-type: none"> <li data-bbox="592 1167 1238 1202">a. remove, substitute, or add an imaging service <li data-bbox="592 1229 1385 1301">b. obtain informed consent from patients before substituting or adding an imaging service <li data-bbox="592 1328 1334 1391">c. record the imaging service changes, the reasons and patient consent in the patient information record.
Image interpretation and reporting	<p data-bbox="432 1424 1262 1491">3.17 The imaging provider has processes to ensure imaging practitioners who review images:</p> <ul style="list-style-type: none"> <li data-bbox="592 1518 1401 1615">a. interpret and report images in an environment with optimal viewing conditions, using monitors and display software that are appropriate for their clinical purpose <li data-bbox="592 1641 1353 1783">b. have access to the patient's relevant clinical history, including My Health Record, diagnostic quality images, image practitioner findings, and, where available, prior images and reports <li data-bbox="592 1809 1353 1872">c. are integrated into the image quality, interpretation and report quality assurance processes.
Interventional imaging	<p data-bbox="432 1906 1366 1973">3.18 The imaging provider delivering interventional imaging services ensures:</p>

Item	Action
	<ul style="list-style-type: none"><li data-bbox="592 331 1034 358">a. the facilities are fit for purpose<li data-bbox="592 392 1337 454">b. patients receive documented coordinated care, which includes:<ul style="list-style-type: none"><li data-bbox="671 488 1348 551">i. pre-treatment assessments that adhere to best practice guidelines and evidence<li data-bbox="671 577 1359 640">ii. treatment plans that are discussed with patients and address patients' needs<li data-bbox="671 667 970 694">iii. post-imaging care<li data-bbox="671 728 1342 790">iv. providing patient outcomes to their referrers or requesters and copied recipients<li data-bbox="592 824 1305 887">c. imaging practitioners promptly identify and manage treatment complications and inform patients<li data-bbox="592 920 1398 947">d. imaging practitioners participate in peer review processes.

4. Technical safety

Technical Safety

Imaging providers implement technical safety systems and processes to maximise the imaging service's effectiveness, safety and quality.

Consumer outcome

Patient imaging services use safe and well-maintained imaging equipment that provides diagnostic quality images.

Intention of this standard

This standard aims to ensure that the equipment used for an imaging service is safe for imaging patients and delivers clinical quality images.

Explanatory notes

The Technical Safety Standard provides a framework for imaging providers to address and mitigate safety and quality risks associated with imaging equipment.

This standard requires the workforce to use the safety and quality systems and processes outlined in the Clinical Governance Standard. The workforce will implement policies and procedures, manage risks, identify training requirements and apply continuous quality improvement to technical safety to ensure a consistent approach to managing equipment safety and quality.

Criteria 1. Imaging equipment effectiveness

Imaging providers ensure that all imaging equipment, devices, and information technology systems are appropriate for use and that technical efficiency is maintained.

Consumer outcome

The imaging equipment and devices used for a patient's imaging service are safe, effective and maintained.

Explanatory notes

The imaging provider has all the equipment required to perform imaging services and the expertise to manage patients before, during and after their imaging service.

Equipment includes imaging equipment and peripherals such as mobile equipment, equipment used for injections, sedation, monitoring and anaesthesia equipment, reference phantoms, consumables, computers, clinical review displays, diagnostic workstations and software.

Upon installation and during routine use, the equipment delivers the required performance and complies with the specifications relevant to the imaging services.

The imaging practice has an integrated system that manages the images and patient information. The system stores, retrieves, and transmits patient information and images.

Item	Action
Equipment replacement	<p>4.01 The imaging provider has a replacement program for equipment and devices that:</p> <ul style="list-style-type: none">a. complies with regulations, including capital sensitivity requirementsb. ensures relevant equipment, medical devices and software are on the Australian Register of Therapeutic Goodsc. includes acceptance testing, installation and commissioning of imaging equipmentd. involves a multidisciplinary imaging practitioner team in selecting, testing and commissioning imaging equipment

Item	Action
	<p>and devices</p> <ul style="list-style-type: none"> e. actively manages the risk of aging equipment and sub-optimally performing equipment to ensure diagnostic images are produced f. ensures imaging equipment is safe for patients and the workforce.
Equipment maintenance	<p>4.02 The imaging provider has processes to ensure its equipment, medical devices, and software are safe, fit for purpose and performing optimally by:</p> <ul style="list-style-type: none"> a. maintaining a current and complete equipment inventory b. conducting planned maintenance and repair according to manufacturer's instructions using appropriately qualified service personnel c. performance testing in line with manufacturer guidelines after maintenance and repair d. reporting adverse events and side effects to the manufacturer and Therapeutic Goods Administration.
Equipment quality assurance	<p>4.03 The imaging provider completes regular quality assurance of its imaging equipment, devices and software to ensure</p> <ul style="list-style-type: none"> a. compliance with professional and regulatory quality assurance requirements b. it operates and performs effectively and produces diagnostic quality images c. timely corrective action when the equipment operates outside of its specified tolerance parameters.
Magnetic resonance imaging (MRI) safety	<p>4.04 The imaging provider delivering magnetic resonance imaging services has processes to ensure compliance with best practice and manufacturer guidelines on MRI safety.</p>
Artificial Intelligence (AI) software	<p>4.05 The medical imaging provider ensures AI software and systems are</p> <ul style="list-style-type: none"> a. included in the Australian Register of Therapeutic Goods and are used for their intended purpose b. selected, co-designed, tested, implemented, evaluated and optimised where required, with end-users and informatics professionals

Item	Action
	<ul style="list-style-type: none"><li data-bbox="526 380 1402 492">c. embedding AI clinical decision support tools and digital solutions within governance and training frameworks to ensure safety, ethics, clinical effectiveness, and transparency<li data-bbox="526 515 1402 582">d. provide information to patients and carers on the use AI for by the service provider<li data-bbox="526 604 1402 672">e. incorporate in patient report's if AI was used in the clinical process and decision making<li data-bbox="526 694 1402 806">f. implementing systems for reporting adverse events related to medical devices to the Therapeutic Goods Administration (TGA), in accordance with regulatory requirements<li data-bbox="526 828 1402 902">g. evaluate the software's performance over time, determine if it is operating within performance expectations.

