



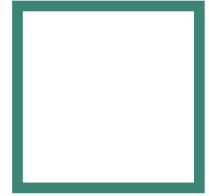
A Stepwise Quality Improvement Checklist for Federal Tertiary Hospitals

RADIOLOGY DEPARTMENT

*An Assessment Tool to Strengthen the Operations, Service Delivery,
Safety, Quality and Management of the Radiology Department*



INTRODUCTION



Continuous Quality and Safety Improvement in Federal Tertiary Hospital

Radiology Department

Radiology encompasses both diagnostic and interventional imaging as an essential component of health services in a typical tertiary care facility. Medical images are products of complex interactions of manpower, infrastructure and administration. These factors however vary at different times and locations such that the medical images so produced also vary in quality and clinical utility.

Minimum Standards are set for Radiology Departments of Tertiary Hospitals in order to guarantee uniform, consistently high quality of medical images required for service delivery and accreditation regardless of time or location. They also ensure adequate protection of patients, personnel and members of the public from unwarranted radiation, infections and other common hazards associated with medical imaging.

Objectives of this Checklist

This quality assessment checklist will provide **direction, support, and accountability framework** while focussing on individuals, systems, management of resources and self-governance. It will build corporate accountability for clinical performance into the radiology service management model and develop a corporate culture in which quality improvement becomes a shared enterprise through shared learning and information. It will provide strategic opportunities to diagnose and repair broken processes

Frequent, accurate assessment and timely feedback will support action plans to implement systems that are lacking and revive those that are not functioning effectively.

This checklist therefore represents a clinical governance assessment tool to determine:

- The level and quality of the radiology services.
- Policies and guidelines aimed at managing risks resulting from radiology services
- The quality improvement system in place, including clinical audit, supporting and applying evidenced-based practice, implementing clinical standards, guidelines and work force planning
- The level of education, training and continuous professional development for staff upgrade
- Organisation and management
- The quality of patient safety strategies put in place in the department.
- Competency level of clinical and non –clinical support staff in the department and their impact on the overall service delivery performance.
- The level of process capabilities.
- Key drivers of quality and patients' satisfaction in a strategic plan.
- Areas for improvement.



Assessment Scoring

The contents of this checklist have been awarded point values based on their relative importance. Responses to all questions must be either **“Yes” or “No” or “Not Applicable” (NA)**.

The checklist has considerable overlap and expanded to include important continuous quality tools.

NOTE:

- Only responses marked yes should be given the allotted points. All the required answers to a particular question must be present before you can indicate a “yes” for any given checklist question and then award the corresponding allotted points.
- It is often not necessary to ask all the checklist questions verbatim. An experienced auditor can often learn to answer multiple checklist questions through open-ended questions with the key or designated staff contact.

This checklist is divided into different aspects of Quality Management System that the department is required to develop and implement regularly as listed below:

Assessment Score Sheet			
Sections		Total Allotted Scores	Assessed Scores
7.0	Staffing Summary	22	
7.1	Facility and Safety	30	
7.2	Patient and Staff Safety	44	
7.3	Organisation and Management	27	
7.4	Equipment	15	
7.5	Purchase and Inventory Management	16	
7.6	Document & Records	21	
7.7	Process Control	13	
7.8	Patients Engagement and Communication	28	
7.9	Infection Control	27	
7.10	Occurrence/Incidence Management	15	
7.11	Waste Management	11	
Total Scores		247	

Assessment Score Sheet

Sections		Total Allotted Scores	Assessed Scores	Assessed Scores	Assessed Scores
7.0	Staffing Summary	22			
7.1	Facility and Safety	30			
7.2	Patient and Staff Safety	44			
7.3	Organisation and Management	27			
7.4	Equipment	15			
7.5	Purchase and Inventory Management	16			
7.6	Document & Records	21			
7.7	Process Control	13			
7.8	Patients Engagement and Communication	28			
7.9	Infection Control	27			
7.10	Occurrence/Incidence Management	15			
7.11	Waste Management	11			
<i>Total Scores</i>		247			

General Information

Date of Assessment:	
Name(s) and Affiliation(s) of Assessor(s):	
Name of Federal Tertiary Hospital:	
Address:	
State:	
Hospital Telephone:	Hospital Email:
Name of CMD/MD:	Telephone/Email of CMD/MD:
Department:	
Department Telephone:	Email:
Head of Radiology Services:	Telephone (Head of Radiology Services)
Number of patients:	Number of completed investigations:
Number of referred cases:	Number of repeat investigations:

