Good Practices Manual

of Humanization in Radiology Units

Review of 2024

HURRA Humanizando la Radiología

HUCI Humanizando los Cuidados Intensivos

Best Practices Manual

2024

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HURRA Humanizando la Radiología

Humanization Certification Program in Radiology: Diagnostic Imaging and Nuclear Medicine

Who We Are:

We are a group of radiology professionals who have long been drawn to the concept of humanizing healthcare as a professional life goal.

The example set by the HU-CI Project (Humanization in Intensive Care Units) has deeply influenced us, prompting reflection. In our daily practice, we have recognized the need to re-humanize healthcare by listening to our patients. Observing the small-scale results of paying attention to details that bring more humanity to our profession has fueled our growing need.

Our team comprises professionals from various disciplines, including radiologists and nuclear medicine physicians, diagnostic imaging technicians, nuclear medicine and radiotherapy specialists, psychologists, physicists, and architects. We welcome any professionals sensitive to the topics addressed in this manual to join our group. We are affiliated with the HONCOR project (Humanization in Radiation Oncology Services), which already includes radiotherapy professionals, but they are also part of our project.

This group of individuals brings together diverse talents and skills that make us unique and complementary, capable of differing opinions but united by a single goal: the humanization of Radiology. When we speak of Radiology, we include Diagnostic Imaging and Nuclear Medicine services.

Why Do We Believe Humanization is Needed in Radiology?

Modern medicine is the most effective and excellent in history, thanks to scientific advancements over the past fifty years. These levels of effectiveness are best reflected in the current survival rates of our population. After overcoming infections in the last century, technology and science have enabled progress against other devastating diseases for humanity, such as cancer and cardiovascular diseases.

Moreover, the widespread access to healthcare systems has helped distribute this knowledge across the population, significantly contributing to the excellent survival rates beyond the eighth decade of life.

The new Revolution 4.0 that awaits us with the emergence of artificial intelligence and robotics in the healthcare field makes it necessary to rebalance the system by providing excellence in the care of the psychosocial aspects of patients and their families, without forgetting the care of healthcare professionals themselves. Burnout affects 50% of our professionals, making it a significant enemy of humanization.

Radiology has always been part of the most innovative branch of medicine, adding great value to most medical specialties. In our departments, we have witnessed the birth and growth of technology and observed how universal access and the growing demand for diagnostic imaging have led to overcrowding.

Throughout this journey, we have continued to provide the human warmth that our vocation demands, but it must be acknowledged that the situation has overwhelmed us and there is room for improvement. Our patients and their families tell us this, and even we as professionals reflect on it.

Our essence now calls for joint efforts to achieve excellence in humanization values, just as we have done and will continue to do to achieve technical excellence.

The challenge of artificial intelligence provides an opportunity to nurture those professional aspects that make us irreplaceable by technology today, such as compassion, ethics, common sense, creativity, etc.

This path requires effort and resources, but the reward of a sustainable, efficient, and fully excellent healthcare system is worth it.

Our Objectives:

TRAINING

One of the primary objectives of the HURRA project is the creation, participation, and promotion of training spaces. These spaces should enable the acquisition of skills and resources to transform Radiology professionals towards a patient-centered care model. This project aims to transform, motivate, and inspire people.

RESEARCH

We want our project to have a solid scientific foundation based on evidence. To achieve this, we will dedicate efforts to participate in research projects related to Humanization in Radiology.

DISSEMINATION

This knowledge would be of little use if we are not capable of sharing it. All information generated by our team in different working groups will be shared using conventional and digital resources. We will collaborate with other professional and patient organizations, creating synergies that help this knowledge reach the widest possible audience.

SHARING EXPERIENCES

This is a project by people for people, where shared experience is intended to be an integral part of it. Self-awareness and self-care should be lived in the present continuous, always under construction.

Purpose:

The HURRA Project aims, among its lines of work, to certify compliance with humanization standards in healthcare organizations, as well as for their professionals and the training they receive. Thus, the HURRA Project supports healthcare organizations and professionals in improving the quality of their work through certification and other projects that promote the humanization of Radiodiagnosis and Nuclear Medicine Services.

Certification represents an explicit and public recognition of compliance with the requirements deemed necessary to provide humanized and quality care by units that have embarked on a path of continuous improvement.

The HURRA certification program includes a total of 142 best practices distributed across 7 strategic lines.

Scope:

The Humanization Certification Program is aimed at Radiodiagnosis and Nuclear Medicine Service Units belonging to public or private hospital centers that request it, both nationally and internationally.

Methodology:

The Certification Process begins with the voluntary request of a unit to undergo the review process that will conclude with the HUCI-AENOR certification.

This certification, once granted, will be valid for four years. After this period, the maintenance of good practices must be recertified to maintain the certification level.

The process comprises a series of phases that can be summarized as:

- Request.
- Self-assessment.
- Evaluation.
- Certificación.

Phase 1: Application.

The application begins with a formal request in which all data related to the requesting unit must be provided, as well as the individuals responsible for the process.

After the application, two mentors are assigned by the HURRA Project, who will be responsible for supporting and advising the requesting unit throughout the certification process.

Local managers will receive access codes to the certification program through which they will maintain contact regarding all aspects related to the process. Through this medium, they will have the necessary tools to send the requested documentation for the verification of the required best practices.

Phase 2: Self-Assessment

During this phase, local managers must gather and provide evidence verifying compliance with the required best practices. These requirements are outlined in this certification manual, which will serve as a guide document in preparing the compliance evidence.

