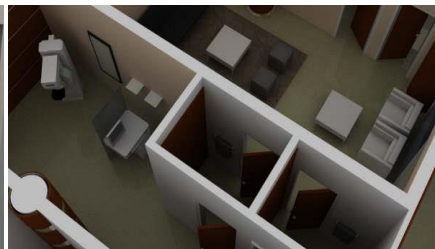


PLANNING AND DESIGN

DIAGNOSTIC IMAGING AND RADIOTHERAPY

DEPARTMENTS

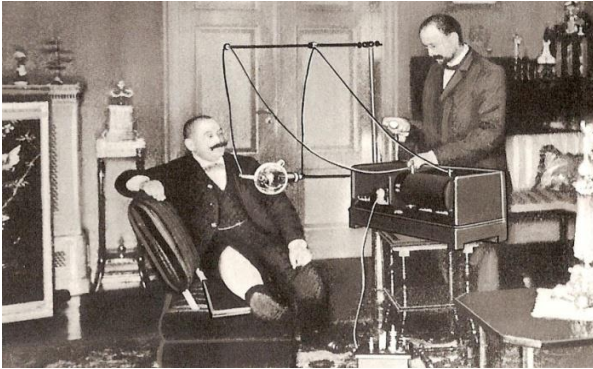


J.A. GARCIA

CONTENT

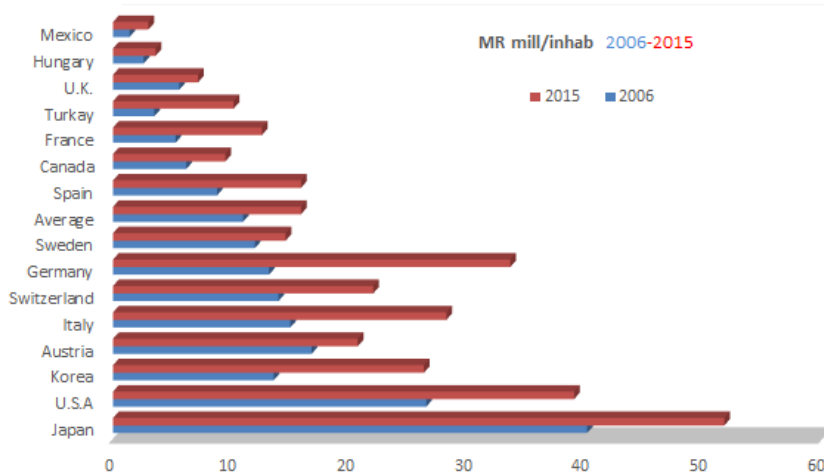
	OBJECTIVES	16
I.	HISTORICAL EVOLUTION	19
II.	REFERENCES FOR PLANNING	70
III.	TYPES OF DIAGNOSTIC IMAGING DEPARTMENTS	117
IV.	DIAGNOSTIC MODALITIES	151
V.	ZONES AND SPACES	192
VI.	DESING OF IMAGING ROOMS	230
VII.	RADIOLOGIC ROOMS DESIGN	264
VIII.	SONOGRAPHY, CT AND MR ROOMS DESIGN	296
IX.	NUCLEAR MEDICINE AND RADIOTHERAPY ROOMS DESIGN	333
X.	DEPARTMENTS DESIGN	365
XI.	PROJECT DEVELOPMENT	427
XII.	STANDARDS	454
	ADENDUM	481
XIII	THE PLANNING PROCESS	482
XIV	THE DESING PROCESS	503
XV	BUSINESS PLAN	524
	WEB LINKS, BIBLIOGRAPHY	536

I.- HISTORICAL EVOLUTION



- I. RADIOLOGY**
- II. RADIOTHERAPY**
- III. NUCLEAR MEDICINE**
- IV. ULTRASOUND**
- V. COMPUTED TOMOGRAPHY**
- VI. MAGNETIC RESONANCE**
- VII. OTHER IMAGING TECHNIQUES**
- VIII. INFORMATION SYSEMS. PACS**

