

JOHN C. LINCOLN DEER VALLEY HOSPITAL
Phoenix, Arizona

DEPARTMENT OF RADIOLOGY RULES AND REGULATIONS

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	Approved:	05/98
	Revised:	02/99
	Revised:	10/01
	Revised:	11/03
	Revised:	09/06



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**DEPARTMENT OF RADIOLOGY
RULES AND REGULATIONS**

I. AUTHORITY

The Department of Radiology is organized as specified in Article 8 of the Bylaws of the Medical Staff of John C. Lincoln Deer Valley Hospital.

II. ORGANIZATION OF THE DEPARTMENT

Organization

1. In accordance with the Bylaws of the Medical Staff of John C. Lincoln Deer Valley Hospital, the Department of Radiology is organized as a Department of the Medical Staff.
2. Membership in the Department of Radiology shall consist of members of the Medical Staff whose assignment to the Department by the Credentials Committee has been approved by the Radiology Department, the Medical Executive Committee, and the Board of Directors.
3. The Hospital Services Committee is the oversight committee for the Radiology department.
4. The Chairman of the Hospital Services Committee will be selected by the Chief of Staff.

III. DUTIES OF CHAIRMAN AND VICE-CHAIRMAN

Chairman

A Chairman who shall be elected as specified in Article 8.5-2 of the Bylaws, shall direct the Department of Radiology. The Chairman may serve consecutive terms. In addition, the Chairman or Vice-chairman is responsible for initial review for all requests for medical staff appointment and reappointment to the Department.

Vice-Chairman

A Vice-Chairman shall be elected as specified in Article 8.5-2 of the Bylaws. The Vice-Chairman may also serve consecutive terms. The Vice-Chairman shall assume the duties of the Chairman in his/her absence or in the vacancy of the Chairman. The Vice-Chairman or designee is responsible for the educational programs for the Department of Radiology.

The duties of the Department Chairman and Vice-Chairman are defined in the Medical Staff Bylaws, Article 8.5-1.

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IV. FUNCTIONS AND DUTIES OF THE DEPARTMENT

The functions and duties of the department are as defined in the Medical Staff Bylaws, Article 8.5-6:

1. Develop recommendations for the qualifications appropriate to obtain and maintain clinical privileges in the department;
2. Establish and implement clinical policies and procedures, and monitor its members' adherence to them;
3. Adopt its own Rules and Regulations to clarify or expand the Bylaws to meet the needs of its particular area of practice. Department Rules and Regulations shall not conflict with the Bylaws and shall be subject to approval by the Executive Committee and the Board;
4. Monitor and evaluate the results of reviews for quality and appropriateness of patient care and any other review and evaluation activities, and to provide a forum for discussion of matters of concern to its members;
5. Be responsible for the conducting of continuing education, within the department;
6. Coordinate the professional services of its members with those of other departments and with the Hospital nursing and support services;
7. Report and make recommendations regarding clinical, quality review and administrative activities to the Executive Committee;
8. Establish any subcommittees as are necessary to perform functions required of it. The composition and method of selection of the committees and subcommittee members shall be defined within the Department Rules and Regulations;
9. Formulate Policy and Procedures for the day-to-day operation of the Department; and
10. Establish indicators to monitor and evaluate patient care at its meetings, to identify problems and subsequent resolution.
11. Osteopathic physicians shall subscribe to and utilize the distinctive osteopathic approach in the provision of patient care.

V. MEMBERSHIP AND PRIVILEGES

Physicians applying for Department membership and privileges shall apply in accordance with the Credentialing Procedures Manual of the Medical Staff Bylaws.

1. General qualifications for membership are outlined in Article 3 of the Medical Staff Bylaws.
2. Basis for privilege determination is outlined in Article 5 of the Medical Staff Bylaws.
3. It shall be the responsibility of the Department to establish specific prerogatives for Allied Health Professionals assigned to the Department of Radiology.

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4. The Radiology Department shall review the qualifications of the applicant and may at its discretion, interview the applicant. The Department Chairman shall then recommend to the Credentials Committee, in concurrence with the granting, withholding, or limiting of privileges to the applicant based on his/her training and or experience;
5. Staff members within the Department of Radiology requesting an increase in, or wider scope of medical privileges, must do so in writing to the Department chairman stating and including documentation of additional training or experience which might justify such privileges;
6. There shall be a biennial evaluation of all staff members whom have medical privileges as outlined in the Credentialing Manual of the Medical Staff. The biennial reappointment pertaining to the evaluation of one's privileges shall be forwarded to the Credentials Committee in accordance with the Medical Staff Bylaws.
7. Whenever medical privileges are recommended to be reduced or withdrawn, the physician may at his/her option, appeal the proposed action following the procedure as outlined in the Fair Hearing Plan in the Medical Staff Bylaws.

