

CARROLL HOSPITAL CENTER

DEPARTMENT OF RADIOLOGY RULES AND REGULATIONS

SECTION I: NAME

The name of the department shall be the Department of Radiology.

SECTION II: PREAMBLE

The Hospital shall maintain the Technical Radiology Services sufficient to meet the needs of the patients of the Hospital, Medical Staff and community. The Radiology Group shall provide Professional Radiology Services sufficient to meet the needs of the patients of the Hospital, Medical Staff and community. This shall be carried out administratively through the designation of a Chief of the Department of Radiology and promulgated by Hospital and Radiology Group policy and procedures developed collaboratively by the Radiology Group and Hospital.

SECTION III: DEFINITIONS

- A. Radiology Group: The Physician practices which have been contracted to provide professional Radiology Services for the Hospital's Department of Radiology.
- B. Professional Radiology Services: The supervision and interpretation of Diagnostic Radiology studies, evaluation and management of patients undergoing Diagnostic Radiology and Radiation Oncology procedures and performance of interventional radiology and Radiation Oncology procedures.
- C. Technical Radiology Services: The facilities and technical staff provided by the Hospital necessary to delivery Diagnostic Radiology and Radiation Oncology services.
- D. Diagnostic Radiology: Medical imaging including, but not limited to x-ray, fluoroscopy, computed tomography (CT), magnetic resonance imaging (MRI), nuclear medicine (NM), positron emission tomography and CT (PET/CT) and ultrasound (US), and interventional radiology.
- E. Radiation Oncology: The controlled use of radiation to treat cancer and benign diseases.

SECTION IV: RADIOLOGY DEPARTMENT ORGANIZATION

- A. Radiology Department Divisions
 - 1. Division of Diagnostic Radiology
 - 2. Division of Radiation Oncology

SECTION V: QUALIFICATION FOR MEMBERSHIP IN THE RADIOLOGY DEPARTMENT

- A. Division of Diagnostic Radiology
 - 1. Must be board certified or board eligible in Diagnostic Radiology by the American Board of Radiology, in Diagnostic Radiology by the American Osteopathic Board of Radiology or by the American Board of Nuclear Medicine.
 - 2. Allied Health Practitioners must be certified by their appropriate certifying body.
 - 3. Must be employed by the Radiology Group.
 - 4. Must be a member of the Medical Staff.

- B. Division of Radiation Oncology
 - 1. Physician must be board certified or board eligible in Radiation Oncology by the American Board of Radiology or by the American Osteopathic Board of Radiology .
 - 2. Physician must be board certified or board eligible in Radiation Oncology by the American Board of Radiology or by the American Osteopathic Board of Radiology.
 - 3. Must be a member of the Medical Staff.

SECTION VI: DELINEATION OF PRIVILEGES

- A. Privileges in Diagnostic Radiology and Radiation Oncology are granted by the governing body of the Hospital to members and/or non-members of the Radiology Department only upon positive recommendation of the Chief of Department of Radiology and the Credentials Committee.

- B. Radiology Privileges are generally limited to members of the Department of Radiology.

- C. Requests for limited Diagnostic Radiology privileges by members of the Medical Staff who are not members of the Radiology Department will be considered on a case by case basis. Such privileges should be of a highly-specialized nature which cannot be provided by the Radiology Group.
 - 1. The granting of privileges to perform these studies requires demonstration of special qualification of training and experience in the use of the equipment, as well as practice in a field of related diagnostic activities.
 - 2. To verify the requisite training and experience, it is the applicant's responsibility to submit objective proof of such qualifications including documentation of training and experience in the specific limited radiologic study with expected competence equivalent to a Board-Certified Radiologist performing the same services.
 - 3. Granting of such limited privileges will require positive recommendation of the Chief of Department of Radiology.

4. The applicant is expected to conform to established patterns of patient care at this facility including, but not limited to:
 - a) Minimum continuing experience of the requested privilege.
 - b) Continuing Medical Education relating to the specific requested privilege.
 - c) Appropriate proctoring by a qualified practitioner.
 - d) Ongoing Professional Practice Evaluation to be coordinated by the chairman of the applicant's department.
 - e) Generation of a signed report of the radiologic aspects of each case including technical factors and a professional interpretation of the findings.
 - f) Report turnaround time in keeping with Radiology Department standards.
5. If the Chief of Department of Radiology determines that utilization of Radiology Department facilities by non-departmental members is to such an extent that inhibition of orderly Radiology Department function occurs, this utilization by non-departmental members may be discontinued pending a review by the Executive Committee of the Medical Staff.

