

**ETHIOPIAN
STANDARD**

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**Ethiopian Healthcare Accreditation Program-
EHAP**

**Diagnostic Center Accreditation-
Requirement**

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FOREWORD

This Ethiopian Standard has been formulated under the guidance of the Technical Committee for Medical Science & Health Care Practices (TC 90) and published by the Institute of Ethiopian Standards (IES).

The accreditation Standard for the diagnostic center is developed as per good standardization practice by the technical committees within the Institute of Ethiopian Standards, comprising all stakeholders in the diagnostic center, including the Ministry of Health and agencies, private healthcare federations, university Diagnostic centers, partners, and Ministry of Health and agencies, private healthcare federations, university Diagnostic centers, partners, Health professional associations, and ratified by the national standardization council.

Each member organization with an interest in a particular subject, for which a technical committee has been established, is entitled to representation on said committee.

During the development of these standards, both national and international standards were meticulously reviewed and utilized as points of reference.

This standard is specific to Ethiopia but has been compared to international standards and found to meet the basic standards of all international standards that apply to Ethiopian laws, regulations, and culture.

Hence, all interested diagnostic centers can use this document as a reference to apply for accreditation and exercise the standard of healthcare practices.

INTRODUCTION

Ethiopia is dedicated to improving its healthcare system and understands how critical it is to raise the standard of care and guarantee patient safety in all its healthcare facilities. The Ethiopian government has created the Ethiopian Accreditation Service (EAS) as the national organization tasked with leading and supervising accreditation, motivated by the country's goal of having a strong and patient-centered healthcare system. The government has led several efforts to enhance healthcare, safety, and quality at all systemic levels, working closely with global, regional, national stakeholders, and development partners. Accreditation of the diagnostic center across the country is a major focus of current initiatives, which are in line with Ethiopia's Health Sector Development Investment Plan (HSDIP).

The country government is committed to providing high-quality healthcare to all its residents, as this national strategy demonstrates, and the developed standards for diagnostic center accreditation. By the Ethiopian Institute of Standards' mission and tailored to the Ethiopian context, it incorporates best practices and principles from the International Society for Quality in Health Care (ISQua) and Joint Commission International (JCI).

The Institute of Ethiopian Standards (IES) is in charge of developing these Diagnostic center standards for accreditation, ensuring a nationally driven and needs-based approach. This initiative adheres to good standards and procedures, ensuring that a national technical committee represents all relevant Ethiopian parties. The institute adheres to strict and contextually relevant standards are reflected in the fundamental global standardization principles that are maintained throughout this development process.

These standards offer a framework for implementation by classifying the criteria as categorized criteria as critical, core, and developmental.

Critical criteria are mandatory for patient safety and quality, requiring full compliance before accreditation.

Core criteria address essential systems and processes for quality care.

Developmental criteria are recommended enhancements for Diagnostic centers to strive for excellence, based on their capacity and context.

Diagnostic Center Accreditation- Requirement

1. Scope

This diagnostic center accreditation standard specifies safety, quality, and competency requirements for diagnostic centers, including medical laboratory, anatomical pathology, imaging, and nuclear medicine.

This standard applies to **standalone diagnostic** centers for conformity of competences by accreditation bodies.

2. Normative

The following referenced documents are indispensable for the application of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ES ISO 15189, Medical laboratories — Requirements for quality and Competence

ES 7191, Ethiopian Healthcare Accreditation Program—Diagnostic Center Accreditation Standards

CES 211-1, Basic Medical Laboratory—Requirement

CES 211-2, Advanced medical laboratory- Requirement

CES 220, Anatomic Pathology Diagnostic Center —Requirement

CES 170-1, Basic Diagnostic Imaging- Requirement 2 Edition

CES 170-2, Advanced Diagnostic Imaging- Requirement

ISO/TS 23824, Medical laboratory –guidance on application of ISO15189 in anatomic pathology

3. Terms and definitions

For this document, the following terms and definitions apply.

3.1.

Accreditation

Third-party attestation by which an authoritative body gives formal recognition that an organization is competent to carry out specific tasks

3.2.

Competency

The knowledge, skills, abilities, behaviors, experience, and expertise are able to perform a particular task and activity.

3.3.

Confidentiality

The right of individuals to keep information about themselves from being disclosed.

3.4.

Ethics

An acknowledged set of principles that guides professional and moral conduct.

3.5.

Incidents

Events that are unusual, unexpected, may have an element of risk, or that may have a negative effect on clients, groups, staff, or the organization.

3.6.

Procedure

A written set of instructions conveying the approved and recommended steps for a particular actor series of acts.

3.7.

Policy

The Standard intentions and direction of an organization as formally expressed by the leadership.

3.8.

Stakeholder/interested party

A person or organization that can affect, be affected by, or perceive itself to be affected by a decision or activity.

Note: Stakeholders can include but are not limited to: Ministry of Health, Finance; non-governmental organizations and not-for-profit sector; community groups and civil society organizations; local government, health insurances, and other healthcare funders; donor and aid agencies, organizations and networks; Clients, caregivers, and other health service users.

Chapter i: Accreditation prequalification- requirement

The diagnostic center shall fulfill the following legal and statutory requirements, among others:

- 1.1 The diagnostic center is licensed and currently operating.
- 1.2 The diagnostic center's service license must cover all services included in this accreditation standard's scope.
- 1.3 The diagnostic center provides accurate and complete information to the accreditation body through all phases of the accreditation process.
- 1.4 The diagnostic center meets all requirements for timely submissions of data and information.
- 1.5 The diagnostic center presents a self-assessment report to the accreditation body.
- 1.6 The diagnostic center documents and presents corrective actions for audit findings.
- 1.7 The diagnostic center permits the accreditation body access to all areas of the premises for the witnessing of all activities associated with the scope of the accreditation, as per the consent.
- 1.8 The diagnostic center provides access and permits scrutiny by the accreditation body of all records of internal audits, management reviews, client complaints, and all certificates/support reports issued.
- 1.9 The diagnostic center consistently adheres to the relevant accreditation standards for which it has been granted accreditation, as outlined in Re07.0 (Accreditation criteria)
- 1.10 The diagnostic center shall notify the public on how to contact its diagnostic center management and accreditation body to report concerns regarding safety and quality of services.
- 1.11 The diagnostic center notifies the accreditation body of any changes affecting the scope of accreditation.

