

**ST. JOSEPH HOSPITAL  
DEPARTMENT OF RADIOLOGY  
RULES AND REGULATIONS**

**1.0 COMMITTEES**

- 1.1 The Radiology Department Committee shall consist of the Chairman of the department, the Medical Director of Radiology and other members of the department who are active members of the SJH Medical Staff.
- 1.2 The Chairman of the department shall be elected bi-annually by the Active voting department members and shall serve on the Executive Committee.
- 1.3 Representatives of the Department of Radiology shall serve on other committees as necessary.

**2.0 SECTIONS**

The Department of Radiology shall include the following sections:

- 2.1 Diagnostic Radiology
- 2.2 Interventional Radiology
- 2.3 Nuclear Medicine, including PET scanning
- 2.4 Ultrasonography
- 2.5 Computerized Axial Tomography including CT angiography
- 2.6 Magnetic Resonance Imaging including MR angiography
- 2.7 Radiation Oncology
- 2.8 Mammography
- 2.9 Teleradiology

**3.0 STAFF MEMBERS AND CONSULTANTS**

- 3.1 The Radiology Department is a necessary and integral part of the hospital, and in order to function most effectively in the best interest of staff physicians, the

hospital and its patients, its operates under the sole supervision and management of the Medical Director of the CHOC Department of Radiology SJH Department of Radiology, and his associates who have direct contractual relationships with the hospitals to the exclusion of other physicians specializing in radiology or other imaging modalities. Any exceptions to this exclusivity shall be delineated in the contractual relation between the radiology group and the Hospital.

3.2 Consulting board-certified radiologists or other specialists may be used upon the attending physician's request, subject to approval from the Director of Radiology and the Hospital CEO. Consulting radiologists or other specialists are limited to the following functions:

3.2.1 Consultation

3.2.2 Access to the patient's hospital records affecting the patient in question. This includes the right to review, on the hospital premises, all pertinent reports and imaging studies performed and other pertinent reports, all x-rays taken under the supervision of the hospital Radiologists.

3.2.3 Recording the consultant's opinion on the hospital chart as to diagnosis and/or recommendations. This shall be in addition to, and not to replace, the regular and official report of the staff Radiologist.

3.2.4 The right of consultation with the hospital Radiologist concerning methods of administration and dosage scheduled for x-ray therapy. The hospital radiologist is to administer the therapy.

3.2.5 The right of consultation with the hospital radiologist(s) concerning diagnostic and other imaging techniques.

#### 4.0 RADIOLOGY PRIVILEGES

All members of the Radiology Department will be Board Eligible radiologists who have completed training in diagnostic radiology at a hospital approved for training by the American Board of Radiology, Royal College of Physicians (Canada), or American Osteopathic Board of Radiology, or equivalent. Failure to become Board Certified by the above-mentioned boards within six (6) years after completion of formal training will be deemed as a voluntary withdrawal of clinical privileges. If a physician who has been out of training for more than six years, and allowed their board certification to lapse, it is our intent to accept the physician's initial application without being board recertified. Once Board Certification is obtained, members of the Department with time limited Board

Certifications will not be required to re-certify at expiration to maintain staff privileges.

- 4.1 Radiology privileges will be granted for core and specific privileges by the Radiology Department Chair.
- 4.2 In granting radiology privileges, the Radiology Chair or designee will review the applicant's training and experience and interview the applicant.
- 4.3 Categories of privileges in radiology will be Class I and Class IA, as follows:
  - 4.3.1 Class I: Full or unlimited privileges to perform specific procedures.
  - 4.3.2 Class IA: Limited privileges, subject to proctoring requirements, to perform specific procedures.
- 4.4 Physicians must have 50 cases of a variety proctored to obtain Class 1 privileges. Radiologists with Class IA privileges will be reviewed by the department committee *for the first* 30 days and either advanced to Class I or continued observation for another 30 days, at which time Class I will be granted where appropriate, and/or additional proctoring or training recommended where necessary. *New members will remain under ongoing review for a period of not less than one year.* (See Teleradiology section below for teleradiology proctoring requirements)
- 4.5 The Radiology Department will conduct on going peer review of the all department members which may be conducted in conjunction with organizations such as the American College of Radiology (RadPeer).

