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| SUBJECT: SCOPE OF SERVICES | REFERENCE #1001 |
| DEPARTMENT: IMAGING SERVICES | PAGE: 1 |
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| APPROVED BY: | EFFECTIVE: |
| | REVISED: |

POLICY:

- This department is under the direct supervision of a Radiologist, certified by the American Board of Radiology and having a current license from the State of _____ to practice medicine.
- A technologist registered by the American Registry of Radiologic Technologists and certified by the State of _____ is available twenty-four (24) hours per day and will assist the radiologist(s) in acquiring needed images on a referred patient.
- Radiographs, commonly called x-rays, must be ordered by an attending physician and are made in one of the department's facilities or by portable equipment by the registered and certified Radiologic Technologists. Following processing of the radiographs, the radiologists dictate their interpretation and the Imaging Services transcriptionist types the results for the radiologist's signature. The original copy is signed by the radiologist and is attached to the patient's chart to become part of the medical records. The second copy is filed in the patient's film folder as a permanent record, which is maintained in the Imaging Services Department. The third copy is used for billing. The fourth copy is mailed or delivered to the referring physician.
- Radiographic images are permanently stored for a period of seven (7) years, unless the patient is a minor and then the images and reports are kept on file until the patient reaches the legal age of eighteen (18).
- The goal of the Imaging Services Department will be to ensure that all patients treated will receive high quality care in the most expedient and professional manner possible.
- The department offers radiology services 24 hours a day to inpatient and emergency services, and ten hours per day to outpatients. Patients of all ages, race, sex and financial status are serviced. Range of treatment comprises diagnostic procedures, invasive/intraoperative and non-invasive techniques and radiation, with or without the use of contrast media.
- Although services include CT scanning, diagnostic ultrasound and magnetic resonance imaging (MRI), x-ray procedures still constitute the majority of the daily procedural load. Services related or concomitant to imaging include quality assurance monitoring and evaluation, quality control (including protecting patients and staff from harmful radiation), image interpretation, dictation, transcription, record filing/management, patient billing, marketing, equipment purchasing, film processing and continuing education.

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| SUBJECT: GENERAL PRINCIPALS OF ULTRASOUND PROCEDURES | REFERENCE #8001 |
| DEPARTMENT: IMAGING SERVICES | PAGE: 1 |
| | OF: 8 |
| APPROVED BY: | EFFECTIVE: |
| | REVISED: |

POLICY:

- Diagnoses are made concurrently during the ultrasound, not via review of still films at a later date.
 - Consideration of difficulties in scan interpretation relates to detection of artifacts versus real findings.
 - Differentiation can best be determined during scan performance.
 - It is critical that the person primarily responsible for the diagnosis review the recorded images and discuss with the person performing the scans the reliability of the findings.
- Abnormalities must be reproducible:
 - An abnormality found in one plane should be localized, marked on the skin surface and confirmed in another plane, usually perpendicular to the original scanning plane.
- Through Transmission Sign:
 - To assure that a structure is real, rather than artifactual, there must be certainty that the sound beam has traversed the area in all directions, rather than being artificially created by the sound beam from the sides.
- Cystic Versus Solid Masses:
 - Bi-stable storage oscilloscopes:
 - Generally require scanning of the same area utilizing multiple gain setting.
 - Cystic criteria:
 - ◆ A sharp posterior wall
 - ◆ Excellent through transmission
 - ◆ No internal echoes at high gain settings.
 - ❖ May get artifacts within the cyst just below the anterior wall (Staiano's sign).

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| SUBJECT: MAGNETIC RESONANCE IMAGING - QUALITY IMPROVEMENT PROGRAM | REFERENCE #6007 |
| DEPARTMENT: IMAGING SERVICES | PAGE: 1 OF: 4 |
| APPROVED BY: | EFFECTIVE: |
| | REVISED: |

OVERVIEW:

- As a leading provider of medical imaging services, _____ Hospital performs nearly _____ MRI and CT exams each year. This experience has allowed _____ Hospital to implement standards and policies that enhance the quality of service at every level.
- Detailed information is collected on each patient who is examined with _____ Hospital equipment. These records are compiled in an extensive computer database that allows an accurate assessment on many critical quality control points. These items include:
 - Examination time
 - Rate and reasons for incomplete exam
 - Claustrophobia rate
 - Patient age and admission status
 - Contrast-enhancement rate and time
 - Examination type and exam rate profile
 - System performance indicators
- This data allows a thorough overview of _____ Hospital's service, technologists and radiologists.

QUALITY IMPROVEMENT INDICATORS:

- Average examination time:
 - This indicator helps measure service quality. An average exam time in excess of 60 minutes may indicate unnecessarily long scan protocols or unacceptably long patient set-up. Average exam times of less than 30 minutes may indicate inadequate scanning protocols.

Average exam time: 49 minutes
 - Quality Improvement action taken: Average exam time within normal limits. No Quality Improvement action taken at this time.
- Average number of MRI sequences, unenhanced exams:
 - This indicator helps measure exam effectiveness. If unenhanced exams average 4 sequences or more, the MRI protocols may contain ineffective or unnecessary sequences.

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| SUBJECT: PERFORMANCE IMPROVEMENT PLAN | REFERENCE #6001 |
| DEPARTMENT: IMAGING SERVICES | PAGE: 1 OF: 5 |
| APPROVED BY: | EFFECTIVE: REVISED: |

PURPOSE/OBJECTIVE:

The Imaging Services Department participates in a hospitalwide Performance Improvement (PI) Program designed to monitor, evaluate and improve the quality and appropriateness of clinical services by:

- Identifying opportunities through continuous assessment of systems and processes of care through a collaborative, interdisciplinary focus, and
- Implementing solutions and actions which will bring about the desired change, to
- Facilitate a positive patient outcome, while
- Maintaining a safe environment for personnel, patients and visitors.

RESPONSIBILITY:

The Director of Imaging Services is responsible for establishing and implementing an Imaging Services PI program. The program shall integrate imaging services performance improvement and quality control activities into a system that will foster improvement in patient care. The director also shall delegate responsibilities for monitoring, action, evaluation and reporting.

The Director of Imaging Services will report all imaging services performance improvement activities to the hospitalwide Quality Improvement Committee and the _____ Committee (insert appropriate medical staff committee responsible for Imaging Services oversight) for their review and recommendations. The hospitalwide Quality Improvement Committee and the _____ Committee will in turn report their evaluations to the Medical Executive Committee.

SCOPE OF CARE:

Patient services are provided to the inpatient, outpatient and Emergency Department population and include:

- Diagnostic Radiographic Testing
- Ultrasound Imaging
- Computerized Tomography
- Magnetic Resonance Imaging
- Nuclear Medicine Studies
- Mammography