Chapter II: Organizational Requirement

2.1 Governance, Leadership, and Management Standards

2.1.1 Standard

The diagnostic center establishes a clear governance structure that defines roles and responsibilities at all organizational levels.

Standard intent

Effective leadership is essential for fostering a culture of quality and safety within the organization. A well-defined governing body ensures that leadership actions and decisions prioritize quality and patient safety as organizational imperatives.

S.N.	Criteria	Level
2.1.1.1	The structure of the diagnostic center's governing body/entity should be described in a written document or clear organizational charts identifying those responsible and accountable for governance.	Core
2.1.1.2	The authority and operational responsibilities of the diagnostic center's governing entity should be described in by laws, policies, terms of reference, or similar documents.	Core
2.1.1.3	The governing board/entity should include diversified representatives to guide strategic decision-making and oversight.	Core
2.1.1.4	The governing body/entity should ensure resources, including staffing, budget, and training to support quality and safety programs effectively	Core
2.1.1.5	The governing entity should appoint qualified personnel to manage the diagnostic center in accordance with applicable bylaws and evaluate the personnel's performance regularly	Core
2.1.1.6	The governing body should have an orientation on its assigned role and responsibilities	Core

2.1.2 Standard

The diagnostic center develops strategic planning and direction that aligns with its mission, vision, and values to support the quality of services

Standard intent

To establish a structured approach for setting and achieving quality improvement goals in diagnostic services and to align its objectives with performance outcomes and community needs, fostering continuous enhancement in service delivery.

S.N.	Criteria	Level
2.1.2.1	The diagnostic center should have a documented strategic plan	Core
2.1.2.2	The diagnostic center should have resource allocation decisions that align with Strategic priorities and documented justification for budgetary choices.	Core

2.1.2.3	The organization should conduct regular reviews of its strategic objectives and adjust them based on performance data and stakeholder feedback.	Core
2.1.2.4	Staff and stakeholders should be engaged in the strategic planning process to ensure alignment with users' needs.	core
2.1.2.5	The management should develop an operational plan and monitor performance	core

2.1.3 Standard

The diagnostic center leadership ensures a strong commitment to quality management

Standard intent

The diagnostic Center leadership team's dedicated commitment to total quality management and patient safety ensures a culture of excellence and continuous improvement.

S.N.	Criteria	Level
2.1.3.1	The diagnostic center shall establish a clear governance and leadership structure for quality management.	Critical
2.1.3.2	The diagnostic center leader ship should have a mechanism for a quality improvement report	Core
2.1.3.3	The diagnostic center should establish a policy outlining the processes for developing, formatting, controlling, reviewing, and implementing all its policies and procedures	Core
2.1.3.4	The diagnostic center leadership should ensure evidence-based policies and Procedures available for all departments.	Core

2.1.4 Standard

The diagnostic center ensures the clients' rights and well-being in all phases of the diagnostic service

Standard intent

The diagnostic center provides services that are respectful of and responsive to individual patient preferences, needs, and values.

S.N.	Criteria	Level
2.1.4.1	The diagnostic center should have a comprehensive privacy and ethics policy that aligns with applicable standards.	Core
2.1.4.2	Patient information shall be handled securely and ethically, respecting their confidentiality rights.	Critical
2.1.4.3	The diagnostic center should have clear mechanisms for providing sufficient information and obtaining informed consent from users/Clients before providing	Core
2.1.4.4	Clients should be provided sufficient information about the diagnostic procedures, potential risks, benefits, and alternatives.	Core

2.1.4.5	The diagnostic center should respect the cultural and religious beliefs of Clients and users without compromising the quality of service.	Core
2.1.4.6	The center should establish a mechanism to address ethical issues and dilemmas in diagnostic practice	core

2.1.5 Standard

The diagnostic center establishes a system to receive feedback (comments, suggestions, complaints, etc.) and assess satisfaction from users about the services that are provided.

Standard intent

To ensure there is an established system to handle user complaints and feedback, ensuring they are addressed promptly and constructively to improve service quality and user satisfaction.

S.N.	Criteria	Level
2.1.5.1	The center shall have a process to gather and follow up on clients' complaints	Critical
2.1.5.2	The diagnostic center should receive, analyze, and address feedback from users to improve service delivery	Core
2.1.5.3	The diagnostic center should utilize customer feedback for the continual improvement of its services	Core
2.1.5.4	The diagnostic center should empower staff to contribute suggestions for continuous improvement of its services	Core

2.1.6 Standard

The diagnostic center establishes a system to manage services provided through outsourcing, referral services, telemedicine, and consultancy.

Standard intent

To make sure the services obtained through referral and outsourcing systems are as qualified as those done on the premises of the established diagnostic center in accordance with the established quality management system.

S.N.	Criteria	Level
2.1.6.1	The diagnostic center shall have a mechanism for outsourcing services, including	Core
2.1.6.2	The diagnostic center should have procedures for referring diagnostic activities in part or in full to other referral centers and for utilizing telemedicine services based on the client's needs.	Core
2.1.6.3	The diagnostic center should have a backup system to provide buffer services.	Core

2.1.7 Standard

The diagnostic center ensures the availability of emergency preparedness and a contingency plan.

Standard intent

To prepare for and respond to disasters effectively to minimize their impact. This includes having contingency plans, emergency protocols, and communication strategies in place for sustainable and resilient quality service.

S.N.	Criteria	Level
2.1.7.1	The diagnostic center shall have an emergency preparedness and contingency plan.	Core
2.1.7.2	The diagnostic center should have a system for leadership and staff training on crisis response protocols and emergency preparedness.	Core
2.1.7.3	The diagnostic center should conduct regular drills and simulations to test its emergency management plans and improve resilience	Core

2.1.8 Standard

The diagnostic center ensures the implementation of a comprehensive risk management system.

Standard intent:

to ensure the existence of a proactive risk management framework that identifies, assesses, and mitigates potential risks to patient and staff safety and operational integrity, ensuring a culture of safety and accountability.

S.N.	Criteria	Level
2.1.8.1	The diagnostic center shall establish a risk identification and assessment protocol for potential risks in all processes	Critical
2.1.8.2	The diagnostic center should develop, implement, and review mitigation strategies and action plans to address identified risks.	Core
2.1.8.3	The diagnostic center should monitor risk mitigation activities and their effectiveness.	Core
2.1.8.4	The diagnostic center should have a system for systematically documenting, analyzing, and reviewing incidents.	Core

2.2 Quality Management System

2.2.1 Standard

The diagnostic center establishes and maintains a Quality Management System across all the center's functions.

