

Zuckerberg San Francisco General Hospital and Trauma Center Imaging Services 2016 Scope of Service Statement

I. General Statement:

The Imaging Department seeks to provide the highest quality diagnostic imaging services to the citizens of the City and County of San Francisco. We serve a broad range of patients and services, including response to level I Trauma and Stroke, the Emergency Department, Operating Room, Intensive Care units and other inpatient units, hospital and community-based primary care clinics, specialty clinics. The department provides a vital teaching function as part of the residency programs of the University of California, San Francisco, and is a teaching facility for student radiologic technologists from City College of San Francisco and student sonographers for Foothill College. Medical staff performs clinical research to improve patient care. We provide services to meet the needs of patients. We have locations in Building 5, Building 25, and The Avon Breast Center.

II. Patients:

Services are provided to patients of all age groups and cultures, referred by an authorized care provider. Two percent of our patients are age 0-2 years, two percent are 3 –11, two and a half percent are 12-18, eighty percent are 18-64, and 14 percent are 65 and older.

DIA	92,410
FLO	643
LHD	1,509
MAM	12,467
MRI	6,897
OSF	1
SPE	2,603
ULT	16,517
CT	34,500
Grand Total	199,566

Top 10+ exams with over 1000 done per year

proc#	Exam name	Total
9300	CHEST 1 VIEW (AP/PA OR LAT)	24,114
9308	CHEST PA & LATERAL	14,857
6475	MAM Screening Digital	7,744
3281	CT ABDOMEN/PELVIS W CON	5,704
3291	CT Trauma Brain & C Spine	5,486
3309	CT BRAIN WO CONTRAST	4,747
2432	US PELVIS W ENDOVAGINAL	3,194

2411	US ABDOMEN COMPLETE	2,574
3294	CT Trauma Brain Face C Spine	2,439
9413	SPINE LUMBAR AP & LAT	2,429

III. Support Services

The following Imaging services are available 24-hours a day, 7 days a week* on a scheduled, drop-in or emergent basis.

Service	Most Frequent Procedures
Plain Film Radiography	Chest, abdomen, spine, Mammography*
Fluoroscopy & Portable Fluoroscopy	Upper GI track, Lower GI track; OR guidance
Sonography	Obstetric, Abdomen, Pelvis
Computed Tomography (CT)	Brain, Abdomen, Pelvis
Magnetic Resonance Imaging (MRI)	Brain, Spine, MR Angiography
Interventional, Neurointerventional & Vascular radiography	Dialysis Fistula maintenance, Central line placement, Percutaneous abscess drainage

- ***Mammography** is routinely provided only on a scheduled basis.
- **Medical services** provided include medical pre- and post-procedural consultation, supervision and performance of procedures, moderate sedation, and interpretation of images. Nursing services provided include moderate sedation, patient monitoring, starting intravenous lines and injecting contrast media, general nursing care including patient education. Technical services include acquisition of images by certified and/or licensed staff, pre- and post-procedural patient education, and supervised, limited injection of contrast media. Other services provided are reception of patients and visitors, patient transportation and record/image management.

IV. Care Providers:

Leadership

Medical & Clinical Staff	FTE	Clinical Staff	Budgeted FTE
Chief, Imaging Services, Medical Director	1.0	Radiologists	15.0
Director, Imaging Services	1.0	Registered Nurses	12.0
Supervising Radiologic Technologist	5.0	Diagnostic Imaging Technologist I	35.0
		Diagnostic Imaging Technologist II	44.0
		Diagnostic Imaging Technologist III	8.50
		Diagnostic Imaging Technologist IV	9.0
		Diagnostic Imaging Assistant	28.0

V. Educational Requirements:

Radiologists: Certified or eligible for certification by American Board of Radiology or equivalent, and meets the continuing medical education guidelines established by hospital policy.

Director: Current certification as a Radiologic Technologist with State of California (CRT), current registration with the American Registry of Radiologic Technologists (ARRT) with five years supervisory experience in Radiology; OR Master's degree in Hospital, Health, Public or Business Administration with four years supervisory experience in

Radiology; OR Baccalaureate Degree with major course work in Health or Business Administration and six years supervisory experience in Radiology.

