
Radiology Services Standard Intents

RD.1 Qualified radiologist is responsible for managing the radiology department.

RD.1.1 The head of the radiology department is a radiologist qualified by education, training, and experience.

RD.1.2 The head of the radiology department supervises the development and implementation of policies and procedures related to radiology services throughout the hospital.

Standard Intent:

The head of radiology department is a qualified radiologist holding Saudi board or equivalent by education, training and experience. He is responsible also for drafting the radiology services policies and procedures and its implementation throughout the hospital.

RD.2 The radiology department has adequate qualified staff.

RD.2.1 The radiology department has adequate staff, including:

RD.2.1.1 Technical director.

RD.2.1.2 Medical physicists.

RD.2.1.3 Radiation safety officer and supervisor (for radiotherapy nuclear medicine and diagnostics).

RD.2.1.4 Quality officer.

RD.2.1.5 PACS administrator, when applicable.

RD.2.2 Staff working in the department are trained and qualified in their field.

RD.2.3 There is twenty-four-hour coverage by a radiologist and a technologist.

Standard Intent:

The radiology services are provided to patients around the clock by variety of qualified and experienced staff in their field as technical director, medical physicists, radiation safety officer and supervisor (for both oncology /radiotherapy services and diagnostic radiology), PACS administrator and Quality officer. The staff should be sufficient in number to match patient volume and have valid SCFHS registration.

RD.3 The radiology department has policies and procedures that guide all radiological activities.

RD.3.1 The radiology department has policies and procedures to address all important radiological investigations and procedures, including:

- RD.3.1.1 X-rays.
 - RD.3.1.2 Ultrasonography.
 - RD.3.1.3 Computed Tomography.
 - RD.3.1.4 Magnetic Resonance Imaging.
 - RD.3.1.5 Angiogram.
 - RD.3.1.6 Interventional radiological procedures.
 - RD.3.1.7 Fluoroscopy.
 - RD.3.1.8 Contrast agent reactions.
 - RD.3.1.9 Nuclear medicine imaging.
 - RD.3.1.10 Molecular Imaging (Positron Emission Tomography –PET scanning).
 - RD.3.1.11 Bedside and critical care radiography.
 - RD.3.1.12 Radiopharmaceuticals calibration and quality control.
 - RD.3.1.13 Portable radiological machines.
 - RD.3.1.14 Mammography.
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Standard Intent:

The radiology department services are guided by policies and procedures for the following investigations and procedures: X-rays, ultrasonography, computed tomography, magnetic resonance imaging, angiogram, interventional radiological procedures, fluoroscopy, nuclear medicine imaging and reactions, molecular imaging (Positron Emission Tomography –PET scanning), bedside and critical care radiography, mammography, radiopharmaceuticals calibration and quality control and portable radiological machines (substandard RD.3.1.1 through RD.3.1.13)

RD.4 Requests for radiological investigations utilize a standardized method throughout the hospital.

- RD.4.1 There is a special request form utilized by the medical staff for all requests related to radiology department.
 - RD.4.2 Relevant information, including a brief case description and rationale for the investigation, are documented on the radiology request form for all diagnostic and/or interventional imaging procedures.
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Standard Intent:

A standardized radiological service requisition process is followed throughout the hospital utilizing a unified request form including relevant information, brief description