VI. CLINICAL REVIEW

Upon the Executive Committee's approval of the applicant's requested privileges, the applicant is granted a "provisional" term to demonstrate his/her current clinical and case management expertise. This requirement is mandated to:

1. Further the quality of patient care required of staff members prior to the advancement from provisional status;
2. Provide additional information regarding the applicant's clinical ability before permanent privileges are considered or granted; and
3. All approved requests for special procedures shall be from a graduate of an approved residency or fellowship program in specialty or subspecialty modalities and reviewed by an approved reviewer in like modalities. This is in addition to the basic requirements for general medical privileges.

A. Supervision for Special Procedures

1. Each applicant shall have three (3) vascular and three (3) nonvascular cases observed. Supervised cases from other facilities may be submitted.
2. The reviewer's report is **CONFIDENTIAL** and for use by the Department only. The reports, however, may be released to other hospitals, if requested in writing by the reviewed physician.
3. Approved reviewers must meet the following criteria: have unobserved privileges within their respective specialty for that modality and procedure.
4. All reviewed cases must be submitted within one year of staff appointment, in order to avoid voluntary relinquishment of privileges. The Chairman of the Department for good cause may grant an extension of time, if requested in writing prior to the end of the review period, as specified in Part 4 of the Medical Staff Credentialing Procedure Manual.

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5. After completion of the required number of cases, the reports will be forwarded to the Chairman for review. Until the cases have been reviewed, retrospective review of cases must be continued unless the Chairman of the Department reviews these cases and grants temporary unobserved privileges.
6. Following review of the completed retrospective review reports, the Department may require additional cases to be reviewed if deemed necessary.

B. Responsibilities of the Associate Staff Member

The physician being reviewed shall, within a reasonable time limit, notify an approved reviewer of his/her need for retrospective review. The Associate or staff member must personally contact the physician to request review. An order on the chart is not acceptable.

C. Approved Reviewers

1. Medical records of reviewed cases must be completed by the associate staff physician, and not by his/her associates. It is recommended that the associate staff member maintain a personal record of his/her reviewed cases.
2. After completion of the required number of reviewed cases, the reviewed physician must then notify the Medical Staff Services Department. The reviewed case reports will then be reviewed by the Department of Hospital Services.

D. Reviewer's Responsibilities:

1. The reviewer, within a reasonable amount of time after notification, will review the patient's chart, complete the Reviewer's Report Form and forward to the Medical Staff Services Department.
2. If a reviewer is unavailable for whatever reason, for a particular case, he/she must notify the physician of the reason for his/her unavailability.
3. Repeated unavailability to review may result in referral to the Hospital Services for its consideration/review and/or action.
4. The Review Report Form shall be completed within 72 hours of notification of the need for a reviewer.
5. A case may be invalidated, at the discretion of the reviewer, if it is determined that the Associate staff member has not had substantial involvement to judge his/her medical expertise.
6. Should any question arise concerning a physician's competency in or management of a particular case, or if the reviewer finds any deficiencies, it is his/her responsibility to immediately bring it to the attention of the Chairman of the Radiology Department, who shall review the case and may request review by another reviewer.

VII. MEETINGS AND ATTENDANCE

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The Chairman of the Department of Radiology shall preside at all meetings. In his/her absence, the Vice-Chairman of the Department will preside. The Radiology Department shall meet as necessary to perform such functions and to carry out the business of the Department. The Department shall meet at a time and date designated by the Chairman and appropriate records shall be permanently maintained which will be reported to the Hospital Services Committee.

A quorum shall be present at all meetings to make recommendations, and/or take actions. A quorum is defined as those voting members present. Attendance at all Department meetings shall be maintained and recorded by the Medical Staff Services Department.

1. **Subcommittees and Ad Hoc Committees:** Subcommittees or Ad Hoc Committees may be appointed by the Chairman as deemed necessary to carry out specific functions, subject to approval of the Department. The Chairman of the Department or any subcommittees or ad hoc committees shall be responsible for maintaining a permanent record of meetings, actions, recommendations, and attendance which, of the latter two, shall be submitted to the Department, to Hospital Services Committee, and kept in the Medical Staff Services Department.

VIII. MISCELLANEOUS PROVISIONS

Recognizing that all possible situations cannot be foreseen and addressed within these Rules and Regulations, the Chairman of the Radiology Department or designees is authorized to take any action in an emergency, which is indicated by the circumstances.

IV. AMENDMENTS

These Rules and Regulations shall be reviewed biennially by the Hospital Services Department Committee and must be approved by the Medical Executive Committee of the Medical Staff and the Board of Directors of John C. Lincoln Deer Valley Hospital. Amendments to these Rules and Regulations will require approval by the Medical Executive Committee and the Board of Directors of John C. Lincoln Deer Valley Hospital.

APPROVED: 09/98
Revised: 02/01
Revised 07/01
Revised: 10/01
Revised: 09/06