Criteria 2. Imaging optimisation

The imaging provider optimises imaging protocols to balance benefits and risks, provides “as low as reasonably achievable” exposure and produces diagnostic quality images.

Consumer outcome

Imaging practitioners obtain patient images with the minimum exposure to ionising radiation required to achieve optimum image quality

Explanatory notes

Standardised imaging protocols support the appropriate use and delivery of high-quality imaging. Standardisation leads to predictable and consistent delivery of best practices, reduces error and improves patient outcomes.

Item	Action
Clinical protocols 4.06	<p>The imaging provider has clinical protocols for its imaging services, which:</p> <ul style="list-style-type: none">a. describe the imaging service type and processb. align with best practice guidelinesc. use the optimised exposure required to achieve diagnostic image qualityd. specifically, address the requirements and risks for children and young peoplee. specify the necessary authority to alter imaging protocols to meet a patient’s needs.

Criteria 3. Radiation safety

An imaging provider implements and monitors systems that manage the risks associated with ionising radiation.

Consumer outcome

Patient exposure to ionising radiation is as low as reasonably achievable (ALARA) while meeting their clinical needs.

Explanatory notes

In an imaging practice, the protection of patients and the workforce is key to the optimal use of ionising radiation, including the protection of pregnant or potentially pregnant persons and children. A patient's exposure to ionising radiation requires the imaging service to be justified and optimised. Hence, the radiation dose delivered is equal but does not exceed the radiation dose needed to achieve diagnostic images (ALARA principle). Controlling exposure to ionising radiation reduces the risk of adverse health outcomes.

The Commonwealth and states or territories manage radiation protection and exposure using legislation, regulations and reference codes. The Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) published safety guidelines for planned medical exposures.

Item	Action
Radiation legislation and regulation	<p>4.07 The imaging provider has processes to monitor compliance, and takes timely action when there is non-compliance, with:</p> <ul style="list-style-type: none"> a. state or territory ionising radiation legislation and regulations b. relevant ARPANSA Radiation Protection Series codes of practice.
Radiation protection	<p>4.08 The imaging provider has processes:</p> <ul style="list-style-type: none"> a. that protect patients, carers, the workforce and the community from ionising radiation b. inform patients, carers and requesters of the radiation risk of imaging services c. identify and protect children, pregnant patients and other patients with increased sensitivities from the effects of ionising radiation.
Radiation optimisation	<p>4.09 The imaging provider has processes to:</p> <ul style="list-style-type: none"> a. optimise radiation doses administered to patients in line with best practice b. routinely record, maintain and audit the administration of ionising radiation to patients c. compare annually their administered radiation doses with diagnostic reference levels for those radiological procedures in which diagnostic reference levels have been established.

Appendix 1: Not applicable actions

Not all actions within the National Safety and Quality Medical Imaging Standards will apply to every imaging provider. Table 1 outlines the circumstances where it may not be necessary to implement individual actions of the National Safety and Quality Medical Imaging Standards.

Imaging providers implementing the National Safety and Quality Medical Imaging Standards consider their circumstances when determining whether the actions below are not applicable. Actions are not to be implemented where they are not essential in delivering safe and high-quality care or are beyond the imaging practice's scope.

Large imaging providers, with multiple imaging practices delivering various imaging services, may find that an action is not applicable in one practice while remaining relevant in other practices. In these cases, the imaging provider implements the action where it is appropriate.

Table 1: Circumstances where actions are not applicable.

Criterion	Action Number	Circumstances where actions not applicable
Clinical Governance		
Governance	1.01	Not applicable to imaging providers accredited to the NSQHS or NSQPCH Standards
	1.02	Not applicable to imaging providers accredited to the NSQHS Standards
	1.03	Not applicable to imaging providers not subcontracting services
Patient safety and quality systems	1.05 to 1.12	Not applicable to imaging providers accredited to the NSQHS or NSQPCH Standards

Criterion	Action Number	Circumstances where actions not applicable
	1.13	Not applicable to imaging providers who are not providing R-type imaging services
Clinical performance and effectiveness	1.14-1.15	Not applicable to imaging providers accredited to the NSQHS or NSQPCH Standards
	1.16	Not applicable to imaging providers not undertaking clinical supervision
	1.17 - 1.18	Not applicable to imaging providers accredited to the NSQHS or NSQPCH Standards
Safe delivery of care environment	1.20-1.21	Not applicable to imaging providers accredited to the NSQHS or NSQPCH Standards
Partnering with Consumers		
Person-centred care	2.01 to 2.03	Not applicable to imaging providers accredited to the NSQHS or NSQPCH Standards
Health Literacy	2.04	Not applicable to imaging providers accredited to the NSQHS or NSQPCH Standards
	2.05	Not applicable to self-determined services
Clinical Safety		
Infection control	3.01 to 3.02d	Not applicable to imaging providers accredited to the NSQHS or NSQPCH Standards
	3.02	Not applicable to imaging providers not using invasive medical devices.

