DEACONESS HOSPITAL, INC.
Evansville, Indiana

RADIOLOGY DEPARTMENT RULES AND REGULATIONS

I. PURPOSE

A. These articles shall be known and observed as the Rules and Regulations of the Radiology Department.

B. These Rules and Regulations shall govern all actions and activities of the Radiology Department. Their intent is to supplement the Bylaws of the Medical Staff of Deaconess Hospital and in no way shall be construed to violate any article or section in said Bylaws.

C. These Rules and Regulations shall supersede all previous Rules and Regulations of the Radiology Department.

II. MEMBERSHIP REQUIREMENT

A. Active Membership Requirements

1. Shall be an Active member of the Deaconess Hospital Medical Staff.

2. Shall be, by reason of training and experience, eligible for examination by the American Board of Radiology for certification in Radiology, Roentgenology, Radiation Therapy, or Nuclear Medicine.

3. Shall have practiced at Deaconess Hospital for at least one (1) year with active participation in the affairs of the hospital and Radiology Department as an Active Provisional Staff member.

4. All Active members of the Radiology Department who enjoy full Radiology privileges at the time of adoption of these Rules and Regulations will, at their own request, be included as members.

5. Shall abide by the Rules and Regulations of the Department.

B. Courtesy Membership Requirements

1. Shall meet the requirements specified in the Bylaws for Courtesy Staff membership.

2. Shall meet the requirements for Active membership in the department but shall not be eligible to vote, hold office, or serve on committees.

3. Shall abide by the Rules and Regulations of the department, but will not be on the emergency call roster or be a consultant on unassigned cases.

C. Active Provisional Membership Requirements

1. Shall meet the requirements for Active membership in the department but shall be on probation for one (1) year and shall not be eligible to vote or hold office.

2. Shall abide by the Rules and Regulations of the department.

D. Senior Membership Requirements

1. Shall meet the requirements for Senior Staff as specified in the Bylaws.

2. Shall meet the requirements for Active membership in the department but shall not be eligible to hold office.

3. Shall abide by the Rules and Regulations of the department but will not be on emergency call or be a consultant on unassigned cases.

III. STANDARDS OF PRACTICE

A. Members of the department eligible for Board certification, or certified, in only part of the specialty of Radiology shall limit their practice to the part for which they are eligible or certified, as the case may be. All members of the department shall be Board Certified within three (3) years of appointment to the Radiology Department.

B. In order to maintain the standards of Radiology practice, a minimum of twenty (20) hours per year of postgraduate education in Radiology or one of its subspecialties shall be required for all Active members of the department. Additional time in training courses and professional meetings is recommended. Fulfillment of this requirement shall be certified to the Chief in writing.

IV. RULES, RESPONSIBILITIES AND PRIVILEGES

A. Diagnostic X-Ray, Nuclear Medicine, Ultra-Sound, CT, MRI, Special Procedures

1. All procedures for these services shall be ordered by a physician.

2. Orders shall include clinical information from the referring physician relevant to the indications or appropriateness for the requested procedure.

3. Routine patient preparation for various radiologic, nuclear, MRI, or ultra-sound procedures shall be followed as outlined by the Chief of the Department and published or otherwise made known to the Medical Staff. These may be altered from time to time as the need arises by the Chief of the Department. The referring physician may alter the preparation if necessary for medical reasons, in which case the reason should be stated on the order.

4. Physician orders requesting an individual consultant member of the department shall be performed by that individual except that if the individual is not available within a reasonable length of time, the case shall be reassigned by the Chief of the Department or his/her designee.

5. Unassigned Radiology orders are the responsibility of the members of the Department of Radiology who devote the majority of their time to professional practice at Deaconess Hospital, Inc.

6. Special procedures or procedures that interrupt normal daily routine should be scheduled at least 24 hours in advance. Emergency or urgent procedures take precedence at all times.

7. Members of the department shall render official written and signed reports of all diagnostic procedures of the department as early as practical following completion of the procedure, with preliminary results expected no more than 24 hours following the procedure.