Diagnostic Imaging Technologist I – III & Supervising Radiologic Technologists:

Current certification (CRT) with the State of California, Radiologic Health branch, current registration (ARRT) with American Registry of Radiologic Technologists, and receives 24 hours of continuing education every two years. Diagnostic Imaging Technologist II are required to have advanced certifications in one or more modalities of CT, MRI, IR, or Mammography. Diagnostic Imaging Technologist II who are assigned to mammography are also required to receive continuing education related to mammography. CPR certification must be obtained within the first year of employment in this class, and IV certification is recommended for technologists performing IV contrast studies. For newly hired City and County of San Francisco permanent staff Fluoroscopy permits must be obtained prior to employment in this class, though they are not currently required for techs hired prior to January 2006.

Diagnostic Imaging Technologist IV: Current registration (ARDMS) with American Registry of Diagnostic Medical Sonographers, receives 24 hours of continuing education, and CPR is required prior to employment in this class.

Nurses: Current registration with the California State Board of Registered Nurses (RN), Basic Life Support (BLS), 30 hours of continuing education every 2 years and sedation skills workshop with an annual update is required. Advanced Cardiac Life Support (ACLS) is recommended.

Diagnostic Imaging Assistant: CPR certification must be obtained prior to employment for all permanent City and County of San Francisco staff hired into this class

MANDATORY EDUCATION

Course Title	Audience	Type	Length
Annual Required Education			
Bloodborne Pathogens	All	E-learning	23 slides
Compliance	All	E-learning	24 slides
DPH Privacy - HIPAA	All	E-learning	33 slides
Emergency Response	All	E-learning	25 slides
EMTALA	All	E-learning	22 slides
Environment of Care	All	E-learning	32 slides
Hazardous Communication	All	E-learning	16 slides
Infection Control	All	E-learning	22 slides
National Patient Safety Goals - Clinical	Clinical - All	E-learning	30 slides
National Patient Safety Goals - Non Clinical	Non Clinical	E-learning	11 slides
Preventing Central Line Infections for the Insertor	Clinical - Provider	E-learning	24 slides
Preventing Central Line Infections for the Observer	Clinical - Nurse	E-learning	24 slides
Radiation Safety Awareness	Clinical - All	E-learning	15 slides
Restraint Course - Nursing Staff	Clinical - Nurse	E-learning	23 slides
SFGH Abuse Prevention Program	All	E-learning	15 slides
Stroke - Clinical *	Clinical - All	E-learning	20 slides
Stroke - Non Clinical	Non-clinical	E-learning	14 slides

Surgical Site Improvement Project	Clinical - Nurse and Provider	E-learning	26 slides
Traumatic Brain Injury Program	Clinical - All	E-learning	20 slides
Transfusion Review	Clinical - Nurse	E-learning	20 slides
Orientation			
General Orientation - Regulatory Required Topics	All	Classroom	4.5 hours
SMART Training	All	Classroom	3.5 hours
Clinical Orientation - Patient Safety Topics	Clinical - Nurse and Other	Classroom	4 hours
Nursing Orientation	Clinical - Nurse	Classroom	4 hours
Carelink SF Behaviorist/MSW	Clinical - All	E-learning	4 hours
Carelink SF Front Desk Eligibility	Non-Clinical	E-learning	4 hours
Carelink SF MEA/RN's	Clinical - All	E-learning	4 hours
Carelink SF Medical Records	Non-Clinical	E-learning	4 hours
Carelink SF Providers	Clinical - All	E-learning	4 hours
Carelink SF Students	Clinical - All	E-learning	4 hours
CPOE & MAK Training	Clinical - All	E-learning	4 hours
Laser Safety Module	Clinical - All	E-learning	25 slides
Annual Updates			
Radiology RN updates		Classroom	6 hours

VI. Standards or Guidelines:

Policies, procedures, protocols and programs are developed in consultation with other appropriate health professionals and administration, and conform to applicable statutory and regulatory requirements and reflect the guidelines and recommendations of the following bodies:

