Summer Training at
C K Birla, Hospital (RBH), Jaipur
(April 3 to June 2, 2017)

Quality Assurance of Imaging Services of Hospital in Compliance of NABH Standards

By
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Under the guidance of
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MBA Hospital & Health Management
2016-2018

Institute of Health Management Research
The IIHMR University, Jaipur
2017

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that Dr. Bhavya Pandeya has undergone summer training in CK BIRLA RBH from 3rd April to 2nd June 2017.

The candidate herself completed the project assign to her during summer training. Her approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health Management.

I wish her success in all her future endeavors.

Col. (Dr.) Ashok Kaushik

Dean (Academic & Student Affair)

The IIHMR University, Jaipur

Mr. Nirmal Kumar Gurbani

Professor

The IIHMR University

CK BIRLA HOSPITALS | RBH

Date:-2nd June 2017

To whom so ever it may concern

This is to certify that Dr. Bhavya Pandey has successfully completed her summer internship in Quality department from 3rd April 2017 to 2nd June 2017.

We found her sincere, punctual & hardworking. We wish her every success in her future and career.

Ashwin Divakaran

Head – HR & Training

Rukmani Birla Hospital - A unit of The Calcutta Medical Research Institute
Gopalpura Bypass Road, Gopalpura, Jaipur 302018 +91 141 3090309

ACKNOWLEDGEMENT

First of all, I extend my profound gratitude to the almighty, which helped me to accomplish all my tasks well on time. I would like to extend my sincerest gratitude to all who contributed their valuable time and incomparable and everlasting support without which my study and learning would have been incomplete.

My special gratitude to **Mr. Ashwin Diwanakaran** (HR head, RBH) and **Ms. Bhawana Hemrajani** (assistant manager –learning & development, RBH) who has given me the opportunity to execute my summer training in Rukmani Birla Hospital (Jaipur). I cannot forget to mention the name of **Ms. Sohini Pan** (Quality Manager) for her enormous encouragement and support. She extended valuable guidance and support during my study.

I am really thankful to all the radiology department staffs for cooperating in completion of my project.

Most importantly I would like to thank my mentor Mr. **Nirmal K Gurbani** (IIHMR) for his guidance and motivation throughout the study.

PROJECTS UNDERTAKEN:

Quality assurance of imaging services of hospital in compliance of NABH standards

HOSPITAL PROFILE:

Vision of the Hospital: -

Patient at the Core.

Mission: -

Continuously creating benchmarks towards providing unmatched Patient Experience through Clinical and Service Excellence amidst an inclusive environment that embraces innovation and quality combined with compassion, commitment, accountability and transparency.

Commitment towards quality: -

To constantly upgrade our human and technological resources aligned with the best global developments in medical science.

Quality Policy statement: -

To maintain highest standard of quality service delivery provided at the hospital.

History: -

CK Birla Hospitals, comprises three Hospitals, CMRI (The Calcutta Medical Research Institute), BMB (BM Birla Heart Research Centre) and, RBH (Rukmani Birla Hospital).

It has set milestones in the healthcare Industry for over four decades. The hospitals are intrinsically bound by three integrated philosophies — Clinical Excellence, Ethical Conduct and Patient Centricity. These operating philosophies have been pivotal in making the hospitals grow and serve people who are in need of quality healthcare.

The three units of CK Birla Hospitals, having established themselves in Kolkata and Jaipur, offer 800 plus beds with comprehensive outpatient and inpatient services. Working on a mission to providing quality healthcare for all, the hospitals so far have performed over 5.5 lakh successful surgeries, 1.9 lakh Cath lab procedures and 22,000 critical cardiac surgeries. Supported by the latest technology and modern infrastructure, these hospitals continue to set new standards of Cure and Care.

RBH, Jaipur is the latest venture of CK Birla group started in July 2016.

Location:

The Hospital is located on Gopalpura Bypass, Jaipur

Address:

Rukmani Birla Hospital,

Gopalpura Bypass Road, Near Triveni Bridge,
Gopalpura, Jaipur – 302018

Area:

Total build up area is 2,00000 sq.ft. it is 230 bedded specialty with 115 operational beds. The hospital provides space and comfort to patients as well as staff.

Staffing:

The hospital has adequate staff for each department. The task of staffing was very well managed by the HR team.

The hospital has a beneficial system of allotting departments to trainees as per need of needs of the department which provides trainees a very well platform to learn & perform assigned tasks.

Training:

A learning organization can grow & perform well in the changing environment through continuous trainings.

Training increases knowledge as well as efficiency of staff thus benefitting the Hospital/ organization.

RBH provides regular training to their staff.

They identify the key area where staff needs training to further increase their efficiency and according to that training is given.

Internal audits:

The hospital has internal assessing system for analysis and improvement. Several audits are performed to improve the functioning of the hospital.

Regular audit was done by the quality area & based upon audits various trainings were planned & given.

CSR activities: -RBH is involved in CSR activities also.Under this they organize free clinics at district levels (like Sikar, Makrana), provides packages especially for women in month of March, give free treatment to children in schools, Hasya kavi Samelan to reduce depression for hospital patients.

CSR is taken care by Growth & Development team. They organize 3-4 programmes per month

INTRODUCTION

Summer training is an integral part of Post graduate course on Hospital Management. As a part of the curriculum, students are required to undergo 2 months training with reputed organization to learn management related issues and areas. The main purpose of the training is to get exposure to functioning of organization.

Rukmani Birla Hospital, is a recognized center providing higher quality medical care. RBH is a 230 bed multi-specialty hospital offering comprehensive inpatient and outpatient services in Jaipur. It is founded on three key principles — Clinical Excellence, Ethical and Patient Centric approach, this multi-specialty facility caters to patient needs and makes sure that the patients and their families are being well looked after by a team of efficient doctors, caring and vigilant nurses, organized housekeeping and back office management.

Due to these distinguishing features we did our summer training in RBH Jaipur with reference to Quality Department.

The objective of summer training was:

- To study quality assurance of imaging services of hospital
- To learn about NABH standards for Hospital and MIS
- To identify issues/ problems associated with MIS
- To undertake projects/ special tasks assigned to us.

METHOD AND DATA:

- Information Regarding the organization, location, area, history, planning, manpower, organizational and department hierarchy, statutes and other details were collected from hospital manual, concerned authorities and other sources.
- Concerned Department of Institute were identified.
- Training in the Quality department was done by collecting information and data from concerned authorities, personal observation and by assisting concerned persons daily.
- Data Collection: It was collected by observation and from concerned authorities.
    - ♦ NABH self-assessment toolkit was filled
    - ♦ Interviews of concerned persons i.e. of Radiologists, Radio technicians, staff of Radiology Department was done
    - ♦ Survey on patient charter was performed
    - ♦ Audit of staff adherence to radiation safety was done.

Quality Department:

I as an intern got a chance to work for quality department & to help the organization in its process for Pre-assessment of NABH both for hospital as well as MIS.

In quality I got to learn about the department and its functioning.

Quality is a systematic approach of working.

Quality Department maintains records: -

1. NABH- MIS- Standard application correspondence
2. All SoP's, Manuals, & policies.
3. Training Records
4. Committee Records
5. Committee meeting records
6. Licenses & certificates
7. Incident reports
8. TLD Tracker
9. Delineation of Privileges (Consultant & senior Consultant)
10. International Safety Goals
11. RCA of outliers
12. Audit
13. AERB licenses

Some common terms used in Quality Department for NABH MIS:

AERB

AERB- Atomic Energy Regulatory Board

AERB guidelines:

Minimum protective lead equivalent in hand gloves and thyroid shield should be 0.5 mm. Protective barrier between operator and X-Ray tube should have a minimum lead equivalence of 1.5 mm.

