

JERSEY SHORE MEDICAL CENTER

DEPARTMENT OF RADIOLOGY

RULES & REGULATIONS

Jersey Shore Medical Center and its Radiology Department Staff shall maintain radiologic facilities and services adequate to meet the needs of the patient and Medical Staff.

ARTICLE I. NAME

The name of this organization shall be the Department of Radiology, Jersey Shore Medical Center.

ARTICLE II. PURPOSE

The purpose of this organization shall be:

1. To insure that all patients admitted to the hospital or treated in the Out Patient Department receive the best possible radiologic services.

2. To provide a means whereby problems of a medico-administrative nature may be discussed by the Medical Staff with the Governing Body and Administration.

3. To initiate and maintain rules and regulations for proper and efficient function of the Radiology Department and government of the Radiological Staff.

4. To insure continued high quality of care through continuing medical education by requiring each member to attain a minimum of 150 CME credits every three years.

ARTICLE III. MEMBERSHIP

A. QUALIFICATIONS

1. He must be a member of the Medical Staff, having applied for and received appointment in the same manner as all other members of the Medical Staff.

2. The applicant shall be certified by the American Board of Radiology or the American Board of Nuclear Medicine, or must be eligible for certification by those Boards.

3. He shall have a license to practice in the State of New Jersey.

4. He shall provide evidence that he is covered by appropriate professional liability insurance.

APPROVED BY THE BOARD OF TRUSTEES - JUNE 24, 1992

(Note minor change on page 2.)

B. APPLICATION FOR MEMBERSHIP

Persons possessing qualifications for Radiology Staff membership, as outlined in Section A above, shall apply for membership by making formal application in writing to the Medical Staff of Jersey Shore Medical Center.

C. TERMS OF APPOINTMENT

The term of appointment shall be for two years, with reappointment biannually at the discretion of the Governing Board. The term of appointment in Radiology will coincide with the term of appointment in other departments and with the term of appointment to the medical staff, according to the Constitution & By Laws of the Jersey Shore Medical Staff.

D. DISCIPLINE

The discipline of a Radiologist on the staff shall be in accordance with the rules and regulations contained in the Constitution & By Laws of the Medical Staff of Jersey Shore Medical Center.

E. APPEALS

When the Executive Committee or other appropriate committee of the medical staff does not recommend a physician for appointment or reappointment, or when reduction, suspension, or revocation of privileges is recommended by the appropriate body, the physician shall have the right to appeal in accordance with the Constitution & By Laws of the Medical Staff of Jersey Shore Medical Center.

F. TEMPORARY PRIVILEGES

Temporary privileges may be awarded by the ^{CEO}~~Governing Board~~ upon the recommendation of the Director of the Department of Radiology. In no case shall these privileges be for a period greater than the term of regular appointments to the department, and these appointments are revocable at any time.

G. DUTIES AND RESPONSIBILITIES OF MEMBERSHIP

Each member of the department shall be expected to help perform the general services and teaching duties of the department. These duties and responsibilities shall be outlined and assigned by the Director of the Department.

ARTICLE IV. CATEGORIES OF THE RADIOLOGY STAFF

Appointments to the medical staff, with privileges in Radiology, shall be in the same categories as are provided for the staff in general, and the privileges and responsibilities of this Staff appointment shall be in accordance with the rules and regulations of the medical staff.

A. CATEGORIES OF ACTIVE STAFF MEMBERSHIP

1. Determination of an active staff individual's rank and advancement in rank within the Department of Radiology shall be based on that individual's:

a. Proper attendance at General Staff meetings.

b. Proper attendance at Departmental meetings.

c. Proper attendance at Committee meetings.

d. Being on "delinquent" Medical Record list no more frequently than twice in a calendar year prior to proposed change in rank.

e. Fulfilling the Medical Society of New Jersey's required Continuing Medical Education credits.

f. Compliance with rules and regulations of the Department of Radiology.

g. Conclusions drawn from QA and PRO activities.

h. Contribution to the teaching program of the department.

2. STAFF RANK

a. ATTENDING: To attain this rank, a physician must be an active member who meets all criteria for promotion of the Department of Radiology and who has been in the rank of Associate Attending for two years.

b. ASSOCIATE ATTENDING: To attain this rank, a physician must be an active staff member who meets all criteria for promotion in the Department of Radiology and who has been in the rank of Assistant Attending for two years.

c. ASSISTANT ATTENDING: To attain this rank, a physician must be an active staff member who meets all criteria for promotion in the Department of Radiology and who has been removed from Provisional Staff appointment.

d. PROVISIONAL STAFF: All initial appointments to the medical staff are to this rank, with the exception of appointments to the rank of Consulting Medical Staff. A staff member can remain in this rank between 6 months and 2 years after becoming a member of the medical staff.