- American Registry of Radiologic Technologists (ARRT)
- American College of Radiology (ACR)
- California Department of Public Health (CDPH)
- Joint Commission
- California Code of Regulations (CCR), Title 17,22
- CMS COP for Radiology

VII. Staffing:

A. Core Staffing: The following chart represents the minimum staffing per shift assuming a typical workload. In the event that minimum staffing is not available, the following actions occur (in order) until the minimum is reached: Registry staff is called; voluntary overtime is offered to CCSF staff; mandatory overtime is assigned. If the minimum staffing is still not reached, the Nursing Supervisor on Duty and the emergency department charge nurse are notified, and Radiology policy PC-006 "Patient Priority" is used to decrease the volume. Radiologists and CT and MRI competent technologists are on call after hours for emergent exams that exceed the capacity of on-duty staff.

Provider Type	Day		Evening		Midnight	
	M-F	Wknd	M-F	Wknd	M-F	Wknd
Chief of Service	On Duty or On Call					
Director, Imaging Services (Adm.)	On Duty or On Call					
Attending Radiologists	11	1+call	1+call	1+call	Call*	Call*
Registered Nurses	8	1+call	1+call	call	call	call
Diagnostic Imaging Technologist III or Sup	2	1	1	1	1	1
Diagnostic Imaging Technologist I	18	6	8	7	7	7
CT Diagnostic Imaging Technologist II or III	5	1 +call	2+call	2+call	2+call	2+call
MR Diagnostic Imaging Technologist II or III	4	Call	1	Call	Call	Call
Interventional Body and Neuro – Rad Tech	4	Call	Call	Call	Call	Call
Mammography Diagnostic Imaging Tech II	6					
Diagnostic Imaging Assistant (DIA) and Clerical Support Staff	16	1	3	1	2	1
Imaging Library (DIA)	3	0	0	0	0	0
Imaging Records Supervisor	1					
Imaging Services Supervisor	1		1		1	

B. Augmented Staffing

Technologist Call Coverage

Two technologists are on call Monday through Friday, IR 4 p.m. through 7:30 a.m., CT and MRI 10 p.m. through 7:30 a.m., and all day Saturday, Sunday and holidays.

One technologist is on call for Interventional/Neuroradiology and one is on call for MRI and as needed to run the second CT scanner.

One Ultrasound Technologist is on call (SD 7/1/14) to provide coverage for emergent Ultrasound needs after 5PM, weekends and holidays.

On-call technologists are required to be on site within 30 minutes of receiving the page to Come in.

***Radiologist Call Coverage**

Day shift is generally defined as 7:30 a.m. to 6:00 p.m. Evening shift overlaps the day shift and continues to 9 p.m.

Attending Radiologist call coverage starts at 5 p.m. for Interventional, Neuroradiology and CT/MR/US).

Five days a week, Monday – Friday, a resident (S1) is on duty from 5 p.m. to 8:00 a.m.

Saturday and Sunday, a resident (SD) is on duty from 8:00 a.m. to 7:00 p.m.

Saturday and Sunday, a resident (S1) is on duty from 7:00 p.m. until 8:00 a.m.

Monday – Friday, 5 p.m. to 8:00 a.m. and Saturday, Sunday all day, a resident (S2) is on primary call for Ultrasound and Neuroradiology, and for assisting in interventional procedures.

Attending radiologists are on call for general radiology, Ultrasound, CT and Neuroradiology as a back up to the S1 and SD.

An attending interventional radiologist is on call for all interventional procedures. On-call Residents and Attending Radiologists are required to be on-site within 30 minutes of being called.

Prior to being on call, residents must complete the following:

S1, SD: 1 year of training (may not begin call until start of second year, effective 7/1/07 08)

S2: one month Interventional Radiology at SFGH.

