

**ZUCKERBERG SAN FRANCISCO GENERAL
HOSPITAL AND TRAUMA CENTER
RADIOLOGY CLINICAL SERVICE
RULES AND REGULATIONS
2019**

**RADIOLOGY CLINICAL SERVICE
RULES AND REGULATIONS
TABLE OF CONTENTS**

I.	RADIOLOGY CLINICAL SERVICE ORGANIZATION	2
A.	PREAMBLE	2
B.	SCOPE OF SERVICE	2
C.	AVAILABLE SERVICES	3
D.	GOALS OF CARE	3
E.	MEMBERSHIP REQUIREMENTS.....	3
F.	ORGANIZATION OF RADIOLOGY CLINICAL SERVICE	4
II.	CREDENTIALING	5
A.	NEW APPOINTMENTS	5
B.	REAPPOINTMENTS	5
C.	AFFILIATED PROFESSIONAL STAFF	5
D.	STAFF CATEGORIES.....	6
III.	DELINEATION OF PRIVILEGES	6
A.	DEVELOPMENT OF PRIVILEGE CRITERIA	6
B.	ANNUAL REVIEW OF CLINICAL SERVICE PRIVILEGE REQUEST FORM	6
C.	CLINICAL PRIVILEGES	6
D.	TEMPORARY PRIVILEGES	6
IV.	PROCTORING AND MONITORING.....	6
A.	REQUIREMENTS.....	6
B.	ADDITIONAL PRIVILEGES	7
C.	REMOVAL OF PRIVILEGES	7
V.	EDUCATION	7
VI.	RADIOLOGY CLINICAL SERVICE HOUSESTAFF TRAINING PROGRAM AND SUPERVISION	7
VII.	RADIOLOGY CLINICAL SERVICE CONSULTATION CRITERIA	8
VIII.	DISCIPLINARY ACTION.....	8
IX.	PERFORMANCE IMPROVEMENT AND PATIENT SAFETY	8
A.	CLINICAL INDICATORS.....	8
B.	CLINICAL SERVICE PRACTITIONERS PERFORMANCE PROFILE.....	9
C.	MONITORING & EVALUATION OF PROFESSIONAL PERFORMANCE OF RADIOLOGY SERVICE MEMBERS	9
X.	MEETING REQUIREMENTS.....	9
XI.	ADOPTION AND AMENDMENT.....	9
	APPENDIX A: RADIOLOGY PRIVILEGE REQUEST FORM	1
	APPENDIX B: MAJOR AND MINOR PROCEDURES REQUIRING STAFF RADIOLOGIST SUPERVISION	1
	APPENDIX C: CHIEF OF RADIOLOGY CLINICAL SERVICES JOB DESCRIPTION	1

I. RADIOLOGY CLINICAL SERVICE ORGANIZATION

A. PREAMBLE

The Zuckerberg San Francisco General Hospital (ZSFG) and Trauma Center is a county hospital and one of the busiest hospitals in the San Francisco Bay Area. With 582 licensed beds, it services approximately 16% of all patients treated in the City and County of San Francisco. ZSFG provides extensive ambulatory care services treating approximately 1,000 patients daily. The Emergency Department is the designated trauma center for San Francisco, treating approximately 280 patients daily. ZSFG also serves the Department of Public Health's neighborhood clinics and Laguna Honda Hospital patients.

B. SCOPE OF SERVICE

ZSFG is one of the five main teaching hospitals of the University of California, San Francisco. The University, through a contractual arrangement with the City and County of San Francisco, provides medical and medical support staff for the hospital. The campus of ZSFG currently occupies 1.2 million square feet of space in nine separate buildings. The new hospital building, Building 25, was opened in May 2016. It is the main site of inpatient care, emergency services, and surgical/procedural services. Building 5 houses the Urgent Care Clinic and most of the staff offices. The other buildings are used for outpatient care, library, administration and research, including the Avon Center, which is a hub for women's health care.

The Radiology Department at ZSFG is one of busiest radiology departments in the county performing approximately 140,000 exams/year. The department occupies space in both Building 25 and Building 5. Current Bldg 25 equipment includes 4 CT scanners (one with PET capability), two 3T MRI scanners, 4 interventional suites (one being a hybrid trauma suite and one functioning as the cardiac cath lab), Current equipment includes one GE 64 slice CT Scanners, and two GE 1.5 T MRI scanners. Five Siemens, one GE, and two Zonare (IR) Ultrasound Scanners. One portable CT scanner. One IR room integrating a C-Arm with a 16 slice CT Scanner. Dedicated chest and ortho radiography rooms. In the Avon Womens Health Center, there are 2 Hologic mammography units, one with tomosynthesis. There is also a Hologic mammography unit on the Mammography Van, to provide portable mammography services to citizens of San Francisco who cannot travel to the Avon Center. All imaging modalities are link to a digital PACS system for image display and consultation (Agfa Enterprise Imaging).

The Radiology 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 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.