Certificate of registration of AERB, machines and doctors should be hanged in the department/ each unit of radiology above machines.

Audit

Audit is evaluation of Data, Documents & Resources to check if performance of system meets specified standards.

Clinical Audit: - is a quality improvement process that seeks to improve patient care & outcomes through systematic review of care against explicit criteria & implementation of change.

It is usually a multi-disciplinary activity where in aspects of structure, process & outcomes of care are selected & evaluated against explicit criteria; most of clinical audits are 'multi-sectoral'.

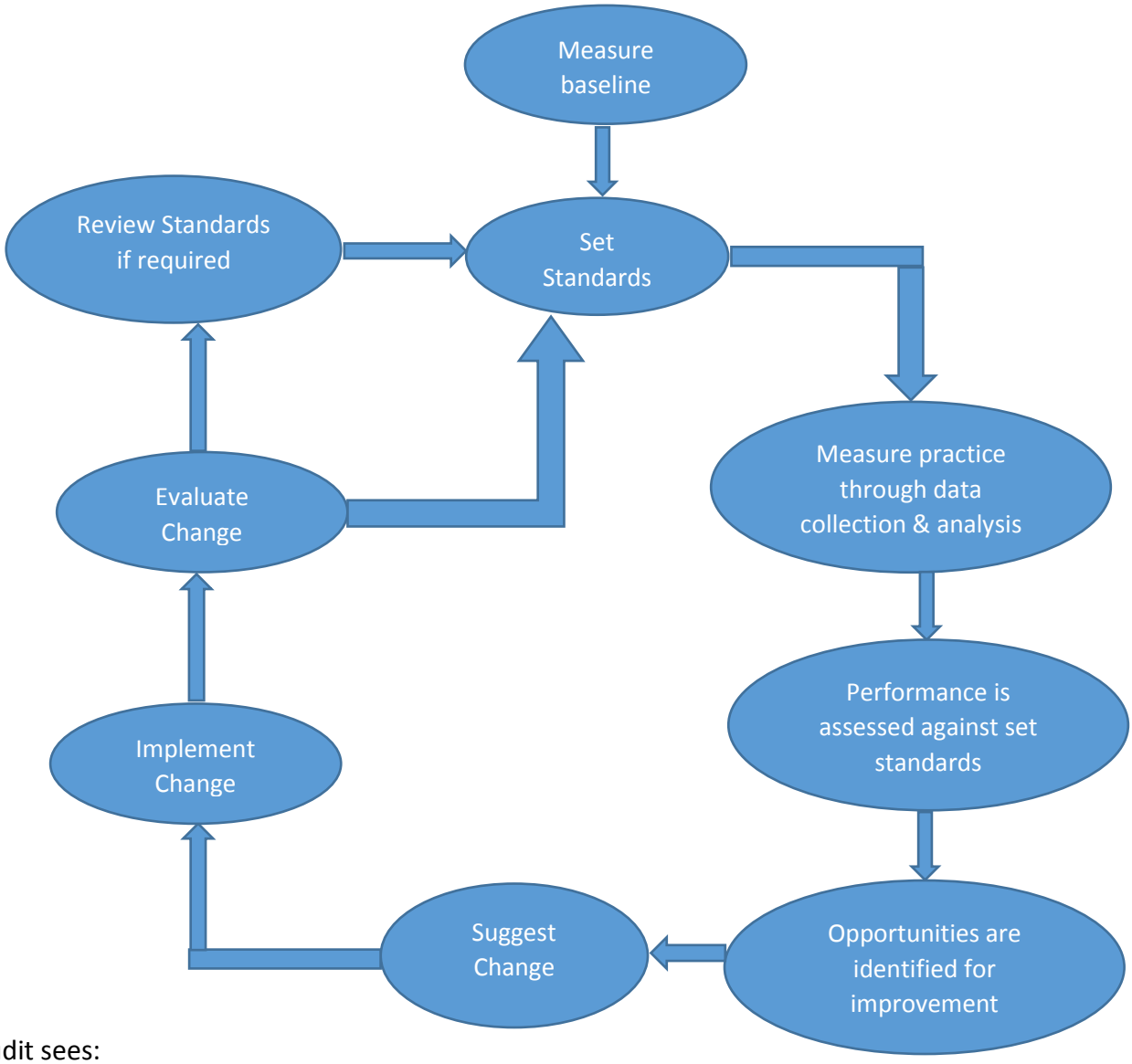
Medical Audit: - may be defined as "peer review of evaluation of medical care through retrospective & concurrent analysis of medical record." Its aim is to improve the quality of healthcare services rendered by doctors to patient.

What can be Audited?

The quality of healthcare provided can be audited by examining 3 interrelated component parts: -

1. Structure
2. Process
3. Outcome

Audit Cycle: -



Audit sees:

- Infrastructure
- Process
- Manpower

CQI:

It is continuous Quality Improvement. To track CQI every department is given indicators of CQI they record data and calculate it through standard formula & submit that to quality department for Presentation & record. The data exceeding target or not perform well have to be checked by supervisors an RCA needs to be done to check the lacuna & improve the functioning/ service.

KPI:

It is Key Performance Indicator.
CQI & KPI help to systematically monitor, evaluate and continuously improve service.
They help in:

- Establishing baseline information
- Set performance standards and targets to motivate continuous improvement
- Measure & report improvement
- Compare performance
- Benchmark performance
- Allow stakeholders to judge performance

For CQI & KPI data collection is done regularly i.e. some data needs to be collected monthly, some quarterly & some yearly.
CQI & KPI thus helps in regular monitoring of Data.
Indicator results are indicated in rates/ ratios/ percentage
Indicator results are presented through graph for easy understanding.
Indicators used are:

- Incidence of medication error
  - Prescription error
  - Dispensing error
- Percentage of cases who received appropriate prophylactic antibodies within specified time frame
- Percentage of transfusion reactions
- Catheter Associated Urinary Tract Infection Rate(CAUTI)
- Ventilator Associated Pneumonias(VAP)
- Central Line Associated Related Blood Stream Infection(CLABSI)
- Surgical Site Infection Rate(SSI)
- Inguinal Herniorrhaphy with mesh
- Caesarean Section
- Laparoscopic Cholecystectomy
- Coronary Artery Bypass Grafting(CABG)
- Total Mortality Rate
  - Proportional Infant Mortality Rate
  - Proportional Maternal Mortality Rate
- Compliance to Hand Hygiene
- Incidence of fall
- Incidence of bed sores after admission
- Incidence of needle stick injuries
  - In IPD Areas
  - In OPD Areas

In radiology department Form-F is filled for USG.

Patient test is of 3 types:

1. Dr. Referral/ Walk-in

2. IPD/Emergency

3. OPD/Walk-in

Any information displayed in hospital should be in bilingual format

Time frame is average timeframe and should be calculated for the whole & not just one patient.

Test request form of radiology is:

1. Emergency

2. Normal

Triage:

It is prioritizing patient based on emergency.

MRD:

MRD is Medical record department

MLC cases are to be retained for 7 yrs.

MLC with death and ongoing court case record is to be retained lifelong

OPD record retain for 3 yrs.

IPD record is retain for 5 yrs.

