



Department of Diagnostic Imaging
Rules and Regulations

I. Introduction

- 1.1 The Department of Diagnostic Imaging is an organized division of the Medical Staff, including the specialties of Diagnostic Radiology, Mammography, Diagnostic Ultrasound, Nuclear Medicine, Computer Cranial and Body Tomography (CT), Magnetic Resonance Imaging (MRI), Vascular and Interventional Radiology, Non-Invasive Diagnostic Vascular Studies, and Radiation Oncology.

II. Membership

- 2.1 Membership in the Department shall include physicians who are certified by the American Board of Radiology, in General Radiology, Diagnostic Radiology, Nuclear Medicine, or Radiation Oncology – and other members who meet the Board Certification requirements in accordance with the Medical Staff Bylaws.
- 2.2 Meetings
 - 2.2-1 The Department shall meet at least four times annually according to the Medical Staff Bylaws to receive, review, and consider reports on patient care; evaluate and monitor the Department activities as well as reports on Department and staff functions. All Active Staff members must meet the Bylaws requirements.
- 2.3 Proctoring / FPPE
 - 2.3-1 Provisional Staff members shall be proctored by a minimum of two Radiologists. The proctors will review at least six examinations and reports. Proctoring by an associate is acceptable.
- 2.4 Ongoing Professional Practice Evaluation (OPPE)
 - 2.4-1 The Department of Diagnostic Imaging shall conduct an ongoing review of the performance of the members in the Department.
- 2.5 Clinical Privileges
 - 2.5-1 Clinical privileges will be granted to members upon review of the delineation of privileges requested by the members of the Department.
 - 2.5-2 The Department will recommend to the Medical Executive Committee the granting of such clinical privileges.
 - 2.5-3 A Department member may admit patients for the performance of outpatient procedures for which the Department member has been granted privileges. When appropriate, the Department member shall obtain consultation from other specialties in other Departments of the Medical Staff.
- 2.6 PPD Requirement for Teleradiologist
 - 2.6-1 The PPD credentialing requirement for teleradiologists will be waived as teleradiologists do not on-site to the facility.

III. Organization

3.1 Chair

- 3.1-1 The Chair shall be elected biennially by the Active members of the Department. The Chair shall supervise all medical affairs.
- 3.1-2 The Chair shall submit reports to the Medical Executive Committee concerning:
 - A. The Department's review, monitoring, and evaluation activities, action taken, and the results of such action.
 - B. Recommendations for maintaining and improving the quality of care provided in the Department and Hospital.
- 3.1-3 The Chair shall appoint such committees as may be necessary or appropriate to conduct Department functions.

3.2 Vice Chair

- 3.2-1 The Vice Chair will assume the duties and responsibilities of the Chair in his or her absence.

3.3 Medical Director

3.3-1 Director of the Department

- A. The Director will have administrative responsibilities as set forth by the contractual agreement with the Hospital. The Director may also be elected Chair.

IV. Department Function and Responsibilities

- 4.1 The members of the Department shall perform and be responsible for Diagnostic Imaging services including General Radiology, Mammography, Computerized Tomography (CT), Diagnostic Ultrasound (other than echocardiogram), Magnetic Resonance Imaging (MRI), Interventional Radiology procedures, Nuclear Medicine, and Non-Invasive Vascular Procedures.
- 4.2 The Director of Radiation Oncology shall be responsible for all activities related to Radiation Therapy. A report of these activities will be given by the Director at each Department meeting as to Radiation Oncology procedures. The Director will be responsible for and will submit to the Hospital's Quality Management Committee, all activities related to patient care and peer review.
- 4.3 All the members of the Department shall be involved in quality assessment and improvement activities (performance improvement). The members will be involved in monitoring and evaluation activities of the quality of patient care and the clinical performance of individuals with clinical privileges. These activities are to include the identification of the Department's important aspect of care indicators. The Department members will routinely collect information related to improving performance, periodically evaluate the information, draw conclusions, make recommendations, initiate actions, and evaluate the effectiveness of the actions taken. This information will be reported at least quarterly to the Quality Management Committee, Medical Executive Committee, and the Governing Board.

- 4.4 The Chair of the Department is responsible for ensuring quality assessment and improvement activities are performed; but he or she may delegate to any member of the Department the performance of any of the components.
- 4.5 The members of the Department will conduct, participate, and make recommendations pertaining to the Department practice.
- 4.6 Procedures and consultations will be performed at the request of the physician. The requisition must be written or confirmed in writing with the reason for the examination indicated.