

**LOMA LINDA UNIVERSITY MEDICAL CENTER
RADIATION MEDICINE SERVICE
RULES AND REGULATIONS**

I. DEFINITION

The Radiation Medicine Service shall administer therapeutic radiology techniques as follows (but not limited to) brachytherapy, teletherapy, intraoperative radiation, charged particle therapy, monoclonal antibody therapy, hyperthermia, and those modalities and therapeutics necessary to support patients in the treatment of neoplastic, malignant and certain benign diseases.

II. MEMBERS OF THE RADIATION MEDICINE SERVICE

The members of the Medical Staff of the Radiation Medicine Service will consist of those hospital Medical Staff members qualified by reasons of recognized training and necessary expertise to practice in the Radiation Medicine Service. They must meet board certification requirements as outlined in the Medical Staff Bylaws.

III. FUNCTIONS OF THE SERVICE

- A. To provide radiation therapy services for both in and outpatients on a regularly scheduled and on an emergency basis, always maintaining patient confidentiality.
- B. To establish and maintain standards for granting of clinical privileges in the Radiation Medicine Service.
- C. To set procedure and disciplinary guidelines necessary for the timely and orderly conduct of business in the service.
- D. To review procedures, utilization, radiation safety and other matters relating to optimal patient care and so document.
- E. To aid in the supervision of the technical and support personnel and to maintain quality control in the service.
- F. To review, as needed, the Rules and Regulations of the Radiation Medicine Service and so document.

IV. OFFICERS OF THE SERVICE

- A. The officers of the Service shall consist of the Chief of Service, and the Vice Chief of Service. The Chief of Service is appointed as specified in the Medical Staff Bylaws. The Vice Chief of Service will be appointed by the Chief of Service. The Vice Chief of Service shall have the authority to act in the absence of the Chief of Service.
- B. Qualifications of the Chief of Service and Vice Chief of Service shall be as follows:
 - 1. The physician shall be a member in good standing of the active Medical Staff.
 - 2. The physician shall be certified by the American Board of Radiology.
 - 3. The physician shall be involved in the active practice of Radiation Oncology at Loma Linda University Medical Center.
 - 4. The physician shall be actively involved in the promotion of academic and education progress in the Service.

V. FUNCTIONS OF THE CHIEF OF SERVICE

- A. The Chief of Service shall have the responsibility for the quality of care rendered in the Service.

- B. The Chief of Service will represent the Service on the Medical Staff Executive Committee and with the hospital administration.
- C. The Chief of Service will organize and chair all service meetings, which will occur at least monthly or as often as necessary.
- D. The Credentials Committee (consisting of the Chief of Service and two active staff members, typically the Executive Committee) will recommend the granting of privileges within the Service.
- E. The Chief of Service will review and report on the performance of the Service members, as necessary, to the Medical Staff Executive Committee and the Board of Trustees.
- F. The Chief of Service shall be responsible for the programs of radiation safety for the employees and patients.
- G. The Chief of Service shall consult with hospital and service supervisory personnel frequently and make and implement recommendations for improving care.
- H. The Chief of Service shall develop and implement continuing education programs for the service staff.
- I. The Chief of Service shall assist in establishing qualifications for new nonphysician technical personnel.
- J. The Chief of Service shall assist in providing necessary reports, budget recommendations and other data as required by the Medical Staff Executive Committee and Board of Trustees.

VI. CLINICAL PRIVILEGES

- A. Clinical privileges will be granted on either a temporary, active basis in accordance with Medical Staff Bylaws.
- B. "Members of this Service must meet board certification requirements as outlined in the Medical Staff Bylaws"

VII. EVALUATION PROCEDURE AND PEER REVIEW FOR EXISTING STAFF AND NEW MEMBERS OPERATING IN THE PROBATIONARY YEAR.

- A. New members will be evaluated/proctored for one year in compliance with the proctoring requirements of the Medical Staff Bylaws.
- B. This proctoring shall be done by the active members of the Service or as designated by the Chief of Service. Proctoring evaluation forms and a letter of recommendation will be submitted by the Service Chief to the Credentials Committee for review and recommendation to the Medical Staff Executive Committee, then to the Board of Trustees for final action. The evaluation forms, letter, and final decision by the Board will be maintained in the physicians credential file in Medical Staff Administration.
- C. Evaluation shall include general radiation oncologic skills as well as any special procedures applied for on the delineation of privileges form.
- D. A report indicating the new member's ability to perform to standards will be entered in the service staff member's performance file. This report will be based on performance rendered by the new

member as observed by established existing staff with experience in the procedures in question. Specifically, the following privileges will be granted by proctoring through peer review (chart review, new patient conference, M&M conference, and routine observation):

General proctoring will be for a minimum of five (5) cases and will include comprehensive privileges relating to evaluation and work-up of radiation therapy patients and management of side effects for toxicity's of therapy, supervising and teaching radiation medicine house staff, supervising allied health professionals in radiation medicine, treatment planning, including simulation with diagnostic x-ray and the use of two-dimensional and three-dimensional treatment planning devices, and the integrating of appropriate diagnostic information into the treatment planning of tumor systems with radiation, all teletherapy modalities used at this facility (where appropriate superficial orthovoltage, megavoltage, gamma radiation, electron radiation and proton radiation), and radiotherapeutic adjuvants such as radiosensitizers, radioprotectors and hyperbaric oxygen.

Specific proctoring will include the following procedures, which will need one-on-one proctoring with experienced existing staff members observing at least one procedure critically and reporting to the Executive Committee for evaluation.

Intracavitary implants - where the radiation medicine physician is performing the invasive procedure (except for endobronchial implants where the catheters were placed by the pulmonary department where proctoring may be handled by review of dosimetry and treatment planning records).

Intra-abdominal implants - where catheters are placed by the Radiation Oncologist. If the invasive procedure is performed by the surgery department, gastroenterology department or invasive radiology department, radiation medicine peer review is appropriately handled by review of the chart work and dosimetry of the noted implant.

Interstitial implants - where the radiation medicine staff would be the person performing the invasive procedure. (Exemptions to this include intracranial implants where the catheters are installed by neurosurgeons or any other interstitial catheter placed by another medical specialty where the radiation medicine staff is not directly involved with the placement of the invasive catheter. These procedures may be proctored by review of the medical records including dosimetry and chart review).

Intraoperative radiation

Surface applicators and molds - including Strontium 90

Systemic isotope therapy - for the use of unsealed isotopes such as metastron, phosphorus 32 and iodine 131.

Hyperthermia - any modality requiring the placement of the hyperthermia catheters or probes.

- E. Review of overall competency of existing staff will be done prior to reappointment to the Medical Staff every two years at the Service meetings. In addition, the results of the random service peer review process will be reviewed for each individual prior to reappointment. The Physician Executive Committee members will vote to recommend the Medical Staff Credentials Committee the appropriate action on reappointment and continuation or modification of privileges.