Standard intent:

to commit to the effective implementation of the Quality Management System (QMS) across all functions and operations. This will enhance service quality, improve patient outcomes, and achieve operational efficiency, ensuring that all processes align with the highest standards of care.

S.N.	Criteria	Level
2.2.1.1	The center shall develop a comprehensive QMS framework that outlines the scope, objectives, and policies for quality management.	Critical
2.2.1.2	The center shall have responsible personnel(s) who, irrespective of other responsibilities, oversee the quality management system.	Critical
2.2.1.3	The implementation process should involve training and awareness programs for all staff members to adhere to the QMS policies and procedures.	Core
2.2.1.4	The QMS should clearly define all critical processes within the organization and their interactions.	Core
2.2.1.5	The diagnostic service ensures continuous and effective communication regarding quality and safety issues	Core
2.2.1.6	The QMS should ensure the consistency and quality of each service.	Core

2.2.2 Standard

The diagnostic center conducts regular internal and external audits to assess compliance with quality and safety standards.

Standard intent

The diagnostic service is dedicated to maintaining the highest standards of quality and safety through a comprehensive auditing process. By rigorously evaluating its performance through both internal and external lenses, the diagnostic service is committed to upholding the trust of its clients and stakeholders while delivering accurate and reliable diagnostic results.

S.N.	Criteria	Level
2.2.2.1	An internal auditing system shall be in place to evaluate adherence to policies, procedures, and quality standards.	Critical
2.2.2.2	Internal audit should be conducted by trained and competent personnel.	Core
2.2.2.3	External audits by external agencies should be conducted as required.	Core
2.2.2.4	The diagnostic center should address audit findings and implement corrective actions promptly.	Core

2.2.3 Standard

The diagnostic center conducts regular management reviews to assess the effectiveness of the QMS and ensure alignment with organizational objectives.

Standard intent:

The diagnostic center conducts a management review to assess the overall QMS implementation status in the diagnostic center with the participation of top management and relevant personnel. The assigned quality staff compile the inputs, schedule the review meeting, communicate findings to the team, and track action items following the management review meeting.

S.N.	Criteria	Level
2.2.3.1	The diagnostic center shall conduct management reviews at least annually.	Critical
2.2.3.2	The assigned quality personnel should compile quality and technical record review reports for the management review.	Core
2.2.3.3	The diagnostic center should address management review findings and implement corrective actions promptly.	Core
2.2.3.4	The diagnostic center should communicate management review outputs to all relevant staff.	Core

2.2.4 Standard

The diagnostic center designs a structured Quality Improvement Program (QIP) to ensure continuous improvement of services.

Standard intent:

The diagnostic center is committed to continuous improvement through a structured Quality Improvement Program (QIP). This program ensures that services, processes, and patient care are regularly assessed, enhanced, and aligned with industry best practices. Through data-driven evaluations, corrective actions, and performance monitoring, the center cultivates a culture of excellence, safety, and innovation in diagnostic services.

S.N.	Criteria	Level
2.2.4.1	The QIP shall include a documented plan for quality improvement activities, with clear goals and timelines.	Critical
2.2.4.2	Key performance indicators (KPIs) should be regularly identified, monitored, reviewed, and evaluated to assess quality objectives and operational performance.	Core
2.2.4.3	The diagnostic center should use data-driven methods to drive quality improvement projects.	Core

2.2.4.4	Quality improvement initiatives should be developed based on data trends, audit outcomes, and staff feedback.	Core
2.2.4.5	The details and objectives of the QIP of the center should be clearly and effectively communicated to <i>all</i> staff members	Core

2.3 Facility Management Requirements

2.3.1 Standard

The diagnostic center maintains safe and functional facilities for all patients, staff, and visitors

Standard intent

Ensuring infrastructural arrangements facilitate patient access underscores the diagnostic center's commitment to inclusive, timely, and convenient healthcare. By prioritizing accessible facilities, the diagnostic center enhances patient satisfaction and community trust.

S.N.	Criteria	Level
2.3.1.1	The Diagnostic center should ensure physical and functional accessibility of services, including for patients with special needs	Core
2.3.1.2	All risk and restricted areas should be identified, monitored, and kept secure with indicators.	Core
2.3.1.3	The diagnostic center should ensure that all chemicals and other hazardous substances are safely and securely stored.	Core

2.3.2 Standard

The diagnostic center establishes and implements a program to ensure that all utility systems are monitored, operate efficiently, and are maintained.

Standard intent

Implementing a comprehensive program for utility systems ensures operational efficiency, safety, and reliability. Regular inspections, maintenance, and improvements optimize performance, supporting a safe and comfortable environment for patients and staff.

S.N.	Criteria	Level
2.3.2.1	The diagnostic center should maintain a complete, up-to-date inventory of utility systems with documented locations and distribution maps.	Core
2.3.2.2	Utility system controls should be clearly labeled to facilitate safe and efficient operation during normal and emergency.	Core
2.3.2.3	The diagnostic center should plan and implement regular inspection, testing, maintenance, and improvement of all utility systems and components.	Core

2.3.3 Standard

The diagnostic center ensures a continuous water and electrical power supply.

Standard intent

Ensuring a continuous supply of water and electrical power is vital for uninterrupted patient care and

safety. Reliable utilities enable consistent service delivery, reflecting the Diagnostic Center's dedication to operational excellence and patient well-being.

S.N.	Criteria	Level
2.3.3.1	The diagnostic center should ensure continuous availability of water for the specified service.	Critical
2.3.3.2	The diagnostic center should have a system for a quality control program on water safety.	Core
2.3.3.3	The diagnostic center shall ensure uninterrupted electrical power supply with a backup electric source.	Critical

2.4 Safety and Infection Prevention Standards

2.4.1 Standard

The diagnostic center has a comprehensive safety and infection control program.

Standard intent

The diagnostic center is dedicated to ensuring safety and infection control through a comprehensive program that upholds strict protocols, regulatory compliance, and best practices to protect patients, staff, and the community.