Criterion	Action Number	Circumstances where actions not applicable
	3.03	Not applicable to imaging providers accredited to the NSQHS or NSQPCH Standards
	3.04	Not applicable to imaging providers that do not undertake imaging services requiring aseptic technique
	3.05	Not applicable to imaging providers accredited to the NSQHS or NSQPCH Standards Not applicable to imaging providers not using reusable medical devices.
Medication, contrast media and radiopharmaceutical safety	3.06	Not applicable to imaging providers not using peripheral intravenous catheters. Not applicable to imaging providers providing scanning ultrasound or interventional O&G ultrasound.
	3.07	Not applicable to imaging providers not using medicine, contrast media or radiopharmaceuticals. Not applicable to imaging providers providing scanning ultrasound only.
	3.08	Not applicable to an imaging provider with accreditation to the NSQHS Standards Not applicable to imaging providers that do not sedate or anaesthetise patients.
Recognising and responding to acute deterioration	3.09	Not applicable to an imaging provider with accreditation to the NSQHS or NSQPCH Standards
Communicating for safety	3.11	Not applicable to self-determined services
	3.13c	Not applicable to self-determined services.
Delivering quality imaging services	3.16	Not applicable to self-determined services
	3.18	Not applicable to imaging providers who do not undertake interventional imaging.

Criterion	Action Number	Circumstances where actions not applicable
Technical Safety		
Imaging equipment effectiveness	4.01 d	Not applicable to self-determined services, small image providers
	4.04	Not applicable to imaging providers who do not provide magnetic resonance imaging services
	4.05	Not applicable to imaging providers not using artificial intelligence
Imaging optimisation	4.06d	Not applicable to imaging providers that do not offer imaging services to children and young people
Radiation safety	4.07 – 4.09	Not applicable to imaging providers not using ionising radiation

Glossary

Acceptance testing	Acceptance testing is a process to ensure the equipment, and its performance meet manufacturer specifications and other defined criteria in the procurement specification.
Action	An action describes what output needs to be delivered to meet a criterion. Actions are mandatory unless deemed non-applicable to the imaging provider.
Acute deterioration	Physiological, psychological or cognitive changes that may indicate a worsening of the patient's health status; this may occur across hours or days.
Additional imaging service	An imaging service provided after a requested imaging service, where the imaging practitioner determines an additional service is necessary based on the results.
Adverse event	An incident that results, or could have resulted, in harm to a patient. A near miss is a type of adverse event.
Anaphylaxis	Severe, systemic hypersensitivity reaction that is rapid (usually minutes to hours) after exposure to an allergen or chemical compound. It is characterised by potentially life-threatening compromise in breathing or circulation and is usually although not always associated with skin and mucosal changes. Commonly but not always Immunoglobulin E (IgE) mediated.
Angiography	The X-ray imaging of blood vessels using contrast agents injected into the bloodstream through a catheter. The images taken are called angiograms and provide information about blood vessel abnormalities.
Anaesthesia	Anaesthesia is a form of sedation where the patient is unconscious and does not respond to external stimuli. The patient will require

	breathing assistance.
Appropriate care	Appropriate care is where patients receive the right type and amount of care, in the right place, at the right time. The care offered is based on the best available evidence
Artificial intelligence (AI)	AI is an area of computer science focused on creating machines that can perceive, synthesise, and infer information and engage in behaviour that is considered intelligent.
Aseptic technique	Aseptic technique is a set of practices aimed at minimising contamination by preventing microorganisms on hands, surfaces and equipment from being introduced to susceptible sites, thereby protecting the patient from infection during imaging services.
Audit	An audit is a systematic review of care and processes against a predetermined set of criteria.
Australian Charter of Healthcare Rights	Specifies the key rights of patients when seeking or receiving healthcare services.
Australian Open Disclosure Framework	A framework for imaging providers and practitioners to communicate openly with patients when imaging services do not go to plan.
Best practice	When the diagnosis, treatment or care provided is based on the best available evidence, which is used to achieve the best possible outcomes for patients
Best-practice guidelines	Are recommended actions developed using the best available evidence. They support imaging providers, imaging practitioners and patient decisions about appropriate imaging in specific clinical practice settings and circumstances.
Capital sensitivity	Refers to the Medicare Benefits Schedule provisions where diagnostic imaging services rendered on equipment that has exceeded its effective life age or maximum extended life age attract no Medicare benefit. Its intended purpose is to ensure patients have access to imaging services by encouraging imaging providers to upgrade and replace equipment as appropriate.
Carer	<p>A person who provides personal care, support and assistance to another individual. The individual needs care because they have a disability, medical condition (including a terminal or chronic illness), mental illness, are frail or aged, or paediatric.</p> <p>A person is not a carer merely because they are a spouse, de facto partner, parent, child, other relative or guardian, or live with an</p>

individual who requires care.

A person is not a carer when paid for, volunteers for an organisation, or provides care as part of a training or education program.