Once the process has started, there is a maximum period of twelve months to complete this phase. The evidence provided during this period will be valid, and it must be renewed if the established deadline is exceeded.

The self-assessment allows the applying unit to identify its current position, determine where it wants to go, and plan actions to achieve it.

This phase concludes at the request of the applying unit once it considers that it meets the necessary requirements to proceed with the evaluation by the HURRA Project.

Phase 3: Evaluation

Once the self-assessment phase is completed, and at the request of the applying unit, an external audit will be carried out. The evaluation teams will assess the evidence provided during the certification processes. This phase includes the evaluation of submitted documentation and the onsite verification of those best practices that require it.

Phase 4: Certification

Based on the results obtained in the evaluation phase, a report will be issued certifying compliance with the proposed best practices. This report will also highlight identified aspects that may present opportunities for improvement.

The report certifies a basic, advanced, or excellent level of compliance depending on the degree of achievement of the proposed standards.

Best practices are essentially divided into three types:

- Basic (B): Those that are mandatory to achieve a minimum level of humanization.
- Advanced (A): Best practices considered essential, but not mandatory for attaining a basic level. Their compliance demonstrates a more advanced level of recognition.
- Excellent (E): Other practices that, while not considered mandatory or essential, are desirable, providing an excellent level of recognition and certification.

This manual has been prepared by healthcare and non-healthcare professionals, with the participation and advice of other professionals from areas related to certification standards, as well as patients and their families.

STRATEGIC LINES

Strategic Line 1	COMMUNICATION	COMMUNICATION WITH THE TEAM
		PATIENT/FAMILY COMMUNICATION/INFORMATION
		PRESCRIPTION PROFESSIONAL COMMUNICATION
		PATIENT COMMUNICATION WITH THE PROFESSIONAL
Strategic Line 2	PATIENT AND FAMILY WELL-BEING	PHYSICAL WELL-BEING
		PSYCHOLOGICAL AND SPIRITUAL WELL-BEING
Strategic Line 3	CARE FOR THE PROFESSIONAL	AWARENESS OF BURNOUT SYNDROME AND ASSOCIATED FACTORS
		PREVENTION OF PROFESSIONAL BURNOUT AND PROMOTION OF WELL-BEINGR
Strategic Line 4	CARE FOR VULNERABLE PATIENTS	CARE OF PATIENTS WITH SPECIAL NEEDS
		PREGNANCY AND BREASTFEEDING CARE
		IDENTIFICATION, ASSESSMENT AND ADDRESSING ABUSE

Strategic line 5	**OPEN RADIOLOGY**	AWARENESS AND TRAINING OF THE ASSISTANT TEAM
		ACCESSIBILITY
		ATTENDANCE AND PARTICIPATION IN PROCEDURES
		SUPPORT FOR THE EMOTIONAL, PSYCHOLOGICAL, AND SPIRITUAL NEEDS OF FAMILY MEMBERS.

Strategic line 6	**RADIOEMOTION**	PATIENT'S RADIOPHOBIA
		PATIENT'S RADIO-ADICCTION

Strategic line 6	**HUMANIZED INFRASTRUCTURE/ PATIENT PRIVACY**	PATIENT PRIVACY AND CONFIDENTIALITY
		SERVICE LOCATION
		COMFORT IN ADMINISTRATIVE AREA
		COMFORT IN THE WAITING AREA
		SIGNALING AND ACCESSIBILITY TO TESTING AREAS
		USER/PATIENT AND FAMILY COMFORT
		COMFORT IN HEALTHCARE PROFESSIONAL AREAS
		COMFORT IN THE STAFF REST AREA

BEST PRACTICES

STRATEGIC LINE 1

COMMUNICATION

The Radiology service is one of the central services of any hospital, which implies a high need for communication. The radiology service is a true communication *hub* where four levels of communication coexist constantly and all of them focused on the patient. It is therefore imperative to value this communication.
These four levels of communication would be: the internal communication of the team of professionals who coordinate to provide the service, communication with the patient and family members for the performance of the service, communication with the prescribing physician who is the one who has generated the consultation with their diagnostic doubts and communication with the patient regarding the diagnosis, who is the one who accesses the service in search of an answer to their ailment that can change their life forever.

Within the radiology service, communication with the patient with different professional profiles such as administrative staff responsible for the appointment of the patient and the other health professionals who attend the service, which are mainly diagnostic imaging technicians, clinical assistants and nurses. These professionals benefit from having tools for fluid and effective multidisciplinary teamwork that allows improving patient-oriented results, as well as the work environment.

If there is one thing that patients and their families in the radiology service appreciate, it is the communication regarding the performance of the service. Reducing uncertainty regarding imaging tests and treatments, the effects of radiation and its operations reduces the anxiety that most patients have when going through the radiology service.

The patient accesses the radiology service referred by a prescribing physician who, based on the patient's clinical data, requests an examination. The relationship with the clinician who has requested the examination is based on four pillars: the doctor's request, where he or she provides clinical data and requests a study based on a clinical suspicion, the radiologist's report, the clinical sessions or tumour committees where cases are presented and the best options for treating each case are discussed, and the individual communication between the prescriber and the radiologist.

The main communication is the medical report and that has to be an example of good, accurate and understandable communication.

The recent evolution of radiology has positioned the radiologist as a hidden being in the basement that survives in the dark and whose name is scarcely remembered by patients.

