Department of Radiology
Rules and Regulations

Reviewed/Revised by Department*
May 17, 2007

Approved by Bylaws Committee
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Approved by Medical Executive Committee
November 6, 2007

Approved by Board
January 28, 2008

*History prior to 2001 is recorded on the back sheet of these Rules and Regulations
DEPARTMENT OF RADIOLOGY

The Department of Radiology is a branch of medicine, which utilizes radiations of various origin and energy in the diagnosis and treatment of disease.

The purpose of the department is to apply the disciplines of radiology in aiding practitioners and allied health professionals in making the diagnosis of the patient's clinical condition, as well as to employ radiologic methods in the treatment of illness where applicable.

The Department of Radiology is divided into diagnostic and therapeutic (oncology) sections. The diagnostic branch includes routine diagnostic radiography, breast imaging, nuclear medicine, ultrasound, computed tomography (CT) magnetic resonance imaging (MRI) and interventional radiology.

Administratively, the department is organized as one unit under the chief of the department who is assisted by associate diagnostic radiologists. The therapeutic (oncologic) branch has its own chief and therapeutic radiologists.

During the absence of the chief of the department, the vice-chief will be the acting chief.

Election of a successor for the chief of the department - A vice-chief of the department, who will become the chief when the position is vacated, should be elected by the department with the following criteria: 1) recommendation by the current chief, 2) seniority, 3) demonstration of leadership and administrative capability, 4) professional performance and competency, and 5) the majority of voting members.

All imaging examinations are interpreted by the staff radiologists. Comparison with prior relevant examinations will be made when available. When reports are transcribed, they are distributed to the referring health care providers and included in the patient's medical record. Electronic copies are retained in the Radiology Department as well as with Health Information Management (Medical Records).

The patients' well being and safety is our primary concern.

Membership in the Radiology Department requires certification by the American Board of Radiology or eligibility to take the board examination. The exam must be passed successfully no later than 5 years after the end of residency or fellowship program.
The department meets regularly and the technical and professional performance are reviewed and appropriate actions are taken. The President and Vice Presidents (i.e., “the partners”) of Northwest Radiology Associates, S.C. constitute the voting members of the department. A quorum of 50% of the voting members is required to hold a formal department meeting. A quality assurance plan exists for both the technical and professional performance of the department.

1. The conduct of departmental activities and functions shall follow the recommendations and principles of the American College of Radiology, the Society of Nuclear Medicine and the American Institute of Ultrasound in Medicine.

2. Policies and principles of radiography, breast imaging, nuclear medicine, ultrasound, CT MRI and interventional radiology shall follow the recommendations listed in the accreditation manual for hospitals and as approved and evaluated by the chief of the Department of Radiology.

3. Diagnostic and consultative therapeutic radiology services shall be directed by radiologists qualified to perform the desired procedure. All such procedures require a written or electronic report signed by a radiologist for the patient's medical record.

4. Radiography, breast imaging, nuclear medicine, ultrasound, CT MRI and interventional radiology services and consultation shall be available to meet the needs of patients as determined by the medical staff and the chief of the department.

5. Educational programs shall be appropriate for the size, expertise and needs of the professional staff and for the scope and complexity of radiography, breast imaging nuclear medicine, ultrasound, CT, MRI and interventional radiology services provided.

6. There shall be written policies and procedures, including safety rules for radiography, breast imaging, nuclear medicine, ultrasound, CT, MRI and interventional radiology services available to the medical staff.

7. As part of the quality assurance program, the quality and appropriateness of patient care services provided by radiography, breast imaging, nuclear medicine, ultrasound MRI and interventional radiology shall be monitored and evaluated, and identified problems shall be resolved.

8. All appropriate records and safety requirements required by federal, state and local authorities, as well as records consistent with competent practice, shall be monitored by the hospital.
9. If imaging examinations done in outside facilities are to be utilized, a copy of the report will be made a part of the patient’s medical record. Outside reports must have been interpreted by certified radiologists and a signed report rendered.