Clinical care standard	Quality statements that describe the care patients should be offered by health professionals and health services for a specific clinical condition or defined clinical pathway in line with current best evidence. Clinical care standards play an important role in delivering appropriate care and reducing unwarranted variation because they identify and define the care people should expect to be offered or receive, regardless of where they are treated in Australia
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Clinical decision support tool	<p>Tools that can help clinicians and consumers draw on available evidence when making clinical decisions. The tools have several formats. Some are designed to enable shared decision-making (for example, decision aids). Others provide some of the information needed for some components of the shared decision-making process (for example, risk calculators and evidence summaries) or provide ways of initiating and structuring conversations about health decisions (for example, communication frameworks and question prompt lists).</p> <p>Electronic clinical decision support systems link patient-specific information in electronic records with evidence-based knowledge to generate case-specific guidance messages through rule or algorithm-based software. This includes computer-assisted diagnosis and therapy systems</p>
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Clinical governance	<p>An integrated component of corporate governance of health service organisations. It ensures that everyone from frontline clinicians to managers and members of governing bodies, such as boards are accountable to patients and the community for assuring the delivery of safe, effective and high-quality services.</p> <p>It is the set of relationships and responsibilities established by a health service organisation between its governing body, executive, clinicians, patients and consumers, to deliver safe and quality health care. Clinical governance systems provide confidence to the community and the healthcare organisation that systems are in place to deliver safe and high-quality health care.</p>
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Clinical governance framework	<p>Describes the processes and structures needed to deliver safe, high-quality health care. These include:</p> <ul style="list-style-type: none">• Governance, leadership and culture• Patient safety and quality improvement systems• Clinical performance and effectiveness
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- Safe environment for the delivery of health care
- Patient-centred care

Clinical practice	The assessment, diagnosis, treatment and health care delivered to a patient.
Clinician	A trained health professional, including registered and non-registered practitioners, who provide direct clinical care to patients. Clinicians may provide care within a healthcare service as an employee, a contractor or a credentialed healthcare provider, or under other working arrangements. They include nurses, midwives, medical practitioners, allied health professionals, paramedics and other professionals who provide health care, and students who provide health care under supervision.
Complaint	Is an expression of dissatisfaction made to an organisation by a patient, consumer, or clinician related to its services where a response or resolution is expected. It is a form of feedback.
Computed tomography (CT)	A computerised X-ray imaging machine in which a beam of X-rays quickly rotates around the body, producing signals. The CT machine's computer generates cross-sectional images of the body based on the signals, which contain more detailed information about internal organs than conventional X-rays.
Consumer	A person who has used, or may potentially use, health services, or is a carer for a patient using health services. A healthcare consumer may also act as a consumer representative to provide a consumer perspective, contribute consumer experiences, advocate for the interests of current and potential health service users, and take part in decision-making processes.
Consumer representative	A consumer who has a specific role in providing advice on behalf of consumers with the overall aim of improving health care.
Contraindication	A condition that indicates a specific medicine or medical treatment could cause patient harm if used.
Contrast media	Are chemical agents that aid diagnosis in computed tomography, magnetic resonance imaging, ultrasound and fluoroscopy by making organs and bodily fluids opaque.
Cough etiquette	Cough etiquette is a standard precaution that involves covering sneezes and coughs to prevent infected persons from dispersing respiratory secretions into the air. Hand hygiene must be performed after coughing, sneezing, using tissues or after contact

with respiratory secretions or objects contaminated by these secretions

Criterion	<p>Describe the key areas covered by the standard. Each criterion contains:</p> <ul style="list-style-type: none">• A consumer outcome statement• Actions that describe what is required to meet each criterion• Guidance for each action
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Critical equipment, instruments and devices	<p>Items that confer a high risk for infection if they are contaminated with any microorganism. They must be sterile at the time of use. They include any objects that enter sterile tissue or the vascular system.</p>
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Culture of safety	<p>A product of individual and group values, attitudes, perceptions, competencies and patterns of behaviour that determine the commitment to and the style and proficiency of an organisation's health and safety management. Positive patient safety cultures have strong leadership that drives and prioritises safety as well as:</p> <ul style="list-style-type: none">• Shared perceptions of the importance of safety• Constructive communication• Mutual trust• A workforce that is engaged and always aware that things can go wrong• Acknowledgement at all levels that mistakes occur
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Diagnostic reference level	<p>An indicative measure used to assess whether, in routine conditions, the amount of radiation used is high or low for a specified imaging procedure.</p> <p>A diagnostic reference level (DRL) is not a regulatory limit but rather a benchmark that, when exceeded, triggers a review.</p> <p>Conducting an imaging practice dose audit and comparing the results to a DRL provides an imaging provider with a simple method of benchmarking facility reference levels against population-based data to identify situations where the imaging practice delivers low or high patient doses.</p> <p>Australian DRLs are located on the ARPANSA Website.</p>
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Disability	<p>The <i>Disability Discrimination Act 1992</i> (Cth) defines disability concerning a person to mean:</p> <ul style="list-style-type: none"> • Total or partial loss of the person’s bodily or mental functions • Total or partial loss of a part of the body • The presence in the body of organisms causing disease or illness • The malfunction, malformation or disfigurement of a part of the person’s body • A disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction • A disorder, illness or disease that affects a person’s thought processes, perception of reality, emotions or judgement that results in disturbed behaviour <p>The World Health Organization International classification of functioning disability and health recognises that disability is multidimensional and is the product of an interaction between attributes of an individual and features of the person’s physical, social and attitudinal environment. It broadens the perspective of disability and allows for the examination of medical, individual, social and environmental influences on functioning and disability.</p>
Diverse background	<p>The varying social, economic and geographic circumstances of patient who use, or may use, the imaging services of an imaging provider, and their cultural backgrounds, disability status, religions, beliefs and practices, spoken languages, sexual orientation, gender identity and gender expression, and sex characteristics.</p>
Dose	<p>A generic term that may mean absorbed dose, equivalent dose, effective dose or organ dose, as indicated by the context.</p>
Dual-energy X-ray absorptiometry (DEXA)	<p>DEXA is a medical imaging modality used to measure bone density. Two X-ray beams with different energy levels are aimed at the bones and the soft tissue absorbency is subtracted to determine the bone mineral density.</p>
Electronic healthcare record	<p>An online electronic application or repository that contains a consumer’s health information, which can be sourced from one or more healthcare organisations.</p>
Environment	<p>The context or surroundings in which health care is delivered. The environment can also include other patients, consumers, visitors and the workforce.</p>