S.N.	Criteria	Level
2.4.1.1	The diagnostic center should designate responsible individuals for managing safety and infection prevention activities.	Core
2.4.1.2	The diagnostic center should provide adequate resource for safety and infection control activities	Core
2.4.1.3	The diagnostic center should have safety and IPC policy, guidelines and procedures that comply with the national and international standards.	Core
2.4.1.4	The diagnostic center should have regular safety and infection prevention, and control training for its staff.	Core
2.4.1.5	The diagnostic center should conduct regular monitoring, audits, and provide feedback to enforce compliance with safety and infection prevention standards.	Core

2.4.2 Standard

The diagnostic center has adequate safety facilities to provide safe service.

Standard intent

Diagnostic centers should have adequate safety facilities to ensure the well-being of both patients and staff. These facilities should minimize risks of accidents, infections, and exposure to hazardous materials, by ensuring and promoting a safe environment for the diagnostic services. It should provide adequate space and infrastructure that ensure safety and optimal working conditions.

S.N.	Criteria	Level
2.4.2.1	The diagnostic center should have adequate staff facilities and sufficient space for each diagnostic activity.	Core

2.4.2.2	Adequate level of biological safety level should be used to process infectious materials.	Critical
2.4.2.3	The diagnostic center's work spaces, walls, ceilings and floors should be smooth, easy to clean, impermeable to liquids and resistant to chemicals.	Core
2.4.2.4	The diagnostic center should have hand washing facilities with running water, soap and paper towels are provided in each laboratory room, preferably near the exit door.	Core
2.4.2.5	The diagnostic center's compartment should be adequately ventilated, and the room temperature should be regularly monitored	Core
2.4.2.6	The diagnostic center should have adequate non-obstructed emergency exits and access controls.	Core

2.4.3 Standard

The diagnostic center implements infection prevention and control processes.

Standard intent

The diagnostic center ensures effective infection prevention and control through structured processes that safeguard patients, staff, and the community, maintaining compliance with safety protocols and industry standards.

S.N.	Criteria	Level
2.4.3.1	The diagnostic center should identify the procedures and processes associated with the risk of infection and implement strategies to reduce the risk	Core
2.4.3.2	The diagnostic center shall reduce the risk of infection associated with equipment, devices, and supplies.	Core
2.4.3.3	Personal protective equipment should be available for all personnel and correctly used when required.	Critical
2.4.3.4	The diagnostic center has a process in place to monitor hand hygiene compliance.	Critical
2.4.3.5	The diagnostic center's surfaces and equipment are cleaned and decontaminated in accordance with documented processes.	Core
2.4.3.6	The diagnostic centers should have a consistent, well-defined system for cleaning, disinfecting, and sterilizing reusable medical devices.	Critical

2.4.4 Standard

The diagnosing center implements risk management processes.

Standard intent

Diagnostic centers should implement risk management processes to identify, assess, and mitigate potential hazards that could impact patient safety, staff health, and operational efficiency. The diagnostic

center should regular risk assessment to prevent incidents, such as equipment failures, infections, or regulatory non-compliance. Effective risk management enhances the quality of care by ensuring that procedures are performed safely, thereby minimizing errors and improving patient outcomes.

S.N.	Criteria	Level
2.4.4.1	The diagnostic center should conduct ongoing monitoring of risks through recorded assessments as part of facility-wide risk management processes.	Core
2.4.4.2	The diagnostic center should record, monitor and manage near misses/adverse events/sentinel events.	Core
2.4.4.3	The diagnostic center should implement security measures to ensure the safety of patients, personnel and visitors.	Core
2.4.4.4	The diagnostic center should implement fire-safety measures.	Critical
2.4.4.5	The diagnostic center should have an emergency evacuation plan for all areas of the diagnostic center, which is tested twice yearly	Core

2.4.5 Standard

The diagnostic center implements necessary measures for waste management

Standard intent:

The diagnostic center implements effective waste management measures to ensure safe disposal, environmental protection, and compliance with health and safety regulations.

S.N.	Criteria	Level
2.4.5.1	The diagnostic center shall ensure proper labeling, segregation, transportation, and storage of waste materials to minimize risks to staff, patients, and the environment.	Critical
2.4.5.2	The Diagnostic Center should ensure that sharps and needles are collected in dedicated, closable, puncture-proof, leak-proof containers that are not reused.	Core
2.4.5.3	The diagnostic center should implement safe waste disposal method to minimize risks to staff, and the environment.	Core

2.4.6 Standard

The diagnostics center implements radiation safety measures and practices.

Standard intent

Diagnostics centers maintain radiation safety measures and practices to protect patients and staff. By adhering to regulatory practices and continuous understanding of radiation risks and benefits, the centers can minimize risks, promote a safe environment, and improve overall health outcomes.

S.N.	Criteria	Level
2.4.6.1	The imaging center should implement protocol for all radiation-based imaging modalities.	Core
2.4.6.2	Staff should demonstrate knowledge of ALARA principles through annual competency assessments.	Core
2.4.6.3	Radiation dose received by patient and staff should be is monitored, recorded, and reviewed regularly.	Core
2.4.6.4	Regular radiation safety inspections of all imaging areas are conducted and documented.	Core
2.4.6.5	Radiation personal protective equipment should be available and properly used for all radiation-based imaging areas.	Core
2.4.6.6	Clients should be aware of the benefits and risks of the procedure before getting the service	Core
2.4.6.7	Imaging center should post clear and conspicuous warning signs in areas where radiation is used.	

2.5 . Information Management System

2.5.1 Standard

The diagnostic center ensure that health information systems are interoperable with other systems to facilitate seamless data exchange and coordination of care.

Standard intent

The diagnostic center ensure health information systems are interoperable with other systems and user-friendly for the benefit of the patients and clinical management stakeholders used for decision making activities in real timely manner

S.N.	Criteria	Level
2.5.1.1	The diagnostic center should have a system for data exchange to enhance interoperability with external systems	Core
2.5.1.2	The diagnostic center should participate according to inter-operability in health information exchanges	Core
2.5.1.3	The diagnostic center should regularly evaluate the interoperability of its systems	Core

2.5.2 Standard

The diagnostic center implements processes to ensure the accuracy, reliability, and completeness of health information.

Standard intent

The diagnostic center should implement processes to ensure the accuracy, reliability, and completeness of health information throughout its lifecycle.

S.N.	Criteria	Level
2.1.1.1	The diagnostic center should establish data entry protocols and validation procedures	Core
2.1.1.2	The diagnostic center should conduct routine data quality assessments	Core
2.1.1.3	The diagnostic center should implement audit trails for all electronic health information transactions	Core

2.1.2 Standard

The diagnostic center establishes and maintains a comprehensive data governance framework to ensure the effective management of health information.