Discharge

Types of Discharge:

1. Pre-scheduled

2. DAMA (Discharge Against Medical Advice)

3. DOR (Discharge On Request)

4. Absconding

BME Department:

BME is Bio-Medical Engineering Department

Maintenance of equipment's is of four types:

1. Reactive- done on break down of machine

2. Preventive- done Time Based

3. Predictive- done according to System i.e. system based

4. Reliability Centered Maintenance

NABCBE- does calibration of machines

Documents:

1. Installation Report

2. Training Paper

3. Factory Test Report

Checklist for accessories:

IQ- Installation Qualification

OQ- Operational Qualification

PQ- Performance Qualification

HIRA Team:

HIRA (Hazard Identification & Risk Assessment Team)

Contains: all kinds of safety officers

Fire safety officer

Safety officer

Radiation safety officer

Patient safety officer

Bio-medical engineer

Waste management

Infection Control officer

Manuals/SoP's:

Are of types:

- Department wise
- Statutory
- Process related Manual

Under Quality Department I got to work for MIS to check its quality assurance in compliance to NABH standards. Various surveys under this project were performed

NABH

National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of Quality Council of India. It is an autonomous body which was set up to establish and operate accreditation programme for healthcare organisations. The board supported by all stakeholders including industries, consumers & government enjoys full autonomy in its operations.

It has its International Linkages: -

2. NABH is an Institutional Member as well as a Board member of the International Society for Quality in Health Care (lSQua).
3. NABH is a member of the Accreditation Council of International Society for Quality in Health Care (ISQua).
4. NABH is on board of Asian Society for Quality in Healthcare (ASQua).

Vision, Mission & Scope

To be apex national healthcare accreditation and quality improvement body, functioning at par with global benchmarks.

To operate accreditation and allied programs in collaboration with stakeholders focusing on patient safety and quality of healthcare based upon
national/international standards, through process of self and external evaluation.

Scope of NABH /Objectives

- Accreditation of healthcare facilities
- Quality promotion: initiatives like Safe-I, Nursing Excellence, Laboratory certification programs (not limited to these)
- IEC activities: public lecture, advertisement, workshops/ seminars
- Education and Training for Quality & Patient Safety
- Recognition: Endorsement of various healthcare quality courses/ workshops

Structure of QCI: -

NABH operates Accreditation programme for the following services: -

- Hospitals
- SHCO
- Blood Bank
- Blood Storage Centre
- MIS
- Dental Facilities/ Dental Clinics
- OST Centre
- Allopathic Clinics
- AYUSH Hospitals
- CHC
- PHC
- Wellness Centres
- Clinical Trials (ETHICS COMMITTEE)
- Panchakarma Clinic

NABH Application: -

- Hospital has to collect a copy of NABH standards from NABH office.

- Applying Authority should get familiar to the standards & start their implementation

- Organization should collect a copy of application form from NABH website

- Organization should then Fill & Submit the Application for accreditation online

- Organization has to pay the Application Fee

NABH Accreditation Procedure

Pre-Assessment:

NABH appoints a Principal Assessor/ Assessment Team who is responsible for pre assessment of Medical Imaging Services. NABH forwards the application form, documents, procedures, Self-assessment toolkit to the Principal Assessor/ Assessment Team.

Objective of Pre-assessment:

- Assessors in pre-assessment checks that whether MIS is following standards & whether is prepared for final assessment or not.
- they check the scope of assessment & see how many assessors would be required for how many days at the time of final assessment.
- they review the documentation as per standards for MIS.
- Explain the methodology to be adopted for assessment.

The Principal assessor is required to submit a pre-assessment report in the specified format as is in the document 'Pre-Assessment Guidelines & Forms'. After pre-assessment Copy of the report is handed over to the organization and original one sent to NABH Secretariat.

The Medical Imaging Services has to pay the requisite Annual fee before the final assessment.

NABH for Hospital consists of 10 chapters/ standards: -

1. Access, Assessment and Continuity of Care (AAC)
2. Care of Patients (COP)
3. Management of Medication (MOM)
4. Patients' Rights and Education (PRE)
5. Hospital Infection Control (HIC)
6. Continuous Quality Improvement (CQI)
7. Responsibility of Management (ROM)
8. Facility Management and Safety (FMS)
9. Human Resource Management (HRM)
10. Information Management System (IMS)

Among these 10 standards First Five Are Patient- Centric & other Five Are Organization- Centric.

NABH FOR MIS

MIS NABH:

With the rapid changes in healthcare with advancement of procedure & imaging equipment with lack of any quality standards for imaging services has called it a need to go for accreditation of MIS Centre's. So, the QCI has introduced standards for MIS, keeping in mind Control of Services, Personnel, Imaging process & procedures, Facility & environment, Equipment, Documentation & Risk Control & safety.

With rapid change in healthcare and increased awareness of people about their health & increase in medical tourism has raised the demand for quality in healthcare services

MIS in Rukmani Birla Hospital Contains: -

- CT-Scan
- MRI
- USG
- X-Ray
- BMD
- Mamography

NABH for MIS consists of 6 chapters:

1. Control of Services(CS)
2. Control of Imaging Processes and Procedures (CPP)
3. Control of Personnel(CP)
4. Control of Equipment(CE)
5. Control of Document and Record (CDR)
6. Risk Control and Safety (RCS)

Chapter-1

Control of Services

CS 1: - Medical Imaging Services shall address system to ensure delivery of service from point of referral to discharge: -

CS 2: - Medical Imaging Services ensure that the delivery of service is patient focused

CS 3: - MIS ensure proper management of facility & environment

Chapter 2

CPP (Control of Imaging processes & procedures)

CS 1: - MIS ensure acquisition of optimal diagnostic quality images & the performance of diagnostic procedures: -

CS 2: - MIS ensure the quality of reports (clinical or technical)

CS 3: - MIS ensures quality of diagnostic & therapeutic interventional procedures

CS 4: - MIS ensure proper management of drugs isotopes, contrast media & radiopharmaceuticals.

Chapter-3

CP (Control of Personnel)

CS 1: - MIS ensure that the staff is aptly qualified, competent & trained to deliver the service assigned to them

CS 2: - MIS ensure authorization, management & support to staff to deliver the service

CS 3: - MIS ensure fair & rational HRM

Chapter-4

Control of Equipment

CS 1: - MIS ensure appropriate procurement & installation of equipment's

CS 2: - MIS ensure apt operation & working of equipment's

CS 3: - MIS ensure apt maintenance & repair of equipment's

CS 4: - MIS ensure apt replacement of existing equipment & planning for new equipment for continuation & expansion of service

Chapter- 5

Control of Documents & Record (CDR)

CS 1: -MIS ensure generation, maintenance, integration, safety, confidentiality & rationalizability of all documents & records

CS 2: - MIS ensure generation, completion, revision, retention & dissemination of information documents for staff, patients & others.

CS 3: - MIS ensure procurement & maintenance of documents of legislative/ regulatory & statutory requirements related to facility, equipment, personnel & risk monitoring.

CS 4: - MIS ensure maintenance & updating of all records & documents pertaining to audit, quality control & quality improvement of all processes & services.

Chapter-6

Risk Control & Safety (RCS)

CS 1: - MIS ensure that the risk associated with imaging, interventional & therapeutic procedures are identified, assessed, managed & minimized.

Radiation Safety Manual: -

MIS shall ensure that organizations has made all efforts to implement radiation protective measures for staff, patients & other visiting personnel in order to minimize radiation exposure during imaging procedures. There shall be documentation of these measures in the form of Radiation Safety manual containing radiation safety policies & procedures which aims to minimize radiation exposure in accordance with 'ALAP' principal. (as low as possible).

CS 2: - MIS ensure that the risk of infection to the staff, patient & others is identified, assessed, managed & minimized.