Environmental Sustainability	A health system that improves, maintains or restores health, while minimizing negative impacts on the environment and leveraging opportunities to restore and improve it, to the benefit of the health and well-being of current and future generations
Equipment	Equipment includes imaging and peripheral equipment, including mobile equipment, equipment used for injections, sedation, monitoring and anaesthesia, reference phantoms, consumables, monitors, computers, clinical review displays, and mobile and diagnostic workstations.
Equipment service	Maintenance carried out at predetermined intervals, or according to prescribed criteria, and intended to reduce the probability of failure or the degradation of the functioning of an item. A breakdown repair is not a service.
Evidence-based care	Is an approach to care that integrates the best available research evidence with clinical expertise and patient values. It involves translating evidence into practice and ensuring that health practitioners and patients know and use research evidence to inform their health and healthcare decision-making.
Exposure	The state or condition of being subject to irradiation.
Extravasation	When a medicine, contrast medium, or radiopharmaceutical administered by a peripheral intravenous catheter leaks out of the veins and into the surrounding tissue. There is a potential to cause tissue damage if a vesicant drug leaks.
Fall	An event that results in a person coming to rest inadvertently on the ground or floor, or another lower level
Feedback	<p>Feedback is information about a patient, consumer or clinician's reaction to an imaging practice. It enables an imaging service to discover areas of satisfaction and dissatisfaction, relative priorities of quality, identify patient, consumer, and clinician needs, and determine opportunities for improvement.</p> <p>An imaging practice continually seeks and monitors feedback.</p>
Fluoroscopy	Fluoroscopy is a medical imaging modality that uses a pulsed beam of X-rays to create real-time dynamic images of a body part, and its motion. It is most often used to guide vascular and other interventional procedures.
Governance	The set of relationships and responsibilities established between management, workforce and stakeholders (including consumers). Effective governance provides a clear statement of individual

accountabilities within the organisation to help align the different participant's roles, interests and actions to achieve the organisation's objectives. Governance structures are tailored to the size and complexity of an organisation.

Governing body	A board, chief executive officer, organisation owner, partnership or other highest level of governance (individual or group of individuals) that has ultimate responsibility for strategic and operational decisions affecting safety and quality.
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Hand hygiene	A general term applied to processes aiming to reduce the number of microorganisms on the hands. It includes the application of a waterless antimicrobial agent (e.g., alcohol-based hand rub) to the surface of the hands and the use of soap/solution (plain or antimicrobial) and water (if hands are visibly soiled) followed by patting dry with single-use towels.
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Harm	Something that impairs or adversely affects a patient physically or mentally.
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Health care	The prevention, diagnosis, treatment, and management of illness and injury, and the preservation of mental and physical well-being through the services offered by healthcare providers.
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Healthcare identifiers	Are unique numbers assigned and used in health-related information to identify the patient, the treating professional and the organisation where healthcare is provided to reduce potential errors with healthcare related information and communication. In Australia, the Healthcare Identifiers (HI) Service is a national system that uniquely identifies healthcare providers, healthcare organisations and individuals receiving healthcare.
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These include:

- Individual Healthcare Identifier (IHI) – identifies a patient (individual) receiving healthcare. An IHI uniquely identifies individuals who receive healthcare, including Australian citizens, permanent residents and visitors to Australia
- Healthcare Provider Identifier – Individual (HPI-I) – identifies an individual healthcare provider who provides healthcare, such as general practitioners, allied health professionals, specialists, nurses, dentists and pharmacists, among others
- Healthcare Provider Identifier – Organisation (HPI-O) – identifies the healthcare provider organisation where healthcare is provided, such as hospitals, medical practices, pathology or radiology laboratories and pharmacies

Healthcare providers (see definition) must be registered with the HI Service and assigned healthcare identifiers to access a patient's My Health Record.

Healthcare provider	Used when referring to different types of health care and providers such as general practice, community health, medical specialist, nursing, allied health, public and private hospitals (including outpatient services), day procedure services, Aboriginal Community Controlled Health Services, community nursing and Hospital in the Home
Healthcare record	A record of a patient's medical history, investigations, images, test results, medications, treatment notes, observations, and correspondence for an episode of care.
Health literacy	<p>Health literacy has two components: individual health literacy and the health literacy environment. Individual health literacy is a consumer's skills, knowledge, motivation, and capacity to access, understand, appraise, and apply information to make effective decisions about health and health care and take appropriate action.</p> <p>The health literacy environment is the infrastructure, policies, processes, materials, people and relationships that make up the healthcare system, which affects how consumers access, understand, appraise and apply health-related information and services.</p>
Hygienic environment	An environment in which practical prevention and control measures are used to reduce the risk of infection from contamination by microbes.
Imaging provider	A separately constituted organisation responsible for implementing clinical governance, administration and financial management of a service unit or service units providing health care to patients. It can be in any location or setting, including community settings, hospitals, outpatient facilities, practices and clinicians' rooms.
Imaging practitioner	An individual who practises a profession related to the provision of imaging services. Imaging practitioners may be required to maintain profession-specific registration with a national board under the National Registration and Accreditation Scheme or be self-regulated. An imaging practitioner may also be referred to as a health care provider, health practitioner, clinician or profession-specific description.
Incident	An event or circumstance that resulted, or could have resulted, in unintended or unnecessary harm to a patient or consumer or a complaint, loss or damage.
Infection	An infection occurs when a microorganism enters the body, increases in number and causes a reaction in the body. It may cause tissue injury and disease.

