

Requirements and Definitions

It is important for members to understand the elements of CCOA Standard-meeting radiography and related quality assurance processes. The major elements that can cause a member to fail an X-ray Quality Assurance Program (QAP) Review are:

- lack of patient identification
- inappropriate film size & number of films
- poor film quality
- film/screen issues
- inappropriate patient exposure
- inadequate or incomplete QAP documentation

The following is an outline of what the CCOA deems crucial to the creation of diagnostic quality radiographic studies, as specified in the X-ray requirements and standards found in the CCOA's *Radiation Health and Safety Manual*. Access to this document can be found on the members' side of thecco.ca under Member Resources → Modalities → X-ray.

These are the criteria the reviewer will look for when reviewing an X-ray review self-submission, and you may expect to see some of these comments in your results letter.

Please use the information provided here and in the *Radiation Health and Safety Manual* to ensure that your radiographs and quality assurance program meets CCOA requirements and standards.

Radiographic Study Review

Patient Identification

Each film **must** include:

- patient name or ID
- date of birth
- date of study
- facility identification

Each film **should** include:

- upright or recumbent markers

Film Size and Number of Films

Each study **must**:

- contain at least 2 films at right angles
- expose the same area
- be of appropriate film size (in relation to the clinical diagnosis)

Film Quality

Each film **must**:

- be of general diagnostic quality
- evidence right or left markers

Each film **should** evidence:

- no scratches
- no roller marks
- suitable contrast
- clarity/sharpness

Requirements and Definitions

Film/Screen Review

Each film **should** evidence:

- crisp imagery (no blurring)
- screens are rare earth (400 speed systems are considered appropriate)
- correct film/screen combinations
- no patient artifacts that interfere with the diagnosis (i.e., earrings, pant lines, etc.) – use appropriate patient gowning to obtain artifact-free films

Patient Exposure

Each film **must** evidence:

- collimation – four collimation lines should be visible on all films
- patient positioning/area exposed is appropriate to the study being performed

Reports

X-ray reports **must** be present and should include the following:

- name of doctor
- clinic name and address
- full name of patient
- patient file number
- date of films taken

It is the responsibility of clinicians generating diagnostic images to provide written reports relating their findings. Report findings should reference the reason that the study was taken as well as to make reference to the ABC's of radiographic screening. Studies engaged for the purposes of metrics determinations should have those metrics recorded in the report.

Quality Assurance Program (QAP) Forms Review

Commentary in this area will vary depending on the member's self-submission but may include remarks on absence or incompleteness of the required forms. Failure to submit the required forms may result in an unsuccessful review outcome.

The forms required for a complete and standard-meeting Quality Assurance Program can be found in the CCOA's *Radiation Health and Safety Manual*. Access to this document can be found on the members' side of thecco.ca under Member Resources → Modalities → X-ray.