Standard intent

An effective information management system supports accurate, timely, and accessible data handling. Streamlined information processes enhance operational efficiency and patient care quality.

S.N.	Criteria	Level
2.1.2.1	The diagnostic center should have an information management plan aligned with its strategic plan.	Core
2.1.2.2	The diagnostic center should define roles and responsibilities for data governance practice	Core
2.1.2.3	A written process should be in place to protect data confidentiality, security, and integrity.	Core
2.1.2.4	The diagnostic center should implement access controls and encryption mechanisms	Core

2.1.3 standard

The diagnostic center implement vigorous security measures to protect sensitive health information and ensure compliance with applicable regulations.

Standard intent

Implementing appropriate security measures safeguards data privacy, confidentiality, integrity, and availability. Protecting patient information builds trust and ensures compliance with legal and ethical standards.

S.N.	Criteria	Level
2.1.3.1	The diagnostic center shall implement a data backup system and disaster recovery	Critical
2.1.3.2	A written process that complies with applicable laws and regulations should be in place to protect the confidentiality, security, integrity of data and information.	Core
2.1.3.3	The diagnostic center should implement access controls and encryption mechanisms	Core
2.1.3.4	Data should be safeguarded against loss, destruction, tampering, and damage.	Core
2.1.3.5	The diagnostic center should provide ongoing training to staff on data security and privacy practices	Core

2.1.4 standard

The diagnostic center establishes a secure and reliable data storage infrastructure to ensure the availability, integrity, and confidentiality of health information.

Standard intent

A comprehensive system for data and information storage and retention ensures regulatory compliance and information integrity. Proper data management supports operational continuity and informed decision-making.

S.N.	Criteria	Level
2.1.4.1	The diagnostic center should implement redundant storage solutions, such as backups and failover systems, to protect against data loss and ensure business continuity.	Core
2.1.4.2	The diagnostic center should utilize scalable storage technologies.	Core
2.1.4.3	Storage space for data should be of sufficient size and secured.	Core
2.1.4.4	A designated person should store, maintain, and retrieve data/information while ensuring authorized access to records at all times.	Core
2.1.4.5	Policies for health records storage, retention time, and destruction should be in place.	Core

2.1.5 Standard

The diagnostic center implements policies for data archival and retention that comply with legal requirements.

Standard intent

The diagnostic center should implement policies for data archival and retention that comply with legal requirements and best practices for health information management.

S.N.	Criteria	Level
2.1.5.1	The diagnostic center should define and document retention schedules for different types of health information should be defined	Core
2.1.5.2	The diagnostic center should establish secure archival processes for inactive data should be established..	Core
2.1.5.3	The diagnostic center should be regularly reviewed and updated data retention policies	Core

2.1.6 Standard

The diagnostic center implements effective data management processes to support reporting and decision-making at all levels of the organization.

Standard intent

Analyzing clinical and operational data enables evidence-based decision-making and quality improvement initiatives. Data-driven insights enhance patient outcomes and operational efficiency.

S.N.	Criteria	Level
2.1.6.1	The diagnostic center should establish procedures for the timely and accurate reporting of data should be established	Core
2.1.6.2	The diagnostic center should use data analytics tools to derive insights from health information	Core
2.1.6.3	The diagnostic center should ensure that data reporting complies with regulatory requirements	Core
2.1.6.4	Up-to-date data should be collected, and, analyzed for decision making.	Core
2.1.6.5	The diagnostic center should conduct medical record audits regularly	Core
2.1.6.6	Timely reports and dashboards on prioritized KPIs should be generated	Dev.al

2.1.7 Standard

The diagnostic center implement the EMR system in a manner that minimizes disruption to clinical operations and optimizes user adoption.

Standard intent

Establishing standardized clinical records for each patient ensures consistency and completeness of medical information. Comprehensive records facilitate effective communication and continuity of care.

S.n.	Criteria	Level
2.1.7.1	The diagnostic center shall ensure each patient has a unique, current, complete, and accurate medical record.	Critical
2.1.7.2	The diagnostic center should establish EMR system implementation facilitating smooth transitions	Core
2.1.7.3	The diagnostic center should ensure that the EMR system integrates seamlessly with existing systems	Core
2.1.7.4	Effectiveness of the EMR implementation should be monitored and evaluated	Core
2.1.7.5	Regular training programs for staff on EMR usage should be conducted	Core
2.1.7.6	Each patient should have a unique, current, complete, and accurate medical record.	Core
2.1.7.7	The diagnostic center should determine the content and format of entries for health records and kept in a standardized format.	Core
2.1.7.8	A system should be available that enables fast and efficient retrieval and smooth distribution of health records.	Core

2.1.8 Standard

Diagnostic center have a system for reporting and analyzing quality data to inform decision-making and drive quality improvement initiatives.

Standard intent:

The intent of this standard is to ensure that quality data are systematically collected, analyzed, and disseminated to promote transparency and informed decision-making within the organization. By

leveraging data analysis, the diagnostic center can identify trends, track performance against goals, and implement targeted interventions to improve care delivery. Continuous reporting and analysis of quality data empower staff at all levels to engage in quality improvement efforts and reinforce accountability within the organization.

S.N.	Criteria	Level
2.1.8.1	The diagnostic center should establish a centralized system for the collection and management	Core
2.1.8.2	The diagnostic center should implement regular reporting mechanisms to share quality data	Core
2.1.8.3	The diagnostic center should regularly analyze quality data to assess progress	Core
2.1.8.4	The diagnostic center should provide training for staff on how to interpret and utilize quality data	Core

CHAPTER III. RESOURCE REQUIREMENT

3.1 Human Resource Management

3.1.1 Standard

The diagnostic center has a human resource staffing and development system.

Standard intent:

The human resource management and development system supports staff competency, satisfaction and retention, and of end-of-work management. Investing in health workforce development in this area enhances the quality of diagnostic services and organizational performance.

3.1.1.1	The diagnostic center should develop and maintain written policies and procedures outlining the recruitment, selection, hiring, training, evaluation, and separation processes for all employees	Core
3.1.1.2	The diagnostic center has a human resource development and management plan aligned with its strategic plan.	Core
3.1.1.3	The qualifications of the diagnostic center staff members should correspond with the scope of practice.	Core
3.1.1.4	The diagnostic center should implement a human resource information system.	Core
3.1.1.5	The diagnostic center should develop a compliance frame work that includes regular audits of HR processes and practices to ensure adherence to applicable laws and regulations	Dev'tal

3.1.2 Standard

The diagnostic center has performance management system to assess employee performance and organizational efficiency and effectiveness in alignment with accountability and motivation

Standard Intent

The diagnostic center should implement a robust integrated performance management system to assess organizational efficiency and effectiveness as well as employee's performance-based accountability and motivation.

