

**TORRANCE MEMORIAL MEDICAL CENTER**  
**RADIOLOGY DEPARTMENT**  
**RULES AND REGULATIONS**  
**APPROVED 10/31/2018**

**TABLE OF CONTENTS**

		<u>Page</u>
ARTICLE I	Name	2
ARTICLE II	Purpose	2
ARTICLE III	Membership	2
ARTICLE IV	Categories of the Radiology Staff	3
ARTICLE V	Officers	3
ARTICLE VI	Meetings	4
ARTICLE VII	Departmental Rules and Regulations	4
	Radionuclide Therapy Policy Statement	5

TORRANCE MEMORIAL MEDICAL CENTER - DEPARTMENT OF RADIOLOGY  
RULES AND REGULATIONS

Page 2 of 5

**PREAMBLE**

Torrance Memorial Medical Center and its Radiology Staff shall maintain radiologic facilities and services adequate to meet the needs of the patient as defined by the Medical Staff.

**ARTICLE I - NAME**

The name of this organization shall be the Department of Radiology.

**ARTICLE II - PURPOSE**

The purpose of this organization shall be:

1. To insure that all patients treated in the Department or by Department members receive the best possible radiological services.
2. To provide a means whereby problems of a medico-administrative nature may be discussed by the Medical Staff with the governing body and administration.
3. To initiate and maintain rules and regulations for proper and efficient function of the Radiology Department.
4. To provide education and to maintain education standards.

**ARTICLE III - MEMBERSHIP**

- A. Qualifications
  1. Members of the Department of Radiology must be members of the Medical Staff having applied and received appointment in the same manner as all other members of the Medical Staff.
- B. Application for Membership: Persons possessing qualifications for membership in the Department of Radiology as outlined above shall apply for membership and/or clinical privileges by making a formal application to the Medical Staff of Torrance Memorial Medical Center.
- C. Term of Appointment: The terms of appointment and reappointment are outlined in the Medical Staff Bylaws.
- D. Discipline: The discipline of radiologists on the Medical Staff shall be in accordance with the Bylaws and Rules and Regulations of the Medical Staff of Torrance Memorial Medical Center.
- E. Temporary Privileges: Temporary privileges may be awarded as outlined in the Medical Staff Bylaws

**ARTICLE III – MEMBERSHIP** (continued)

- F. Duties and Responsibilities of Membership: 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 Chief of the Department.
- G. Professional Services:
1. Professional services which a radiologist shall provide include, but may not be limited to, such services as the following:
    - a. Determination of the problem, including interviewing of the patient, obtaining history and making appropriate physical examination to decide on the method of performing the radiological procedure, when necessary.
    - b. Performance or direction of the procedure, including instructions to the technologists or other assistants and prescribing of radiation exposure factors and variations in a diagnostic procedure.
    - c. Checking of preliminary films, as necessary.
    - d. Study and evaluation of evidence provided by diagnostic procedures.
    - e. Provision of consultative reports.
    - f. Personal consultation with referring physician regarding the results of the diagnostic procedure.

**ARTICLE IV - CATEGORIES OF THE RADIOLOGY STAFF**

Appointments to the Medical Staff with clinical privileges in Radiology shall be to the same categories as are provided for the Medical Staff in general, and the privileges and responsibilities of appointment shall be in accordance with the Bylaws and Rules and Regulations of the Medical Staff.

**ARTICLE V - OFFICERS**

- A. Chief of Department of Radiology
1. The Chief shall be a member of the Medical Staff and a member of the Active Staff of the Department of Radiology.
  2. In the absence of the Chief, another radiologist shall be designated to act as Chief.
  3. Duties and responsibilities of the Chief:
    - a. He/she shall assume and discharge responsibility for professional direction of the Department under the Bylaws of the Medical Staff of TMMC and for the administrative direction in cooperation with the Hospital Administrator.

**ARTICLE V – OFFICERS (CONTINUED)**

- A. Chief of Department of Radiology (continued)
  - 3. Duties and responsibilities of the Chief: (continued)
    - b. He/she shall be responsible for establishing regulations for the efficient operation of the Department.
    - c. He/she shall assist the Medical Staff and Administration to achieve a high level of patient safety and quality patient care with efficiency and economy.
    - d. He/she shall assist the Hospital Administration in maintaining the Radiology Department according to the needs of patients, the hospital, the Medical Staff and the requirements of accrediting bodies.

**ARTICLE VI - MEETINGS**

- A. Regular Meetings: Departmental meetings will be held as outlined in the Medical staff Bylaws. Special meetings may be called at any time by the Chief or upon the request of one-half of Active Staff members of the Department of Radiology. The Chief shall notify all radiologists at least seven (7) days in advance of a special meeting.
- B. Attendance at Meetings: See Medical Staff Bylaws.
- C. Quorum: See Medical Staff Bylaws.
- D. Voting: See Medical Staff Bylaws. Other staff members may participate in discussion of items on the agenda at the discretion of the Chief of the Department.

**ARTICLE VII - DEPARTMENTAL RULES AND REGULATIONS**

- A. Assignment of Cases: It is the responsibility of the Chief of the Department of Radiology to assure that all patients are served, including those who have not requested the services of a specific staff radiologist, by personally providing service to such patients or assigning them to another staff radiologist for service.
- B. Requisition for Radiological Consultation: Requests for radiologic services shall be written by ordering physician and shall contain a concise statement or reason for the examination. The important point is to provide orientation to the radiologist as to the clinical problem at hand.

**ARTICLE VII - DEPARTMENTAL RULES AND REGULATIONS** (continued)

- C. Reports:
  - 1. The radiologist shall provide authenticated report from each examination.
  
- D. History and Physicals
  - 1. Patients admitted to short stay after invasive radiologic procedures must have a pertinent history and physical consistent with requirements as outlined in the Medical Staff Bylaws or General Staff Rules and Regulations.
  
- E. Emergency Call: Emergency response time for radiologists on call is 30 minutes.
  
- F. Consultation Criteria: Consultations may/should be sought under the following circumstances:
  - 1. The patient's condition warrants specialist consultation, e.g., emergency physicians, intensivists, etc.
  - 2. For the interpretation of cases with unusual or challenging findings.

**RADIONUCLIDE THERAPY POLICY STATEMENT**

All patients needing Radionuclide I-131 therapy for hyperthyroidism or ablative therapy post-surgery need orders from an endocrinologist on staff. The endocrinologist will manage the dosing and care of the patient.