

Ancillary Care Areas: Radiology

Name of Hospital: _____

Date: _____ Hospital Contact: _____

Always/
Yes

Sometimes

Never/
No

N/A

DEPARTMENT MANAGEMENT

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. The facility is accredited by the American College of Radiology (ACR) for the following modalities (www.acr.org/Quality-Safety/Accreditation): |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Breast MRI |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Breast ultrasound |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Computed tomography (CT) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. Mammography |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. MRI |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. Nuclear medicine and PET |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. Radiation oncology |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. Stereotactic breast biopsy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i. Ultrasound |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. A qualified medical director is responsible for operations of the radiology department. (Evidence of qualification: Physician with a current state license, ACR training guidelines for physicians performing or interpreting examinations have been met, and ACR guidelines for competence and continuing education are maintained.) |
| | | | | 3. If the radiologists are contracted: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. The radiologists maintain adequate insurance coverage. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. They provide the hospital with a certificate of insurance. |
| | | | | 4. Number of radiologists on staff: _____ Number board certified: _____ |
| | | | | 5. Number of staff: radiology technicians: _____ Assistants: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. The radiology technicians and/or assistants are employees of the hospital. |

Ancillary Care Areas: Radiology

Always/
Yes

Sometimes

Never/
No

N/A

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. In-house diagnostic services include the following. (Identify all that apply.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Radiology |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Fluoroscopy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Radiation therapy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. CT |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. MRI |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. Ultrasound |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. Nuclear medicine |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. Dexascan |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i. Other (please list): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. If special procedures are performed, such as arteriography, venography, biopsies, etc., please list special and all invasive procedures performed at this facility. Use an additional sheet, if necessary:

_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Written procedures are available for each specific type of procedure listed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. The procedures listed are performed only by appropriately credentialed practitioners. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. The following mobile services are provided for screening and diagnostic services. (Answer yes to all that are provided.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Nuclear medicine |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. CT |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. MRI |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. Mammography |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. Ultrasound |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. Dexascan |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. Other (please list): _____ |

Ancillary Care Areas: Radiology

Always/ Yes	Sometimes	Never/ No	N/A	
				12. The following policies and procedures that ensure patient and technologist safety are in place:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Communication of findings (both routine and emergent) with documentation of the communication and verification of receipt. (Resource: <i>ACR Practice Guideline for Communication of Diagnostic Imaging Findings</i> at www.acr.org/~media/C5D1443C9EA4424AA12477D1AD1D927D.pdf .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Notification of appropriate personnel if a discrepancy is found in the preliminary reading with documentation of the notification and verification of receipt.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Infection control.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Electrical safety.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Preventive maintenance and calibration of equipment are according to manufacturers' recommendations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Medical emergency equipment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. MR safety. (Resource: <i>ACR Guidance Document on MR Safe Practices: 2013</i> , http://onlinelibrary.wiley.com/doi/10.1002/jmri.24011/pdf .)
				13. The radiology department has the following:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Radiation safety officer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Radiation safety committee
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Peer review program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. The radiology equipment is inspected by an outside source (e.g., a nuclear physicist) at least annually.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Equipment calibration schedules follow manufacturer's guidelines.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Staff radiation monitoring is provided as required by state and/or federal regulations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. X-ray films are kept for the appropriate period as required by state law and/or the ACR guidelines.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Films are retained in a secure location for patients involved in a potential or active claim.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. The film storage area has either sprinklers or smoke detectors.

Ancillary Care Areas: Radiology

Always/
Yes

Sometimes

Never/
No

N/A

HUMAN RESOURCES

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Mobile services staff is oriented to your hospital environment. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. The orientation process is documented for the mobile services staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. The radiology equipment is operated only by licensed/certified radiologic technologists. |
| | | | | 23. If your state permits operation of equipment by unlicensed personnel: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. The personnel maintain competency to perform the tasks. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. The department manager is a licensed/certified radiologic technologist. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. The staff competency is documented. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. If the radiology department has students rotating through the department for clinical training, appropriate supervision of students is provided. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. Technologists provide only those services that are within the scope of practice mandated by the state. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. Technologists who perform IV contrast injection have had specific training in peripheral intravenous access with demonstration and documentation of appropriate proficiency. |

PATIENT CARE

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. There is a standardized handoff procedure to communicate inpatient and emergency department results. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28. Preliminary findings are confirmed by a board certified radiologist. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29. Reports are proofread before they are finalized or provided to the referring physician. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30. A copy of the report accompanies radiology studies released to providers. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31. There is a process for communicating results to self-referred patients. |
| | | | | 32. There are policies and procedures that outline the following processes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Obtaining verbal orders that include read-backs. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Reporting critical tests or results, including time parameters and documenting the reporting process. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33. Informed consent is obtained for procedures using contrast media injection, including nonionic, and all interventional procedures. |