5.0 RADIOLOGY SPECIAL PROCEDURES PRIVILEGES (Refer to Special Procedures IR Rules & Regulations)

- 5.1 The Special Procedures Committee (SPC) will review the training, experience, and demonstrated competence requirements for the Special Procedures privilege form. The applicant's Section and/or Department Chair will review applicant requests for privileges in accordance with the established privilege criteria and make recommendations regarding approval; however, if requested, the Committee can assist with review and recommendations to the appropriate department for the granting of Class IA and Class I privileges.
- 5.2 Categories of privileges in radiology special procedures will be in Class I and Class IA, as follows:

5.2.1 Class I: Full or unlimited privileges to perform specific procedures.

5.2.2 Class IA: Limited privileges, subject to proctoring requirements, to perform specific procedures.

## 6.0 RESPONSIBILITIES

- 6.1 The Radiology Department will supervise all activities within the hospital involving ionizing radiation or one of the Department's imaging modalities, and all activities performed within the Department of Radiology. They shall be responsible for the quality of radiologic care of all patients,
- 6.2 The Radiologists shall report their findings and conclusions on all diagnostic imaging examinations and document them in the patients' charts. Nothing in this provision shall preclude additional study and interpretation by other physicians on the staff.
- 6.3 The Radiologists welcomes the opportunity to view these films/studies with referring physicians to review studies in the light of additional clinical information, to make comparisons with previous outside studies, and to clarify and amplify reports as indicated.
- 6.4 At the request of staff physicians and as time permits, the Radiologists will render second opinions on technically suitable studies made elsewhere. This will result in written report to be placed on the chart and a professional charge to the patients.

## 7.0 DIAGNOSTIC IMAGING EXAMINATIONS

- 7.1 Ordering Examinations. Examinations should be ordered by referring physicians or designee (PA or NP) who have assess the patient. Under certain emergency circumstances, the Radiologist may assess the patient to determine appropriate studies, in place of, and at the request of the referring doctors based on patient symptoms or issues at hand.
- 7.2 Requests: The request should indicate the type of examination to be performed and the clinical problem to permit the radiologist to suggest the appropriate examination.
- 7.3 Views: The request need not indicate the views unless variation from the routine views, as posted, is desired. In such circumstances, the reasons for varying from

routine should be clearly stated, so that the radiologist may approve the variation.

- 7.4 Explanations: Whenever possible, the referring physician or designee should explain to the patient or his legal representative the nature of the examination, especially when instrumentation of any kind is required.
- 7.5 Indications for Examination: The request must state the indication for the examination and pertinent clinical information to ensure appropriate studies. This should include a provisional diagnosis. If such information is not available, either on the request, by questioning the patient, or by perusal of the chart, the examination may be deferred. This is especially important in examinations requiring gonadal exposure.
- 7.6 Optimum Safety: The referring physician must indicate on the request any circumstances that necessitate variation from the routine to protect the patient, such as, but not limited to, the following:
  - 7.6.1 Allergic history in patients who will require premedication or potentially allergic media.
  - 7.6.2 History of diabetes, impaired renal function, or other conditions which may require modification of the routine preparation.
  - 7.6.3 Injury or disease precluding ordinary positioning of the patient.
  - 7.6.4 Weakness or dizziness requiring studies to be performed without the patient in the erect position.
  - 7.6.5 Known fistulae or abnormalities requiring alteration of the usual media.
  - 7.6.6 Infected or aseptic cases requiring special precautions.
  - 7.6.7 Possible metallic foreign body, pacemakers, prior to MRI.
  - 7.6.8 Method of Transport
- 7.7 Critically Ill Patients: Especially in newborn and infants, the referring doctor or designee (PA or NP) should be in attendance or on alert when the stress of an examination might alter a critically ill patient's condition.
- 7.8 Preparation: Routine preparation should be followed as posted. The Radiologist

will accept any reasonable alterations in the preparation ordered by the referring doctor if the reasons for the alteration are stated.