C. AVAILABLE SERVICES

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

Service	Most Frequent Procedures
Plain Film Radiography	Chest, abdomen, spine, Mammography
Fluoroscopy	Upper GI track, Lower GI track
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, stroke treatment

***Mammography** is routinely provided only on a scheduled basis, Monday through Friday

Medical services provided include medical pre- and post-procedural consultation, post-procedural observations, 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.

D. GOALS OF CARE

- Provide safe and efficient performance of procedure;
- Assure the highest level of diagnostic interpretation and therapeutic intervention;
- Provide prompt transmittal of results to clinicians;
- Archive images in a manner which assures prompt retrieval;
- Make recommendations for procuring cost-effective equipment that provides a high-quality of diagnostic information;
- Provide ongoing education that stresses the quality of patient care, medical and technical skill development, health and safety procedures and disaster preparedness.

E. MEMBERSHIP REQUIREMENTS

Membership on the Medical Staff of Zuckerberg San Francisco General Hospital is a privilege, which shall be extended only to those practitioners who are professionally competent and continually meet the qualifications, standards, and requirements set forth in ZSFG Medical Staff Bylaws, Article II. *Medical Staff Membership*, Rules and Regulations and accompanying manuals as well as these Clinical Service Rules and Regulations.

To ensure the highest possible level of patient care, faculty Radiologists will personally review the images and interpretation thereof for all procedures, which are dictated under his or her signature.

In accordance with HCFA Guidelines, all reports dictated under the signature of a faculty physician must contain a statement that he/she has personally reviewed the image and the interpretation thereof and either agrees with it or has edited the findings.

To facilitate this procedure, an "expression code" has been made available on the Radiology Information System and on the digital dictation system which reads as follows:

THE ELECTRONIC SIGNATURE ON THIS RADIOLOGIC REPORT INDICATES MY DIRECT INVOLVEMENT IN THE INTERPRETATION OF THE EXAMINATION AND/OR MY DIRECT SUPERVISION OF THE PROCEDURE AND AGREEMENT WITH THE REPORT.

This expression code will be used by residents when assigning standard (normal) reports to an interpretation, or by the transcriber when a resident has dictated the report. It will always be the final statement, even if addenda are added after an initial approval.

F. ORGANIZATION OF RADIOLOGY CLINICAL SERVICE

1. ACADEMIC STAFF

Physician staffing consists of 15 radiologists, including the chief. In order to maintain subspecialty coverage, additional faculty from UCSF and the VA hospital cover periodically. There are six credentialed imaging fellows who serve as junior faculty and rotate through CT, ultra sound and MR and Chest during their one-year faculty appointment. Thirteen of the 42 UCSF radiology residents are rotated to San Francisco General monthly. A management services agreement with the UCSF Department of Radiology provides administrative and fiscal management for university affairs.

2. ADMINISTRATIVE AND TECHNICAL STAFF

Hospital staff includes a director, five supervisors, sixty eight licensed technologists, five registered nurses, and twenty six non-technical support staff. We have 4 NPs who assist with eReferral and Interventional Radiology. The department's administrative cadre is lean, but efficient, highly skilled and motivated. The department has had a relationship with City College, San Francisco for more than 20 years, providing clinical experience for up to 12 student radiographers per year.

3. ACCOUNTABILITY

The **Chief of Radiology** 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, ZSFG and the Department Chair, UCSF Radiology.

(See **ATTACHMENT C** for Job Description)

The **Director of Radiology** 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 departments services with other clinical departments. The Director reports to the Associate Administrator of Specialty and Diagnostic Services.

The Director & Chief 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 Director, Chief and Radiology Charge nurse jointly review performance data and identify improvement opportunities.

II. CREDENTIALING

A. NEW APPOINTMENTS

The process of application for membership to the Medical Staff of ZSFG through the Radiology Clinical Service is in accordance with ZSFG Bylaws Article II, *Medical Staff Membership*, Rules and Regulations, as well as these Clinical Service Rules and Regulations.

The following additional documentation items, as appropriate, are acceptable verified by hard copy or by explanation of the applicant with no further verification:

1. American Board Certification Status (if not certified)
2. BLS
3. ACLS
4. PALS
5. X-ray Operator/Supervisor's License
6. DEA certification (if needed in IR)

The Radiology Clinical Service at ZSFG requires faculty or fellows to have BLS certification.

B. REAPPOINTMENTS

The process of reappointment to the Medical Staff of ZSFG through the Radiology Clinical Service is in accordance with ZSFG Bylaws, Rules and Regulations, as well as these Clinical Service Rules and Regulations.

1. Practitioners Performance Profiles

Profiling documentation: Review number of procedures of various types performed by physician since appointment/last reappointment. Data will be obtained from Radiology Department's computer system. If data on number of procedures is not available for entire period since appointment/last reappointment, a representative period will be analyzed consisting of at least three months-

2. Modification of Clinical Service

Modification of the Radiology Clinical Service are reviewed and determined by the Chief of Radiology.

3. Staff Status Change

The process for Staff Status Change for members of the Radiology Services is in accordance with ZSFG Bylaws, Rules and Regulations.

4. Modification/Changes to Privileges

The process for Modification/Change to Privileges for members of the Radiology Service is in accordance with ZSFG Bylaws, Rules and Regulations.