Promotion from this rank requires approval by the Department of Radiology based on review of a minimum of 50 cases by

the Department's QA Committee, as well as fulfilling other criteria for advancement in rank in the Department of Radiology.

(1) For privileges in invasive procedures (angiography, myelography and interventional):

(2) The general requirements outlined in Article III must be fulfilled.

(3) The physician (provisional member) must observe two cases in each of the above categories.

(4) The first 5 cases performed by the provisional member shall be observed by a non-provisional member with delineated privileges in these areas.

(5) Failure to demonstrate competence may result in further suspension or reduction in privileges. When a patient's life or safety has been seriously jeopardized, privileges may be withdrawn or suspended on the basis of the supervising physician's recommendation to the Department Director, pending further investigation.

The final decision for removal from Provisional Staff is at the discretion of the Director of the Department of Radiology.

3. An Active Staff individual's initial rank or promotion to a higher rank in the Department of Radiology is based upon recommendation of the Department Director to the Executive Committee.

ARTICLE V. REAPPOINTMENT PROCESS

Criteria for reappointment shall include the following, but shall not exclude other factors, including the continued competence of the physician.

1. Proper attendance at General Staff meetings.

2. Proper attendance at Departmental meetings.

3. Proper attendance at Committee meetings.

4. Being on "delinquent" Medical Record list no more frequently than twice in a calendar year, prior to proposed change in rank.

5. Fulfill Medical Society of New Jersey's required Continuing Medical Education credits.

6. Compliance with rules and regulations of Department of Radiology.

7. Conclusions drawn from OA and PRO activities.

8. Contribution to the teaching program of the Department.

9. Maintaining privileges in invasive procedures shall require the physician to have demonstrated continued competence and to have performed a minimum of 10 myelograms, 30 angiograms, and 10 biopsies or other invasive procedures per year.

Inability to fulfill these requirements for a period of six (6) months without performing any procedures in each category, shall result in the physician being returned to either a Supervisory status or Provisional rank at the discretion of the Department Director.

ARTICLE VI. CLINICAL DIVISIONS

The Department of Radiology shall be organized into the following:

- A. Diagnostic Radiology
- B. Radiotherapy
- C. Nuclear Radiology and Sonography

ARTICLE VII. OFFICERS AND COMMITTEES

A. DIRECTOR OF THE DEPARTMENT OF RADIOLOGY

1. The Director shall be a member of the Medical Staff and a member of the Department of Radiology Staff.

2. The Director shall be appointed or elected in the same manner and by the same process as are Directors of other departments of the medical staff.

3. His term of office shall be for one year.

4. In the absence of the Director, the Assistant Director shall be designated to act as Director.

5. DUTIES & RESPONSIBILITIES OF THE DIRECTOR:

a. He shall assume and discharge responsibility for professional direction of the Department of Radiology under the Constitution & By Laws of the medical staff of Jersey Shore Medical Center and for administrative direction of the Department of Radiology in cooperation with the Hospital Administrator.

b. He shall be responsible for establishing regulations for the efficient operation of the department.

c. He shall assist the Medical Staff and Administration to achieve a high level of patient service with efficiency and economy.

d. He shall assist the Hospital Administrator in maintaining the Department of Radiology according to the needs of patients, the Hospital, the medical staff and the requirements of accrediting bodies.

e. He shall be responsible for assisting the Hospital in protection of personnel and patients against radiation hazards and in the maintenance of proper safety precautions as required by the Standards of Accreditation of the Joint Commission on Accreditation of Hospitals Organization, as well as other regulatory bodies, including State and Federal agencies.

B. OTHER DEPARTMENTAL OFFICERS

1. ASSISTANT DIRECTOR - DUTIES & RESPONSIBILITIES

a. To assume the duties and regulations of the Director in his absence.

b. To assume other duties and responsibilities as outlined by the Director.

ARTICLE VIII. MEETINGS

A. REGULAR MEETINGS

Departmental meetings shall be held monthly. Special meetings may be called at any time by the Director, or upon the request of one-half of the Radiology Staff. The director shall notify the Radiologists practicing in the department at least ten days in advance of a special meeting.

B. ATTENDANCE AT MEETINGS

Each member must attend 50% of the regular and special meetings.

C. AGENDA AT REGULAR MEETINGS

The Agenda at any regular meeting will be as follows:

1. Call to order
2. Read minutes of last meeting
3. Communications
4. Unfinished Business
5. Reports of standing and special committees.
6. New Business
7. Quality Assurance
8. Presentations of medical information

The Agenda of Special Meetings will be:

1. Reading of the notice calling for the meeting.
2. Discussion of the business for which the meeting was called.
3. Adjournment.

D. QUORUM

Fifty percent of the total active members of the Department shall constitute a quorum.

