

LOMA LINDA UNIVERSITY MEDICAL CENTER
RADIOLOGY SERVICE
RULES AND REGULATIONS

I. DEFINITION

The Radiology Service shall consist of the sections of General Diagnostic Radiology, Nuclear Radiology, Magnetic Resonance Imaging, General Diagnostic Ultrasound, Neuroradiology, Outpatient Radiology (Faculty Medical Offices), Nonvascular Interventional Radiology, Endovascular (non cardiac) Interventional Radiology (General Angiography), Computed Tomography and Pediatric Radiology.

II. MEMBERS OF THE RADIOLOGY SERVICE

The active and provisional active members of the Medical Staff of the Radiology Service will consist of those Medical Staff members qualified by reasons of recognized training and necessary expertise to practice in the Radiology Service and shall be either board certified or eligible for certification by the American Board of Radiology or an acceptable foreign equivalent or a member Board of the ABMS which is appropriate for the clinical skills to be provided. Subspecialty Certificates of added Qualification (CAQ's) may be considered further evidence of advanced training but do not supersede or replace certification by the American Board of Radiology in the overall field of Diagnostic Radiology. In accordance with the contractual relationship between Loma Linda University Medical Center (LLUMC) and Loma Linda University Radiology Medical Group (LLURMGI), all medical staff members having Radiology Clinical Privileges as described in said contract must be employees of and/or under separate contract with LLURMGI. Consulting staff privileges may be granted to selected individuals who qualify as clinical faculty (voluntary) in the School of Medicine. Courtesy staff privileges may be granted to selected individuals in order to provide radiological services from time to time as needed.

III. FUNCTIONS OF THE SERVICE

- A. To provide diagnostic and interventional radiology services for both in and outpatients on a regularly scheduled and on an emergency basis.
- B. To establish and maintain standards for granting of clinical privileges in the Radiology Service.
- C. To set procedure and disciplinary guidelines necessary for the timely and orderly conduct of business in the Service.
- D. To conduct annual or as needed review of 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 annually or as needed the Rules and Regulations of the Radiology Service and so document.
- G. To establish and maintain an appropriate Quality Improvement program.

IV. OFFICERS OF THE SERVICE

- A. The Chairman of the Department of Radiology of Loma Linda University School of Medicine shall serve as the Chief of the Radiology Service of Loma Linda University Medical Center. In the absence of the Chairman, his/her designee shall serve as Chief.
- B. Each section within the service shall have a separate section Director:

Director of Diagnostic Radiology, Director of Nuclear Radiology, Director of Ultrasound, Director of Magnetic Resonance Imaging, Director of Neuroradiology, Director of Outpatient Radiology, Director of Pediatric Radiology, Director of Vascular Radiology (General Angiography), Director of Interventional Radiology, Director of Body Computed Tomography. This organization may vary at the discretion of the Service Chief.
- C. Qualifications of the Service Chief or his/her designee 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 Radiology at Loma Linda University Medical Center.
 - 4. The physician shall be actively involved in the promotion of academic and educational progress in the Service.
 - 5. The Service Chief shall also be the Chairman of the Department of Radiology in the Loma Linda University School of Medicine.

V. FUNCTIONS OF THE SERVICE CHIEF

- A. The Service Chief shall have the responsibility for the quality of care rendered in the Service.
- B. The Service Chief will represent the Service on the Medical Staff Executive Committee and with the hospital administration. His designee may attend in his absence.
- C. The Service Chief will organize and chair all service meetings which will occur at least quarterly or as often as necessary. His designee may attend in his absence.
- D. The Service Chief will recommend the granting of privileges within the Service based on the recommendation of the Service Credentials Committee.
- E. The Service Chief 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 Service Chief shall be responsible through the radiation safety officer and the chair of the Radiation Safety Committee for the programs of radiation safety for the employees and patients.
- G. The Service Chief shall consult with hospital and departmental supervisory personnel frequently and make and implement recommendations for improving care.
- H. The Service Chief shall assist as needed in the development and implementation of continuing education programs for the technical service staff.
- I. The Service Chief shall assist as requested in establishing qualifications for new non-physician technical personnel.
- J. The Service Chief shall assist in providing necessary reports, budget recommendations and other data as required by the Medical Staff Executive Committee and Board of Trustees.

VI. SERVICE PRIVILEGES AND CREDENTIALING

- A. Privileges will be granted on either a temporary, administrative, honorary, courtesy, consulting, , provisional or active basis in accordance with Medical Staff bylaws.

- B. For active full-time privileges, certification by the American Board of Radiology or an acceptable domestic or foreign equivalent relating to the requested privileges will be required.
- C. In order to have privileges applicable to the Radiology Service, each credentialed individual must be either an employee of, or under contract to Loma Linda University Radiologic Medical Group in accordance with its exclusive contract with Loma Linda University Medical Center.

VII. PROCTORING PROCEDURE AND PEER REVIEW

- A. New members will be proctored for no less than one month and no longer than one year.
- B. This proctoring shall be done by one or more of the active members of the Service or as designated by the Service Chief and proctoring forms to be placed in credential files.
- C. Evaluation shall include general radiologic skills as well as any special procedure categories applied for on the delineation of privileges form.
- D. A report indicating the new member's ability to perform to standards will be forwarded to the Medical Staff Office along with a recommendation that either privileges be granted, further proctoring be done or that there be a termination of privileges.
- E. For angiographic and other invasive diagnostic and therapeutic procedures, new members will be proctored as in "A" above by members of the service already having those privileges.
- F. Review of overall perceived competency will be done prior to reappointment to the Medical Staff every two years at the Service credentialing meetings. In addition, the results of the departmental peer review process will be reviewed for each individual prior to reappointment.
- G. Service meeting attendance requirements are as specified in the Medical Staff Bylaws.