7.0 Staffing Summary

Professionals and support staff.	Number of Full Time Equivalents (FTEs)	Adequate for Facility Operations			Allotted Scores	Assessed Scores
		Yes	No	Insufficient Data		
Consultants Radiologist					3	
Senior Medical radiologists					3	
Junior Medical Radiologists					2	
Radiographers					2	
Radiology Nurses					2	
Medical Physicists					3	
Dark Room Technician					1	
Service /Biomedical Engineer					2	
Admin/Medical Records staff					2	
Cleaner					1	
Porter					1	
Subtotal					22	

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "no" or "n/a" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
7.1 FACILITY AND SAFETY						
Are plans and specifications for radiation protection assessed by only certified medical physicist or other qualified expert?	YES	NO	N/A		3	
Standard: Plans and specifications for radiation protection should be assessed only by a certified medical physicist or other qualified expert.						
Are radiation protection requirements incorporated into specifications and building plans of radiology department.?	YES	NO	N/A		3	
Standard: The department shall have adequate ventilation in all areas.						
Is there a system in place that ensures ongoing compliance with Radiation Protection Act and Regulations.?	YES	NO	N/A		3	
Standard: There shall be a system in place that ensures ongoing compliance with Radiation Protection Act and Regulations.						
Is there a documented guideline on how to deal with exposure to electromagnetic fields from Magnetic Resonance systems?	YES	NO	N/A		2	
Standard: There should be a developed guideline document on how to deal with exposure to electromagnetic fields from Magnetic Resonance systems.						
Are there properly controlled temperatures, adequate and functional A/Cs installed in all the imaging rooms, staff offices and waiting rooms?	YES	NO	N/A		2	
Standard: The department should have a properly controlled temperature in all the imaging rooms staff offices and patient waiting areas – adequate and functional A/Cs installed						
Is the radiology department waiting area adequately ventilated?	YES	NO	N/A		1	
Standard: The department should have adequate ventilation in all areas.						
Is there adequate privacy in all imaging rooms, interview rooms and particularly in reporting areas?	YES	NO	N/A		1	
Is there controlled lighting provided in all examination rooms ?	YES	NO	N/A		1	
Standard: The department should provide controlled lighting required in all examination rooms for patient comfort. Note-Ceiling mounted shadowless lighting is required in CT and Angiography imaging rooms?						
Is there adequate space to allow a safe and effective movement of equipment, staff and patients?	YES	NO	N/A		1	
Are the doorways adequate to ensure that delivery and removal of equipment, patient trolley and bed are not impeded or prevented?	YES	NO	N/A		2	
Standard: There should be adequate space to provide a safe working environment and to allow the effective movement of equipment, staff and patients in the department?						

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
Is there separate changing room available with lockers?	YES	NO	N/A		1	
Is there a separate utility room available for the preparation of medium medicines etc?	YES	NO	N/A		1	
Is there separate dark room available for film processing?	YES	NO	N/A		1	
Standard: <i>There should be separate changing room, utility room and dark room for these functions respectively</i>						
Are defective equipment taken out of service, clearly labelled and not returned to service until it has been repaired?	YES	NO	N/A		2	
Are defective equipment repaired and shown by calibration and/or checks to meet relevant acceptance criteria.?	YES	NO	N/A		3	
Standard: <i>When an equipment is found to be defective it should be taken out of service, clearly labelled and not returned to service until it has been repaired and shown by calibration and/or checks to meet relevant acceptance criteria.</i>						
Are the departmental staff familiar with the hospital's fire safety procedures?	YES	NO	N/A		1	
Do staff have update refresher training annually on fire safety procedures ?	YES	NO	N/A		1	
Standard: <i>Departmental Staff Should Be Trained Annually To Be Familiar With The Hospital's Fire Safety Procedures.</i>						
Are electrical fittings checked for safety regularly and in compliance with National standards ?	YES	NO	N/A		1	
Standard: <i>Electrical fittings should be checked for safety regularly in compliance with National standards</i>						
Subtotal					30	