Informed consent	A process of communication between a patient and clinician about options for treatment, care processes or potential outcomes. This communication results in the patient's authorisation or agreement to undergo a specific intervention or participate in planned care, which may include watching and waiting. The communication should ensure that the patient understands the care they will receive, all the available options and the expected outcomes, including success rates and side effects for each option.
Informed financial consent	Means the provision of cost information to patients, (including any likely out-of-pocket expenses), by a doctor or other health service provider, preferably in writing, about a proposed treatment or admission to hospital, prior to consent and treatment.
Interventional imaging	<p>Interventional imaging combines imaging with invasive procedures. A variety of imaging modalities are used to examine internal parts of the body to target, guide, and monitor treatments.</p> <p>The clinical procedures involve inserting small instruments through incisions in the skin to target sites deep within the body. These can include needles, catheters, wires or stents used to perform biopsies, drain fluids, deliver medication or open narrowed ducts and vessels throughout the body.</p>
Invasive medical device	devices inserted through skin, mucosal barrier or internal cavity, including central lines, peripheral lines, urinary catheters, chest drains, peripherally inserted central catheters, enteral feeding tubes and endotracheal tubes.
Ionising radiation	Is a form of energy that can remove electrons from atoms and molecules. It can produce ion pairs in biological materials.
Jurisdictional requirements	<p>Systematically developed statements from state and territory governments about appropriate healthcare or service delivery for specific circumstances.</p> <p>Jurisdictional requirements encompass several document types from state and territory governments, including legislation, regulations, guidelines, policies, directives and circulars.</p>
Justification	The process of determining whether an imaging service, is beneficial overall and whether the expected benefits to the patient outweigh the harm (including radiation exposure) resulting from conducting the imaging service.
Leadership	Having a vision of what can be achieved, communicating this to others, and evolving strategies for realising the vision. Leaders motivate people and can negotiate for resources and other support to achieve goals.

Magnetic resonance imaging (MRI)	Is a medical imaging modality that uses strong magnetic fields and radio waves to generate three-dimensional images in multiple planes.
Mammography	Mammography is a medical imaging modality that uses low-energy X-rays to capture images of the human breast.
Medical exposure	Ionising radiation patients receive as part of their medical diagnosis (diagnostic exposure) or treatment (therapeutic exposure).
Medical device	A instrument, product or software (including AI) that works to achieve a therapeutic purpose in a human being.
Medicine	A chemical substance given to prevent, diagnose, cure, control, or alleviate disease or otherwise improve peoples' physical or mental well-being. These include prescription, non-prescription, investigational, clinical trial and complementary medicines, irrespective of how they are administered.
Modality	A term used to refer to different forms of imaging.
My Health Record	<p>The secure online summary of a consumer's health information, managed by the System Operator of the national My Health Record system (the Australian Digital Health Agency).</p> <p>Healthcare providers can share clinical health documents with a consumer's My Health Record, according to the consumer's access controls. These may include information on medical history and treatments, diagnoses, medicines and allergies.</p> <p>Patients can add their health information to My Health Record</p>
Near miss	An incident or potential incident that was averted and did not cause harm, but had the potential to do so
Novel infection	It is a new infection that was not known to infect humans, and it may pose a public health threat, especially if it spreads quickly and causes serious illness.
Nuclear Medicine	<p>Involves giving a patient a small amount of radioactive medication, called a radiopharmaceutical, which makes the body slightly radioactive for a short time. A nuclear medicine camera detects the radioactive substance collected in the body tissues and takes images to examine the tissue's function.</p> <p>Nuclear medicine also treats some diseases or conditions.</p>

Open disclosure	An open discussion with a patient and carer about an incident that resulted in harm to the patient while receiving health care. The criteria of open disclosure are an expression of regret, a factual explanation of what happened, the potential consequences, and the steps taken to manage the event and prevent recurrence.
Optimised exposure	Involves maximising the benefit-risk ratio of the patient's exposure to ionising radiation. Radiation exposure is minimised yet sufficient to achieve the imaging service's objective of diagnostic image quality or therapeutic effectiveness.
Orientation	The action of familiarising the workforce with their roles, work areas, and environment. It occurs when staff commence work and when there are changes to governance, work policies, procedures and operations.
Orthopantomography	A panoramic two-dimensional X-ray that captures the entire mouth (mandible, maxilla and teeth) in a single image. It is a form of focal plane tomography where images on multiple planes are taken to make up a composite panoramic image.
Outcome	The status of an individual, group of people or population wholly or partially attributable to an action, agent or circumstance.
Partnership	<p>A situation that develops when patients and consumers are treated with dignity and respect, when information is shared with them, and when participation and collaboration in healthcare processes are encouraged and supported to the extent that patients and consumers choose. Partnerships can exist in different ways in an imaging service, including at the level of individual interactions, at the level of service, department or program, and the level of the organisation.</p> <p>Partnerships can also exist with consumers and community groups. Generally, partnerships at all levels are necessary to ensure that the imaging service is responsive to patient and consumer input and needs. However, the nature of the activities for these different types of partnerships will depend on the context of the imaging service.</p>
Patient	A person or people who are actively receiving health care.
Patient identifiers	Items of information used to identify a patient, including family and given names, date of birth, sex, address, a healthcare record number and individual healthcare identifiers.
Peripheral Intravenous Catheter	A thin tube inserted into a vein to administer medication, contrast media, blood products, radiopharmaceuticals or fluids directly into

the bloodstream.