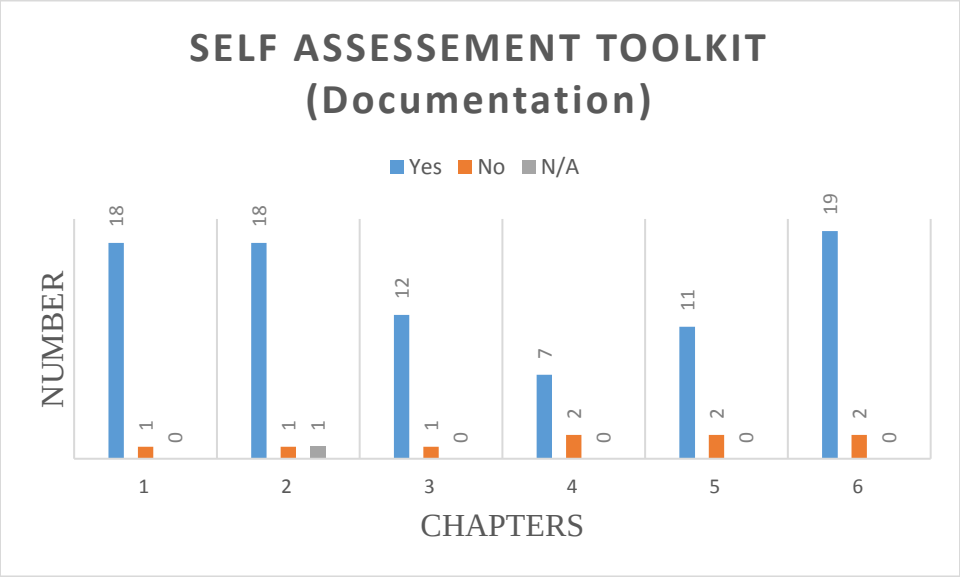
CS 3: - MIS ensure that risk associated with hazardous/ radioactive & biomedical waste(BMW) substance & materials to staff, patient & others are identified, assessed, managed & minimized

CS 4: - MIS ensure that the risk of violence & aggression to staff, patient & others are identified, assessed, managed & minimized.

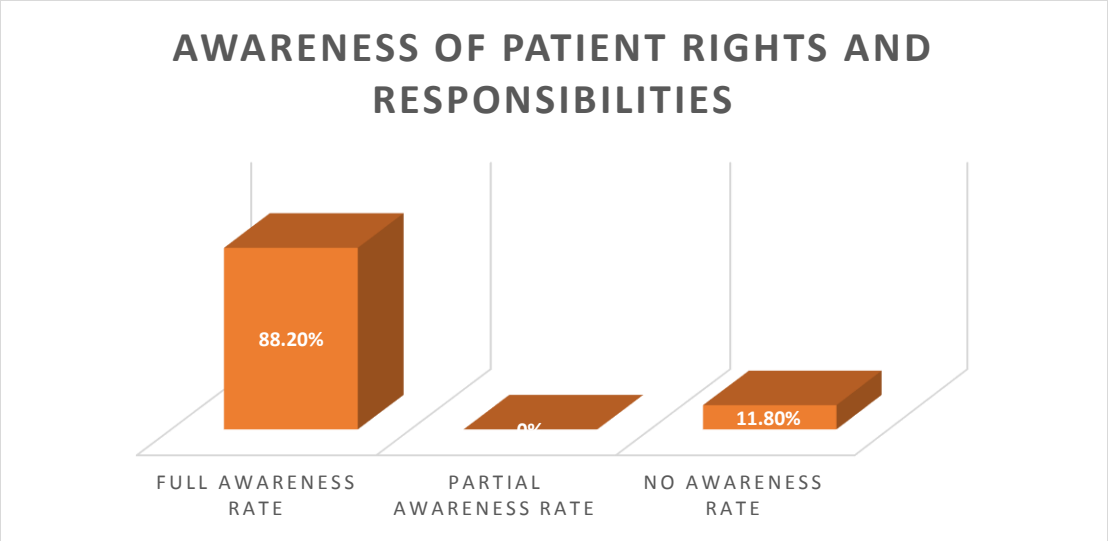
CS 5: - MIS ensure that the risk associated with fire & non-fire emergencies to staff, patient & others & to facility & environment are identified, assessed, managed & minimized.

For NABH MIS first of all hospital is required to fill Self- Assessment Toolkit & send it to the NABH office either a scanned copy or by post or can fill it online.

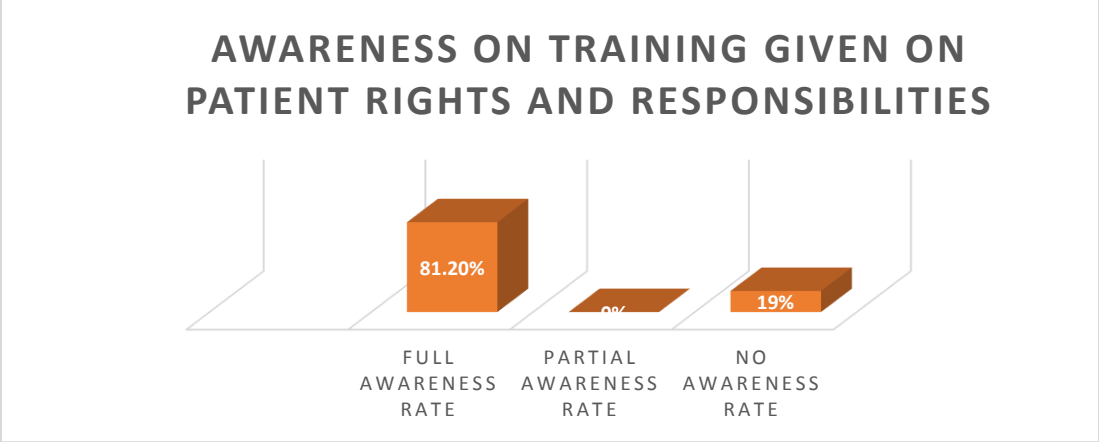
- **Self- Assessment Toolkit (see annexure 1)**



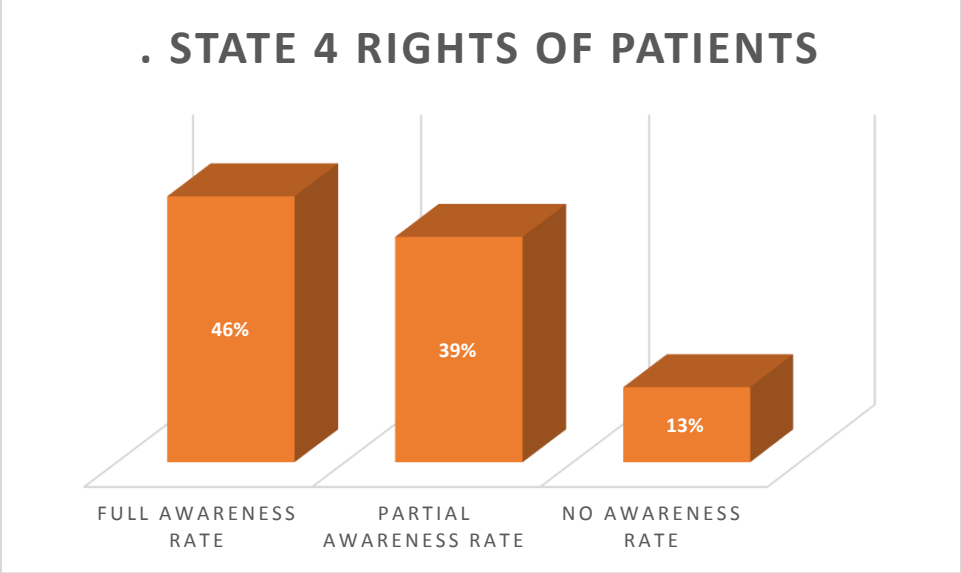
- **Patient Charter (see annexure 2)**
    1. **Awareness of patient rights and responsibilities**



