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

INTRODUCTION:

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 organizations. The board supported by all stakeholders including industries, consumers & government enjoys full autonomy in its operations.

NABH MIS (Medical Imaging Services) :

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. This increased awareness of people about their health & increase in medical tourism has raised the demand for quality in healthcare services. So, the QCI has introduced standards for MIS.

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
5 Control of Document and Record (CDR)
6 Risk Control and Safety (RCS)

Radiology Department (MIS) in Rukmani Birla Hospital Contains:

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

OBJECTIVE:

- To learn about NABH standards for MIS
- To study quality assurance of imaging services of hospital
- To identify issues/ problems associated with MIS

METHODOLOGY :

Study Design & Tools & Techniques:

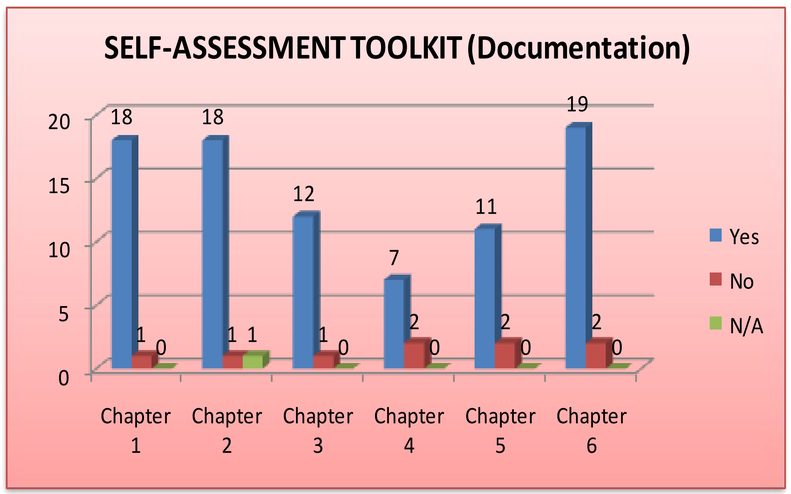
- The study is descriptive & observational. It is mixed type both Qualitative & Quantitative. It was done to check the compliance of the department with NABH standards.
- Non-Random Sampling was done everyone working in radiology department was interviewed including Radiologist, Radio technicians and front office staff/ Receptionist.
- Information Regarding the Radiology Department, location, area, history, planning, manpower, organizational and department hierarchy, statutes and other details were collected from hospital manual, concerned authorities and other sources.
- Data Collection: It was collected by observation and from interview of concerned persons.
- NABH self-assessment toolkit was filled
- Survey on patient charter was performed
- Audit of staff adherence to radiation safety was done.

Study Area:
Radiology Department of Rukmani Birla Hospital, Jaipur.

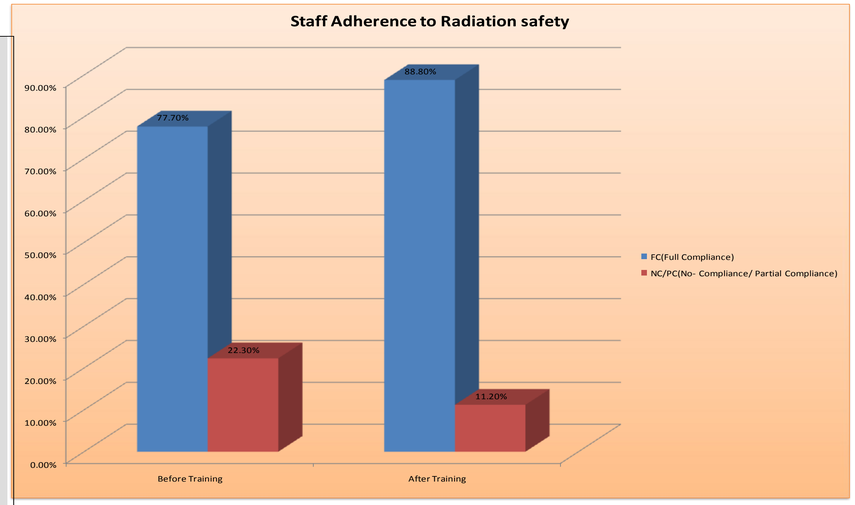
OBSERVATIONS:

- Signage's were not bilingual
- 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 (Out Patient Department) billing department.
- There were no lockers for storage of TLD (Trans-Luminescent Dosimeter) badges.
- Training sheets were not maintained & was not regular
- Staff feedback was not done
- Toilets did not have grabbers
- No locker was provided for patients

Self-Assessment Toolkit: A part of self- assessment toolkit i.e. documentation part was filled through interview of the concerned department concerned authorities. This was done to check whether the documentation related to radiology department are in compliance of NABH standards.



Staff Adherence to Radiation safety: this audit was done to check whether the staff is aware about radiation safety and occupational hazards and whether they are taking preventive measures to avoid excessive exposures or not.



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.

KEY LEARNINGS :

- Learned about policies of NABH and helped the department in formatting & editing of policies.
- Learned the procedure of audit & tool preparation for audit & performed audit for the department.
- Got a chance to see the working of Radiology Department.
- 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

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