8. Members of the department subject to call shall be available to the Department of Radiology during all normal operating hours. Vacations and time off shall be scheduled to assure coverage of the department.

9. Members of the department subject to call will be available according to an impartial call list and shall make themselves available to the department when called outside normal operating hours.

10. Equipment usage will be under the direction of the Chief of Radiology by qualified physicians and technologists, within the guidelines of the Indiana State Department of Health and the Nuclear Regulatory Commission.

    The use of radioactive materials specifically shall be by or under the supervision of a member of the department licensed by the Nuclear Regulatory Commission as a qualified user of said materials for which the department is licensed and subject to the conditions therein specified.

11. Any conditions or circumstances not covered by these Rules and Regulations shall be decided upon by the Chief or his/her designee, subject to approval of a majority of the voting members present at the next regular department meeting.

B. Radiation Therapy

1. All requests for Radiation Therapy consultation will be initiated by a physician or his/her designee and scheduled by personnel in Radiation Therapy.

2. Requests for services should include clinical information from referring physician relevant to indications or appropriateness for possible treatment.

3. Requests for an individual consultant member of the department shall be assigned to that individual except if he is not available within a reasonable time. The Medical Director of Radiation Therapy will be responsible to see that all consultations are completed on a timely basis. He will reassign or assume responsibility for any consultation, after conferring with referring physician, that is delayed because of unavailability of requested consultant.

4. Unassigned consultations are the sole responsibility of the Medical Director, Radiation Therapy, for assignment or treatment.

5. Use of any equipment, sources or material emitting ionizing radiation shall be by or under the supervision of a qualified member of the department.

   The use of radioactive materials will be by members of the department listed on the department's license issued by the Nuclear Regulatory Commission as a qualified user and subject to the conditions therein specified.

6. Any conditions or circumstances not covered by the Rules and Regulations shall be decided by the Chief or his/her disgnee, subject to approval of the majority of the voting members present at the next regular department meeting.

V. MEDICAL DIRECTOR, RADIATION ONCOLOGY

A. The Medical Director, Radiation Oncology, being an Active or Active Provisional member of the Radiology Department and appointed by the hospital President, shall be responsible for establishment and maintenance of an effective relationship with the Medical Staff Administration and other departments/services.

B. Assume responsibility for assignment or treatment of all unassigned patients referred to Radiation Oncology. Any patients assigned must be to physicians, or their designee, who are members of the Radiology Department and have privileges to perform procedures.

C. Review Radiation Oncology treatment records kept on therapy patients to see that they are in accordance with medical, legal, and accreditation requirements of the hospital.

D. Responsible for quality of care provided by all Radiation Oncologists working in the department. Any problems relating to professional practice, patient care, safety and medical ethics not resolvable should be brought to the attention of the Chief of Radiology.

E. All functions pertaining to administration of hospital employed personnel in Radiation Oncology shall be the responsibility of the Administrative Director of Radiology in cooperation with the Medical Director of Radiation Oncology.

F. The Medical Director of Radiation Oncology is professionally responsible to the Chief of the Department of Radiology.

VI. CHIEF OF DEPARTMENT OF RADIOLOGY

A. The Chief of the department shall be elected every two (2) years in accordance with the Bylaws. The Chief of the department shall serve a two (2) year term and may be reelected to two additional consecutive terms. The immediate Past Chief shall serve as Assistant Chief of the department and shall be eligible to attend the MEC meeting in the Chief's absence. In the event the office is vacant for any reason, an election may be held at a special meeting held for that purpose. A vacancy filled at a special election shall be for the unexpired term of his predecessor in office.

Election of Chief will be conducted at the last meeting of the fiscal year by a majority vote of Active and Senior members present. In case of a tie or no majority vote, another vote shall be taken by secret ballot. Notice of the election will be mailed out to the members prior to the meeting.

B. The Chief must be an Active member of the Department of Radiology. The Chief of the Department of Radiology must be board-certified in radiology at the time of nomination for election as Chief.