II.- REFERENCES FOR PLANNING



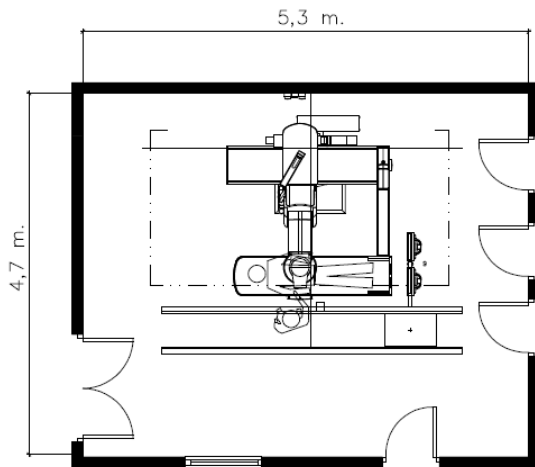
- I. HISTORIC EVOLUTION OF DIAGNOSTIC IMAGING COMSUMPTION
- II. FREQUENCY
- III. EQUIPMENTS
- IV. EXAMINATION TIME
- V. POINTS TECHNIQUES
- VI. PERSONNEL IN THE IMAGING DEPARTMENT
- VII. RADIOLOGISTS
- VIII. TECHNICIANS
- IX. NURSES
- X. OTHER PERSONNEL
- XI. PERSONNEL IN RADIOTHERAPY
- XII. EXAMS DEMAND RESEARCH

III.- TYPES OF DIAGNOSTIC IMAGING DEPARTMENTS



- I. OUTPATIENTS IMAGING CENTERS**
- II. DISTRICT HOSPITALS**
- III. REGIONAL HOSPITALS**
- IV. GENERAL HOSPITALS**
- V. VERY LARGE HOSPITALS**
- VI. MONOGRAPHIC HOSPITALS**
- VII. EMERGENCIES**
- VIII. MOBILE DIAGNOSTIC IMAGING**
- IX. IMAGING IN THE HOSPITAL OUTSIDE DE IMAGING DEPARTMENT**