## 7.9 Special Procedures

- 7.9.1 Should be scheduled adequately in advance to permit optimal utilization of special equipment.
- 7.9.2 Anesthesiology, when required, should be scheduled by the performing doctor.
- 7.9.3 Surgery, when required, should be scheduled by the referring doctor.
- 7.9.4 Special consent for the procedure, when indicated, should be signed by the patient or his legal representative.
- 7.9.5 A history and physical report should be on the chart including indications for special procedures, and consultation note by the doctor performing the procedure, if not previously involved in the case.
- 7.9.6 Appropriate preliminary radiographic studies should be available. Recent outside films of technically satisfactory quality will be reviewed by the Radiologist to obviate unnecessary repeat examinations.
- 7.9.7 Special procedures should be performed only by physicians whose experience and privileges indicate competence in the special procedure, and who have been granted the specific privileges (Refer to Special Procedures IR Rules and Regulations).
- 7.9.8 The Radiologist will supervise the technical aspects of the radiologic portion of indicated specialized procedures, including but not limited to radiation safety, and will consult with the referring doctor relative to other technical aspects of the procedures.
- 7.9.9 Additional Images: If, on review of the images at the time of processing, and on examination of the chart and patient, further study of the same area by additional views or fluoroscopy appears indicated, the Radiologist, mindful of the possible radiation hazards of additional study, will undertake minor additional study. Any major additional study will be made only after consultation with the referring doctor.

7.9.10 Image Files: All images are the property of the radiologists and hospital. The images are kept on file at least seven years or until patient reaches majority plus one year. All images will be available for clinical teaching purposes.

7.9.11 Image Check Out: Images can be provided to the referring physician at his request, and to other physicians only with approval of the referring physician. Images will be given to the patient as required by the law governing patient's access to records. It is preferable for images to be given directly to an approved physician. Images will not be made available to attorneys, insurance representatives, etc., except under the conditions applicable to all hospital medical records. When images are copied notation is placed in record. Outside studies received here and date of receipt are listed in record book. They may be entered into SJH records. Images will be returned to other destinations if the referring physician specifically so requests. Neither the hospital nor radiologists are responsible for loss of outside **images**, either in the hospital or in transit.

## 8.0 RADIATION SAFETY

The importance of minimizing both total body and gonadal radiations, especially to children, will be considered in all decisions, relative to the indications for and type of examinations performed. REFER TO DEPARTMENT POLICY FOR ADDITIONAL INFORMATION

## 9.0 TELERADIOLOGY

### 9.1 QUALIFICATIONS FOR TELERADIOLOGY STAFF

Teleradiologists must qualify for membership in accordance with the Medical Staff Bylaws, Telemedicine Staff. Teleradiologists shall consist of physicians providing care, treatment, and services of patients only via an electronic communication link. These physicians are subject to the credentialing and privileges process of the medical staff.

### 9.2 PREROGATIVES

A teleradiologist member may provide services in accordance with the privileges granted to them. As members of the Telemedicine Staff category, teleradiologists may not vote on matters presented at department and special meetings of the Medical Staff; nor hold office at any level in the Medical Staff organization.

### 9.3 PROCTORING

Teleradiologists with Class IA privileges will remain on observation for at least the first 30 days and on a minimum of 25 cases. After 30 days and 25 cases are completed, the Radiology Department Chair will review the cases and make a recommendation to either advance the physician to Class I privileges or continue on observation for another 30 days. Proctoring shall be deemed successfully completed when the practitioner completes the required number of proctored cases within the time frame established by the Medical Staff Rules and Regulations, and when the practitioner's professional performance in the cases meets the standard of care of the Medical Staff.

### 9.4 FAILURE TO SATISFY QUALIFICATIONS

Failure of a Telemedicine staff member to satisfy the qualifications or obligations of the Telemedicine staff category, proctoring, or privileges may result in a voluntary resignation in accordance with the Medical Staff Bylaws, Rules and Regulations.