C. Duties of the Chief:

1. Shall be chairman at department meetings and hold responsibility for the minutes of Radiology Department meetings.

2. Shall assign the call roster to provide 24/7 coverage of interpretation services.

3. Shall be available, for consultation regarding patient care, problems of ethics and such other medical problems as may involve the department.

4. The Chief shall serve on committees to which he is automatically appointed by the Bylaws and attend meeting of the Medical Staff Executive Council, Nominating, and Bylaws Committee.

5. The Chief shall be responsible for interpretation of Rules and Regulations of the department and the enforcement of same.

6. Shall work with the department managers in promoting harmony and accord between professional and administrative functions.

7. Shall appoint subcommittees as needed.

8. Shall appoint a designate from the Active membership in his absence.

9. Appointment of the Radiation Oncology Officer shall be the responsibility of the Chief of the Department and shall be appointed from the membership of the department or a Health Physicist.

10. Shall work with department managers to formulate, approve, and enforce imagining policies, procedures, protocols, and job descriptions in the Radiology Department.

11. The Chief will assist the department managers in staffing assignments correlated to skills, developing criteria and competencies for persons qualified to operate equipment and administer procedures, providing emergency care as necessary, enforcing universal precautions to promote infection control, fostering safe radiation practices, and maintaining the security of the patients' imagining records.

VII. MEETINGS

A. Meetings of the Department of Radiology shall be held every other month.

B. Written notice of the time and place of the meeting shall be sent to all members in advance.

C. Special meetings may be called by the Chief provided written notice is given each member in advance.

D. Subcommittee meetings shall be at the discretion of the committee chairman.

E. Twenty-five percent (25%) of the voting members shall constitute a quorum. If a quorum is not present at any meeting, a majority of the voting members present may adjourn the meeting.

VIII. RATIFICATION AND AMENDMENTS

A. Amendments shall be required to be approved by a majority of the voting members present.

B. These Rules and Regulations shall be reviewed and ratified at the beginning of each Medical Staff fiscal year.

C. Amendments shall be forwarded to the Executive Council for review and approval and shall become effective only upon approval by the Board of Directors.

APPROVED: Radiology Department - September 11, 1980
Executive Council - October 8, 1983

REVISED: Radiology - July 6, 1983
APPROVED: Executive Council - August 10, 1983

REVISED: Radiology Department - August 1, 1984
APPROVED: Executive Council - August 8, 1984

APPROVED: Radiology Department - September 4, 1985
Executive Council - September 11, 1985

APPROVED: Radiology Department - August 5, 1987
Executive Council - August 12, 1987

APPROVED: Radiology Department - November 7, 1990
Executive Council - December 12, 1990

REVISED: Radiology Department - June 5, 1991
APPROVED: Executive Council - July 10, 1991
Board of Directors - August 26, 1991

REVISED: Radiology Department - August 4, 1993
APPROVED: Executive Council - August 11, 1993
Board of Directors - August 23, 1993

REVISED Radiology Department - July 6, 1994
APPROVED: Executive Council - August 10, 1994
Board of Directors - August 22, 1994

REVISED: Radiology Department - May 3, 1995
APPROVED: Executive Council - May 10, 1995
Board of Directors - May 22, 1995

REVISED: Radiology Department – February 22, 2000
APPROVED: Executive Council – March 8, 2000
Board of Directors – April 17, 2000

REVISED: Radiology Department - April 16, 2008
APPROVED: Executive Council – May 14, 2008
Board of Directors – June 16, 2008

REVIEWED:: Radiology Department – June 23, 2010
APPROVED: Executive Council – August 11, 2010
Board of Directors – August 23, 2010

REVISED: Radiology Department – March 7, 2012
APPROVED: Executive Council – May 9, 2012
Board of Directors – May 28, 2012

REVIEWED: Radiology Department – December 11, 2013
APPROVED: Executive Council – February 12, 2014
Board of Directors – February 24, 2014