SECTION VII: QUALIFICATIONS AND SELECTION OF DEPARTMENT LEADERSHIP

- A. Chief of Department of Department of Radiology (Chief)
 1. The Chief shall be a member of the Department of Radiology board certified in Diagnostic Radiology.
 2. The Chief shall be selected by the Radiology Group, subject to approval by the Hospital.
- B. Assistant Chief of Department of Radiology (Assistant Chief)
 1. The Assistant Chief will be a member of the Department of Radiology board certified in Diagnostic Radiology.
 2. Will be appointed by the Chief with the approval of the Hospital.
- C. Division Chief for Diagnostic Radiology
 1. The Chief of the Department of Radiology will also be the Division Chief for Diagnostic Radiology.
- D. Division Chief for Radiation Oncology
 1. The division Chief of Radiation Oncology shall be a member of the Department of Radiology board certified in Radiation Oncology.
 2. Will be appointed by the Chief with the approval of the Hospital.

SECTION VIII: DUTIES AND RESPONSIBILITIES OF DEPARTMENT LEADERSHIP

- A. Chief of the Department of Radiology
 - 1. Shall supervise all Professional Radiology Services within the department.
 - 2. Shall review all requests for Radiology privileges from department members and non-department members and make appropriate recommendations to the Credentials Committee.
 - 3. Shall, in cooperation with the Hospital leadership, jointly administer Technical Radiology Services within the department.
 - 4. Shall, in cooperation with the Hospital leadership, strive to ensure compliance with the Hospital's mission, Medical Staff Bylaws and pertinent legal requirements and standards.
 - 5. Shall be a member of the Medical Executive Committee, providing guidance on the overall medical policies of the hospital and providing specific recommendations and suggestions regarding Radiology services.
 - 6. Shall be responsible for implementation in the Department of actions taken by the Medical Executive Committee or the Hospital Board of Directors.
 - 7. Shall designate an alternate who shall serve as Assistant to the Chief of the Department and who shall, in the absence of the Chief, assume the duties and responsibilities of that office.
 - 8. Shall appoint a division chief of Radiation Oncology.
- B. Assistant Chief of Radiology
 - 1. Shall assume the duties of the Chief of Radiology in his/her absence.
 - 2. Shall assist with duties of the Chief of Radiology as delegated by the Chief.
- C. Division Chief of Diagnostic Radiology
 - 1. Shall be the medical liaison to the Medical staff, Hospital Administration, other departments and outside entities for issues pertaining to Diagnostic Radiology at Carroll Hospital.
 - 2. Shall be responsible for reviewing requests for initial privileges and reappointments in Diagnostic Radiology (for Department members and non-department members) and making recommendations to the Credentials committee.
 - 3. Shall be responsible for quality assurance activities in the division of Diagnostic Radiology.
 - a) Shall serve as the Chairman of the divisional Quality Assurance Committee.
 - 4. Shall maintain appropriate professional staffing and availability of necessary Diagnostic Radiology services.

5. Shall, in cooperation with Hospital Leadership, develop and distribute a Policy and Procedure Manual for Diagnostic Radiology as outlined in section XI.

D. Division Chief of Radiation Oncology

1. Shall be the medical liaison to the Medical staff, Hospital Administration, other departments and outside entities for issues pertaining to Radiation Oncology at Carroll Hospital.
2. Shall be responsible for reviewing requests for initial privileges and reappointments in Radiation Oncology and making recommendations to the Chief of the Credentials committee.
3. Shall be responsible for quality assurance activities in the division of Radiation Oncology
 - a) Shall serve as the Chairman of the divisional Quality Assurance Committee
4. Maintain appropriate staffing and availability of necessary Radiation Oncology services.
5. Shall, in cooperation with Hospital Leadership, develop and distribute a Policy and Procedure Manual for Radiation Oncology as outlined in Section XI.
6. Shall assist the Chief of Radiology with duties pertaining to the division of Radiation Oncology as delegated by the Chief.