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
7.2 PATIENT AND STAFF SAFETY						
Does the layout and design of the department considers human factor engineering?(ergonomics)	YES	NO	N/A		3	
Standard: <i>There should be provision for a systematic ergonomic improvement process removes risk factors and allows for improved human performance and productivity.</i>						
Is there a documented procedure in place to determine whether or not a patient may be pregnant for all procedures involving any radiation to the abdomen or pelvis on women of childbearing age.?	YES	NO	N/A		3	
Standard: <i>There should be a documented procedure in place to determine whether or not a patient may be pregnant for all procedures involving any radiation to the abdomen or pelvis on women of childbearing age.</i>						
Does the department applies the ALARA principle ('As Low As Reasonably Achievable') to each radiological procedure performed?	YES	NO	N/A		3	
Do all radiographers and radiologists routinely wear an individual thermoluminescent radiation device?	YES	NO	N/A		3	
Are the results of the thermoluminescent devices monitored and reviewed by the Head of Department or designated staff?	YES	NO	N/A		3	
Standard: <i>All radiologist in the department should apply the ALARA principle ('As Low As Reasonably Achievable') and individually wear thermoluminescent radiation device and all procedures should be monitored and reviewed by designated expert.</i>						
Are safety posters clearly visible in the patient area alerting women who may be pregnant to notify the radiographer prior to examination?	YES	NO	N/A		1	
Are radiation warning labels posted at the entrance of the procedure room?	YES	NO	N/A		1	
Standard: <i>Radiation warning labels shall be posted at the entrance of the procedure room and clearly visible in the area to notify patient and radiographer prior to examination.</i>						
Are Doors/entrances into procedure rooms closed during the equipment operation?	YES	NO	N/A		1	
Are gonadal shields used when appropriate.?	YES	NO	N/A		1	
Standard: <i>Doors/entrances into procedure rooms should be closed during the equipment operation. and Gonadal shield used when appropriate</i>						
Is there an infant immobilizers available in the department where indicated?	YES	NO	N/A		2	
Are all immobilizing devices regularly inspected for safety and cleanliness?	YES	NO	N/A		1	
Standard: <i>There should be infant immobilizers available in the department where indicated and All immobilizing devices regularly inspected for safety and cleanliness</i>						

Is there easy access to a strong handheld magnet to test for the presence of grossly detectable ferromagnetic attractive forces around the rooms and on the staff?	YES	NO	N/A		3	
Standard: <i>There should be easy access to a strong handheld magnet to test for the presence of grossly detectable ferromagnetic attractive forces around the rooms and on the staff</i>						
Is there a written procedure in place for the safe use of contrast media?	YES	NO	N/A		2	
Is there a policy and procedures in place to deal with medical emergencies especially during the use of contrast medium? e.g. adverse reaction to the contrast medium?	YES	NO	N/A		3	
Standard: <i>There should be a written procedure in place for the safe use of contrast media especially during medical emergencies</i>						
Are relevant staff aware and have easy access to documented procedure and are quite knowledgeable to implement the procedures in the document.	YES	NO	N/A		1	
Are documented procedure updated regularly to the current version of relevant contrast guidelines?	YES	NO	N/A		1	
Standard: <i>relevant staff members should have access to updated documented procedures and be knowledgeable to implement the procedures.</i>						
Is there crash cart/drug tray in the department at all times?	YES	NO	N/A		1	
Are drugs in the crash tray checked regularly and updated by the designated staff member?	YES	NO	N/A		2	
Is there a designated staff who is CPR certified and competent to use resuscitation equipment at all times?	YES	NO	N/A		3	
Standard: <i>There should be a designated staff who is CPR certified, competent to use resuscitation equipment at all times and checks crash tray and update it regularly.</i>						
Are staff supported to have annual medical checkup for radio-active and magnetic safety?	YES	NO	N/A		2	
Are drugs available for First Aid treatment of radiation ?	YES	NO	N/A		1	
Standard: <i>All drugs should be arranged according to generic name with a log book for easy identification and drugs used for First Aid treatment of radiation and must be on the top of the list.</i>						
Are all used medications in imaging procedures always labelled appropriately and stored according to the manufacturer's guidelines?	YES	NO	N/A		3	
Standard: <i>All used medications in imaging procedures should always be labelled appropriately and stored according to the manufacturer's guidelines..</i>						
Subtotal					44	