Person-centred care	<p>An approach to the planning, delivering and evaluating of health care founded on mutually beneficial partnerships among healthcare providers and patients.</p> <p>Person-centred care is respectful of and responsive to patient and consumers' preferences, needs and values. Key dimensions of person-centred care include respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of carers and family, and access to care.</p>
Point of care	<p>The time and location of an interaction between a patient and a clinician for the purpose of delivering care.</p>
Policy	<p>A set of principles that reflect the organisation's mission and direction.</p>
Positron emission tomography (PET)	<p>PET is a imaging modality used to detect and measure the tissue's metabolic and molecular functions.</p> <p>Radiopharmaceuticals are delivered to the patient, usually by injection, targeting specific tissues, metabolic and molecular processes and functions. When the radioisotope decays, a positron is emitted and collides with an electron, generating gamma rays travelling at exactly 180 degrees from each other. The PET camera detects the matched 180 degree gamma ray emission, maps the path of the two gamma rays and reconstructs three-dimensional images localising the site of the event.</p>
Procedure	<p>The set of instructions to make policies and protocols operational, which are specific to an organisation.</p>
Process	<p>A series of actions or steps taken to achieve a particular goal.</p>
Protocol	<p>An established set of rules used to complete tasks or a set of tasks.</p>
Quality improvement	<p>The combined efforts of the workforce and others – including consumers, patients and their families, researchers, planners and educators – to make changes that will lead to better patient outcomes (health), better system performance (care) and better professional development. Quality improvement activities may be undertaken in sequence, intermittently or continually.</p>
Radiopharmaceuticals	<p>Radioisotopes bound to molecules that can target specific tissues for diagnostic and therapeutic purposes.</p>

Referral	<p>Is a call for a health professional to consult on a patient.</p> <p>The referral explains the reasons for referring the patient and includes the patient's condition.</p>
Referrer	<p>A health professional who has asked in writing for another health professional to investigate, diagnose, or treat a patient.</p> <p>The referrer selects the imaging modality.</p>
Regular	<p>Occurring at recurring intervals. The specific interval for regular review, evaluation, audit or monitoring needs to be determined for each case. In the National Safety and Quality Medical Imaging Standards, the interval is consistent with best practice, risk-based, and determined by the subject and nature of the activity.</p>
Report	<p>Documentation and information relating to a patient's health care, such as patient healthcare records, referrals, scans and imaging reports.</p>
Reprocessing	<p>This is a multistep process that includes cleaning, inspection/examination and assembly, functional testing (if applicable), disinfection (if applicable), packaging and labelling, and sterilisation (if applicable) (source: AS 5369)</p>
Request	<p>Is a call for an imaging provider to perform imaging services on a patient.</p> <p>A request provides information to identify the imaging service and clinical information for the imaging provider.</p> <p>The requester selects the imaging modality.</p>
Requester	<p>A healthcare practitioner who has asked in writing that a patient receive specific imaging services from an imaging provider.</p>
Respiratory hygiene and cough etiquette	<p>Measures designed to minimise the transmission of respiratory pathogens via droplet or airborne routes in healthcare settings.</p>
Reusable device	<p>A medical device designated by its manufacturer as suitable for reprocessing and reuse.</p>
Risk	<p>The chance of something happening that will have a negative impact. Risk is measured by the consequences of an event and its likelihood.</p>

Risk assessment	Assessment, analysis and management of risks. It involves recognising which events may lead to harm in the future, and minimising their likelihood and consequences..
Risk management	The design and implementation of a program to identify and avoid or minimise risks to patients, employees, volunteers, visitors and the organisation.
Risk factor	A characteristic, condition or behaviour that increases the possibility of disease, injury or loss of well-being.
Risk management	Designing and implementing a program to identify and avoid or minimise risks to patients, employees, volunteers, visitors and the organisation.
Sedation	A medication given before imaging services that cause patients pain or discomfort, which results in a medically induced temporary depression of consciousness whereby responses to external stimuli are limited.
Self-determined service	<p>Is when an imaging service is provided by or on behalf of a consultant physician or specialist (other than a specialist in diagnostic radiology) after their clinical assessment determines that an imaging service is necessary.</p> <p>No written request is required.</p>
Semi-critical equipment, instruments and devices	Items that contact mucous membranes or non-intact skin. They are single-use or sterilised after each use. If sterilisation is impossible, high-level disinfection is the minimum acceptable reprocessing level.
Service context	The environment or circumstance in which health care is delivered. Health service delivery occurs in many ways. The service context will depend on the organisation's function, size, and organisation of care, service delivery mode, location and workforce.
Service personnel	<p>A qualified equipment service person shall:</p> <ul style="list-style-type: none"> • If servicing radiation equipment, hold a radiation use licence for service and repair issued by the Commonwealth, state or territory regulator relevant to where the service is performed. • Provide evidence of successful completion of a recognised service training course appropriate to the equipment being serviced.