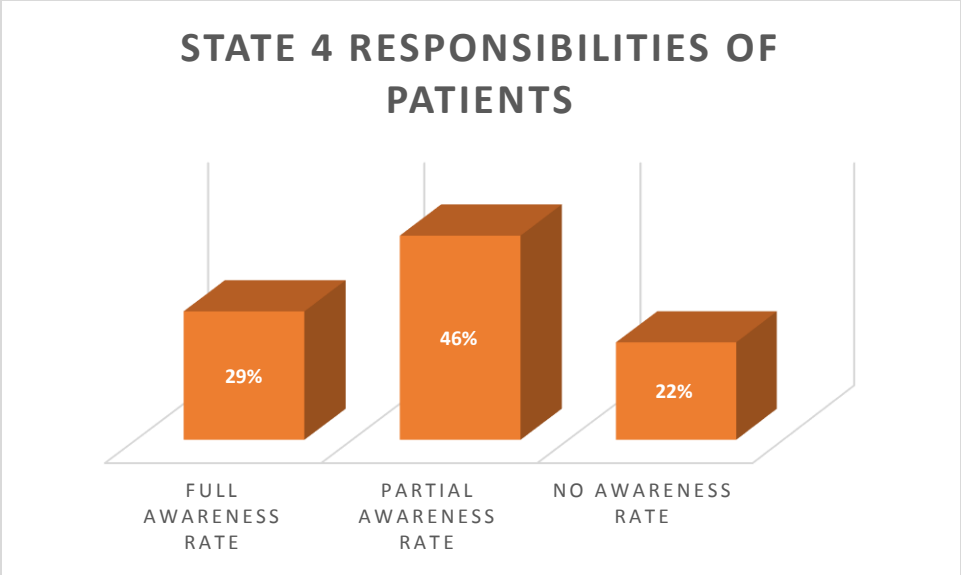
2. Awareness on training given on patient rights and responsibilities



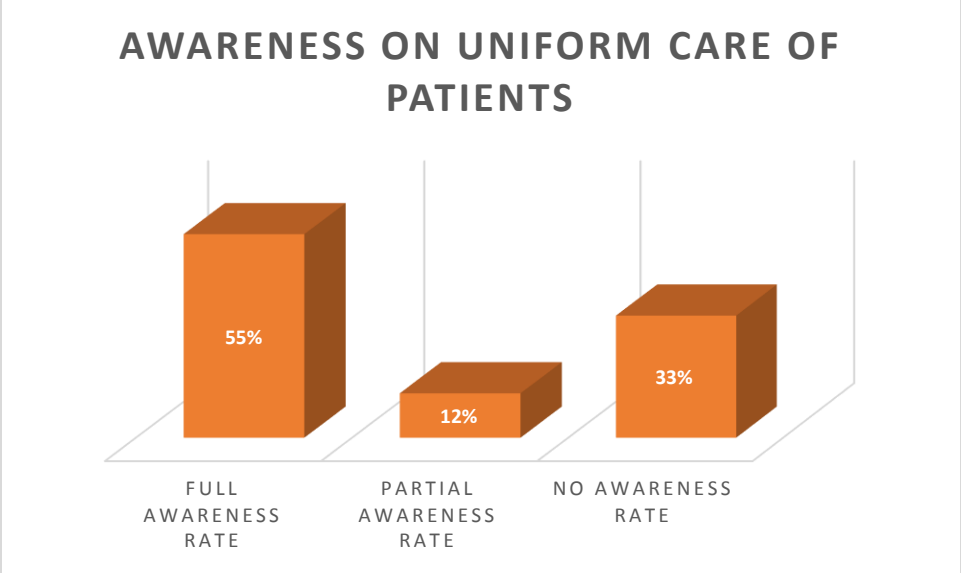
3. State 4 rights of patients



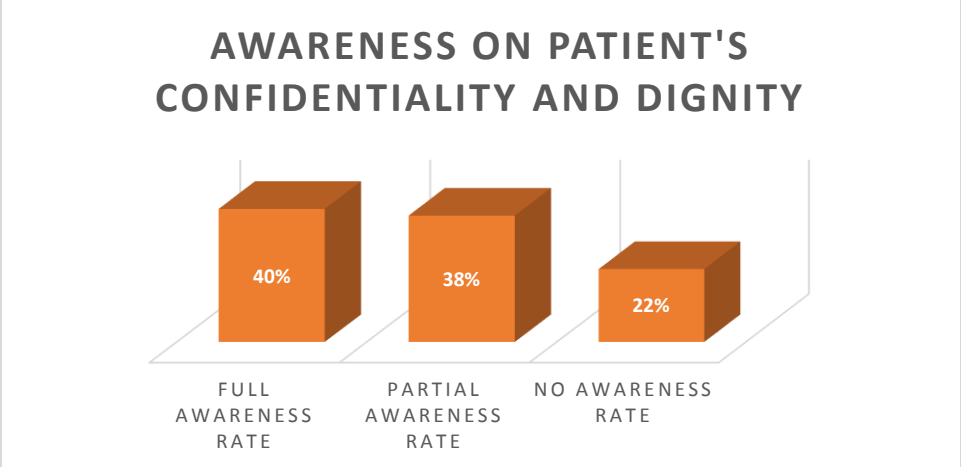
4. State 4 responsibilities of patients



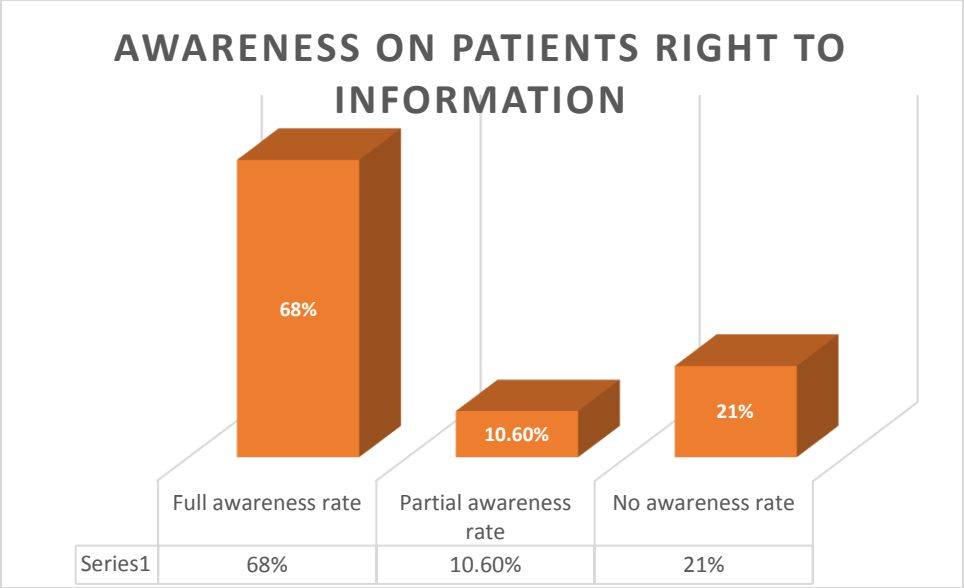
5. Awareness on uniform care of patients