S.N.	Criteria	Level
3.1.2.1	The diagnostic center should clearly define roles, responsibilities, and expectations for all positions, ensuring employees understand the performance standards they are accountable for.	
3.1.2.2	The diagnostic center should establish clear performance metrics and key performance indicators aligned with organizational goals and objectives	Core
3.1.2.3	The diagnostic center should conduct regular performance evaluations, utilizing standardized assessment tools and feedback from multiple sources.	Core
3.1.2.4	The diagnostic center should ensure that performance measurement results including all accountability actions taken are documented and communicated to employees to support transparency and development	Core

3.1.2.5	The diagnostic center should establish formal processes for addressing under performance, including professional development plans, coaching sessions, and regular performance reviews	Core
3.1.2.6	The diagnostic center should have a system or program that highlights outstanding performance and contributions, including monetary and non-monetary rewards	Core
3.1.2.7	The diagnostic center should regularly solicit employee feedback to assess the effectiveness of motivation programs and adjust them based on employee preferences and needs.	Core

3.1.3 Standard

The diagnostic center ensures the provision of training and is deemed competent for the employee.

Standard intents

The diagnostic center is committed to providing comprehensive training to ensure employees achieve and maintain competency in their respective roles. Through structured learning programs, skill development initiatives, and continuous professional education, the center equips its workforce with the knowledge and expertise required to uphold high-quality diagnostic services and adhere to industry standards.

S.N.	Criteria	Level
3.1.3.1	The diagnostic center provides induction training for the newly hired staff on operations, organizational policies, rules, and regulations in all departments.	Co
3.1.3.2	The diagnostic center should provide regular ongoing training on QMS, fire, risk reporting, ethics and confidentiality, IPC, use of diagnostic medical devices for its entire staff.	Co
3.1.3.3	The diagnostic center should apply performance-based appraisals system that empowers employees to take ownership of their professional development	Co
3.1.3.4	The diagnostic center should implement a system to ensure that all professionals' staff are competent and have the required privileging rights to perform the investigations.	Co
3.1.3.5	The diagnostic center should regulate the number and scope of trainees, students, and contract staff to ensure compliance with the quality management system and patient safety protocols.	Develop

3.1.4 Standard

The diagnostic center has a system to establish and sustain staff health, safety, and well-being.

Standard intent:

Establishing a system for staff health, safety, and well-being promotes a supportive work environment.

Prioritizing staff welfare enhances morale, productivity, and overall quality of care.

S.N.	Criteria	Level
3.1.4.1	The diagnostic center should have a system to ensure that staff have access to an occupational health and safety program	Core
3.1.4.2	The diagnostic center should ensure that the rights and legal requirements of staff are complied with the national regulations.	Core
3.1.4.3	The diagnostic center should have a system for staff vaccination for vaccine preventable diseases.	Core
3.1.4.4	The diagnostic center should provide a program to manage staff grievances	Core
3.1.4.5	The diagnostic center should implement mechanisms to prevent, identify, and manage staff burnout.	Core
3.1.4.6	The diagnostic center should provide a program to prevent and manage workplace violence.	Core

3.2 Diagnostic Medical Device Management Requirement

3.2.1 Standard

The diagnostic center ensures the selection and acquisition of diagnostic equipment to ensure appropriateness, quality, safety, and efficiency.

Standard intent:

The management of diagnostic service equipment ensures the equipment's best performance, reliability, and safety, along with maintaining patient safety and service continuity. This process confirms that the equipment fulfills the clinical and operational requirements and produces reliable diagnostic results.

S.N.	Criteria	Level
3.2.1.1	The center should establish written policies and procedures that guide the acquisition, commissioning, use, maintenance, calibration and disposal of diagnostic equipment.	Co
3.2.1.2	The diagnostic center should maintain an up-to-date inventory system to track the status, labeling, location, and maintenance history of all available diagnostic equipment.	Co
3.2.1.3	The diagnostic center shall ensure that all personnel who operate, validate, and maintain diagnostic equipment are trained.	Core

3.2.2 Standard

The diagnostic center implements a system for equipment calibration, metrological traceability, and validation to ensure accuracy, reliability, and suitability for intended use.

Standard intent:

The diagnostic center is committed to implementing a comprehensive system for equipment validation, calibration, and performance verification to ensure each device meets its intended use. Calibration and metrological traceability are crucial for maintaining accurate and reliable measurements, reducing diagnostic errors, and ensuring consistent results for effective patient diagnosis and treatment.

S.N.	Criteria	Level
3.2.2.1	The diagnostic center shall have a process for validation/verification of new, replaced, or relocated equipment prior to being placed into service	Critical
3.2.2.2	The diagnostic center shall ensure that all equipment requiring calibration is properly labeled and calibrated in accordance with the manufacturer's guidelines.	Core
3.2.2.3	The center should ensure that measurement results are metrological traceable to national and international reference standards through an unbroken chain of calibration	Core

3.2.3 Standard

The diagnostic center establishes a process for the maintenance of all diagnostic equipment to ensure continuous functionality, accuracy, and safety.

Standard intent:

Regular maintenance of equipment drives reliability, efficiency, safety, and cost effectiveness.

S.N.	Criteria	Level
3.2.3.1	The center should ensure that regular inspection and preventive maintenance of equipment are performed at regular intervals as specified by manufacturers and the frequency of equipment use	Critical
3.2.3.2	There should be a system for monitoring medical equipment related to adverse events, and compliance hazard notices on recalls.	Core
3.2.3.3	Curative maintenance by in-house or outsourced service should be available.	Core

3.2.4 Standard

The diagnostic center has a system for the selection and procurement of reagents and consumables to maintain their integrity and quality.

Standard intent:

To safeguard the integrity of diagnostic tests, maintain patient safety, and ensure operational efficiency by providing timely and reliable access to essential supplies. It minimizes risks related to quality, availability, and cost, ensuring continuous service delivery without interruption.