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
7.3 ORGANISATION AND MANAGEMENT						
Does the department have in place a long and short-term strategic plan for quality improvement?	YES	NO	N/A		3	
Does the department have a designated competent Head of Department heading the operations?	YES	NO	N/A		3	
Does the hospital have a developed policy on radiology and safety?	YES	NO	N/A		2	
Are there developed standard operating procedures and guidelines on the various radiology procedures and key operations of the department	YES	NO	N/A		2	
Standard: <i>The hospital management should develop policies for carrying out routine procedures and ensure that there are SOPs and guidelines for all major and minor support services.</i>						
Does the radiology management team ensure that all these policy and procedure documents are accessible to all relevant staff?	YES	NO	N/A		2	
Are staff trained on using and effectively following these checklists and procedures to ensure best practices at all times?	YES	NO	N/A		1	
Standard: <i>Management should organise regular in-house training for radiology staff on the policy and procedure documents to ensure best practices are adhered to at all times.</i>						
Are these policy documents and SOPs reviewed and updated regularly?	YES	NO	N/A		1	
Standard: <i>Policy documents, guidelines, checklists and SOPs are to be reviewed and updated by the radiology management team regularly, (at least once a year).</i>						
Are there regular in-house update training programme for the department?	YES	NO	N/A		2	
Is there regular documented staff meetings?	YES	NO	N/A		2	
Are daily work tasks and schedules clearly assigned and communicated to the relevant team on time?	YES	NO	N/A		1	
Is there a system for competency and performance assessment for staff?	YES	NO	N/A		2	
Is this assessment carried out on a regular periodic intervals? i.e. quarterly.	YES	NO	N/A		2	
Are staff qualifications specified to their specific job descriptions?	YES	NO	N/A		2	
Do all the radiology professional staff participate in relevant professional continuing education programme activities?	YES	NO	N/A		2	
Standard: <i>The hospital management must ensure and support radiology to participate in relevant programmes to enhance their level competencies and skills.</i>						
Subtotal					27	

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "no" or "n/a" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
7.4 EQUIPMENT						
Is the equipment installed and placed as specified in operators' manual?	YES	NO	N/A		2	
Standard: <i>The analytical and logistics technology has to be available on a level which fulfil the minimal requirement for quality diagnostic services</i>						
Is current equipment inventory data available on all equipment in the radiology department?	YES	NO	N/A		1	
Tick Items Present						
Name of equipment						
Manufacturer						
Serial Number						
Date of Purchase						
Is equipment routinely serviced according to scheduled and documented in appropriate logs?	YES	NO	N/A		2	
Is relevant equipment service information readily available in the department?	YES	NO	N/A		2	
Service contract information						
Contact detail for service provider						
Last date of service						
Next date of service						
Are the equipment maintenance needs routinely communicated to top management?	YES	NO	N/A		1	
Is non-functioning equipment removed from imaging room?	YES	NO	N/A		1	
Is routine calibration of equipment scheduled and verified?	YES	NO	N/A		3	
Are there back-up procedures for equipment failure?	YES	NO	N/A		2	
Standard: <i>Contingency plans must be in place in the event of equipment failure, for the completion of testing in the event of a testing disruption, planning may include the use of a back-up instrument, the use of different testing method, the referral of patients to another radiology laboratory.</i>						
Are the equipment manufacturers operator manuals readily available?	YES	NO	N/A		1	
Subtotal					15	

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "no" or "n/a" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
7.5 PURCHASE & INVENTORY MANAGEMENT						
Is an inventory management system in place?	YES	NO	N/A		3	
Are supply & reagent specifications periodically reviewed?	YES	NO	N/A		1	
Are film storage area set up and monitored appropriately?	YES	NO	N/A		2	
Is the storage area well organised and free of clutter?	YES	NO	N/A		2	
Are hazardous chemicals stored appropriately?	YES	NO	N/A		2	
Is storage area adequately ventilated?	YES	NO	N/A		2	
Standard: <i>There should be an inventory system in place, periodically reviewed, ventilated and well monitored appropriately</i>						
Does the department have a functional procurement process?	YES	NO	N/A		2	
Are procurement laws always followed?	YES	NO	N/A		1	
Standard: <i>Procurement law and process must be put in place and the therapeutics board involved</i>						
Are emergency medications and consumables readily available for the radiology lab?	YES	NO	N/A		1	
Standard: <i>Emergency medication should be always available in ready to use form and a document process for immediate restock. The radiology team should participate in hospital decisions about the content of code carts, emergency medication kits and trays, and the role of radiologist in medical emergencies.</i>						
Subtotal					16	