It's time to change this reality to a new radiology focused on the patient and not on scans or reports. The current communication is based on the report that is generated in technical code for the prescribing physician, but the information it contains is the property of the patient and that is why understandable access to that information by the patient should be an option that is contemplated. Patients currently do not want to be a passive object of the health service and want to participate in decisions by being participants in the medical information that we have about them. The figure of the radiologist is relevant in this new model.

Strategic line 1	COMMUNICATION	COMMUNICATION WITH THE TEAM
		PATIENT/FAMILY COMMUNICATION/INFORMATION
		THE PRESCRIBING PROFESSIONAL COMMUNICATION
		COMMUNICATION BETWEEN THE PATIENT AND THE PROFESSIONAL

Strategic line 1	COMMUNICATION	TEAM COMMUNICATION

The correct transfer of relevant information about the patient, caregivers and their family among all team members is ensured and tools that encourage teamwork are used

Good practice 1.1	There is a structured protocol (both oral and in written record) for the transfer of information at the change of shift: information and incidents	B A E
Good practice 1.2	Training activities are carried out for professionals on teamwork, and effective communication using tools such as NVC (Nonviolent Communication)	B A E
Good practice 1.3	Joint sessions are held between the different professionals in the same area	B A E
Good practice 1.4	Specific tools are in place to improve effective communication: daily objectives / checklists / Briefings	B A E
Good practice 1.5	There are tools to identify conflicts between radiology professionals (nuclear medicine, radiodiagnosis and radiotherapy) and propose solutions to them	B A E
Good practice 1.6	There are tools for instant communication between service professionals to avoid travel and interruptions.	B A E
Good practice 1.7	There is a communication protocol between the technicians who operate the equipment, the technical service, the application service, the computer service and the maintenance service to report incidents.	B A E
Buena práctica 1.8	The strategic plan of the service is communicated to the professionals	B A E
Good practice 1.9	Se contempla el acceso a un comité de bioética del centro	B A E

Strategic line 1	COMMUNICATION	PATIENT/FAMILY COMMUNICATION/INFORMATION

Provide elements that help to establish adequate and empathetic communication with the patient and relatives by all members of the team, to reach a satisfactory relationship of help, as well as accessibility to information		
Good Practice 1.10	There is a protocol for welcoming and saying goodbye to the patient by all the professionals in the service, adapted to the needs of the patient.	B A E
Good practice 1.11	There is a protocol for joint medical-technical information for patients and relatives	B A E
Good practice 1.12	Training activities are carried out in non-technical skills and helping relationships that include communicating bad news	B A E
Good practice 1.13	Telematic information is provided to the patient or family member prior to attending the appointment, on the preparation and duration of the test, management of bureaucracy and other information that helps the patient's peace of mind.	B A E
Good practice 1.14	In competent patients, the patient's autonomy with respect to the information to be shared with their relatives will be respected.	B A E
Good practice 1.15	There is a protocol that includes communication of unexpected findings and/or bad news.	B A E
Good practice 1.16	There is a protocol to promote communication with patients with special needs	B A E
Good practice 1.17	There is a procedure for communicating with patients, caregivers or family members, favoring communication in their native language or mother tongue so that there is no language barrier	B A E
Good practice 1.18	There are virtual or written translation tools in various languages that are easily accessible to users/patients, family members and professionals	B A E
Good practice 1.19	A system is in place for patients to communicate with healthcare professionals when they need them	B A E
Good practice 1.20	There are reference professionals within the service for conflictive, complex and/or delicate situations	B A E
Good practice 1.21	There is a protocol to communicate in case of an incident or increases in waiting times	B A E

Good practice 1.22	There is a protocol for users to send their doubts and information needs (it will serve to update the basic information offered to them)	B A E

Strategic line 1	COMMUNICATION	THE PRESCRIBING PROFESSIONAL COMMUNICATION

Provide elements that help to establish adequate and empathetic communication with the prescribing physician

Good practice 1.23	There is a procedure that facilitates telematic information on the results	B A E
Good practice 1.24	There is a communication procedure between prescribing physician and radiologist	B A E
Good practice 1.25	The service participates in joint multidisciplinary sessions with professionals from other specialties	B A E
Good practice 1.26	A list of procedures not to be performed, agreed by SERAM, is provided to prescribing physicians in relation to the request for tests.	B A E

Strategic line 1	COMMUNICATION	PATIENT/PROFESSIONAL COMMUNICATION

Provide elements that help to establish adequate and empathetic communication between the patient and family members with the members of the team, as well as accessibility to information

Good practice 1.27	There is a survey to assess the attention received from users	B A E
Good practice 1.28	There is the possibility of a consultation between the patient and the radiologist	B A E
Good practice 1.29	Patients are incorporated into the design of circuits, procedures and protocols	B A E
Good practice 1.30	There is a communication system to collect and channel proposals for improvement in the area	B A E

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STRATEGIC LINE 2

PATIENT AND FAMILY WELL-BEING

The patient is the ultimate goal of our work, we propose a radiology more than "by" the patient, a radiology "with" the patient. Where the needs of the patient are at the top of the agendas of any Radiology/Nuclear Medicine service.

Radiology services are usually perceived as very inhospitable, hostile and stressful places, because, on the one hand, the patient faces a test that will occur within equipment that is unknown to him, such as a CT scan or an MRI, and, on the other hand, he faces the possibility of a possible potentially unfavorable diagnosis. As a writer once described in a Catalan novel in the service of Radiology. "It's a place where death sentences are handed down, or at most, a temporary pardon."

