

**STAMFORD HOSPITAL  
DEPARTMENT OF RADIOLOGY  
RULES AND REGULATIONS**

**Preamble**

Stamford Hospital and its radiology staff shall maintain radiological facilities and services sufficient to meet the needs of the patients as defined by the staff bylaws. This shall be carried out administratively through the designation of the Chair, Radiology.

**Scope**

The name of this organization shall be the Department of Radiology including Radiation Oncology of Stamford Hospital. The department shall consist of those physicians appointed to the medical staff whose practice is limited to diagnostic and therapeutic radiology and are qualified experts in radiological physics. The professional activities of the department shall generally be construed to embrace the professional supervision and interpretation of the diagnostic radiology and radiation oncology procedures conducted in the hospital.

**DEFINITIONS**

- A. Diagnostic radiology is a consultative physician service rendered by qualified specialists who have completed an accredited residency program in diagnostic radiology or one of its branches, which include the utilization of all modalities of imaging portrayal of human morphology and physiological processes in medical diagnosis.
- B. Radiation Oncology is a branch of radiology which deals with a therapeutic application of ionizing radiation including roentgen and gamma rays as well as particulate radiation from whatever source including artificially produced and naturally occurring radioactive materials as well as x-ray generators and particle accelerators.

**PURPOSE**

The purpose of the organization shall be:

1. To insure that all patients admitted to the hospital or treated in the out-patient facilities receive the best possible radiological services.
2. To provide a director who will be responsive to the problems of a medical/administrative nature involving the medical staff, governing body and hospital administration.
3. To initiate and maintain rules and regulations for proper and efficient function of the department and government of the radiological staff.
4. To promote and maintain educational standards.

## **MEMBERSHIP**

### **A. Qualification for Membership**

1. The radiologist shall satisfy board requirements as outlined by the Stamford Hospital by laws.
2. The radiologist must be a member of the medical staff having applied and received appointment in the same manner as all other members of the medical staff.
3. The radiologist shall have a license to practice in the State of Connecticut.
4. The radiologist shall provide evidence that he is covered by medical malpractice insurance on the same basis as other staff members.

### **B. Categories of the Radiology Staff**

Appointment 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 staff bylaws.

### **C. Duties and Responsibilities of Membership**

1. Each member will be expected to perform the duties assigned by the Chair of Radiology in accordance with departmental rules and regulations.
2. In addition, 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 Chair of Radiology.
3. The Principles of Ethical Radiological Practice of the American College of Radiology shall govern professional conduct of the members of the radiology staff.

### **D. Due Process Procedures**

The discipline of the radiologist on the staff shall guarantee due process in accordance with hospital medical staff bylaws and the rules and regulations of the medical staff of the hospital as it applies to all physicians.

### **E. Terms of Appointment**

The term of appointment shall be in accordance with the hospital staff bylaws.

### **F. Temporary Membership Including Locum Tenens**

Temporary membership may be awarded by the hospital upon the recommendation of the Chair of Radiology. In no case shall these privileges be for a period greater than the term of regular appointments to the department and these temporary appointments to the department are immediately revocable.

## **DELINEATION OF PRIVILEGES**

- A. Privileges in the Department are granted to members and or non-members of the department only upon recommendation of the Chair of Radiology and departmental credentials committee and in accordance with the medical staff bylaws
- B. Certain highly specialized procedures may be performed in the department by members of the medical staff not certified by the American Board of Radiology as long as these physicians are certified by a specialty board recognized by the American Board of Medical Specialties.

The granting of privileges to perform these studies requires demonstration of special qualification of training and experience in the use of the equipment and in the interpretation of the results, as well as practice in a field of related diagnostic/therapeutic activities.

To verify the requisite training and experience, the applicant must submit objective proof of such qualifications in the form of a letter from a physician qualified to testify to the applicant's: a) training and experience in the specific limited interpretive radiological study; b) expected competence equivalent to a full-time radiologist performing the same services; and c) expected conformance to established patterns of patient care.

- C. The privilege to participate in radiological procedures will not be granted on a blanket basis, but rather only for special procedures or closely related groups of procedures. Each category applied for will be considered as a separate application to be taken on its own merit.
- D. New members within the department shall undergo a uniform proctoring process conducted by the Chair of Radiology or his appointee, before he/she is accorded active staff privileges. Proctoring process shall occur in every imaging or therapeutic area in which privileges may be exercised.
- E. The exercise of departmental privileges shall be contingent upon proof of continuing education relating to the particular diagnostic and therapeutic areas in which the member is exercising privileges.
- F. Radiologists and non-radiologists requesting specific limited privileges shall be monitored by the Chair of Radiology or his appointee. The format of this observation interval will be dependent upon the frequency of procedures performance and the formally recognized credentials of the applicant.
- G. The performance of radiological procedures in the department shall be in cooperation with a radiology department medical staff member who shall be responsible for all radiological aspects of the procedure, including radiography, technical factors, and written signed professional interpretation of the finding or outcomes.
- H. If the Chair of Radiology determines that utilization of the department facilities by non-departmental members is to such an extent that inhibition of orderly departmental function occurs, this utilization by non-departmental members may be discontinued.

