



INODAYAHospitals - Kakinada

Documentation code:

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Policy on Radiology Out Sourced

Prepared Date: 05/09/2023

Reference: AAC.9.j.NABH Standards – 5th Edition

Issue date: 05/09/2023

Issue No:2

Review NO:01

Review Date: 04/09/2023

PROCEDURE FOR RADIOLOGICAL SERVICES NOT AVAILABLE IN THE HOSPITAL (OUTSOURCED)

1.0 POLICY

The tests which are not available but required for clinical management are outsourced as per policy of the hospital

2.0 PURPOSE

- To effectively provide all radiology services as required by the scope of clinical services

Not available in the hospital.

- To adhere with the quality of diagnostic techniques for out sourced
- To avoid any mistake in managing the department and getting expected result on time.
- To establish an appropriate mechanism for transfer imaging patients to outside of hospital.
- To have a defined time frame for each test.
- To have monitoring system for the same
- To take preventive and corrective action against preventable and correctable measure.
- To make available imaging reports to the patient with the defined time frame.
- To monitor the system to identify any gaps from hospital point of view.
- To take corrective and preventive action against preventable and correctable measures

Prepared by: 	Verified By 	Approved by: 
Dr. Gayatri	Dr. D.N.S. Prakash	Mrs. G..Lakshmi Lavanya
Radiologist	Medical director	Chief executive Officer



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- To Provide better clinical care to the patients
 - Scope of imaging services is commensurate to the services provided by the organization
 - In case of breakdown of services in the hospital patients are referred to tie up center as per MOU
 - Out patients use self transportation with clear instructions regarding the exact location, working hours and cost of each investigation done at tie up centre
 - In-patients are transported by our own ambulance services with Emergency technician or paramedic and if necessary, resuscitation team accompanies the patient.
 - Letter for Tie-up MOU of services is available for out-sourced tests.

4.0 SCOPE:

Imaging department, IPD, OPD, Emergency Department, Patient & Relatives

5.0 RESPONSIBILITY:

Radiology Department, Administration Department

5.1. Safe transportation:

The hospital has a policy for safe transport of patient to and from the radiology department.

Patient is transported (internally) in a safe manner and is accompanied by a hospital staff.

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- For stretcher bound patient – accompanied by Class IV or staff nurse
- For wheelchair bound / mobile patient – accompanied by Class IV

5.1.1 Following protocols are followed while transporting the patient:

- Reason for transportation is clearly explain to the patient /relative
- For stable patient attendant can accompany the patient while transportation
- For unstable patient nurse/Class IV as appropriate should accompany the patient while transportation.
- Patients' medical file is carried along with the patient if requested for.

5.1.2 Critical Test Results Reporting and Documentation Radiology

1. When the radiologist identifies a critical test result, a verbal report is given to the ordering physician immediately in person or by phone.
2. If the ordering physician is not available, the radiologist immediately contacts their assistant/concerned ward nurse and a verbal report is given in person.
3. If their assistant/concerned ward nurse could not be reached, the radiologist will immediately follow the order of notification.

Document Revision History

DOCUMENT REVISION HISTORY		
Version	Date of issue	Reason for Revision
Original version - 1	10/03/2022	Prepared 5 th edition

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Revised version - 2	05/07/2023	Periodic revision and update
Revised version - 3		
Revised version - 4		
Revised version - 5		

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