The most marked stressors of a human being are the lack of information, uncertainty and loss of control, all these stressors are present in a radiology service, so trying to minimize the impact of this reality must be the protagonist.

We have to train radiology professionals so that they have the necessary tools, to be able to accompany and co-regulate the great distress present in most of our To do this, we must understand what the physical, emotional and uniquely vital needs of our patients are.

The family member is not a "transferor" of the patient, he is a person with whom he has a very close affective bond, with the patient. It also has particular needs, and by integrating within the radiology service, they could minimise the unpleasant impact of radiological tests.

Attending to and understanding the physical, emotional, structural, mobility, and diversity needs of family members is vital, in order to design a Radiology service that cushions one of the most decisive moments in the natural history of any disease. The diagnosis.

The accompaniment of the patient, during diagnostic and interventional tests, whenever possible, by a caregiver and/or family member, must be a priority. Inform, integrate, accompany, care for the patient and the family member, before, during and after the diagnostic test, and also create effective communication channels, through which to be able to report not only the result of the test, but the entire process itself.

We believe that we must be able to have exclusive spaces (consulting rooms), designed with all the humanizing architectural characteristics, which we will detail later, where the Radiology/Radiotherapy/Nuclear Medicine professional can communicate in a close, intimate and human way, all the needs and resources that all the actors (health-patient-family) can share. We as experts in Radiology/Radiotherapy/Nuclear Medicine, they as experts of themselves. Both of us, human beings, share the best of our roles in the relationship.

Strategic line 2	**PATIENT AND FAMILY WELL-BEING**	PHYSICAL WELL-BEING
		PSYCHOLOGICAL AND SPIRITUAL WELL-BEING

Strategic line 2	PATIENT WELL-BEING	PHYSICAL WELL-BEING

Promote measures that prevent or reduce the patient's physical discomfort when performing the relevant test or treatment

Good practice 2.1	There is an updated protocol of the correct patient position when performing the test or treatment adapted to the patient's specific situations.	B A E
Good practice 2.2	Pain scales are used to monitor analgesia needs in interventional procedures.	B A E
Good practice 2.3	There is a protocol for informing the patient regarding painful situations in interventional procedures.	B A E
Good practice 2.4	Existe un protocolo de evaluación y actuación de riesgo de caídas de pacientes.	B A E

Strategic line 2	PATIENT WELL-BEING	PSYCHOLOGICAL AND SPIRITUAL WELL-BEING

To promote actions aimed at reducing the psychological suffering of the patient.

Good practice 2.5	The use of entertainment media in waiting rooms is facilitated.	B A E
Good practice 2.6	Psychologists are integrated into the care team.	B A E
Good practice 2.7	There is a protocol for claustrophobic patients when performing MRI or other closed equipment.	B A E
Good practice 2.8	There is a protocol for emotional support in patients with high levels of anxiety	B A E
Good practice 2.9	In addition to analgesia, pain management and tolerance techniques (breathing, meditation, visualization techniques, etc.) are used.	B A E

Good practice 2.10	The possible emotional, psychological, religious and/or spiritual needs of the patient are investigated and detected.	
Good practice 2.11	Training is carried out for attention to diversity and inclusion among administrative and health personnel	

Recommended bibliography:

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- Rosenkrantz AB, Pysarenko K. The service encounter in radiology: acing the "moments of truth" to achieve patient-centered care. Acad Radiol. 2015 Feb;22(2):259-264. doi:10.1016/j.acra.2014.09.009. PMID: 25572928.
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STRATEGIC LINE 3

CARE FOR THE PROFESSIONAL

Caring for the caregiver, caring for the caregiver and providing self-care tools to the health care provider, are urgent measures, within a system that is immersed in a deep human crisis, measured in rates of professional burnout that average over 50% of all health workers, also measures such as loss of meaning at work, isolation, distress, disinterest, depression, addictions, and suicidal ideation.

A system that is based on processes, but not on people, on volume rather than on value, is interested in the biology of the patient, with disinterest in his biography, thinks more about efficiency than elegance. A health system based on the industrial model of the last century leads us to spectacular figures, in terms of performance and volume, however, as a consequence, we extirpate the human being in its holistic dimension.

When we refer to human beings, we also refer to health workers, because, behind our role, we are human beings, with common basic needs. We need to give and also receive, we need to learn to ask and to take care of ourselves. According to evolutionary psychology, the three basic needs of the human being to experience happiness are: 1) Human connection, because we are social beings, wired and evolutionarily programmed to cooperate rather than to compete 2) Freedom, to be able to deploy our gifts and talents and, 3) Mastery, to later be trained in professional skills, to be able to contribute our uniqueness and individuality and make a difference, for no one can be better you than you.

Our system prioritizes: 1) Diagnosis and treatment of diseases and organs, not the human being who carries it 2) Protocols to objectify the un-objectifiable, since we are subjects and not objects 3) Processes and standardization, to homogenize a health system, where it seems that it is the same as the professional attends you, because the response is unique and standardized.

The health professional, who is the submissive executor of health policies, faces a loss of meaning and existential emptiness, as he is an expert in procedures and prescriptions, but illiterate of his own human needs and of the patient-relative.

In this sense, it is a priority to train ourselves in human skills, such as people-centered communication, empathy, compassion, kindness, kindness, self-care, which will allow us to unite our professional skills to the human meaning and purpose that we need so much.