IV.- DIAGNOSTIC MODALITIES



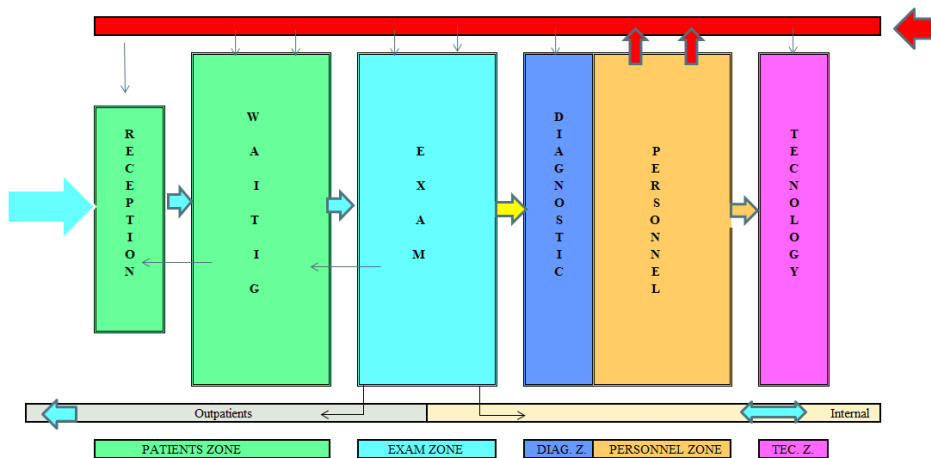
I.- RADIOLOGICAL TECHNIQUE MODALITIES

II.- SLICE TECHNIQUE MODALITIES

III.- NUCLEAR MEDICINE MODALITIES

IV.- RADIOTHERAPY SYSTEMS

V.- ZONES AND SPACES



I. ZONES

II. LOCATION OF THE IMAGING DEPARTMENT

III. CALCULATION OF THE DEPARTMENT SURFACE:

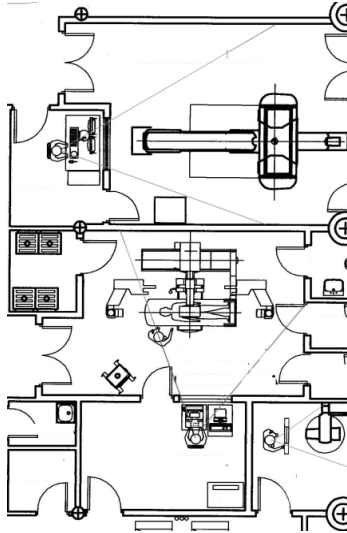
III.I IMAGING

III.II NUCLEAR MEDICINE

III.III RADIOTHERAPY

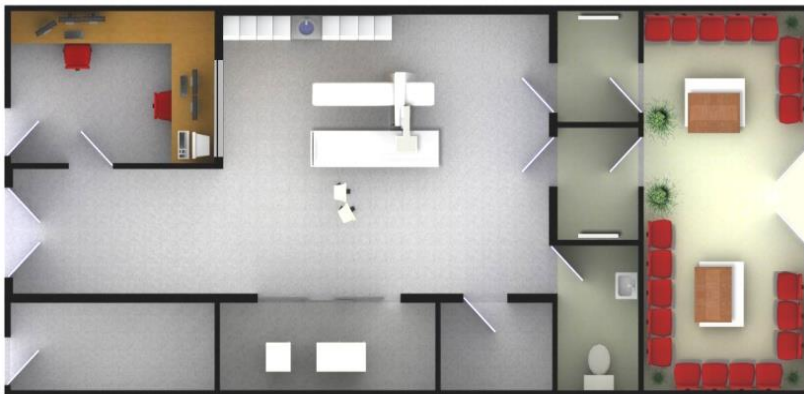
IV SPACES

VI.- DESIGN OF IMAGING ROOMS



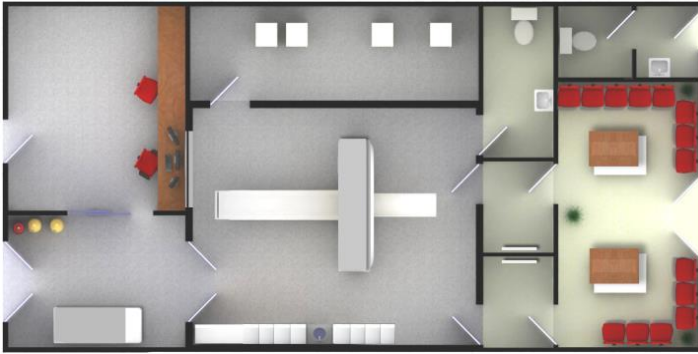
- I. ASPECTS RELATED WITH THE PATIENT**
- II. RELATED WITH THE PERSONNEL**
- III. RELATED WITH THE EQUIPMENT**
- IV. RELATED WITH THE ARCHITECTURE AND CONSTRUCTION**
- V. WITH THE TECHNOLOGY**
- VI. WITH THE SECURITY**

VII.- RADIOLOGY ROOMS DESIGN



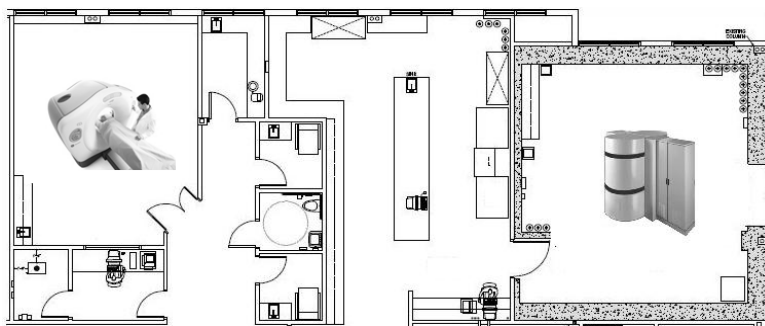
- I. RADIOGRAPHIC ROOMS
- II. FLUOROGRAPHY RADIOGRAPHIC ROOMS
- III. MAMMOGRAPHY, ORTOPANTOTOMOGRAPHY AND DENSITOMETRY
- IV. ANGIOGRAPHY AND ANGIOCARDIOGRAPHY