E. VOTING

Only active members shall have privileges of voting on Departmental matters. Other staff members are privileged to attend meetings and may participate in discussion of items on the Agenda at the discretion of the Chairman of the meeting.

ARTICLE IX. RADIOLOGIC ADMINISTRATIVE ROUTINES AND SERVICES

A. ASSIGNMENT OF CASES

It is the responsibility of the Director of the Department of Radiology to assure that all patients are served, including those who have not requested the services of a specific staff Radiologist, by personally providing service to such patients or assigning them to another staff Radiologist for service.

B. REQUISITION FOR RADIOLOGIC CONSULTATION

Standard requisition forms shall be distributed throughout the Hospital. Requests for Radiologic services shall be written by Attending Physicians and shall contain a concise statement or reason for the examination. This is the responsibility of the Attending Physician, who shall discharge it personally or by delegation to competent personnel. The important point is to provide orientation to the Radiologist as to the clinical problem. This is vital to the maintenance of a high quality of radiologic services. This responsibility is best discharged for:

1. INPATIENTS: By an authorized request by the Attending or House Physician.
2. EMERGENCY ROOM PATIENTS: By an authorized request by the Attending Physician, and,
3. OUTPATIENTS: By an authorized request from the physician's office or a telephone request to the Radiologist by House Staff or other designated personnel.

C. REPORTS

1. THE DIAGNOSTIC RADIOLOGY REPORT: An authenticated written interpretation should be performed on all radiologic (imaging) procedures. The report should include the following items:

a. Name of patient and another identifier, such as birthdate, Social Security number, or hospital or office identification number.

b. Name of the referring physician.

c. Name or type of examination.

d. Dates of the examination and dates and times of transcription.

e. Time of the examination (for ICU-CCU patients).

f. Body of report:

(1) PROCEDURES AND MATERIALS:

Include in the report a description of the procedures performed and any contrast media (agent, concentration, volume and reaction, if any), medications, catheters and device, if not reported elsewhere.

(2) FINDINGS:

Use precise anatomical radiological terminology to describe the findings accurately.

(3) LIMITATIONS:

Where appropriate, identify factors that can limit the sensitivity and specificity of the examination.

(4) CLINICAL ISSUES:

The report should address or answer any pertinent clinical issues raised in the request for the imaging examination.

(5) COMPARATIVE DATA:

Comparisons with previous examinations and reports when possible are a part of the radiologic consultation and report, and optionally may be part of the "impression" section.

g. IMPRESSION (CONCLUSION OR DIAGNOSIS):

(1) Each examination should contain an "impression" section unless the study is being compared with other recent studies and no changes have occurred during the interval, or the body of the report is brief.

(2) Give a precise diagnosis whenever possible.

(3) Give a differential diagnosis when appropriate.

(4) Recommend, only when appropriate, follow-up and additional diagnostic radiologic studies to clarify or confirm the impression.

2. WRITTEN COMMUNICATION:

a. The timeliness of reporting any radiologic examination varies with the nature and urgency of the clinical problem. The written radiological report should be made available in a clinically appropriate, timely manner.

b. The final report should be proof-read carefully to avoid typographical errors, deleted words, and confusing or conflicting statement, and signed (authenticated) by a Radiologist, whenever possible.

c. A copy of the final report should accompany the exchange of relevant radiographic examinations from one health professional to another health professional.

3. DIRECT COMMUNICATION:

a. Radiologists should attempt to coordinate their efforts with those of the referring physician in order to best serve the patient's well-being. In some circumstances, such coordination may require direct communication of unusual, unexpected, or urgent findings to the referring physician in advance of the formal written report. Examples include:

(1) The probable detection of conditions carrying the risk of acute morbidity and/or mortality which may require immediate case management decisions.

(2) The probable detection of disease with non-acute morbidity or mortality sufficiently serious that it may require prompt notification of the patient, clinical evaluation or initiation of treatment.

b. In these circumstances, the Radiologist, or his or her representative, should attempt to communicate directly (in person or by telephone) with the referring physician, or his or her representative. The timeliness of direct communication should be based upon the immediacy of the clinical situation.

c. Documentation of actual or attempted direct communication is appropriate in accordance with department policy, legal advisability, understanding with the referring physician, and individual judgement.

d. Any discrepancy between an emergency or preliminary report and the final written report should be promptly reconciled by direct communication of the referring physician, or his or her representative.

D. SCHEDULING OF PATIENTS

1. PATIENTS REQUIRING FLUOROSCOPY AND INTRAVENOUS PYELOGRAMS:

These patients shall have first priority on the morning of the routine working day.

2. PATIENTS REQUIRING SPECIAL PROCEDURES

These will be scheduled according to available time in the Special Procedure Suite after prior consultation with the Radiologist.

APPROVED BY THE EXECUTIVE COMMITTEE - NOVEMBER 14, 1978

AMENDMENTS - MAY, 1992