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "no" or "n/a" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
7.6 DOCUMENT & RECORDS						
Is there a system or procedure for document & record control?	YES	NO	N/A		2	
Standard: A document control system should be in place to ensure that records and all copies of policies/procedures are annually reviewed in line with national policy.						
Are documents and records properly maintained and easily accessible by the authorized radiology personnel?	YES	NO	N/A		2	
Standard: Records, policies and procedures should be readily accessible, either on paper copy or electronic form, if documents and records are maintained in electronic form, they should be backed-up on CD, or other media, and only authorised personnel should have access to them						
Are the Standard Operating Procedures (SOPs) for the following current and available for radiology operations?	YES	NO	N/A		5	
Tick Items Present						
Radiation Safety						
Testing radioactive safety						
Magnetic safety						
Equipment maintenance						
Document and Record control						
Inventory and Procurement						
Quality Assurance						
Imaging medical emergencies						
Are SOPs reviewed and updated at least once a year?					3	
Are SOPs documented, approved and communicated to staff immediately?					2	
Standard: Standard Operating Procedures (SOPs) should be established and up-to-date for all investigative procedures and processes.						
Is there a database back-up for patients digital images stored in a separate site?	YES	NO	N/A		2	
Are result archived in accordance with national guidelines?	YES	NO	N/A		1	
Are archived results retrievable in a timely fashion?	YES	NO	N/A		1	
Standard: Archived patient results must be easily, readily, and completely retrievable within a time frame consistent with patient care needs						

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "no" or "n/a" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
Does the department retain records of any corrective action notices issued by radiation safety regulatory bodies and the corrective action taken?	YES	NO	N/A		1	
Are archived results stored in a secure location accessible only to authorised personnel?	YES	NO	N/A		1	
Are there documented procedures for preservation of essential data in the event of hardware/software failure, theft, or an unexpected destructive event(e.g, fire, flood)	YES	NO	N/A		1	
<p>Standard: <i>The radiology laboratory should have a procedure to protect essential data in the event of equipment failure and/or an unexpected destructive event. these procedures could include flood and fire safe storage of data, periodic backing up and storing of information, and off-site storage of back-up date.</i></p>						
Subtotal					21	

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "no" or "n/a" response.

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
7.7 PROCESS CONTROL (Internal and External Quality Assessment)						
Is internal quality control (IQC) performed documented, and reviewed periodically?	YES	NO	N/A		2	
Are test results validated & interpreted by appropriately authorized personnel?	YES	NO	N/A		2	
Are test request cross-checked with test result thereby assuring completion of all test?	YES	NO	N/A		1	
Is there a procedure for result reporting including the use of standardized abbreviations and standard report form?	YES	NO	N/A		1	
Are QC results monitored for biases, shifts and trends?	YES	NO	N/A		1	
Are corrective actions taken on results violations?	YES	NO	N/A		1	
Have acceptable ranges been defined for all temperature dependent equipment with procedures that detail what to do when temperatures are out of range?	YES	NO	N/A		1	
Standard: Acceptable ranges should be defined for all temperature dependent equipment and procedure should be available with instruction as to what action(s) should be taken when temperatures are out of range.						
is there an established process and documented guideline that ensures the transfer of correct and accurate patient information between care giver e.g during nursing, clinical, medical and non-clinical hand overs?	YES	NO	N/A		2	
Standard: There must be established written and accessible policy guidelines to guard the correct and accurate hand over of patient's care plan and update between care givers.						
Is there a written policy guideline for receiving verbal and telephone orders?	YES	NO	N/A		2	
Standard: Policy must include writing down the orders and reading it back to confirm the correct information given.						
Subtotal					13	

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
7.8 PATIENTS' ENGAGEMENT AND COMMUNICATION						
Is there a copy of the patient's bill of rights in the dental department?	YES	NO	N/A		3	
Is the bill easily accessible to all clinical and non-clinical staff?	YES	NO	N/A		2	
Are staff trained and educated on the patient's bill of right and their expected responsibilities?	YES	NO	N/A		3	
Standard: <i>The management should ensure that all the radiology staff are aware and trained on the patients' bill of right policy document.</i>						
Does the radiology care team respect the patients' rights, belief and values according to the hospital policy?	YES	NO	N/A		3	
Standard: <i>Patients' rights, beliefs and values must be respected as far as this is reasonably practicable when receiving care..</i>						
Do the team receive informed consent from patients at all time before performing an invasive procedure in accordance with the federal government and hospital policy?	YES	NO	N/A		3	
Are patients/relatives educated on their care plan and intended procedures so they can make informed decision?	YES	NO	N/A		2	
Are patients/relatives informed decision clearly documented in patient's note?	YES	NO	N/A		2	
Standard: <i>Informed consent must be received from all patients and documented in accordance with the government law before care providers initiate any invasive procedure.</i>						
Are patients/relatives communicated with in the language they mostly understand?	YES	NO	N/A		2	
Are the staff supportive to the patients when carrying out their duties?	YES	NO	N/A		1	
Is there a written and accessible protocol for identifying patients and matching patient with correct care??	YES	NO	N/A		2	
Standard: <i>There must be a written and adopted protocol for identifying patients before care.</i>						
Does the department adopt at least 2 patients identifiers system in which the patient also participate in the identification process?	YES	NO	N/A		2	
Standard: <i>The hospital is expected to adopt at least 2 patients identifiers system to ensure matching correct patient with correct care and reduce the risk of error.</i>						
Are test result legible, technically verified, and confirmed against patient identity?	YES	NO	N/A		1	
Are testing personnel identified in a log book or electronic record in a timely fashion?	YES	NO	N/A		1	
Is there a system for retrieving clerical errors?	YES	NO	N/A		1	
Subtotal					28	