SECTION IX: DEPARTMENT COMMITTEES

The Department shall maintain standing committees as it deems necessary. These might include, but not limited to the following:

A. Radiation Safety Committee

1. Committee Membership
 - a) Chairman
 - (1) Diagnostic Radiologist
 - (a) Appointed by the Chief of the Department of Radiology
2. Other required members
 - a) Radiation Safety Officer
 - (1) Shall be a Medical Physicist
 - b) Senior Management
 - c) Nursing Representative
 - d) Department of Radiology Management
 - e) Coordinator, Nuclear Medicine
 - f) Radiation Oncologist.

3. Duties

- a) Establish and maintain policies for the safe use of licensed materials in compliance with current NRC and/or State regulations and the institutional license;
- b) Support the use of licensed material in a manner consistent with the ALARA philosophy and program;
- c) Establish a table of investigation levels of individual occupational radiation exposures; and
- d) Review the training and experience of the proposed authorized users, the Radiation Safety Officer (RSO), and the physicist to determine that their qualifications are sufficient to enable the individuals to perform their duties safely and are in accordance with the regulations and the license;
- e) Review on the basis of safety and approve or deny, consistent with the limitations of the regulations, the license, and the ALARA philosophy. all request for authorization to use radioactive material within the institution:
- f) Prescribe special conditions that will be required during a proposed method of use of radioactive material such as requirements for bioassays, physical examinations of users, and special monitoring procedures;
- g) Review quarterly the RSO's summary report of the occupational radiation exposure records of all personnel, giving attention to individuals or groups of workers whose occupational exposure appears excessive;
- h) Establish a program to ensure that all persons whose duties may require them to work in or frequent areas where radioactive materials are used (e.g., nursing, security, housekeeping) are appropriately instructed as required in 19.12 of CFR Part 19 or applicable State regulations;
- i) Review at least annually the Quality Management Plan summary report of the entire radiation safety program to determine that all activities are being conducted safely, in accordance with State regulations and the conditions of the license and consistent with the ALARA program and philosophy. The review must include an examination of all records, reports from the RSO, results of the State inspections, written safety procedures, and the adequacy of the management control system.
- j) Recommend remedial action to correct any deficiencies identified in the radiation safety program.

B. Quality Assurance Committee

1. Separate Quality Assurance Committees will be maintained for the division of Diagnostic Radiology and the division of Radiation Oncology.
2. The Division chief will be the chairman of the Divisional Quality Assurance Committee.

C. Various ad hoc committees may be established from time to time as deemed necessary by the Chief or Division Chiefs.

SECTION X: DEPARTMENTAL MEETINGS

- A. Monthly meetings shall be held with the Department Director, Chairman, and Administration or in accordance with Joint Commission requirements.
- B. Quarterly meetings shall be held with the Department Director, Chairman, pertinent representatives of Administration and open to all members of the Radiology Department. Guests will be invited as needed.
- C. Special meetings may be called as the need arises.


SECTION XI: DEPARTMENTAL PROCEDURAL MANUAL

- A. The Department will develop and distribute separate Policy and Procedure Manuals for the Division of Diagnostic Radiology and the Division of Radiation Oncology. These will be developed in cooperation with the Medical Staff, Nursing Service and other department or services as necessary. These policies and procedures should be reviewed regularly, revised as needed and dated to indicate the last review. Procedures should be developed to guide personnel within the Department of DI in performing their duties, and guide others involved in patient preparation.

SECTION XII: QUALITY IMPROVEMENT

- A. The Department of Radiology shall be responsible for the quality of the care rendered by its members, in cooperation with the Organizational Performance Improvement Plan of the hospital and the medical staff peer review process as directed by the Medical Executive Committee.
- B. Participation in the Process shall be defined as:
 - 1. Members will participate in the quality review process as requested by the Chief, Division Chief, Medical Executive Committee, President of the Hospital, or the Director of Process Improvement.
 - 2. Criteria for specific Department of Radiology reviews will be determined periodically as directed by the Performance Improvement Committee and the Medical Staff Quality process and submitted to the Medical Executive Committee.
 - 3. Tracking and trending information will be reviewed regularly by the Chief, Section Chief and individual physicians as directed through the Medical Staff Quality process, and
 - 4. Individual data will be included in the data reported to the Medical Staff office for re-appointment as required by that process.

REVIEWED AND APPROVED BY:

 MD 5/8/19

BERTAN OZGUN, MD Date
Chief, Department of Radiology

 5/9/19

SARAH LENTZ, MD Date
Chairman, Medical Executive Committee

 6/4/19

JEFFREY A. WOTHERS Date
Chair, Board of Directors