
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.
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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 precisely 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.

RD.6.4.5 Identification of the notifying person.

RD.6.4.6 Identification of the notified person.

Standard Intent:

The critical test results are reported following a policy and procedure developed by radiology and clinical departments, the policy clearly defines the notified parties, means of communication, read-back sequence and elements required for documenting the event (date, time, patient identification, critical test result, read-back documentation, identifying both the notifying and the notified person).

RD.7 Previous radiological studies can always be accessed.

RD.7.1 There is a master X-ray jacket or an access to all archived previous radiological studies (Picture Archiving and Communication System-PACS) for every patient.

Standard Intent:

All radiological studies done previously for every patient are easily accessed and retrieved either through master X-ray jacket or picture archiving and communication system (PACS).

RD.8 The radiology department has a documented and implemented safety plan.

RD.8.1 There is a safety plan that indicates the periodic inspection, maintenance, and calibration of all equipment.

RD.8.2 The safety plan involves the management of radioactive materials used for therapeutic and diagnostic purposes, particularly with regard to handling, storing, and transportation.

RD.8.3 The safety plan involves posting of safety warnings on the doors.

RD.8.4 The safety plan involves checking female patients for pregnancy before exposure.

RD.8.5 The safety plan indicates monitoring of the staff for radiation exposure, at least quarterly.

RD.8.6 The safety plan involves the provision and regular testing of radiation protection aprons and thyroid and gonad shields for staff and patients.

RD.8.7 Records are available indicating the radiation dosimetry tools and staff radiation exposure for the past twelve months.

RD.8.8 The safety plan is implemented as evidenced by the daily practice.