S.N.	Criteria	Level
3.2.4.1	There should be selection criteria for diagnostic center suppliers as per the scope of the service provided.	Core
3.2.4.2	The diagnostic center suppliers' performance should be regularly monitored.	Core
3.2.4.3	An arrangement should be in place for inspection of incoming reagents and consumables prior to use.	Core
3.2.4.4	The diagnostic center shall perform reagent performance verification before placing it into use	Critical

3.2.5 Standard

The diagnostic center has a system for inventory management of reagents and consumables

Standard intent:

The inventory management system helps to prevent waste, which can occur if reagents and supplies are stored improperly, or if reagents become outdated before they can be used, also prevents stock out, and enhances operational efficiency

S.N.	Criteria	Level
3.2.5.1	The diagnostic center should store reagents and consumables as per the manufacturer's recommendations	Core
3.2.5.2	The diagnostic center should regularly monitor reagents and consumable utilization	Core
3.2.5.3	The diagnostic center should establish a process to ensure effective inventory tracking and monitoring, including setting reorder points, predicting usage needs, and conducting regular stock checks to maintain accuracy and identify issues	core
3.2.5.4	A system should be in place for the disposal of expired reagents and supplies	Core

3.3 Financial management

3.3.1 Standard

The diagnostic center implements a system for revenue cycle management.

Standard intent

The diagnostic center should implement a robust revenue cycle management system to ensure accurate charge capture, timely invoicing, and regular assessments of accounts receivable aging reports.

S.N.	Criteria	Level
3.3.1.1	The diagnostic center should maintain a patient billing system that guarantees the accuracy of charges and the prompt issuance of invoices.	Core
3.3.1.2	The diagnostic center should regularly assess accounts receivable aging reports and develop strategies aimed at reducing the days in receivables.	Core
3.3.1.3	The diagnostic center should provide ongoing training to staff on proper documentation and coding practices to optimize claims submissions	Core

3.3.2 Standard

The diagnostic center conducts annual compliance audits to ensure adherence to all regulations

Standard intent

The diagnostic center should conduct annual compliance audits to ensure adherence to all federal and regional regulations, supported by a compliance committee overseeing financial practices and ethics.

S.N.	Criteria	Level
3.3.2.1	Diagnostic center The diagnostic center should establish a compliance committee tasked with overseeing financial practices and ensuring ethical standards are upheld.	Core
3.3.2.2	The diagnostic center should provide ongoing training programs for staff focused on compliance with legal and regulatory financial requirements	Core

3.3.3 Standard

The diagnostic center implements financial risk management strategies to safeguard financial assets

Standard intent

The diagnostic center should implement robust risk management strategies and internal controls to safeguard financial assets and reduce the risk of fraud, supported by regular risk assessments and monitoring.

S.N.	Criteria	Level
3.3.3.1	The diagnostic center should create and maintain internal controls designed to protect financial assets and minimize vulnerabilities to fraud.	Core
3.3.3.2	The diagnostic center should conduct regular risk assessments to identify and mitigate potential financial risks effectively.	Core
3.3.3.3	The diagnostic center should utilize technology to enhance audits and financial performance monitoring for greater oversight.	Core

CHAPTER IV. SERVICES REQUIREMENTS

4.1 Laboratory Service Standards

4.1.1 Standard

The laboratory designs a system for patient identification and provides adequate information.

Standard intent

The laboratory develops and promotes the use of standardized, authorized and approved request form. In addition, the laboratory develops a system for patient identification and preparation, and avail laboratory handbook to users of the service.

S.N.	Criteria	Level
4.1.1.1	The laboratory requests shall have patient and specimen information, requester's contact, examination type, and clinically relevant information.	Critical
4.1.1.2	The laboratory shall have a system for patient identification.	Critical
4.1.1.3	The laboratory should have a mechanism for managing verbal and telephone requests.	Core
4.1.1.4	The laboratory should avail updated handbook in consultation with the users.	Core
4.1.1.5	The diagnostic center should provide information, including clear patient instructions (e.g., pre-test requirements), explanation of the test and its purpose, and consent forms with privacy information if required.	

4.1.2 Standard

The laboratory establishes a system for specimen management.

Standard intent

This standard intends to ensure the accurate and reliable collection and handling of specimens, thereby maintaining their integrity and facilitating valid test results. The proper collection and handling of laboratory specimens are vital for achieving accurate testing outcomes, which directly affect patient diagnosis and treatment.

S.N.	Criteria	Level
4.1.2.1	The laboratory shall have a system for specimen labeling using at least two identifiers.	Critical
4.1.2.2	The laboratory should ensure that specimens are transported and stored in suitable conditions to maintain their integrity.	Core
4.1.2.3	Specimens are unequivocally traceable, by request and labelling, to an identified patient	Core
4.1.2.4	The laboratory should have acceptance and rejection criteria for specimen management.	Core
4.1.2.5	The laboratory should have a mechanism for tracking specimens throughout their processing.	Core
4.1.2.6	All leftover specimens should be retained for retesting and disposed of following prior treatment in accordance with national regulations.	Core

4.1.3 Standard

The laboratory implements appropriate analytical methods based on the specific requirements of the analysis.

Standard intent:

The laboratory selects appropriate analytical methods based on the specific requirements and customer needs and implements them with meticulous precision, adhering to standardized operating procedures (SOPs) for every technique, including POCT. This rigorous adherence ensures the reliability and accuracy of the analytical results, ultimately contributing to the success of the laboratory performance.

S.N.	Criteria	Level
4.1.3.1	The laboratory shall use validated/verified methods based on the scope of practices for the diagnostics center.	Critical
4.1.3.2	The laboratory should establish a suitable biological Reference Interval for the method used, considering the medical decision points	Core
4.1.3.3	The laboratory should have a system for estimating measurement uncertainty for all semi-quantitative and quantitative laboratory tests.	Core
4.1.3.4	The laboratory should ensure strict adherence to policies and procedures in performing activities across the processes.	Core
4.1.3.5	A qualified individual should be assigned for the oversight of the point-of-care testing sites.	Core

4.1.4 Standard

The laboratory has a system in place for comprehensive quality assurance service.

Standard intent

This standard aims to ensure high-quality laboratory testing through systematic monitoring and improvement of processes. Quality laboratory services are crucial for reliable test results, which directly affect patient safety and care. Regular quality control checks and proficiency testing create a framework for continuous improvement, fostering trust in laboratory operations.