We have to create temporary and physical spaces where, as individuals and as a group, we can share our achievements and failures, our successes and our doubts. We must create an internal individual and institutional provider of self-care.

Strategic line 3	**CARE FOR THE PROFESSIONAL**	SENSITIVITY TO BURNOUT SYNDROME AND ASSOCIATED FACTORS
		PREVENTION OF BURNOUT SYNDROME AND PROMOTION OF WELL-BEING

Strategic line 3	CARE FOR THE PROFESSIONAL	SENSITIVITY TO BURNOUT SYNDROME AND ASSOCIATED FACTORS
Improve knowledge about burnout by promoting its visibility		
Good practice 3.1	Training activities are carried out on the knowledge and management of stress and professional burnout, as well as the promotion of engagement (or link with work), emotional competences and psychosocial skills at work.	B A E
Good practice 3.2	The burnout process and engagement are periodically evaluated, using validated tools.	B A E

Strategic line 3	CARE FOR THE PROFESSIONAL	PREVENTION OF WASTING SYNDROME PROFESSIONAL AND WELLNESS PROMOTION
Prevent burnout and promote engagement		
Good practice 3.3	The staffing is adequate in compliance with the recommendations and regulations in force.	B A E
Good practice 3.4	There is an internal document that defines the responsibilities and competencies of each of the service members.	B A E
Good practice 3.5	Newly recruited staff: A welcome programme is offered to all Radiology healthcare staff (for an adequate explanation of the organisation, internal dynamics, adjustment of expectations of new professionals, motivation, dissemination of humanisation proposals, etc.).	B A E
Good practice 3.6	Staff over 55 years of age: the possibility of reduction/exemption of on-call shifts is offered	B A E
Good practice 3.7	It facilitates the possibility of changing work shifts and adapting schedules to the particular needs of professionals without prejudice to the service.	B A E
Good practice 3.8	There are pre-established and periodic team meetings in which to establish participatory guidelines for action and work organization.	B A E

Good practice 3.9	There is a specific procedure to facilitate and promote teaching, training and research activity and these activities are considered as part of the working day.	B A E
Good practice 3.10	Knowledge of languages in the workplace is promoted by promoting the existence of courses for professionals	B A E
Good practice 3.11	The participation and opinion of professionals in the organizational culture of the Unit, in its management and in its objectives is promoted.	B A E
Good Practice 3.12	Information and accessibility to the different prevention strategies designed for emotional problems and support of the professional are facilitated, including the availability of a psychologist and/or mediator.	B A E
Best Practice 3.13	There is a support procedure for the care team in the event of critical incidents, difficult or traumatic situations	B A E
Good Practice 3.14	A suitable relaxation area is available for professionals.	B A E
Good Practice 3.15	Work material/devices are available to mobilize patients, minimizing the risk of injury to professionals.	B A E
Good Practice 3.16	Group activities are promoted to promote positive relationships between team members	B A E
Good Practice 3.17	The uniforms will be adapted to the needs of each professional.	B A E
Good practice 3.18	Sufficient uniforms are available to change frequently	B A E
Good practice 3.19	Protocols are in place to avoid disruption to physicians (radiologists, nuclear physicians, radiation therapists) during the process of diagnosis and treatment planning.	B A E
Good Practice 3.20	Persons trained in conflict resolution are available	B A E

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STRATEGIC LINE 4

CARE FOR VULNERABLE PATIENTS

When it comes to performing radiodiagnostic tests, any type of patient needs the minimum necessary to feel safe and confident in a space that they do not know and in which they live in uncertainty most of the time because they do not know what they are going to "do", what is going to happen when they go through the door where in most cases they put a symbol of danger.

In the case of the patient with special needs, this feeling is multiplied, so we must also increase our care when treating the patient. To do this, we need adequate training both to discern what type of vulnerable patient we are dealing with, and to have educational knowledge on how to better connect with said patient and their family.

In this section we want to introduce a topic as important as it is complex at the same time, it is the identification, assessment and approach of abuse, to achieve excellence we must have health professionals who manage to be references in issues as special as this one.

It is true that it is difficult to be able to accompany all patients and even more so when they have a profile in which you need more skills than usual, in our defense we say that the simple fact of making them visible already allows us to have a different attitude towards them.

Strategic line 4	**CARE FOR VULNERABLE PATIENTS**	CARING FOR PATIENTS WITH SPECIAL NEEDS
		PREGNANCY AND BREASTFEEDING CARE
		IDENTIFICATION, ASSESSMENT AND APPROACH OF ABUSE

Línea estratégica 4	CARE FOR VULNERABLE PATIENTS	CARING FOR PATIENTS WITH SPECIAL NEEDS	
Promote measures to help vulnerable patients or those with special needs			
Good practice 4.1	There is a procedure that includes the identification and management of the user/patient with special needs.		
Good practice 4.2	Scheduling takes into account the special needs of the patient to adapt the time required in each case.		
Good practice 4.3	There is a protocol for the care of basic needs: food, drink, comfort while the user/patient remains in the service.		
Good practice 4.4	There is an updated procedure to include relatives of patients with special needs for information and in the accompaniment to the performance of radiological tests or their treatments.		
Good practice 4.5	Contact with associations, support groups or other non-health resources is encouraged.		
Good practice 4.6	Training activities are carried out in the physical and emotional management of patients, with special attention to the most vulnerable users/patients.		