C. Minimum Staffing Plan for disaster and/or work stoppage

Provider Type	Day		Evening		Midnight	
	M-F	Wknd	M-F	Wknd	M-F	Wknd
Chief of Service	On Duty or On Call					
Director, Imaging Services (Adm.)	On Duty or On Call					
Attending Radiologists	11	1+call	1+call	1+call	Call*	Call*
Registered Nurses	6	call	call	call	call	call
Diagnostic Imaging Technologist III or Sup	2	1	1	1	1	1
Diagnostic Imaging Technologist I	14	6	8	7	7	7
CT Diagnostic Imaging Technologist II or III	3	2 +call	2+call	2+call	2+call	2+call
MR Diagnostic Imaging Technologist II or III	2	Call	1	Call	Call	Call
Interventional Body and Neuro – Rad Tech	3	Call	Call	Call	Call	Call
Mammography Diagnostic Imaging Tech II	3	1				
Diagnostic Imaging Assistant(DIA) and Clerical Support Staff	16	1	3	1	1	1
Imaging Library (DIA)	2	0	0	0	0	0
Imaging Records Supervisor	1					
Radiology Technologist Supervisor	1		1		1	

VIII. Quality Improvement:

The following risk areas were identified as priority areas for 2015:

- Patient flow
- Access to care
- Patient experience
- Staff education and training
- Patient safety

The performance measures are:

1. Risk Area: Delay of Care, Patient Flow, Access to Care
 Strategic Value: Service Excellence & Efficient Management System
 Measure Name: Inpatient Order to Exam Time
 Aim: To perform inpatient MRI exams within 12 hours of being ordered by July 2016
 Measure Definition: Average # of hours between exam ordered and exam completion/by month

2. Risk Area: Delay of Care, Patient Flow, Access to Care, Wayfinding
Strategic Value: Service Excellence & Efficient Management System
Measure Name: Defining Roles & Responsibilities for transition to Building 25
Aim: To optimize and define 100% of all roles and responsibilities for transition to building 25 by April 2016
Measure Definition: All roles & responsibilities will be documented in one central location

3. Risk Area: Patient Safety
Strategic Value: Service Excellence, Efficient Management System, Clinical Quality
Measure Name: Customer Service response forms for Outpatients all divisions
Aim: By Dec 2016, Imaging Services will develop a baseline Customer service response and develop a plan to attain a 90% rating of a level 4 and a combined rating of 95% for all 3 and 4 ratings. These results will be tracked by division.

4. Risk Area: Patient Safety
Strategic Value: Clinical Quality, Clinical Effectiveness, Safety
Measure Name: Repeat Analysis General Radiology
Aim: To decrease the number of repeat x-rays in General Radiology below the national benchmark of 10% by May 2016
Measure Definition: # of repeat x-rays/#of total images taken in General Radiology

5. Risk Area: Patient Safety, Patient Access
Strategic Value: Clinical Quality, Clinical Effectiveness, Safety, Efficient Management System
Measure Name: Increase and Maintain Out-patient MRI Show Rate to 90% by April 2016
Aim: To assure patients are receiving timely and efficient scheduling and completion of their MRI exams
Measure Definition: Track Show rates through daily management system implemented

IX. Authority, Responsibility, Accountability:

The **Chief of Imaging Services** is responsible for the supervision of the medical care of patients within Radiology, determines the medical services available, insures the integration of Radiology services with those of other clinical departments and with the hospital as a whole, and is responsible for the education and research functions of the medical staff. The Chief oversees the credentialing and quality assurance of the medical staff. The Chief reports to the Associate Dean, SFGH and the Department Chair, UCSF Radiology.

The **Administrative Director of Imaging Services** is responsible for the administration and evaluation of the technical and support staff, provides the knowledge, skill and leadership to manage the department's resources, and coordinates the department's services with other clinical departments. The Director reports to the COO.

The Administrative Director of Imaging Services and the Chief of Imaging Services jointly evaluate services and the status of capital equipment in the department and make recommendations to hospital administration; review radiation exposures of respective staffs in accordance with hospital policy. The Administrative Director of Imaging Services and the Chief of Imaging Services jointly review performance data and identify improvement opportunities.

X. Dates of review and signatures of approving executive staff:


Reviewed and Approved by:



David Sostarich MBA, BSRT
Administrative Director, Imaging Services

2/10/16


Date



Mark Wilson MD
Medical Director, Imaging Services

2/10/16

Date



Iman Nazeeri-Simmons MPH
Chief Operating Officer
Zuckerberg San Francisco General Hospital

2/11/16

Date