S.N.	Criteria	Level
4.1.4.1	The laboratory shall have a system for internal quality control (IQC) for all laboratory tests appropriate to its size & scope.	Critical
4.1.4.2	The laboratory shall have a system to participate in an external quality scheme (EQA) for all laboratory tests.	Critical
4.1.4.3	The laboratory should have a process of monitoring quality indicators and periodically reviewing them to ensure continued appropriateness.	Core

4.1.5 Standard

The laboratory implements a process to ensure timely and accurate reporting of laboratory test results.

Standard intent:

This standard aims to ensure timely, accurate reporting of lab test results for effective patient care and clinical decisions. Prompt reporting is crucial for immediate treatment decisions and improving patient outcomes. By implementing clear reporting protocols, Diagnostic center The diagnostic center guarantees that health care providers receive reliable information for informed clinical actions.

S.N.	Criteria	Level
4.1.5.1	The laboratory should ensure that test results are generated and reported within an established turnaround time.	Core
4.1.5.2	Diagnostic centers should have standardized lab reports consistently presenting patient ID, ordered tests, specimen details, test results with reference ranges and units, analysis date/time, laboratory information, and interpretive comments.	Critical
4.1.5.3	The laboratory should have mechanisms in place for reviewing laboratory reports.	Core
4.1.5.4	The laboratory shall have a mechanism for communicating critical test results immediately to the responsible health care provider.	Core
4.1.5.5	The laboratory should retain leftover specimens, slides and blocks as per national requirements.	Core
4.1.5.6	The laboratory should have procedure for notifying delayed test results.	Core
4.1.5.7	The laboratory should have a system to ensure the result reports are clear and legible.	Core
4.1.5.8	Diagnostic center should have a system for managing and communicating all amended reports to ensure that updated and accurate information reaches the relevant parties	Core

4.2 Imaging Services

4.2.1 Standard

The diagnostic center ensures standardized protocols are implemented for patient identification and preparation

Standard intent:

The diagnostic center ensures that all Clients are adequately prepared for their examinations, which is crucial for obtaining accurate results and minimizing the need for repeat procedures.

S.N.	Criteria	Level
4.2.1.1	The diagnostic center should establish a protocol to guide imaging orders	Core
4.2.1.2	The diagnostic center should provide clear and accessible written instructions prior to patient examinations for all imaging types.	Core
4.2.1.3	The diagnostics center should implement a process to verify compliance with preparation instructions, and non-compliance should be addressed through follow-up.	Core

4.2.2 Standard

The diagnostic center establishes a centralized scheduling system to optimize resource utilization across all imaging services.

Standard intent:

The diagnostic center improves efficiency in scheduling, reduces wait times, and enhances patient access to imaging services while maximizing the use of available resources, it facilitating efficient appointment management.

S.N.	Criteria	Level
4.2.2.1	The diagnostic center should employ a centralized scheduling system to streamline appointment management.	Core
4.2.2.2	The diagnostics center shall have protocols for prioritizing urgent, critical, and emergency examinations based on clinical need.	Critical
4.2.2.3	The diagnostics center should monitor and manage wait times for the various imaging examinations	Dev.

4.2.3 Standard

The diagnostic center establishes patient identification using at least two identifiers before each examination to ensure accuracy in patient care and prevent errors.

Standard intent:

The diagnostic center enhances patient safety by minimizing the risk of misidentification, thereby ensuring that the correct procedures are performed on the right Clients.

S.N.	Criteria	Level
4.2.3.1	Patient identification is verified using at least two identifiers before each examination.	Critical
4.2.3.2	Protocols are in place for the safe administration of contrast media and management of adverse reactions.	Critical
4.2.3.3	Fall prevention and infection control measures are implemented in all imaging areas.	Core

4.2.4 Standard

The diagnostic center establishes dose optimization protocols for all radiation-based imaging modalities.

Standard intent:

The diagnostic center minimizes radiation exposure while maintaining diagnostic image quality, thereby safeguarding patient health during imaging procedures, adhering to established safety guidelines such as ALARA (As Low As Reasonably Achievable).

S.N.	Criteria	Level
4.2.4.1	Dose optimization protocols are in place for all radiation-based imaging modalities.	Critical
4.2.4.2	Staff demonstrate knowledge of ALARA principles through annual competency assessments.	Core
4.2.4.3	Patient radiation exposure is monitored, recorded, and reviewed for each examination.	Core

4.2.5 Standard

The diagnostic center maintains standardized imaging protocols for each examination type to ensure consistency in practice and quality of diagnostic images.

Standard intent:

The diagnostic center promotes reliability in imaging examinations by standardizing procedures across different operators and equipment, ultimately improving patient outcomes.

S.N.	Criteria	Level
4.2.5.1	Standardized imaging protocols are in place for each examination type.	Critical
4.2.5.2	A quality control program is implemented for all imaging equipment.	Critical
4.2.5.3	Routinely QC practices are reviewed and monitored	core
4.2.5.4	A peer collaboration, learning, and feedback process is in place to assess interpretation quality	Core
4.2.5.5	Image rejection rates are monitored, with root cause analysis for rejected images.	Core

4.2.6 Standard

The diagnostic center defines and monitors turnaround times for imaging reports

Standard intent:

The diagnostic center facilitates prompt clinical decision-making by ensuring that healthcare providers receive necessary reports without unnecessary delays. It is used for routine, urgent, and stat reports against established benchmarks to ensure timely delivery of critical information.

S.N.	Criteria	Level
4.2.6.1	The diagnostic center ensures all images are interpreted by qualified radiologists	Core
4.2.6.2	Turnaround times for routine, urgent, and stat reports are defined and monitored.	core
4.2.6.3	Structured reporting templates are used to ensure comprehensive and consistent reporting.	Dev.al
4.2.6.4	A critical results communication policy is in place, and adherence is monitored.	Critical
4.2.6.5	An audit process exists to ensure the accuracy and completeness of reports.	Core

4.2.7 Standard

The diagnostic center implements a system to track and ensure appropriate follow-up for significant findings identified in imaging studies.

Standard intent:

The diagnostic center ensures that critical results lead to timely interventions, enhancing patient outcomes through effective follow-up actions and continuity of care.

S.N.	Criteria	Level
4.2.7.1	A system is in place to track and ensure appropriate follow-up for significant findings.	Core
4.2.7.2	Processes exist for managing and communicating amended reports.	Core
4.2.7.3	Regular review of incidental findings management is conducted.	Dev.al

4.3. Nuclear medicine