

RULES AND REGULATIONS

DEPARTMENT OF RADIOLOGY

NAME

The name of this organization shall be the Department of Radiology, Saint Cloud Hospital Medical Staff.

PURPOSE

The Department of Radiology shall provide quality diagnostic imaging and treatment and/or radiation therapy service to referred patients; provide educational programs for department members, the Medical Staff, and hospital personnel as necessary; and conduct peer review of activities in order to assure that appropriate delivery of radiologic and/or radiation therapy services are provided by all members of the Medical Staff.

MEMBERSHIP

Practitioners who are members in good standing of the Medical Staff shall be eligible to be members of the Department of Radiology. Membership will be limited to those physicians who have passed or who are eligible to take the examinations given by the American Board of Radiology, or those physicians who have privileges in the Department of Radiology and limit their practices to diagnostic radiology or radiation therapy and have education, training and demonstrated competence in the care and management of patients undergoing radiologic procedures and/or radiation oncology.

The Department of Radiology will recommend membership in the department to the Credentials Committee.

ORGANIZATION

Officers: There shall be a Chair and Vice Chair whose election, tenure, qualifications, removal, functions and responsibilities are as provided for in the Medical Staff Bylaws (Article 3, Officers). The Vice Chair will represent the Chair in his/her absence.

FUNCTIONS

General: St. Cloud Hospital and its Radiology Staff shall maintain radiologic facilities and services adequate to meet the needs of patients as defined by the Medical Staff.

Consultation: Members of the Department of Radiology shall provide consultation to all members of the Medical Staff of Saint Cloud Hospital upon request.

Department members are encouraged to obtain consultations and/or referrals from other clinical specialties as appropriate.

Duties of the Chair: The Chair of the Department of Radiology will ensure that those caring for patients undergoing radiologic procedures and/or radiation therapy do not fail in the matter of ordering consultations or referrals when they are needed. The Chair shall make recommendations to the Credentials Committee/Board of Directors regarding all requests for limited radiologic privileges by other members of the Medical Staff.

The Radiation Safety/Radioisotope Subcommittee will function as a subcommittee of the Department of Radiology and report regularly on its proceedings to the Department of Radiology.

A. Composition

Radiation Oncologists
Diagnostic Nuclear Medicine Radiologist
Cardiology Medical Staff Representative
Radiation Safety Officer
Director of Imaging Services
Director of Oncology
Security and Safety Coordinator
Oncology Nurse
Chief Nuclear Medicine Technician
Medical Physicist

B. Function

The Radiation Safety/Radioisotope Subcommittee should meet at least quarterly regarding Radiation Safety/Radioisotope Therapy in Saint Cloud Hospital.

Education: The Department of Radiology will be responsible to provide educational programs for the members of the department, for the Medical Staff, and the hospital personnel.

DEPARTMENTAL RULES AND REGULATIONS

- A. The members of the Department of Radiology shall provide consultation to all members of the Medical Staff upon request and an authenticated consultative report for each examination.
- B. Policies and procedures are developed to guide personnel within the Radiology Department in performing their duties and to guide Medical Staff in patient referrals. These policies and procedures may be developed with consultation of Medical Staff and other hospital departments as necessary, are reviewed regularly, and revised as needed, and dated to indicate the last review.
- C. The Radiology Department has responsibility for review and reporting of all radiographic and of designated imaging procedures performed within the hospital.

Formal interpretation and reporting of radiologic procedures throughout the hospital and imaging procedures performed by the Radiology Department must be provided by a member of the department.

- D. There are exceptions to the above rule (c) that shall be allowed. Certain physicians have been credentialed by the hospital as of this date to perform and/or interpret certain specified imaging procedures. These exceptions are:
1. Roentgen examinations of the teeth are interpreted by the dentist requesting the examination. The film(s) will become part of the patient's record secured by the dentists.

2. Cardiac catheterization & nuclear cardiology procedures are formally interpreted by physicians granted privileges to perform and/or supervise the procedure.
3. Image guided ERCP, lung biopsy, liver biopsy and renal biopsy may be performed by qualified physicians of the Medical Staff granted privileges to perform these procedures. Formal interpretation of images obtained during these procedures will be provided by qualified members of the Department of Radiology.
4. Level 2 ultrasound (pregnancy) and biophysical profile (ultrasound-pregnancy) may be performed and interpreted by physicians granted those specific privileges.
5. Carotid ultrasound exams may be performed and interpreted by physicians granted those specific privileges.
6. Use of fluoroscopy is limited to those practitioners with that specific granted privilege to guide therapeutic procedures as they are privileged to perform (eg. Nerve block, facet injection, foreign body removal from soft tissues, fracture reduction, operative guidance (eg. Percutaneous lithotripsy). Formal interpretation of images generated from these procedures is restricted to qualified members of the Department of Radiology.

RESPONSE TIME EXEMPTION

The Radiation Oncology subdivision of the Radiology Department is exempted from the Bylaws policy regarding 30 Minute Response Time.

ADOPTION AND AMENDMENT

Rules and Regulations shall be submitted and voted upon by the membership. A majority vote is required for adoption or modification. These rules and regulations will be adopted, amended, repealed or added to according to Article 8 of the Medical Staff Bylaws and will become effective when recommended by the Executive Committee of the Medical Staff and approved by the Board of Directors.

Reviewed: 5/9/2023