VIII.- DESIGN OF ULTRASOUND, CT AND MR ROOMS



- I. **ULTRASOUND**
- II. **COMPUTED TOMOGRAPHY**
- III. **MAGNETIC RESONANCE**

IX.- NUCLEAR MEDICINE AND RADIOTHERAPY ROOMS DESIGN



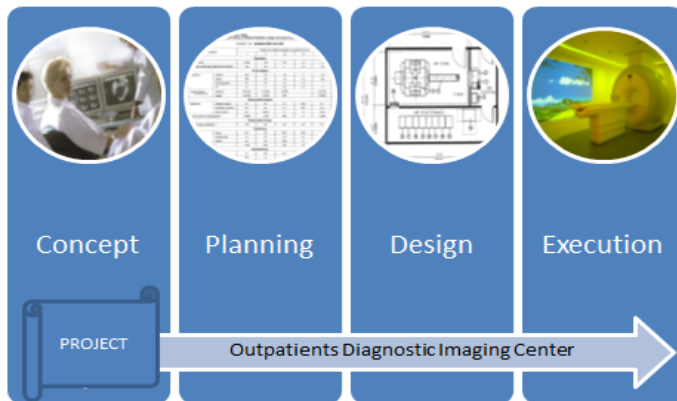
- I. GAMMACAMERAS
- II. SPECT- COMPUTED TOMOGRAPHY
- III. PET AND PET- CT
- IV. CYCLOTRONS
- V. EQUIPMENT FOR PRECLINICAL EXAMINATIONS
- VI. RADIOTHERAPY SIMULATORS
- VII. TREATMENT PLANNING SYSTEMS
- VIII. BRACHYTHERAPY ROOMS
- IX. LINEAR ACCELERATORS

X.- DEPARTMENTS DESIGN



- I. WORK LOAD DISTRIBUTION
- II. CIRCULATIONS AND BLOCK DIAGRAMS
- III. SPACE WITH BLOCK DIAGRAMS
- IV. ARCHITECTURAL DESIGN
- V. MODULAR PROGRAMS

XI.- PROJECT DEVELOPMENT



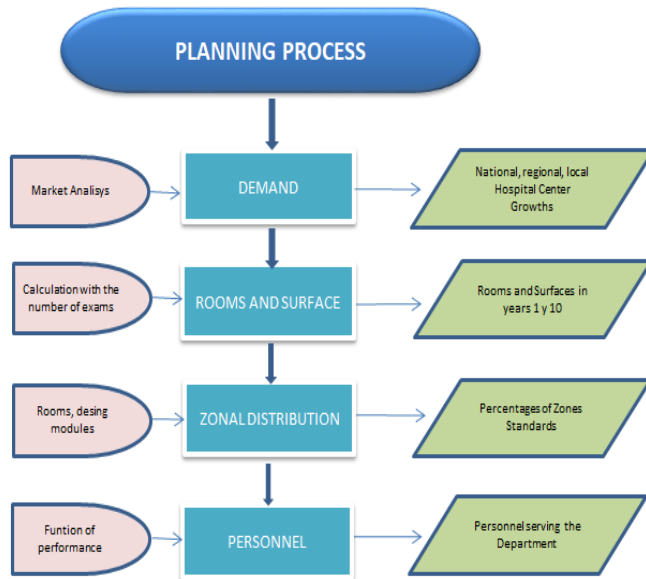
- I. CONCEPT**
- II. PLANNING**
- III. DESIGN**
- IV. EXECUTION**
- V. METHODOLOGY FOR FOLLOW UP AND CONTROL**

XII.- STANDARDS AND RECOMMENDATIONS



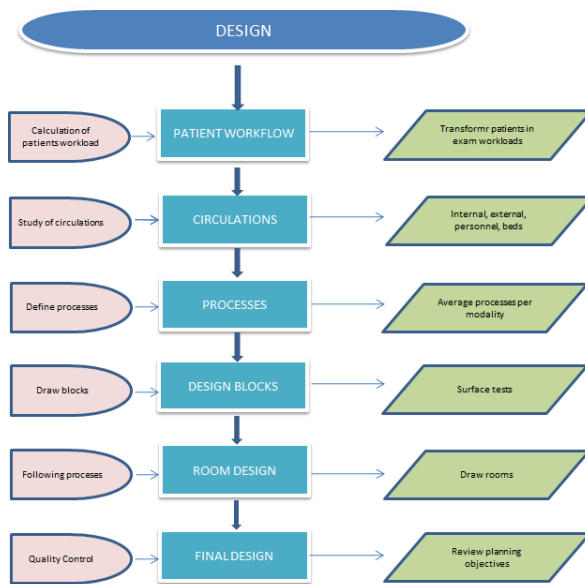
- I. RECOMMENDATIONS IN RADIOLOGY**
- II. RECOMMENDATIONS IN NUCLEAR MEDICINE**
- III. RECOMMENDATIONS IN RADIOTHERAPY**
- IV. RECOMMENDATIONS IN MAGNETIC RESONANCE**
- V. ARCHITECTURAL LEGISLATION**
- VI. COMPUTING STANDARDS**