Strategic line 4	CARE FOR VULNERABLE PATIENTS	PREGNANCY AND BREASTFEEDING CARE	
Promote the comfort of the pregnant or breastfeeding patient and that of the baby			
Good practice 4.7	There is an updated protocol to know which tests can or cannot be performed depending on the state of pregnancy in which the pregnant patient is.		
Good practice 4.8	There are informative documents about special care and considerations in pregnant patients depending on the time of gestation and the test to be performed.		
Good practice 4.9	There is an updated protocol in radiology for breastfeeding women, which includes considerations in this regard depending on the examination and/or treatment.		

Good practice 4.10	There is a specific protocol for pregnant women aimed at reducing stress during their time in the service	

Strategic line 4	CARE FOR VULNERABLE PATIENTS	IDENTIFICATION, ASSESSMENT AND APPROACH OF ABUSE.
Identification and Addressing of Suspected Abuse, Neglect, Neglect, or Victims of Maltreatment		
Good practice 4.11	There is a procedure for detecting abuse, abandonment, neglect or mistreatment of any person.	
Good practice 4.12	Training activities are carried out for the management of situations of abuse, abandonment, neglect or mistreatment.	

Recommended bibliography:

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STRATEGIC LINE 5

OPEN RADIOLOGY

On many occasions patients come to the Radiology and Nuclear Medicine services accompanied, we would like to work on this important aspect. We propose to review the accessibility of the companions of users/patients to the Radiology and Nuclear Medicine rooms, to raise awareness and train the care team, to accept the presence and participation of the caregiver or family member in the procedures. We have included these aspects in Line 5 called "Open Radiology"

Through awareness-raising activities and team training on the benefits of implementing the Open Radiology model.

To be able to support the emotional and psychological needs of family members to the best of our ability and finally to know where we fail and where and how we can improve.

"Perhaps we should start asking ourselves what is happening with us professionals, that it is difficult for us relatives and patients to occupy our space and, however, we love to accompany our loved ones at all times".

Strategic line 5	**OPEN RADIOLOGY**	AWARENESS AND TRAINING OF THE CARE TEAM
		ACCESSIBILITY
		PRESENCE AND PARTICIPATION IN PROCEEDINGS
		SUPPORT FOR THE EMOTIONAL, PSYCHOLOGICAL AND SPIRITUAL NEEDS OF FAMILY MEMBERS.

Strategic line 5	OPEN RADIOLOGY	AWARENESS AND TRAINING OF THE CARE TEAM
Implementation of awareness-raising and training activities for the team on the benefits of implementing the Open Radiology model.		
Good practice 5.1	Reflective activities / multidisciplinary sessions related to the flexibility of accompaniment are carried out.	
Good practice 5.2	Continuous training in non-technical skills is carried out aimed at the team to facilitate the presence and collaboration of the family in some procedures.	

Strategic line 5	OPEN RADIOLOGY	ACCESSIBILITY
Implementation of measures to promote the accompaniment of family members with the user/patient during the performance of tests and in certain procedures.		
Good practice 5.3	The figure of the main caregiver/companion with preferential access for accompaniment is recognized and respected.	
Good practice 5.4	There is a guide, brochure and/or informative poster recommending relatives and patients that includes the indications of accompaniment in the rooms and about radiological protection.	

Strategic line 5	OPEN RADIOLOGY	PRESENCE AND PARTICIPATION IN PROCEEDINGS
Implementation of measures to promote the accompaniment of family members with the patient during the performance of tests and in certain procedures		
Good practice 5.5	Unnecessary barriers (leggings, gowns, gloves and masks) are not applied except in special cases where they are indicated.	
Good practice 5.6	Information and radiation protection measures are provided to companions.	
Good practice 5.7	It is contemplated and facilitated for family members to accompany the patient in certain procedures when requested.	

Good practice 5.8	The patient's consent to be accompanied, if applicable, is recorded.	

Strategic line 5	OPEN RADIOLOGY	SUPPORT FOR THE EMOTIONAL, PSYCHOLOGICAL AND SPIRITUAL NEEDS OF FAMILY MEMBERS.
Detect and support the emotional, psychological, and spiritual needs of the family.		
Good practice 5.9	The possible emotional, psychological, religious and/or spiritual needs of the relatives are investigated and detected.	

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STRATEGIC LINE 6

RADIO EMOTION

In the Radiology and Nuclear Medicine service, there are situations in which patients driven by an impulse more linked to emotion reject imaging studies or treatments that can help them recover their health. On the other hand, this impulse may be the opposite based on a need to calm the anxiety of health uncertainty and that leads to an excessive demand for patient-driven imaging tests.

The negative impulse to reject imaging tests or treatments linked to the use of X-rays is what we call radiophobia, but it could be extended to other techniques. Providing patients with knowledge about ionizing radiation and its use is a priority. To this end, information and communication tools adapted to patients on radiation and radiation protection issues will be necessary, with special dedication to information for pregnant women.

There is a phenomenon that we have called radio-addiction that we describe as the excessive need for imaging tests, including all imaging tests, even those that do not have the phenomenon of radiation in their technique, to calm the anxiety focused on knowing the state of health over the medical prescription. This is a process that is deepened by a society of rapid consumption of products, with image testing being just another product. To alleviate this phenomenon, it is necessary to be able to share with patients and prescribers those practices that lack value for the patient, avoiding the indiscriminate use of unnecessary tests based on clinical guidelines with the support of scientific evidence such as SERAM's DO NOT do. For this, it is important that radiologist professionals collaborate directly in the communication of this information, as well as in the public dissemination of these good practices and avoid hoaxes in this regard.