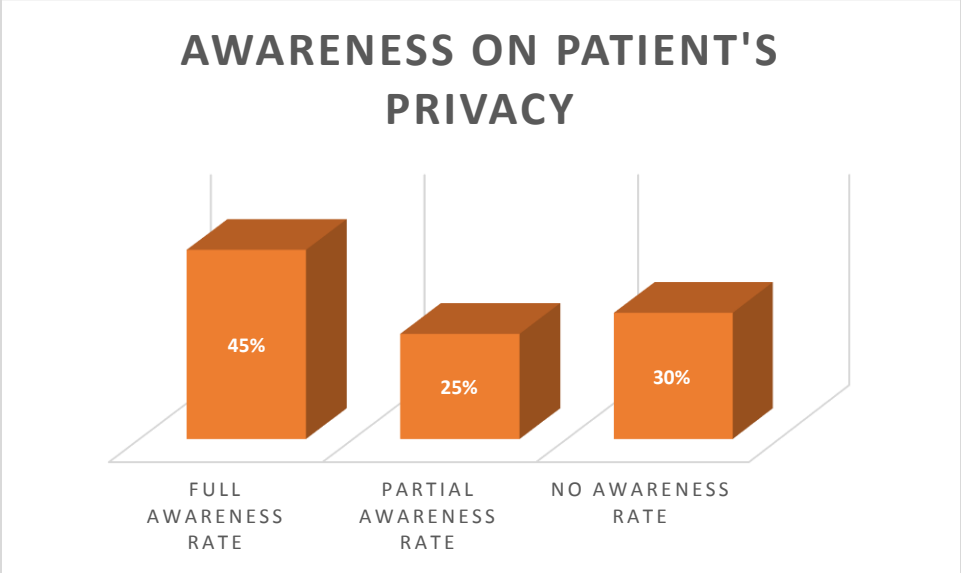
6. Awareness on patient's confidentiality and dignity



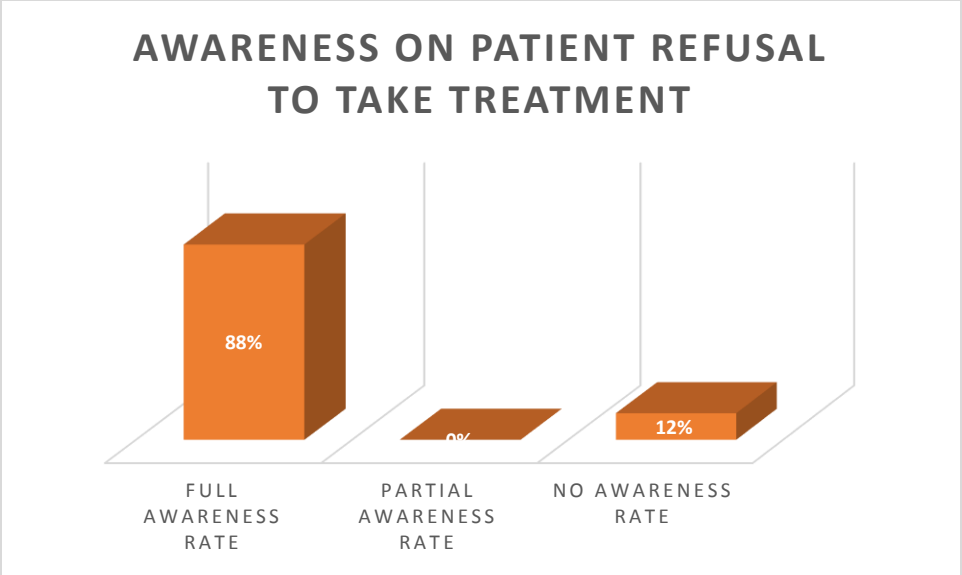
7. Awareness on patient's right to information



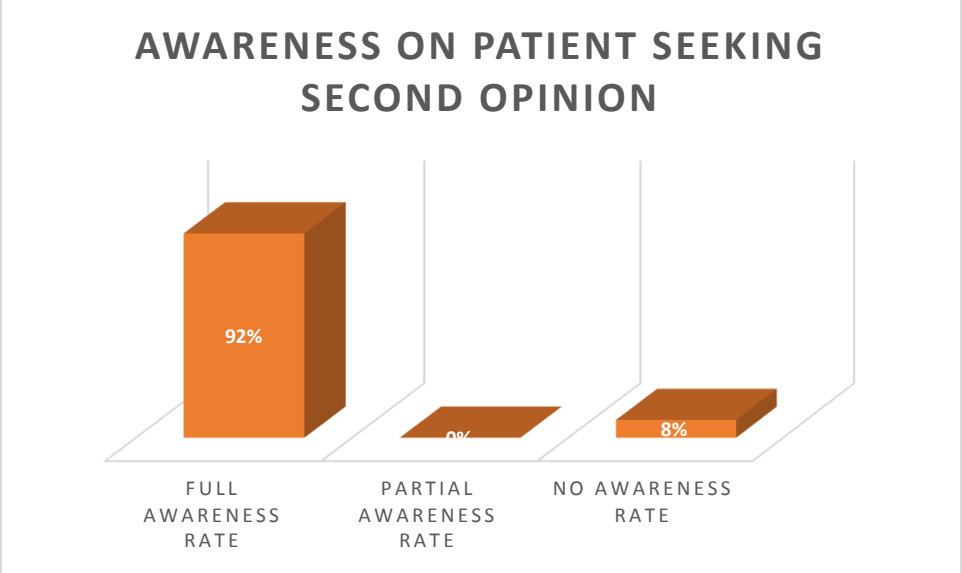
8. Awareness on patient's privacy



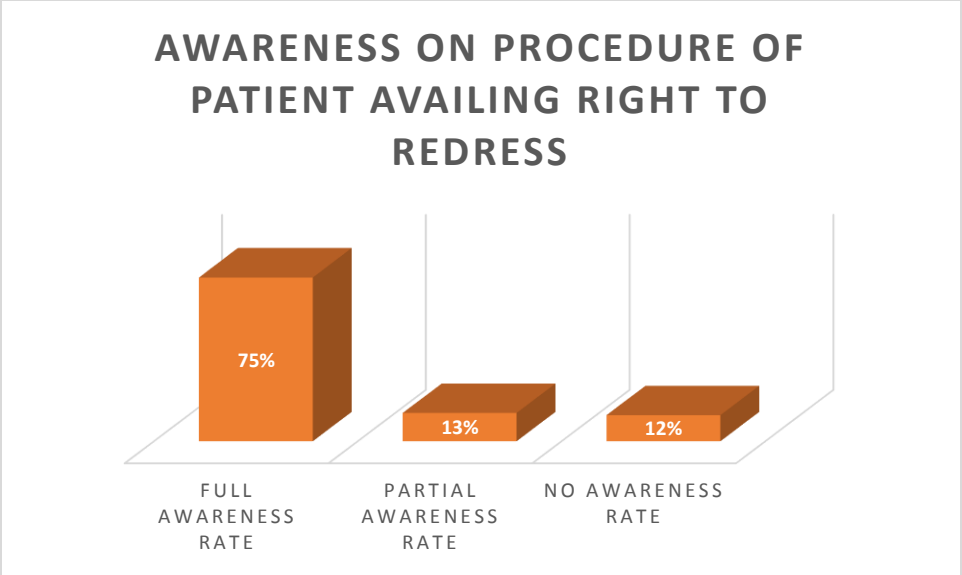
9. Awareness on patient refusal to take treatment



