

RULES AND REGULATIONS

DEPARTMENT OF RADIOLOGY

2015 EDITION

Department of Radiology Chair 2015
Marcelo Spector, M.D.

President, Medical Staff 2015
Pramod Kadambi, M.D.

	Approved	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed	Revised/ Reviewed
Dept of Radiology	5/21/2013	01/21/14	06/23/15				
Credentials	06/25/13	n/a	n/a				
MEC	07/02/13	n/a	n/a				
Board	07/31/13	n/a	n/a				

**ANTELOPE VALLEY HOSPITAL
DEPARTMENT OF RADIOLOGY
RULES AND REGULATIONS
2015**

1. RADIOLOGY DEPARTMENT:

A. Scope of Clinical Services Provided by the Department:

The members of the Department shall perform and be responsible for Diagnostic Imaging services including General Radiology, Mammography, Computerized Tomography (CT), Diagnostic Ultrasound (other than echocardiogram), Magnetic Resonance Imaging (MRI), Interventional Radiology Procedures, Nuclear Medicine and Non-Invasive Vascular Procedures.

B. Department Responsibilities (refer to Medical Staff Bylaws, Article VIII, Section 8.4):

- (1) To act as participants in educational activities at Antelope Valley Hospital.
- (2) Participate in appropriate peer review in quality management.

C. Radiology is a closed department. Services are provided by the contracted radiology physician group.

2. DEPARTMENT MEMBERSHIP:

A. Qualifications: As defined in Article III of the Medical Staff Bylaws.

B. Call panel:

- (1) Individuals or their designee are required to provide a telephone number to Medical Staff Services where they may be reached when on call, which will be listed on the online call schedule for all to access..
- (2) Participation in the various call panels is voluntary and a contractual arrangement at the discretion of the Chief Executive Officer of Antelope Valley Hospital, or as requested by the Medical Executive Committee pursuant to General Rules and Regulations section I.1.
- (3) Individuals participating in the call panel(s) must be able to respond to the Emergency Department within 60-minutes.

3. GRANTING OF CLINICAL PRIVILEGES:

A. Privilege form:

- (1) Each radiologist will receive notification of his/her privileges listing specific operations of broad specialty categories as recommended by the Radiology Department and approved by the Credentials and Medical Executive Committees and the Governing Board.
- (2) Privilege lists are available electronically 24x7 on the AVH Med Staff Privilege Portal.

B. Initial Appointment Privileging Standards.

C. Provisional Monitoring/Proctoring:

(1) Requirements:

The Radiology Department shall provide proctoring for all applicants granted clinical privileges in the Radiology Department. Proctoring shall apply to all applicants to the Radiology Department and to all Medical Staff members requesting additional privileges in the Radiology Department, regardless of specialty or category of membership. Proctoring will commence with the admission of the applicant's first patient and will proceed until the proctors, in consultation with the Radiology Department Chair/designee, agree that competence has been demonstrated. Attention will be given to the appropriateness of the procedure, technique, area of the Hospital in which the procedure is performed and follow up care rendered. Proctoring of patient management may include concurrent or retrospective chart review, or direct observation of procedures as previously noted and the monitoring of diagnostic and treatment techniques.

(2) Proctor's Qualifications:

Reference General Rules and Regulations, Section P, paragraph 3, Qualifications of Proctor.

Proctoring will be by a physician qualified and/or privileged in that same specialty whenever possible.

(3) Assignment of Proctors:

Members shall obtain their own proctor whenever possible. If the member is unable to obtain a proctor, it is the duty of the Department Chair to assist in this process

(4) Proctor's Report:

A written report describing the case proctored will be completed by the proctor and submitted to the Medical Staff Services Department for consideration by the Department Chair. It is the responsibility of the applicant to ensure completed proctoring reports are received by the Medical Staff Services Department. Following review, the report will be maintained in the applicant's confidential file.

(5) Reciprocal Proctoring:

The applicant for the requested clinical privileges/procedure may under certain special circumstances submit proctoring reports from other accredited hospitals.

(a) Outside proctored cases/procedures may be accepted in lieu of proctored cases/procedures performed at Antelope Valley Hospital, at the discretion of the Department Chair. However, every attempt must be made to perform the required number of cases/procedures at Antelope Valley Hospital before submitting cases from other hospitals.

(b) In no instance will cases/procedures proctored at other hospitals comprise more than 50 percent of the total proctoring reports required.

(c) If procedures proctored at other hospitals are to be submitted, the applicant must release all proctored cases done at the other hospital(s) supplying those reports.

D. Reappointment Privileging Standards:

(1) The physician will attest to the completion of approved CME Category I credits as required by the Medical Board of California in meetings, courses, or visiting fellowships during the preceding two years, with the majority of the topics of education preferably pertaining to their specialty.

(2) Evidence of proficiency in the area of delineated privileges in the Department of Radiology shall be reviewed during the peer review, ongoing professional practice evaluation and reappointment processes.

E. Requests for Additional Privileges:

(1) Applications for increased clinical privileges must always be accompanied by appropriate documentation of training and experience to justify the additional privileges. It is the applicant's responsibility to provide acceptable documentation.

(2) Instructions on making application for additional privileges are outlined in the appropriate credentials policy.

F. Additional Credentialing Requirements:

FLUOROSCOPY - Physicians who operate fluoroscopic equipment must be certified by the State of California, Department of Health Services, as Certified Supervisors and Operators. Copies of the Supervisors and Operators Certificates are kept on file in the Medical Staff Services Office. Information on Certification is available by contacting the Radiology Department.

4. DEPARTMENT CHAIR:

A. Qualifications for Department Chair (refer to Medical Staff Bylaws, Article VII, Section 7.3-1A):

Member of the Active Staff with willingness and ability to discharge the functions of the office. The Department Chair must be board certified by the American Board of Radiology.

B. Term (refer to Medical Staff Bylaws, Article VII, Section 6.3-1, paragraph D):

The term of office is two years. The Department Chair may serve additional terms as elected.

- C. Roles and responsibilities (refer to Medical Staff Bylaws, Article VII, Section 7.3-1, paragraph E).
- D. Nomination/election process for the Department Chair (refer to Medical Staff Bylaws, Article VII, Section 7.3-1, paragraph B):

Each Department shall elect its own Department Chair. Each appointment must be approved by the Medical Executive Committee and Governing Board before it is effective.

- E. Department Vice Chair will be appointed by the Department Chair.

5. DEPARTMENT/SECTION MEETINGS:

- A. When Held:

Radiology Departmental meetings will be held monthly at a time agreed upon by the Chair and communicated to the committee members. Departmental members may be called upon to participate on committees, task forces or in quality assessment activities to assist the Department in maintaining the standard of care.

- B. Voting:

- (1) Only Active Staff members of the Department will be granted voting privileges regarding election of officers.
- (2) All members of the Department will have an equal vote regarding routine Department business.

6. CONSULTATIONS:

- A. Procedures and consultations will be performed at the request of the referring clinician. The requisition must be written or confirmed in writing with the reason for the examination indicated.

7. DEPARTMENT MONITORING AND EVALUATION PROGRAM.

- A. Indicators (on file in Quality Management Department).
- B. Practice parameters/standard of practice/department-specific criteria.
- C. Peer review system/forms.
- D. Ongoing and focused professional practice evaluations.