Strategic line 6	RADIO EMOTION	PATIENT RADIOPHOBIA
		PATIENT RADIO-ADDICTION

Strategic line 6	RADIO EMOTION	PATIENT RADIOPHOBIA
To tave measures to provide patients with knowledge to avoid irrational fear of ionizing radiation and its rejection.		
Good practice 6.1	Patient-language information about the radiation of the studies/treatments is available so that it can be consulted prior to the patient's visit.	B A E
Good practice 6.2	Training actions are carried out for professionals on communication to patients, on radiation and radiation protection issues.	B A E
Good practice 6.3	Information for patients on radiation dose and radiation protection is available in the rooms and cabins.	B A E
Good practice 6.4	There is an updated radiation protection protocol for pregnant people.	B A E

Strategic line 6	RADIO EMOTION	PATIENT RADIO-ADDICTION
Promote measures that avoid unnecessary imaging studies among the population and in prescribing clinicians.		
Good practice 6.5	The service has public information for patients and prescribing doctors on the tests not to be done following the recommendations of SERAM.	B A E
Good practice 6.6	Screening of requests prior to the appointment of patients is carried out, rejecting those requests that do not generate value and providing adequate information for patients and clinicians on the reason for the rejection of the study.	B A E
Good practice 6.7	The professionals of the service participate in patient forums to contribute to the radiological education of the population regarding the abuse of diagnostic tests.	B A E
Good practice 6.8	The service has a dose management program that involves professionals to ensure that ALARA criteria are met.	B A E
Good practice 6.9	Informative activities are carried out by professionals aimed at training and information through the participation of citizens.	B A E

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STRATEGIC LINE 7

Humanized Infrastructure/Patient Privacy

The infrastructure in our services is very technological, so the proposal is to try to humanize it so that patients when they enter them do not perceive the coldness of the rooms, which together with the nerves of performing the test and the possible diagnosis, do not help to relax the atmosphere. It is in our hands to study the different changes to achieve a more comfortable environment for users, family members and professionals, let's keep in mind that we will all go through one of these services at some point in our lives, how would we like to feel?

There are many and varied proposals for improving our services: privacy, noise, lighting, aesthetics, furniture, access to the different rooms, temperature, signage, location of services, music, etc. Sometimes, depending on the user, we can even customize the room to the patient's liking in matters such as the intensity of the lighting, the color of the lighting, the images if there is a TV in the room during the test or the music.

The idea is to transport the patient to a more pleasant place than the one they physically are, to reduce stress and be able to improve the diagnostic act to be performed.

In reference to the spaces of the professionals, they must be suitable for rest, away from the work area to be able to disconnect completely.

And as our colleagues and pioneers at HUCI say, let's turn waiting rooms into "living rooms" that offer greater comfort and functionality to families.

Strategic line 7	**HUMANIZED INFRASTRUCTURE/ PATIENT PRIVACY**	PATIENT PRIVACY AND INTIMACY
		SERVICE LOCATION
		COMFORT IN THE ADMINISTRATIVE AREA
		COMFORT IN THE WAITING AREA
		SIGNAGE AND ACCESSIBILITY TO TESTING AREAS
		ENVIRONMENTAL COMFORT OF THE USER/PATIENT AND FAMILY MEMBERS
		COMFORT IN HEALTHCARE PROFESSIONAL AREAS
		COMFORT IN THE STAFF REST AREA

Strategic line 7	HUMANIZED INFRASTRUCTURE /PATIENT PRIVACY	PATIENT PRIVACY AND INTIMACY
Ensure user/patient security and privacy		
Good practice 7.1	Changing rooms/cabins are available, and if necessary there will be a safe to store personal effects.	B A E
Good practice 7.2	There are screens, curtains and other separating elements, made of antibacterial material and easy to clean, which make privacy possible.	B A E
Good practice 7.3	There is a bathroom accessible to nearby users/patients or in the examination rooms without having to go out into the public space.	B A E
Good practice 7.4	The privacy of the user/patient is preserved in case of moving from one examination room to another.	B A E
Good practice 7.5	There are different circulation circuits: - Internal: hospitalized, emergency and staff - External: outpatient consultations - Patient/user - Type of test to be performed	B A E

Strategic line 7	HUMANIZED INFRASTRUCTURE /PATIENT PRIVACY	SERVICE LOCATION
Ensure comfort by location in the hospital infrastructure or care center.		
Good Practice 7.6	Accessibility and signage from outside the service are favored	B A E
Good practice 7.7	Physical proximity between the three services (MN, RT, RX) is favoured: Nuclear Medicine, Radiotherapy and Radiodiagnosis.	B A E
Good practice 7.8	It is favoured that the Radiodiagnosis Service is close to the Emergency Department and the entrance to the health centre.	B A E
Good practice 7.9	Short-term examination rooms are encouraged to be closer to the exit.	B A E

Strategic line 7	HUMANIZED INFRASTRUCTURE /PATIENT PRIVACY	COMFORT IN THE ADMINISTRATIVE AREA	
Ensure environmental comfort during the stay of the user/patient and/or family member in the administrative areas			
Good practice 7.10	There is a correct identification of the reception area, as well as its staff.		B A E
Good practice 7.11	There are systems that comply with the GDPR (General Data Protection Regulation), for the identification and call of user/patients in the different waiting rooms (including patients with communication and understanding difficulties).		B A E
Good practice 7.12	The systems are adapted to facilitate accessibility for people with special needs.		B A E
Good practice 7.13	There is natural light whenever possible.		B A E