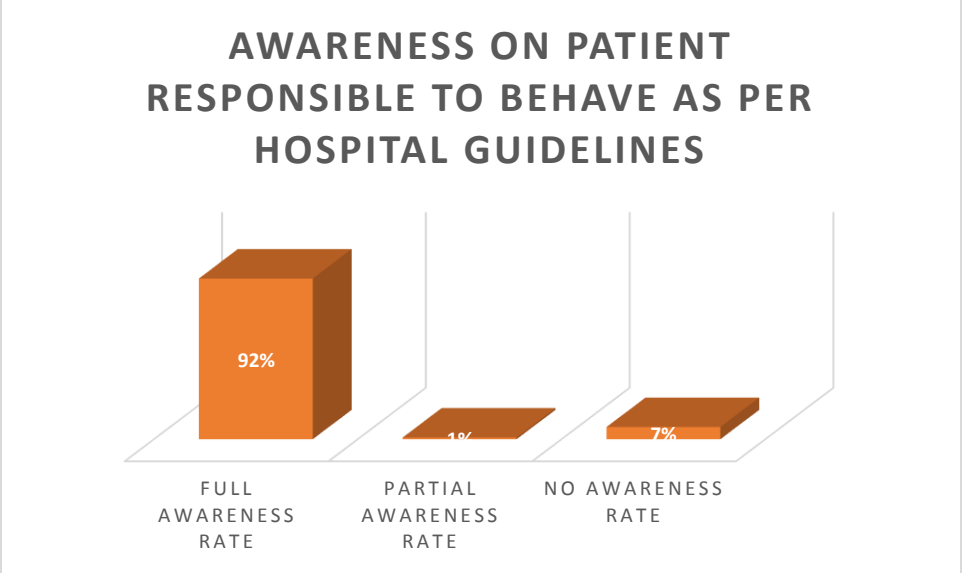
10. Awareness on patient seeking second opinion



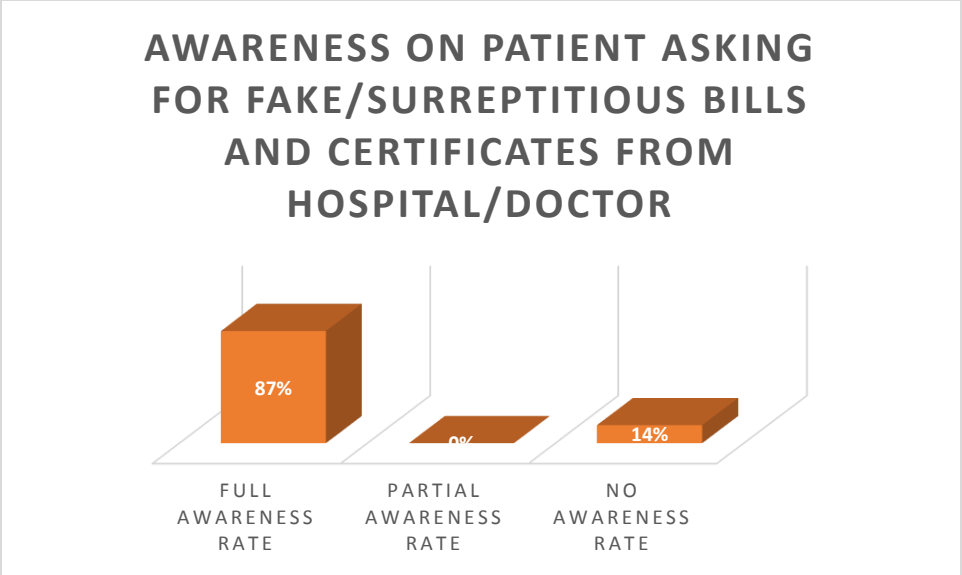
11. Awareness on procedure of patient availing right to redress



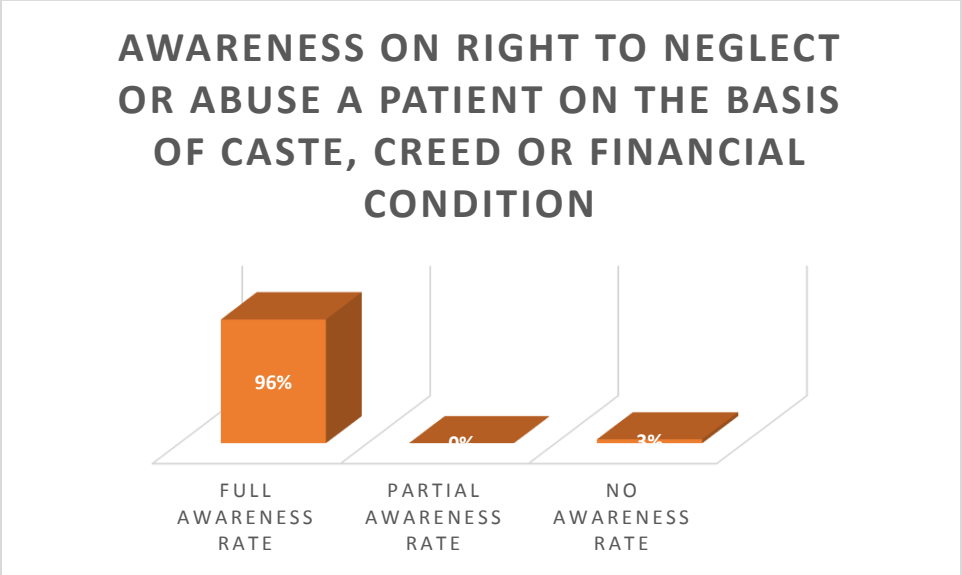
12. Awareness on patient responsible to behave as per hospital guidelines



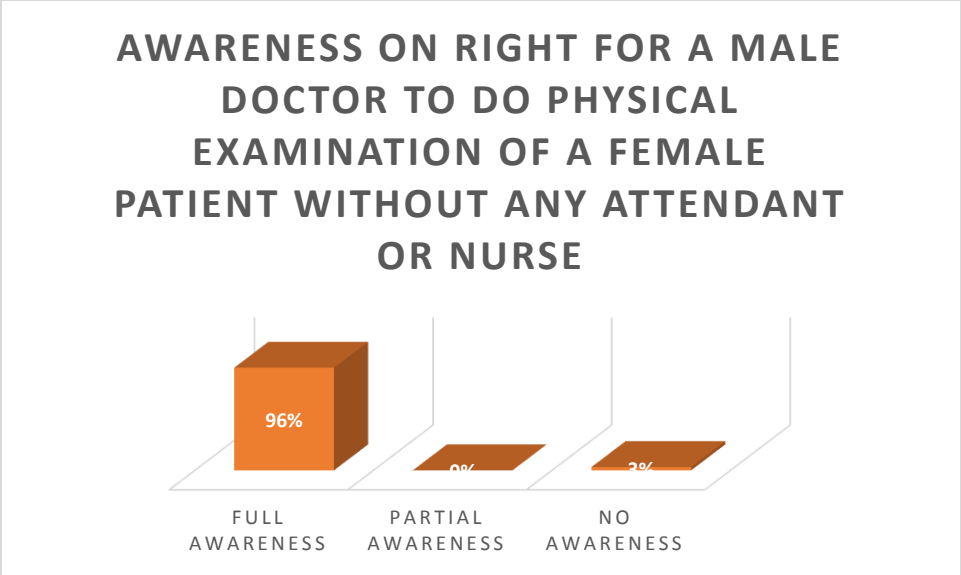
13. Awareness on patient asking for fake/surreptitious bills and certificates from hospital/doctor



14. Awareness on right to neglect or abuse a patient on the basis of caste, creed or financial condition



15. Awareness on right for a male doctor to do physical examination of a female patient without any attendant or nurse



AUDIT (see annexure 3)

