

DEPARTMENT OF RADIOLOGY
Rules and Regulations

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ARTICLE I **Organization**

Section 1

In accordance with the Bylaws of the Medical Staff of Banner Gateway Medical Center, the Department of Radiology is organized as a department of the Medical Staff.

Section 2

The Chair of the Department will co-chair the Hospital Based Ancillary Services Committee. The Chair of the Department will be elected by the active staff members of the department for a two-year term, in accordance with Article 8 of the Medical Staff Bylaws. The chairman shall appoint a vice-chair of the department.

Section 3

- a) The Department of Radiology will include physicians granted privileges in the following:
 - 1. Diagnostic and Interventional Radiology
 - 2. Radiation Oncology
- b) A section of the Department may be formed when it is determined that special care, number of patients, or staff members make it advisable to organize for periodic review of the professional activity of its members.

Section 4

The Department of Radiology will be directed by the Hospital Based Ancillary Services Committee. The Hospital Based Ancillary Services Committee will be co-chaired with multi-disciplinary in nature consisting of the following:

- Pathology Department Chairman
- Radiology Department Chairman
- Medical Staff Members from radiology, pathology, surgery, medicine and OB/GYN
- Nursing representatives
- Laboratory representatives
- Radiology representatives
- Blood Bank Medical Director
- Quality Management Specialist
- Administrative representative

Functions of the Committee:

- A. Measuring, assessing and improving the medical assessment and treatment of patients. Ensure communication of findings, conclusions, recommendations and actions taken to improve organization performance.
- B. The Department Chairman is responsible for the professional functions, duties and responsibilities within the department as outlined in Section 8.4-5 of the Medical Staff Bylaws.

The Hospital Based Ancillary Services Committee will report directly to the Medical Executive Committee.

ARTICLE II Functions, Duties and Responsibilities

Section 1

- a) The Chairman's functions, duties, and responsibilities are outlined in Section 8. 4-5 of the Medical Staff Bylaws.
- b) The qualifications, selection, term of office and removal of the chair is outlined in Sections 8.4 through 8.4-4 of the Medical Staff Bylaws.

Section 2

The vice chair will be responsible for administration of the Department in the absence of the chair.

Section 3

In future elections, the selection of Department Chairmen is outlined in Section 8.4-2 of the Medical Staff Bylaws.

ARTICLE III Miscellaneous Provisions

Section 1 – Meetings

- a) Information regarding meetings is outlined in Section 10.2 of the Medical Staff Bylaws.
- b) All Active staff members of the department are members of the committee. Ad-hoc non-voting multi-disciplinary representation by members of other departments is encouraged at committee meetings, as invited by the department Chairman. If circumstances warrant, the Chairman may appoint Active Staff members to form the committee with the approval of the Medical Executive Committee.
- c) The presence of two voting members shall constitute a quorum for the transaction of department and committee business.

Section 2 – Committee Assignment

Members of the Department are expected to fulfill obligations created by membership on this and other staff committees

Section 3 – Appointment Procedure

a) Membership

Physicians applying for department membership and privileges will apply in accordance with the Medical Staff Bylaws.

b) Focused Professional Practice Evaluation (FPPE)

- 1) A retrospective review of twenty (20) cases, performed at Banner Gateway Medical Center, must be completed. The twenty cases must be a variety of cases as defined in the general radiology core.
 - a. Three to six months after a practitioner's initial appointment or initial granting of privileges, the Medical Staff Office will obtain a list of the practitioner's activity in the hospital. An evaluation form will be generated for twenty (20) randomly selected radiology cases which will be reviewed and/or assigned for review by the Department Chairman as needed. Results of the review will be reported to the Radiology Department Chairman for review and action.
 - b. The reviewer's report is confidential and for use of the Department only. The report, however, may be released to other hospitals if requested in writing, by the reviewed physician for privileges at other hospitals.
 - c. Active staff members of the Department of Radiology are eligible to serve as reviewers for the retrospective review process.
 - d. The reviewer shall give a candid opinion on the report to the Department Chairman. The reviewer shall immediately notify the Department Chairman should any questions arise concerning a physician's competency or management of a particular case.
 - e. Following review of the completed review forms, additional cases may be required if deemed necessary by the Department Chairman.
- 2) Monitoring of physician-specific data for the FPPE shall include, as available, the use of blood and blood products, medication usage, appropriate utilization of resources, timeliness of the completion of patient records, quality of patient records, outcome information related to morbidity and mortality, all available performance improvement data, outcome information pertaining to operative and other invasive procedures and other matters related to the physician's competency.
- 3) Clinical competency, technical skill, judgment, adherence to bylaws, cooperativeness and ability to work with others in a professional manner will be evaluated through the peer review process. Generated variance reports shall be reviewed by the Chair or designee.
- 4) If the practitioner has insufficient activity to adequately evaluate his performance, the FPPE period will be extended for a period not to exceed 12 months in duration.
- 5) For those practitioners with minimal activity during the initial FPPE period (practitioners who only provide occasional coverage at the hospital) the MEC may, on the recommendation of the department chairman, modify the department specific requirements, 100% of his/her cases during the initial period will be reviewed.

6) Special Procedures

Documentation and review as stated on the Delineation of Privilege Checklist.

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