CCMG APPLICATION FOR ACCREDITATION OF CENTRE

CLINICAL SERVICE

1. General

a. Provide relevant organizational charts for the Genetics Centre/Hospital(s)/Health Region. If necessary, provide a brief written description of the organization.

b. If service is delivered at more than one institution, list the institutions and the types of clinical service delivered at each institution.

c. Provide a brief description of the relationships between the academic and health care institution(s) that are affiliated with the program.

d. Provide an abbreviated curriculum vitae for each clinical geneticist and laboratory geneticist who has a major role in service and/or CCMG training. Limit publications to those of the last 5 years, and limit the entire CV to 3 pages maximum.

2. General Clinical Service

a. List all physicians seeing adult and pediatric genetics/metabolics patients, their usual location(s), any clinical areas of concentration/specialty that influence the types of patients seen by each, and their FTE devoted to service.

Name	Qualifications	Location(s)	Subspecialty	FTE

b. As much as possible, classify outpatients by type of referral, genetic counsellor or physician (initials only) who may see patients, location(s) at which the patients are seen, calculated or estimated mean wait times from referral, and the number of patients in a recent 12-month period. Specify the time period: _____

Referral Type	GC/MD (Initials)	Location(s)	Wait time	Patient #
Cancer – Pediatric				
Cancer – Adult				
Congenital Anomaly/Dysmorphology/DD/Autism - Ped				
Congenital Anomaly/Dysmorphology/DD/Autism - Adult				
Metabolic – Pediatric				
Metabolic – Adult				
Prenatal – Maternal age/Screen Positive/Soft Marker				
Prenatal – Complex (e.g. Major Malformation)				

Other Specialty Clinic (Specify): _____				
Other Specialty Clinic (Specify): _____				

c. Are significant numbers of genetics patients referred to another city? For what reasons?

d. List Genetic Counsellors

Name	**Qualifications**	**FTE**

e. List other health care professionals (e.g. Nurses, dieticians) with FTEs devoted to Genetics/Metabolics service.

Name	**Qualifications**	**FTE**

f. Provide aggregate numbers of clerical and other clinic support staff, and FTEs.

Position	**FTE**
Clerical or administrative	
Other (Specify):	

g. List any clinical outreach services that are provided by the physicians/counsellors listed above. What (if any) formal administrative/organizational relationship exists between these outreach sites and the site applying for accreditation? Approximately what percentage of the FTE of each involved health care professional is spent doing outreach? What is the frequency of each outreach clinic?

h. Is any service provided by telemedicine? If yes, is there a written protocol for these patient encounters? How often is telemedicine used? What types of patients are seen, and which genetics professionals are involved?

i. How are patients triaged by the clinic, and assigned to a geneticist or counsellor?

j. Which referral types do genetic counsellors typically see? Is there a written protocol for patient encounters that are not directly supervised by clinicians?

k. What is the procedure for follow-up and review of patients? How are patients/charts flagged for follow-up appointments?

l. Is there a QA/QI program in place for clinical service? If no formal program exists, list the QA/QI measures undertaken in the last 2 years.

3. Prenatal Clinical Service

a. What prenatal screening program(s) is/are available (e.g. TTS/IPS/MSS)?

b. What is the annual number of screens performed for each program?

c. Do patients have access to CVS and cordocentesis locally? If no, to which centre are these patients referred?

d. Provide the annual sample number for each invasive procedure:
Amniocentesis ____ CVS ____

e. How is communication ensured between genetics staff, staff who perform prenatal procedures, and referring health care professionals?

f. Who provides counselling to prenatal patients?

g. Do patients often obtain invasive prenatal diagnostic tests without prior genetic counselling?

4. Records

Complete the following checklists to describe patient charts and information retrieval.

Criterion	Yes	If no, please explain
Clinic charts are distinct from hospital/institutional charts.	☐	
Clinic charts are distinct from genetics laboratory charts.	☐	
Each patient has a separate chart.	☐	
Each patient has a unique number.	☐	
Software allows retrieval by chart number.	☐	
Software allows retrieval by patient name.	☐	
Software allows retrieval by patient date of birth.	☐	
Software allows retrieval by diagnosis.	☐	
Patient demographics are consistently and easily located on/in chart.	☐	

Active charts are stored in clinical genetics unit.	☐	
Active and inactive charts are secured from unauthorized access.	☐	
There is written institutional or clinical unit policy protecting patient confidentiality.	☐	
Inactive charts can be retrieved from off-site storage within one week.	☐	
There is written institutional or clinical unit policy dictating charting procedures and proper maintenance of records.	☐	
There is a chart quality assurance system.	☐	

The post-encounter clinical chart routinely contains:	**Yes**	**If no, please explain**
Referral and attached documents, +/- triage form.	☐	
Pedigree +/- family history form.	☐	
Consult letters to patient and/or referring health care professional from geneticist or genetic counsellor.	☐	
Results of all investigations ordered by geneticist or genetic counsellor.	☐	
Progress notes.	☐	
Copies of, or reference to, relevant publications.	☐	

Patient photos.	☐	
Consent forms for photos, where applicable.	☐	
Consent forms for involvement in research, where applicable.	☐	
E-mail correspondence with other health care professionals.	☐	
E-mail correspondence with patient.	☐	

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