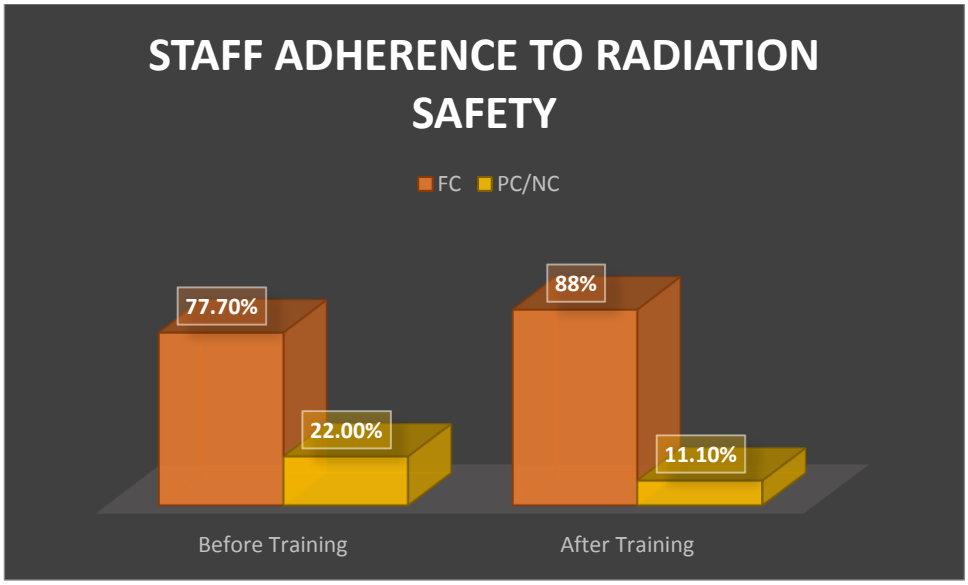
For adherence of staff to prevention of exposure from radiation

Before training:

	AUDIT SCORE	
Date of Audit	4th may	
Area/ward/unit	Radiology, OT, Cath lab	
Total score	FC(10)	PC(5)/NC(0)
180	140	40

After training:

	AUDIT SCORE	
Date of Audit	4th may	
Area/ward/unit	Radiology, OT, Cath lab	
Total score	FC(10)	PC(5)/NC(0)
180	160	20



Observations for NABH MIS:

- Signage's were not bilingual
- RSO was not well versed with terms as ALARA.
- Consultants/ Radiologists were not well aware about policies and their storage
- Staff was not following guidelines for use of Lead Aprons/ Thyroid shield
- Gonad Shield was not present
- Regular check of lead apron/ thyroid shield was not done
- Clinical Correlation with test performed was not done.
- There was no billing counter at the department, billing was done from the OPD billing department.
- There were no lockers for storage of TLD badges.
- Training sheets were not maintained & was not regular
- Staff feedback was not done
- Scope of services were not displayed at counter
- Toilets did not have grabbers
- No locker was provided for patients

Deficiencies Observed During Pre-assessment of MIS:

- Scope of Services Not Displayed (CS2B)
- Patient information material not available (CS2B)
- Requisition forms/ Consent forms not adequately maintained, some incomplete and need to be more comprehensive (CS1B, CS2C)
- Change rooms/ toilets don't have bells/ grab bars (CS2E)
- Radiation signage's not proper (CS3B)
- CT/ MRI reports silent on contrast (CPP2B)
- Patient feedback too Generic/ Sample size too small (CS2H)

- Clinicians Feedback Too Generic/ Sample too small (CPP2D)
- Staff feedback not available (CP3)
- Sedation protocol not defined/ Documented (CPP3D)
- Contrast policy not available (CPP4C)
- MRI Zoning not done (RCS1E)
- Staff including RSO not well versed with ALARA (RCS1B)
- ALARA not being implemented properly (RCS1)
- Staff not trained properly for MRI Pre-procedural check (RCS1E)
- MR Compatible BOYLE's not available (RCS1E)
- Sop's not available at site (CPP1B)
- Protocol for critical reporting not properly defined/ implemented (CPP2D)
- Radiation safety manual too General, needs to be updated (RCS1)
- Infection control manual not specific for Radiology (RCS2)
- Records of ADR not being maintained (CPP4D)

- Staff privileging not properly documented (CP2A)
- Lead apron not being maintained properly (RCS1)
- TLD badge storage not proper (RCS1)
- Personal files not complete (CP1)
- Training details not available (CP2E)

Learning Key Points:

- Got to learn about policies of NABH and helped the department in formatting & editing of policies.
- Got to learn the procedure of audit & tool preparation for audit & performed audit for the department.
- Learned about CQI & KPI and prepared a presentation on both. Got a chance to see how data is collected & used.
- Learned to prepare MOM (minutes of meeting) and prepared them.
- Got a chance to see the working of Radiology Department.
- Visited BME department and understood standards of NABH
- Got to participate in mock audit of NABH & took observations from that.
- Helped the department with NABH Closures.
- Various surveys were performed on Patient Charter, Staff Adherence to Radiation Safety and Self-Assessment Toolkit.
- Got to see how Policies are amended & recorded for use of department.
- Got to learn how closures are done.

Findings: -

1. Most of the persons interviewed were aware about radiation exposure & precautions required but were not very keen to follow that so to fill that Gap training was given and audit was done again after training and increased trend was noticed in staff adherence to radiation safety.

2. Documentation was complete for the department except certain areas as: -

- Exact timeframe to manage imaging pathways was not clearly defined

- Staff & consultant feedback on images & procedures was not documented
- JD (Job Description) & JS (Job Specification) was not documented for Radio Technicians, Front Office Staff of radiology Department & Radiologists was not documented.
- Policies & procedures for procurement of consumables were not defined.
- Roles & responsibilities for maintenance & repair of equipment was not clearly defined.
- Roles & responsibilities for generation, revision, retention & dissemination of staff and patient information data was not documented in any policy.

Suggestions:

- Signage's should be bilingual
- Lockers should be provided to staff for storage of TLD Badges
- Lockers for patient undergoing CT-Scan/ MRI should be provided
- Training on MIS policy should be provided to radiologists/consultants as well as radiology department staff
- Training on terminologies used in NABH should be given to staff
- Regular excel file should be maintained for training data
- Services provided should be displayed at Counter
- Billing counter should be made separately for the departme

Annexure:

1. Self-Assessment Toolkit of Imaging Centres: - Self- Assessment Toolkit Table can be obtained from the following link

nabh.co/Images/PDF/Self_Assessment_Toolkit-mis.xls

2.Patient Charter:

PATIENT RIGHTS AND RESPONSIBILITES AWARENESS CHECKLIST										
S.NO	**QUESTIONS**	**I1**	I2	**I3**	I4	**I5**	I6	**I7**	I8	**I9**	I10
1	Are you aware of patient rights & responsibilities?										
2	Are you given any training on patient rights & responsibilities?										
3	State 4 rights of patients.										
4	State 4 responsibilities of patients.										
5	What do you understand by uniform care of patients?										
6	State 2 ways by which you can manitain patients' confidentiality & dignity.										
7	What do you understand by patients' rights to information? Give an example.										
8	State 2 ways by which you can manitain patients' privacy.										
9	Can patient refuse to take treatment ?										
10	Can patient seek second opinion?										
11	How can patient avail right to redress?										

12	Is patient responsible to behave as per hospital guidelines?											
13	Can patient ask for fake/ surreptitious bills & certificates from hospital/ doctor?											
14	Is it right to neglect or abuse a patient on the basis of caste, creed or finacial condition?											
15	Is it right for a male Doctor to do physical examination of a female patient without any attendant or nurse?											

Observation Summary:

3. Staff adherence to safety precautions:

- **OBJECTIVE ELEMENTS**

1)Availability of radiation safety policy
2)Awareness of staff on Radiation safety
3)Proper and timely use of TLD batches
4)Proper and timely use of lead apron
5)Proper and timely use if gonad shield
6)Proper and timely use of thyroid shield
7)Lead apron check at regular interval
8)Documentation of lead apron check
9)Awareness of staff regarding during exposure dos and don’ts
10)Awareness of staff regarding pregnancy notification