Shared decision-making	Discussion and collaboration between a patient or consumer and their healthcare provider. The process aims to bring together the patient/consumer's values, goals and preferences with the best available evidence about benefits, risks and uncertainties of treatment, in order to reach the most appropriate healthcare decisions for that person..
Side effects	The unintended consequences of a medicine, treatment or device.
Single photon emission computed tomography (SPECT)	<p>SPECT is a three-dimensional image acquisition and reconstruction technique used in nuclear medicine studies, almost always together with planar and/or dynamic imaging acquisitions.</p> <p>Single photon emission imaging, including SPECT, assesses the tissue's or organ's function. Radiopharmaceuticals are delivered to the patient, most commonly by injection, targeting specific tissues or organs and their functional processes. When the radioisotope decays, gamma rays are released and are detected by a gamma camera. The gamma ray counts are then reconstructed by a computer to form two-dimensional (planar and dynamic) images and three-dimensional (SPECT) data sets, which can be displayed as images in multiple body planes.</p>
Software as a medical device	<p>Software intended to be used for one or more medical purposes that perform these purposes without being part of a hardware medical device. SaMD is a medical device itself and includes in-vitro diagnostic (IVD) medical devices.</p> <p>It can run on general purpose (non-medical purpose) computing platforms. The term 'without being part of' means software not necessary for a hardware medical device to achieve its intended medical purpose.</p> <p>Software does not meet the definition of SaMD if its intended purpose is to drive a hardware medical device. SaMD may be used in combination (e.g., as a module) with other products including medical devices. SaMD may be interfaced with other medical devices, including hardware medical devices and other SaMD software, as well as general purpose software. Mobile apps that meet the definition above are considered SaMD</p>
Standard	The agreed attributes and processes to ensure that a product, service or method will perform consistently at a designated level.
Standard national terminologies	<p>Are structured vocabularies used in clinical practice to describe the care and treatment of patients accurately.</p> <p>Healthcare providers worldwide use specialised vocabularies to describe diseases, operations, clinical procedures, findings, treatments and medicines. In Australia, terminologies include SNOMED CT-AU and Australian Medicines Terminology.</p>

Standard precautions Work practices that constitute the first-line approach to infection prevention and control in the healthcare environment. These are recommended for the treatment and care of all patients

Subcontracted services A subcontracted service refers to the service provided by a third party on behalf of a contractor. This may include reporting being conducted offsite, it does not include the subcontracting of entire imaging services who require their own accreditation.

Substitute decision-maker A person appointed or identified by law to make health, medical, residential and other personal (but not financial or legal) decisions on behalf of a patient whose decision-making capacity is impaired.

A substitute decision-maker may be appointed by the patient, appointed for (on behalf of) the person, or identified as the default decision-maker by legislation, which varies by state and territory.

Substitute imaging service Is when an imaging service is replaced with another.

An imaging provider can substitute a service when:

- It determines, from the clinical information provided on the request, that a different imaging service would be more appropriate for diagnosing the patient's condition
- It has consulted with the requester or taken all reasonable steps to do so before providing the substituted service
- The substituted service would be accepted as a more appropriate service in the circumstances by the imaging practitioner's specialty group

Supervised imaging practitioner A supervised imaging practitioner is a member of the workforce that requires supervision due to:

- As a registration requirement
- To meet AHPRA's National Board's eligibility or suitability requirements at application or renewal
- Because of a complaint (outcome of a notification)

Supervision (Clinical) An agreed, collaborative process that monitors, develops and supports supervisees in their clinical role. The focus is on the patient's healthcare and the supervisee's professional development.

The clinical supervision process encompasses a formal agreement between supervisor and supervisee, the provision of opportunities for the supervisee to present relevant material regarding their clinical practice, a space for reflective review by the supervisee, and feedback by the supervisor. The supervisory process meets

the supervisee's developmental needs.

System	<p>Describes all the components that comprise an approach to managing an issue. The resources, policies, processes, and procedures are organised, integrated, regulated, and administered to accomplish a stated goal. A system:</p> <ul style="list-style-type: none">• Brings together risk management, governance, and operational processes and procedures, including education, training and orientation• Deploys an active implementation plan; feedback mechanisms including agreed protocols and guidelines, decision support tools and other resource materials• Uses incentives and sanctions to influence behaviour and encourage compliance with policies, protocols, regulations and procedures <p>The workforce is a resource in the system and involved in all elements of system development, implementation, monitoring, improvement, and evaluation.</p>
Training	<p>The development of the workforce's knowledge and skills.</p>
Transitions of care	<p>Occur when all or part of a patient's care is transferred between healthcare locations, providers, or levels of care within the same location as the patient's conditions and care needs change.</p>
Transmission-based precautions	<p>Are extra work practices used when standard precautions alone may not be enough to prevent infection transmission.</p> <p>Transmission-based precautions are used with standard precautions and include droplet, contact and airborne precautions or a combination of these based on the infection's transmission route.</p>
Ultrasound	<p>An imaging method that uses sound waves to produce images of structures within your body. A transducer emits sound waves and detects the sounds reflected. Then, a monitor displays the reflected sound waves as a picture.</p>
Workforce	<p>All people working in an imaging practice, including imaging practitioners and any other employed or contracted locum, agency, student, volunteer or peer workers. The workforce can be members of the imaging practice or medical company representatives providing technical support who have assigned roles and responsibilities for the care of, administration of, support of, or involvement with patients in the imaging practice or imaging equipment.</p>

X-ray

A medical imaging modality where a single beam is projected at the body to create a two-dimensional image of a body part.

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