Ancillary Care Areas: Radiology

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. A list of patient medications and allergies is obtained, reviewed, and documented before administering contrast media or sedatives.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. A patient assessment is performed and documented before and after administering contrast media or sedatives.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. The patient's renal status is assessed before administering contrast material.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. The patient is asked about any prior adverse reactions to contrast media.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Before any interventional procedure, the radiologist performs a preprocedure verification, marks the site, and performs a time-out.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Moderate sedation is administered in the imaging areas.
				If yes:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. The hospital-wide moderate sedation policy is followed for administration and monitoring.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Properly credentialed personnel administer moderate sedation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Rescue equipment is immediately available.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. An assessment and evaluation of the patient's capabilities and/or limitations and medical history are consistently relayed to the radiology department (e.g., "the patient is able to stand for a chest x-ray" or "the patient is NPO for a test and is a diabetic").
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Prior films are obtained for comparison whenever possible, or there is an established protocol for obtaining prior films.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Adverse drug reactions are documented in the patient record.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Before an exam involving radiation, there is documentation of assurance that a patient is not pregnant.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. If there is a possibility the patient may be pregnant, there is a policy to address further intervention.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Patients in the department are properly attended at all times.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. Nonionic contrast media is used to reduce the incidence of adverse reactions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. If iodinated contrast is used, criteria are in place to determine which patients receive iodinated or noniodinated contrast.

Ancillary Care Areas: Radiology

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. A radiologist or other physician is available and in the department to provide emergency care in the event of an allergic reaction when contrast media is being administered. (Resource: ACR Manual on Contrast Media, www.acr.org/Quality-Safety/Resources/Contrast-Manual .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. A process is in place to obtain help immediately if a patient's condition deteriorates rapidly while in the radiology department.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. For release of original studies, a policy defines proper procedures for the following steps:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Checking out studies.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Tracking and recalling studies.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Returning the original films or providing a copy by other media.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. Consideration is given to both the medical necessity of radiation exposure and the risks to the particular patient, and steps are taken to eliminate unnecessary exposure to radiation. (Resources: The Joint Commission Sentinel Event Alert #47: Radiation Risks of Diagnostic Imaging at www.jointcommission.org/assets/1/18/SEA_47.pdf ; and the U.S. Food and Drug Administration, Initiative to Reduce Unnecessary Radiation Exposure from Medical Imaging at www.fda.gov/radiation-emittingproducts/radiationsafety/radiationdosereduction/ucm2007191.htm .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Guidelines from the Nuclear Regulatory Commission for doses “as low as reasonably achievable” (ALARA) are adhered to. (Resource: NRC Regulations [10 CFR] Part 20, Standards for Protection Against Radiation, www.nrc.gov/reading-rm/doc-collections/cfr/part020/full-text.html#part020-1101 .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Guidelines from the Alliance for Radiation Safety in Pediatric Imaging for “Image Gently” are adhered to for children. (Resource: www.pedrad.org/associations/5364/ig/?page=598 .)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Guidelines from the ACR for “Image Wisely” are adhered to for adults. (Resource: www.imagewisely.org .)

Ancillary Care Areas: Radiology

Always/
Yes

Sometimes

Never/
No

N/A

Teleradiology

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 49. Teleradiology services are used by this hospital.
If yes: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. The preliminary teleradiology report is documented in the medical record by the treating physician. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Teleradiology services are provided by properly licensed radiologists. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. The teleradiology equipment is inspected and maintained according to manufacturer's guidelines. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. The teleradiology equipment meets ACR standards. |

ENVIRONMENT OF CARE

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50. There is a warning light outside the x-ray exam room that illuminates when a film is being taken, and/or there is a switch on the door that automatically shuts off the radiology equipment if the door is opened during an x-ray exposure. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 51. Carts have straps and side rails to secure patients. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 52. Radiation protection is provided to staff/family assisting during radiation exposures. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 53. Signage is present, in languages appropriate to the patient population, asking patients to inform the technologist if there is a possibility of pregnancy. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 54. Staff receives training on department-specific hazardous material, such as clean-up of developer, fixer, or contrast spills. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55. ACR guidelines on MR safety are followed. (Resource: ACR Guidance Document on MR Safe Practices: 2013, http://onlinelibrary.wiley.com/doi/10.1002/jmri.24011/pdf .) |

PROCESS IMPROVEMENT/PATIENT SAFETY

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 56. Adverse events and near misses are reported according to policy. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. The department provides constructive and timely feedback on reported adverse events and near misses. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Staff members are able to describe how information on adverse events and near misses is used to improve patient safety. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 57. The department has a patient safety plan with specific goals and objectives. |

Ancillary Care Areas: Radiology

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	58. The department collects data needed to track progress toward department patient safety goals.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Staff members are able to describe how they use data to determine which safety projects to adopt.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Staff members are able to describe how they use data to improve patient care.

This interactive guide is not a standard of care. Any guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any action or treatment must be made by each healthcare practitioner in light of all circumstances prevailing in the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.