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
7.9 INFECTION CONTROL						
Are the department cleaned daily with the appropriate cleaning reagents and disinfectant?	YES	NO	N/A		2	
Are the cleaners trained on the correct procedures of cleaning the wards and the correct use of cleaning reagents and disinfectants?	YES	NO	N/A		3	
Standard: <i>Staff and cleaners are to be trained regularly on the proper way to clean radiology area and the correct use of the cleaning reagents</i>						
Is there a separate refrigerator for radiology drug items?					2	
Standard: <i>Food items are not to be kept in the same refrigerator for medicines in the department.</i>						
Is there policies and procedures for all infection control issues, including sterilization/disinfection and hand hygiene?	YES	NO	N/A		3	
Standard: <i>The department shall developed policies and procedures for all infection control issues, including sterilization/disinfection and hand hygiene.</i>						
Are sharps used disposed off in correct sealable sharps bins?	YES	NO	N/A		3	
Standard: <i>All. used sharps are to be disposed off in appropriate sharps bin</i>						
Are these sharps bins adequately available for use at all time?	YES	NO	N/A		3	
Are solid aprons and personal protective equipment disposed off in leak proof bags?	YES	NO	N/A		3	
Are the sluice rooms clean at all times?	YES	NO	N/A		2	
Standard: <i>The management should ensure that sluice rooms are kept clean and free of clutter regularly.</i>						
Are toilets and bathrooms washed daily?	YES	NO	N/A		2	
Are there accessible hand washing basins and soap for the staff?	YES	NO	N/A		2	
Are there hand hygiene guidelines visibly posted around the work areas?	YES	NO	N/A		2	
Subtotal					27	

	YES	NO	N/A	Comments	Allotted Scores	Scores Assessed
7.10 OCCURRENCE/INCIDENCE MANAGEMENT						
Is there any incident record book in the radiology department	YES	NO	N/A		3	
Standard: <i>There must be an incidents record book in the radiology department according to hospital policy and a designated senior clinical staff to report and respond to incidents in a timely manner except when it becomes obviously necessary to do otherwise.</i>						
Are the staff made aware and encouraged to fill in the incidents record book?	YES	NO	N/A		3	
Are patient safety incidents during procedures identified, and reported on time?	YES	NO	N/A		2	
Are these incidents managed and responded to according to the hospital incidence policy?	YES	NO	N/A		2	
Standard: <i>The radiology department should use collated adverse incident records to inform strategic actions that will prevent or reduce reoccurrence rate.</i>						
Are the reported patient adverse events collated and analysed periodically?	YES	NO	N/A		3	
Are the identified trends used to plan strategic actions to improve patient care services?	YES	NO	N/A		2	
Standard: <i>Radiology department are expected to practice a non-punitive and no-blame culture in reported incidents so as to encourage staff to report and respond to incidents in a timely manner.</i>						
Subtotal					15	

7.11 WASTE MANAGEMENT						
Are all the clinical and non-clinical staff conversant with radiation waste management policy?	YES	NO	N/A		3	
Standard: <i>The radiology department must have a waste management policy and ensure that all relevant clinical and non-clinical staff are aware, trained and understand the policy.</i>						
Are waste segregation performed as appropriate at the site of generation in the department?	YES	NO	N/A		2	
Standard: <i>Waste segregation done at its site of generation reduces the volume of cross-contamination during transportation to disposal site.</i>						
Are medical wastes collected in covered leak-proof containers from the department always?	YES	NO	N/A		3	
Are medical waste collected to the centralised disposal site daily?	YES	NO	N/A		3	
Standard: <i>Wastes generated from radiology procedures must be collected daily to the centralised waste collection area.</i>						
Subtotal					11	



SUMMARY

Noted Challenges:

Noted Recommendations: