1 RULES AND REGULATIONS

1-1 OBJECTIVES

A. The main objectives of the Department of Radiology and Diagnostic Imaging are:

1. To evaluate and provide comprehensive radiological/diagnostic imaging services in an accurate, cost effective, and timely manner, providing one level of quality care for all patients.

2. To participate in providing education programs for members of the health care team in the Department of Radiology and Diagnostic Imaging, and for members of the Medical Staff and hospital personnel.

3. To participate in providing educational programs and health promotion in the community by way of educational programs preventive screening, examinations, etc.

4. To carry out the Department of Radiology and Diagnostic Imaging Quality Assurance activities as outlined in the Medical Staff Bylaws and to participate in planning and carrying out of future quality assurance/improvement activities.

5. To help the Board of Directors in assessing qualifications for appointment, reappointment, and credentialing of health care providers within the Department of Radiology and Diagnostic Imaging, and its divisions.

6. Organize the Department of Radiology and Diagnostic Imaging into its subdivisions of Nuclear Medicine, Diagnostic Radiology, and Radiation Oncology, to help in all activities necessary to maintain cooperation among the Medical Staff appointees, hospital administration, hospital board, for the delivery of quality medical care to the patients of the hospital service area.

1-2 ORGANIZATION

A. The Department of Radiology and Diagnostic Imaging will consist of appointees to the Medical Staff of Chambersburg Hospital who meet the requirements for appointment to the Department, as specified in Article III of the Medical Staff Bylaws.

B. There will be a Chair of the Department of Radiology and Diagnostic Imaging. The Chair will
also be the Medical Director of the Department, and will be appointed by the governing board of the Chambersburg Hospital.

C. Additional physician members of the Department of Radiology and Diagnostic Imaging will consist of other Radiologists who are working in a full or part time capacity in the Department (excluding courtesy staff or locum tenens Radiologists). Additional physician members will consist of Radiation Oncologists who are working full time or in a part time capacity in the Division of Radiation Oncology (this will exclude locum tenens Radiation oncologists).

D. The physician members of the Department of Radiology and Diagnostic Imaging (including the Director/Chair) will be voting members of the Department.

E. The Radiology Administrative Director will attend the scheduled meetings of the Department.

F. The Diagnostic Imaging Manager for the Department of Radiology and Diagnostic Imaging, as well as the Quality Assessment/Quality Improvement Coordinator for the Division of Radiation Oncology, and they will be required to attend the scheduled meetings of the Department.

G. The Diagnostic Imaging Managers will attend the scheduled meetings of the Department.

1-3 APPOINTMENT AND DELINEATION OF CLINICAL PRIVILEGES

A. An applicant is eligible for appointment to the Department of Radiology and Diagnostic Imaging if he/she satisfies the general qualifications outlined in the Medical Staff Bylaws, and has completed specialized training that qualifies him or her for board certification in Diagnostic Radiology, Nuclear Medicine, and/or Radiation Oncology. Physicians must be certified by the American Board of Radiology or the American Osteopathic Board of Radiology in the appropriate category for their clinical privileges within three (3) years of initial staff appointment.

B. Eligibility for appointment in one of the clinical subspecialty divisions requires sufficient additional training or experience.

C. All appointees to the Department will be considered for reappointment in accordance with the requirements as outlined in the Medical Staff policy and procedure manual.

D. The delineation of clinical privileges will be recommended by the Department Chair. Factors considered would be those factors specified in the Medical Staff Bylaws, and in these rules and regulations.

E. Active members of the Department will live within a reasonable distance of the Hospital. The Department defines this as the ability to arrive in the Department of Radiology within thirty minutes.

1-4 OFFICERS AND ADMINISTRATION

A. Chair

1. The Department of Radiology and Diagnostic Imaging will be directed by the Chair of the
Department who will be chosen as specified in the Medical Staff Bylaws. The Chair will be an appointee of the active Medical Staff, and will be board certified in Diagnostic Radiology. The Chair's term of office shall be two years. The Chair and Vice Chair shall be eligible to succeed himself/herself beyond the initial two-year term with no maximum term limit.

2. The Chair will present the views, policies, needs, and grievances of appointees of the Department to Hospital Administration and to the Executive Committee of the Medical Staff and in turn, he/she will receive and interpret to appointees of the Department, the policies of the Hospital Administration, Medical Executive Committee, and the Board of Directors. The Chair will attempt to ensure the policies and procedures that have been duly approved are implemented in the Department.

3. The Chair will make appropriate efforts to attempt to ensure that all aspects of the educational activities related to the Department are carried out and to correlate such efforts with the Administrative Director.

4. The Chair will maintain an effective liaison with the Hospital Administration in an effort to secure and retain qualified non-physician personnel, and to develop and maintain sufficient level of performance by such personnel. The Chair will be directly involved in the selection, promotion, and assignment of all management personnel in the Department.

5. The Chair will advise the Hospital Administration about Radiation Safety enforcement to attempt to ensure that the standards of radiation safety are maintained in accordance with then current state, and federal rules and regulations. A physician member of the Department will be appointed as Radiation Safety Officer.

6. The Chair will report regularly to the hospital Administration in order to keep the Hospital informed of the operation of the Department, to project needed departmental facilities, equipment and personnel for the next fiscal year. In addition, tentative projections for future years should be made. This work will be accomplished with the cooperation of the Administrative Director.

B. Vice Chair: The Department of Radiology and Diagnostic Imaging will have a Vice Chair who will be chosen as specified in the Medical Staff Bylaws. The Vice Chair will be an appointee of the Active Medical Staff who will be Board Certified in Radiology. The Vice Chair's term of office will be as specified in the Medical Staff Bylaws. The Vice Chair will stand in for the Chair during his or her absence and assist the Chair with other duties as assigned.

C. Vacations; Excused Absences: Vacations and excused absences must be scheduled through the Department Chair or his/her designee to ensure a smooth and uniform operation of the professional activities within the Department. An appointee to the Department may apply for a voluntary leave of absence, “. . . not to exceed the period of reappointment in accordance with the Medical Staff Bylaws.
1-5 COMMITTEES -- The Department of Radiology and Diagnostic Imaging will maintain such standing committees, as it deems necessary. The Chair of the Department will designate the department appointees to serve on all such committees including a Committee Chair. All committee appointees and Chair will be reviewed annually by the Chair of the Department, and any changes made by September 1 of each year. Ad hoc committees will be composed of number and types of individuals as needed for any particular situation. The duties of the ad hoc committees will be as directed by the Chair of the Department with meetings to be determined by the Chair of the Department.

1-6 DEPARTMENT MEETINGS

A. The meetings of the Department of Radiology and Diagnostic Imaging will be held at least monthly for discussion of department business, including quality assurance/quality improvement activities. Special meetings and Executive Sessions may be called in accordance with the Medical Staff Bylaws.

B. Appointees to the Department of Radiology and Diagnostic Imaging will satisfy the meeting attendance requirements as set forth in the Medical Staff Bylaws.

C. Appointees to the active, associate, and courtesy Medical Staff categories will be required to document 150 hours of Category I CME Credit every three years in order to remain as an appointee to the Department. This requirement may be reduced at the discretion of the Departmental Chair in the event of an appointee's extended illness or other extenuating circumstances.

1-7 TEACHING: Appointees to the Department of Radiology and Diagnostic Imaging believe the existence of a quality education program of the Medical Staff and Hospital employees is an important component of quality health care. Appointee must participate in Medical Staff, Hospital, and Departmental teaching activities.

1-8 PATIENT CARE RESPONSIBILITIES

A. Each appointee to the Department of Radiology and Diagnostic Imaging will have the following patient care responsibilities:

1. Doing, interpreting, and rendering a report for any procedure or test requested of him or her by consultation from an appointee of the Medical Staff or assigned to him or her by virtue of a departmental on-call schedule or coverage assignment.

2. Providing a signed report of the findings and conclusions for all radiological examinations, which will be typed and placed in the patient's chart within a reasonable period following such examinations.

3. Interpreting all images available for original interpretation within twenty-four hours, unless there is some specific reason for not interpreting the individual examination (such as needing additional information or additional studies).
4. Providing prompt consultative Radiation Oncology services as requested by Radiation Oncology consultation.

B. Each appointee to the Department will have the following coverage responsibilities:

1. Act as a Radiology/Diagnostic Imaging Consultant to appointees to the Medical Staff who are attending physicians and to private patients as requested by the attending and consulting physicians. In addition, each appointee to the Department will be responsible for any radiology consultation requested for the Hospital's patients. "Hospital's patients" will mean all patients (including industrial, and employee health patients), either inpatient, outpatient, clinic, or emergency department, who are not classified as private patients of particular physicians and are under the professional care of an appointee to the hospital's emergency room staff.

2. Rotate on scheduled on-call rosters, which are designed to equalize near as administratively possible the on-call duty requirements for the "hospital patient." Each appointee to the Department on the on-call roster must respond promptly and judiciously to a request from an appointee to the Medical Staff or from the Hospital's emergency room department. The Department Chair will assign each appointee to the Department on-call responsibilities for all radiology procedures that he or she is privileged to do in the Hospital, unless special arrangements are agreed to by the Chair.

3. The Department of Radiology and Diagnostic Imaging defines reasonable distance as the ability for a physician to arrive in the Department of Radiology within thirty minutes.

1-9 AMENDMENTS -- Proposed amendments to these rules and regulations may be made in writing by any appointee to the Active Medical Staff, a member of the Department. The Department Chair will distribute the proposed amendments to all appointees of the Department at least ten days before the regularly scheduled meeting, or special meeting of the Department, and will be discussed and voted upon at that meeting. Only the appointees to the Active Medical Staff may vote in any matters to be voted upon by the Department.

2 SCOPE OF CARE/SERVICE

2-1 Radiology and Diagnostic Imaging

A. The Department of Radiology and Diagnostic Imaging is responsible for providing patient care and comprehensive imaging services to inpatients and outpatients. On call and emergency service is available 24 hours a day, 7 days a week, 365 days a year. The Department identifies its specific hours of service for nonemergent imaging services in the Plan for Provision of Patient Care.

B. Radiology Physician coverage in the Department of Radiology and Diagnostic Imaging is available from 7:30 a.m. to 9:00 p.m. Monday through Friday and 8:00 a.m. to 9:00 p.m. weekends. Physician on call and emergency coverage is available 24 hours a day, 7 days a week, 365 days a year.
C. Services are provided within the Radiology Department and can be provided at the patient’s bedside as necessary. All physicians are required to provide quality care based on the Department’s credentialing criteria.

D. Access to care is provided through direct practitioner/provider referral and order, and by prescheduled times in predetermined tests, or if clinically appropriate, through patient self-referral (i.e. screening mammograms, etc.)

E. The patient population ranges in age from pediatric to geriatric age groups, and from conception (e.g., obstetrical sonography) and rarely post mortem. Patients present with a variety of diagnoses. The patients may be experiencing variations in their personal norm of physical functioning and may require wheelchair, stretcher, or lifting assistance. The physician’s request will be screened for appropriateness of the exam and clinical necessity.

F. We image and treat the following patient conditions:
   1. Gastrointestinal disorders
   2. Oncology patients
   3. Neurological disorders
   4. Infectious diseases
   5. Renal/urological disorders
   6. Endocrine disorders
   7. Respiratory/pulmonary disorders
   8. Cardiac patients
   9. Musculoskeletal disorders
   10. OB/GYN patients
   11. Breast Imaging --Diagnostic/screening
   12. Psychological disorders

2-2 Nuclear Medicine

A. The Nuclear Medicine Department is responsible for providing comprehensive medical care to inpatients and outpatients on a 7:00 a.m. - 4:30 p.m., Monday-Friday basis, and a 7:00 a.m. - 3:00 p.m. on call basis on weekends. Emergency patients will be taken care of within a reasonable amount of time and within the same day of the request. The care is administered by a registered and/or certified (or by one who is eligible) Nuclear Medicine Technologist in cooperation with other hospital departments.

B. The patient population ranges in age from pediatric to geriatric age groups and present with many diagnoses. The patients are experiencing variations in their personal norm of physical functioning and may require
wheelchair, stretcher, or lifting assistance. The physician's request will be screened for appropriateness of the exam and clinical necessity and advice will be made accordingly.

C. The following types of patients are imaged and treated:

1. Gastrointestinal disorders
2. Oncology patients
3. Neurological disorders
4. Infectious diseases
5. Urological disorders
6. Endocrine disorders
7. Respiratory/Pulmonary disorders
8. Cardiac patients
9. Musculoskeletal disorders
10. Patients requiring Radionuclide therapy
11. Patients requiring SPECT studies

D. ASSESSMENT FACTORS

1. All patients will have a medical history obtained by the Nuclear Medicine Technologists to assess and meet the patient's needs. Any abnormality in the Nuclear Medicine study will be correlated with additional radiographs.

2. All patients will have the procedure explained to them. Any questions will be answered by the appropriate health care team members. Informed consent will be obtained before injection or administration of radioisotope in therapeutic cases.

3. All patients will receive an injection (except thyroid uptake only and xenon ventilation) by the Nuclear Medicine Technologist or a Radiologist if necessary.

4. All patients will be scanned appropriate at the designated time, established per protocol.

5. All changes in the patient's condition will be brought to the attention of a Radiologist and/or attending physician.

2-3 Special Procedures

A. The Special Procedures Section of the Department of Radiology is responsible for providing catheter and needle directed diagnosis and therapy for patients from pediatric age through geriatric. Inpatients and outpatients are scheduled on a Monday through Friday basis with preferential routine scheduling given to Tuesday through Friday. The Department does provide 24-hour coverage, seven days a week. On the occasion that a
credentialed physician or a special procedures technologist is not available, alternative methods of providing care will be discussed.

B. Services are provided within the Radiology Department and the angiography suite.

C. The scope of care includes vascular and organ specific catheter and needle directed diagnosis and therapy. All physicians are required to practice quality care and are credentialed for interventional procedures based on the Department’s credentialing criteria.

D. Requests for diagnostic and therapeutic interventions are evaluated on a case-by-case basis. While most diagnostic studies can be performed, certain therapeutic interventions are not presently available.

E. The following types of patients are imaged and treated:
   1. Vascular disorders
   2. Gastrointestinal disorders
   3. Oncology patients
   4. Neurologic disorders
   5. Urological disorders
   6. Respiratory/pulmonary disorders.