Strategic line 7	HUMANIZED INFRASTRUCTURE /PATIENT PRIVACY	COMFORT IN THE WAITING AREA	
Ensure the comfort, privacy and accessibility of user/patient and family members in waiting rooms			
Good Practice 7.14	Sufficient space is available in the rooms for people in wheelchairs.		B A E
Good Practice 7.15	Separate waiting rooms are available for inpatient, pediatric, emergency or special needs users/patients.		B A E
Good practice 7.16	There are accessible and adapted toilets in the waiting rooms, with the specific characteristics of each speciality (Nuclear medicine: Bathroom and hot room)		B A E
Good practice 7.17	There are information panels for the anonymous call and identification of users/patients, which are accessible to patients with impairments (visual and auditory, as well as cognitive).		B A E

Good practice 7.18	In the special rooms for pediatrics and breastfeeding, there is a cheerful atmosphere and materials to entertain children.	B A E
Good practice 7.19	The waiting room has an air conditioning system that allows an adequate temperature to be maintained.	B A E
Good practice 7.20	The waiting room has an emergency call system if they are not supervised by administrative or health personnel.	B A E
Good practice 7.21	The waiting room has good acoustics that prevent noise and allow the privacy of conversations.	B A E
Good practice 7.22	The waiting room has TV screens in order to entertain and/or promote healthy habits.	B A E

Strategic line 7	HUMANIZED INFRASTRUCTURE/PATIENT PRIVACY	SIGNAGE AND ACCESSIBILITY TO TESTING AREAS
Facilitate access in the center		
Good practice 7.23	There are clear and non-repetitive signs for patients in the access circuits to the rooms.	B A E
Good practice 7.24	The design of the service allows establishing a clean and dirty circuit for the care of infectious patients.	B A E
Good practice 7.25	There is access and furniture adapted to carry out tests or treatments, without architectural barriers.	B A E
Good practice 7.26	There is easy and quick access for the technician to the exam room from the checkpoint.	B A E
Good practice 7.27	There is a correct identification of the examination rooms, as well as their personnel.	B A E

Strategic line 7	HUMANIZED INFRASTRUCTURE/PATIENT PRIVACY	ENVIRONMENTAL COMFORT OF THE USER/PATIENT AND FAMILY MEMBERS	
Ensure environmental comfort during the patient's stay in the wards			
Good practice 7.28	Natural light is available as far as possible in the examination rooms.		B A E
Good practice 7.29	Colors or images, as well as music, are incorporated for users/patients in the exam rooms.		B A E
Good practice 7.30	There is a light regulation system, adaptable to the need for brightness in all diagnostic and treatment rooms, taking into account the comfort of the user/patient and the professional at the time of diagnosis or treatment planning.		B A E
Good practice 7.31	The dimensions are adequate to facilitate the mobility of the professional and the user/patient.		B A E
Good practice 7.32	Electrical outlets are available to the user/patient in the waiting areas.		B A E
Good practice 7.33	Environmental noise control measures are defined and promoted.		B A E
Good practice 7.34	There are ventilation systems (specific for each type of specialty, both temperature and forced extraction) in some examination rooms, as well as ventilation in the waiting rooms.		B A E
Good practice 7.35	There are systems for visualization and adequate communication between the user/patient and the professional.		B A E
Good practice 7.36	Ambient music is defined and promoted in the centre, or in the Radiology and Nuclear Medicine rooms.		B A E
Good practice 7.37	The temperature conditions of the room are controlled to avoid discomfort of the user/patient. Suitable clothing is available for this purpose.		B A E
Good practice 7.38	There is a room for personalized attention to the user/patient in case of incidents.		B A E

Good practice 7.39	There are adequate physical spaces for information to users/patients and relatives.	B A E

Strategic line 7	HUMANIZED INFRASTRUCTURE/PATIENT PRIVACY	COMFORT IN HEALTHCARE PROFESSIONAL AREAS
Ensuring comfort for healthcare workers' work areas		
Good practice 7.40	Furniture adapted to the ergonomic requirements of each workstation is available.	B A E
Good practice 7.41	Natural lighting should be favoured whenever possible.	B A E
Good practice 7.42	Ambient light dimming devices are available for individual adaptation.	B A E
Good practice 7.43	Systems are in place to control ambient noise.	B A E
Good practice 7.44	A separate space is available for the exclusive work areas of toilets.	B A E
Good practice 7.45	There is an efficient air conditioning system that allows an adequate temperature to be maintained.	B A E
Good practice 7.46	Natural ventilation is encouraged, whenever possible.	B A E
Good practice 7.47	Enough workstations are available with a computer to speed up the workflow.	B A E

Strategic line 7	HUMANIZED INFRASTRUCTURE/PATIENT PRIVACY	COMFORT IN THE STAFF REST AREA
Ensure comfort in staff rest areas		

Good practice 7.48	There is a living room, which incorporates a fridge, microwave and sink	B A E
Good practice 7.49	There is a rest area for guards and staff at night.	B A E
Good practice 7.50	The staff break room will be away from the exploration areas.	B A E
Good practice 7.51	An adequate ventilation system (COVID-19 and other infectious diseases) is in place.	B A E

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Best Practices in Humanization in Radiology Units

Evaluation Manual

2024

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