## OFFICERS AND DUTIES

### A. Chair, Radiology

The Director shall be a member of the medical staff and a member of the Department of Radiology. He/She shall be certified by the American Board of Radiology.

### B. Duties and Responsibilities of the Chair, Radiology

1. The Chair of Radiology shall assume and discharge responsibility for the professional direction of the Department under the constitution and bylaws of the medical staff to the Hospital and for the administrative direction in cooperation with the hospital administrator.
  - a. The Chair of Radiology shall have discretionary power regarding utilization of departmental facilities by credential non-departmental staff members, in order to insure their safe, efficient and economical use.
  - b. To insure that the primary mission of the department is achieved, i.e. the delivery of high quality imaging services to the patients of referring physicians, the utilization of these facilities shall be governed in such a manner that regularly scheduled inpatient and outpatient procedures shall have preference. Appropriate triage and responsible arrangements will be made in all medically urgent circumstances.
2. The Chair of Radiology shall be responsible for establishing regulations for the efficient operation of the department.
3. The Chair of Radiology shall select or approve employment of all non-physician personnel who may be required for the proper conduct of the department. Termination of non-physician personnel is a joint responsibility of the hospital and the Chair of Radiology.
4. The Chair of Radiology shall assist the medical staff and administration in every way possible to achieve a high level of patient service with efficiency and economy.
5. The Chair of Radiology shall assist the hospital administrator in maintaining the Radiology Department according to the needs of patients, the hospital, the medical staff and the requirements of accrediting bodies.
6. He shall be responsible for the protection of personnel and patients against radiation hazards and the maintenance of proper safety precautions as required in the Standards of Accreditation of the Joint Commission on Accreditation of Hospitals as well as assisting in meeting other requirements for accreditation of the Department as may be imposed by the law.
7. He shall be actively involved in the future planning of the Department and the hospital, and should assume the responsibility of being adequately informed in the matters of new technology and treatment to advise the intra-hospital bodies of the needs and responsibilities of the medical community which the hospital serves, commensurate with the financial impact on the community.
8. He shall foster appropriate cost effective use of radiological services. This may be done through the development of general 'guidelines' for: identification of the more expensive procedures performed in the institution, algorithmic approaches to clinical

problems, lists of indications and non-indications of certain procedures, proper sequencing of procedures, lists of procedures which may replace more costly ones. Lists of procedures considered to be bona fide emergencies in order to limit unnecessary use of on-call personnel, and the use of facilities during understaffed periods.

9. The Director shall make all books and records of the Department, upon notice, available to all active members of the Department.

## **DEPARTMENTAL COMMITTEES**

The Department shall maintain standing committees as it deems necessary. These might include, but not be limited, to the following:

### **A. Credentials Committee**

1. Categories for delineation of privileges in the Department of Radiology shall be established and reviewed on an annual basis by the Chair of Radiology. These should include but need not be limited to:

- General diagnostic procedures
- Special procedures excluding angiography
- Angiography and Interventional Procedures
- Computer Tomography
- Neuroradiology
- Magnetic Resonance
- Nuclear Medicine
- Ultrasound
- Radiation Therapy and Oncology

2. All radiology department members shall be reclassified annually based on training demonstrate competence.

### **B. Committee on Quality Assurance**

1. The Committee shall have ongoing responsibility for quality assurance and peer review.
2. The Committee engages in routine collection of information about all aspects of diagnostic and therapeutic radiological procedures.
3. The Committee conducts periodic assessments of the collected information in order to identify important problems in patient care services and opportunities to improve care.
4. The actions taken to resolve problems and improve patient care are documented.

## **DEPARTMENTAL MEETINGS**

- A. Regular meetings shall be held in accordance with JCAHO requirements.
- B. Special meetings may be called as the need arises upon at least 3 days notification of members.
- C. Attendance: members must attend 75% of the regular meetings.
- D. Voting
  - 1. All active members of the Department shall have the privilege of voting on Departmental matters.

## **DEPARTMENTAL PROCEDURE MANUAL**

The Department shall develop and distribute a manual of procedures and policies developed in cooperation with the medical staff, nursing staff and other departments or services as needed. These policies and procedures shall be reviewed regularly, revised as needed and dated to indicate the last review. Procedures shall develop to guide personnel within the Radiology Department in performing these duties, and also guide others involved in patient preparation.

## **DEPARTMENTAL SERVICES**

- A. The Department shall be available on a 24 hour basis with appropriate technical staffing.
- B. A staff radiologist should be available at all times and when not in the hospital available on call within a reasonable time.
- C. NightHawk Radiology Services are available between 10:00 p.m. and 7:00 a.m.
- D. Active members of the radiology staff will rotate on nights and weekend call.
- E. The department will establish rules, procedures, standards and review mechanisms to provide and promote radiation safety toward patients and employees.

## **APPROVAL**

These Rules and Regulations will be adopted by a vote of the majority of the members of the Department of Radiology and shall be submitted to the Medical Board of the Stamford Hospital and to the Board of Directors.

June, 1989

Reviewed/Revised September 2006  
Reviewed/Revised March 2012 M.H. King, M.D.

