



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

of the patient condition and reason/s for the investigation for diagnostic and/or interventional imaging procedures.

RD.5 The radiology department implements a policy and procedure that defines the process and time limits of results reporting for all radiological studies.

RD.5.1 The radiology department defines and implements the format and content of radiology reports (paper or electronic). Essential elements of the report include:

- RD.5.1.1 Patient identification.
- RD.5.1.2 Type of the procedure.
- RD.5.1.3 Identification of the ordering physician.
- RD.5.1.4 Reporting date and time.
- RD.5.1.5 Identification of the reporting radiologist.

RD.5.2 The radiological studies are reported by the radiologist within defined time limits.

- RD.5.2.1 Immediate reporting for emergency cases.
- RD.5.2.2 Urgent cases are reported within twenty-four hours.
- RD.5.2.3 Routine cases are reported within forty-eight hours.

Standard Intent:

A standardized radiological service reporting process is followed throughout the hospital utilizing a unified report format (paper or electronic) and defined time frames for report production. The essential elements of the report are; patient identification, type of the procedure, identification of the ordering physician, reporting date and time and identification of the reporting radiologist. The time frames for report generation should be previously identified; for emergency cases immediately, for urgent cases within 24 hours and for routine cases within 48 hours.

RD.6 The radiology department implements a policy and procedure for reporting of critical results.

RD.6.1 There is a policy and procedure for reporting of critical results developed in consultation with clinical departments.

RD.6.2 The policy defines the notified party and mean of communication.

RD.6.3 The policy defines the “read- back” sequence of reporting of critical results.

RD.6.4 The policy defines the proper documentation of a notification event, which includes:

- RD.6.4.1 Date and time of notification.
- RD.6.4.2 Patient identification.
- RD.6.4.3 The critical result.
- RD.6.4.4 Documentation of read-back.