10. All orders for radiography, breast imaging, nuclear medicine, ultrasound, CT, MRI, or interventional radiology examinations shall be in writing (including electronically). Imaging and state the clinical problem and the reason for the examination.

11. A radiologist shall be assigned to be on call at all times for emergency procedures of any kind and a daily call list maintained in the department for the information of the medical staff.

12. A radiologist shall be available within 45 minutes for any emergency interpretation/procedure.

13. All radiography, breast imaging, nuclear medicine, ultrasound, CT, MRI and interventional radiology examinations dictated and signed shall be transcribed as expeditiously as possible.

14. All diagnostic imaging examinations must be reviewed and interpreted by a certified radiologist.

15. Examinations on emergency patients may be interpreted on a preliminary basis by the Emergency Department or other house physician. These will be reviewed and the final interpretation rendered by a radiologist in a reasonable interval.

16. Release of any imaging study requires the signature of the patient or legal designate. A record of this release shall be maintained in the Radiology Department and Health Information Management.

17. Imaging examinations on patients will be kept on file for periods in keeping with accepted legal requirements excepting litigation cases, pediatric or breast imaging studies, which may be kept longer for legal or comparative reasons.

18. Radiologists will always be available for consultation with referring physicians and will also evaluate the appropriateness of the requested examinations.

19. Radiography, breast imaging, nuclear medicine, ultrasound, CT, MRI or interventional radiology procedures may be requested by a licensed M.D., D.O., D.P.M., D.D.S., advanced practice nurse or physician assistant. Requests from other medical practitioners shall be honored only according to the current policy of the hospital and the Department of Radiology. (Special programs such as mammographic screening may be honored by self-
20. Radiology and nuclear medicine safety regulations will be developed in conjunction with the hospital Radiation Safety Committee, Radiology and Nuclear Medicine Committee. Such regulations shall be approved by the appropriate representatives of the medical staff and administration and reviewed annually.

21. The professional performance and conduct of the radiologists will be reviewed each year by the chief of the department. Every two years each radiologist will submit to the chief a copy of his CME activities.

22. The Radiology Department will organize and conduct a quality assurance program approved by the hospital Quality Assurance Committee.

23. The Department of Radiology will establish criteria for each of its procedures based on qualifications through approved residency training, fellowship and/or additional training. These should include knowledge of instrumentation, including safety, and certification by a recognized board that the physician is competent in radiation safety, radiation physics and radiology. A list of the criteria shall be maintained and reviewed at least every other year. If a procedure is new, documentation from the literature is required before criteria is established.

24. The Department of Radiology will adhere to the procedural sedation protocols as set forth in Administrative Policy #132 – Procedural Sedation/Analgesia and in compliance with State regulations.

Additional criteria for procedural sedation are as follows:

**Adult Criteria**

1. Telephone assessment with pre-procedure instructions.
2. History and physical prior to procedure from attending physician or radiologist.
3. Schedule sedation for Monday – Friday in early a.m.
4. NPO for 4 – 6 hours prior to test.
5. Crash cart with suction in the Radiology Department.
6. Ambu bag and mask with O2 set up in the room.
7. MD readily available in department.
8. Patient IV access.
9. Reversal agents easily accessible (crash cart/pixis)
10. Continuous monitor of EKG, NIBP, Sao2 (Co2 monitoring when available in MRI Department).
11. Utilize hospital approved conscious sedation flow sheet.
12. ED physician available if there is a code.
13. Written discharge instructions.
Credentials for Radiologist

1. Ongoing CPR and airway management certification
2. Medication review.
3. Must have patient H & P prior to test.

Credentials for RN

1. ACLS and CPR certified.
2. Read and complete hospital approved conscious sedation protocol and test.

A more extensive list and description of the rules and regulations of the department exist in a special volume under "Policy-Procedure Manual" which is periodically updated.

Approved 1999
Rev. 4/01
Rev. 5/07 & 7/07
Rev. 1/08