XIII.-THE PLANNING PROCESS



- I. DEMAND ANALYSIS
- II. ROOMS AND SURFACE
- III. ZONES DISTRIBUTION
- IV. PERSONNEL
- V. DESIGN

XIV.- THE DESIGN PROCESS



I. PATIENTS WORKFLOW

II. CIRCULATIONS

III. CLINICAL PROCESSES

IV. DESIGN BLOCKS

V. ROOMS DESIGN

VI. DEPARTMENT DESIGN

XV.- BUSINESS PLAN



I. INVOICING

II. COSTS

III. COSTS PER EXAM

IV. CASH FLOW AND RESULTS

Population	Frequency	Modality	%	Exams	t exa	Medium Production	R	R	Medium Surface	Net Surface	Population Growth	R	R	Modality Growth	R	R	Total Net Surface
Population	Exam/1000				min	Exams			m 2	m 2	%						m 2
160.000	1.000	DR	34	54.400	3	26.250	2,1	3	20	60	2	2,5	3,0	0	2,5	3	60
		FL	3	4.800	15	5.250	0,9	1	25	25		1,1	1,0	0	1,1	1	25
		ORT	1	1.600	6	13.125	0,1	1	8	8		0,1	1,0	0	0,1	1	8
		DEN	1	1.600	15	5.250	0,3	1	15	15		0,4	1,0	4	0,5	1	15
		MAM.	3	4.800	10	7.875	0,6	1	12	12		0,7	1,0	4	1,0	1	12
		CT	6	9.600	15	10.500	0,9	2	30	60		1,1	1,0	4	1,5	2	60
		MR	8	12.800	25	6.300	2,0	2	35	70		2,4	3,0	5	3,7	4	140
		US	8	12.800	15	5.250	2,4	2	15	30		2,9	3,0	5	4,4	5	75
		VAS	1	1.600	60	1.313	1,2	1	35	35		1,5	1,0	5	2,2	2	70
160.000	1.000	US	3	4.800	15	26.280	0,2	1	15	15		0,2	1,0	5	0,3	1	15
		DR	30	48.000	3	131.400	0,4	1	20	20		0,4	1,0	0	0,4	1	20
		CT	2	3.200	15	26.280	0,1	0	35	0		0,1	0,0	4	0,2	0	0
0	0	DR	67	0	8	19.688	0,0	0	20	0		0,0	0,0	0	0,0	0	0
		FL	7	0	30	5.833	0,0	0	25	0		0,0	0,0	0	0,0	0	0
		US	10	0	20	5.625	0,0	0	15	0		0,0	0,0	5	0,0	0	0
		CT	8	0	25	6.300	0,0	0	30	0		0,0	0,0	4	0,0	0	0
		MR	8	0	60	2.625	0,0	0	35	0		0,0	0,0	5	0,0	0	0
										160.000			16			350	
NET EXAMINATION SURFACE										350			17,0			22	500
DEPARTMENT GROSS SURFACE										2.100	GREATER NEED OF SPACE BECAUSE: * Population Growth * Modality Demand Increase		3.000			32.291 ft2	
										22.604 ft2							

PLANNING properly the needs of diagnostic imaging and radiotherapy of a community is a complex task that requires experience and specialization and a lot of creativity for the next task that is the design.

DESIGN the department properly is the next stage which leads to many years of good performance, productivity in the work of the personnel and satisfaction in the care of the patient.

Facilities that provide the correct diagnosis and treatment to patients are the target of this book, and through its pages can will know techniques and procedures with which health managers, medical administrators, medical doctors, radiologists, oncologists, engineers, physicists, architects and other professionals in the sector can perform their task with satisfaction and efficiency, so patients will find, once the departments are in operation, safe and comfortable.

And its final goal is to have diagnostic imaging and radiotherapy departments that ratify the patient in their dignity as a person.

J.A. GARCIA