C. AFFILIATED PROFESSIONAL STAFF

The process of appointment and reappointment to the Affiliated Professional Staff through the Radiology Clinical Service is in accordance with ZSFG Medical Staff Bylaws, Rules and Regulations, as well as these Clinical Service Rules and Regulations.

D. STAFF CATEGORIES

Radiology Clinical Service staff fall into the same staff categories which are described in Article III – *Categories of the Medical Staff* of the ZSFG Bylaws, Rules and Regulations as well as these Clinical Service Rules and Regulations.

III. DELINEATION OF PRIVILEGES

A. DEVELOPMENT OF PRIVILEGE CRITERIA

Radiology Clinical Service privileges are developed in accordance with ZSFG Medical Staff Bylaws, Article V - *Clinical Privileges*, Rules and Regulations.

B. ANNUAL REVIEW OF CLINICAL SERVICE PRIVILEGE REQUEST FORM

The Radiology Clinical Service Privilege Request Form shall be reviewed annually.

C. CLINICAL PRIVILEGES

Radiology Clinical Service privileges shall be authorized in accordance with the ZSFG Medical Staff Bylaws, Article V- *Clinical Privileges*, Rules and Regulations, as well as these Clinical Service Rules and Regulations. All requests for clinical privileges will be evaluated and approved by the Chief of Radiology Clinical Service.

D. TEMPORARY PRIVILEGES

Temporary Privileges shall be authorized in accordance with the ZSFG Medical Staff Bylaws Article V – *Clinical Privileges*, Rules and Regulations.

IV. PROCTORING AND MONITORING

A. REQUIREMENTS

Before any new staff radiologist can independently perform clinical services, he/she will be assigned to a proctor by the chief of the service. Any staff radiologist who already has privileges in areas requested by the new staff radiologist may be asked to be a proctor. The proctoring staff radiologist will review a minimum of 50 examinations or procedures that encompass every area in which privileges were requested by the new staff radiologist. If the new staff radiologist has requested a privilege that is not included in the proctoring radiologist's privileges, a second proctor may be assigned for evaluation of the specific privilege. The proctoring physician(s) will report his/her observations regarding the new radiologist and assess his/her ability to perform in all the areas that privileges were requested.

Each staff radiologist will undergo peer review (proctoring and monitoring) by another staff radiologist once each year. Review material will consist of ten (10) cases chosen by the examining physician to include cases in the primary area of expertise of the radiologist being proctored as well as additional cases that may occasionally be the responsibility of the radiologist (i.e., on call). Both radiologists will dictate each case and the two reports compared by the Radiology Clinical Service QI Medical Director. Records will be kept and reported to the Radiology Clinical Service department Chief, and the QI Medical Director (see proctoring form, Staff Physician Credentials Section). Both examiner and examinee will report significant error to the Department QI Chief or QI Committee. Action to be taken may include consulting, remedial study, and/or clinical service in-service work, as appropriate.

B. ADDITIONAL PRIVILEGES

Requests for additional privileges for Radiology Clinical Service shall be in accordance with ZSFG Bylaws, Rules and Regulations.

C. REMOVAL OF PRIVILEGES

Requests for removal of privileges for Radiology Clinical Service shall be in accordance with ZSFG Bylaws, Rules and Regulations.

V. EDUCATION

- A. All Radiology faculty are required to obtain ongoing ACCME accredited continuing medical education in the area of diagnostic radiology or nuclear medicine. The minimum standards required are those that the American Medical Association requires for the certificate award.
- B. Radiology faculty that are full-time are allotted five weeks of meetings per year.
- C. Documentation of continuing education is provided on an annual curriculum vita required by all faculty prior to the June performance appraisal performed by the Chief of Service.

VI. RADIOLOGY CLINICAL SERVICE HOUSESTAFF TRAINING PROGRAM AND SUPERVISION

The Department of Radiology considers all physicians participating in ACGME approved training programs to be resident physicians. It is the policy of the department that no residents can provide clinical services without the direct supervision of an attending faculty physician.

All diagnostic imaging examinations performed by the Department of Radiology are interpreted and reported by one of the following procedures:

1. The examination is personally reviewed, interpreted and dictated by an attending faculty physician.
2. A resident physician performs a review contemporaneous with an attending physician and then dictates a preliminary report of the results. The report is then reviewed by the attending faculty physician who signs a statement in the medical record confirming that he or she has personally reviewed both the examination and the resident's preliminary report and either agrees with the resident's description of the attending physicians interpretation as originally dictated or has edited the resident's report to reflect his or her opinion of the findings on the examination.
3. A resident physician performs a preliminary review of the examination and dictates a preliminary report of the results. The examination and the report are then reviewed by an attending faculty physician who signs a statement in the medical record confirming that he or she has personally reviewed both the examination and the resident's preliminary report and either agrees with the resident's interpretation as originally dictated or has edited the resident's findings.

If the resident's preliminary interpretation has been transmitted for use in the treatment of the patient (either orally or in writing) prior to the attending faculty physician's review of the examination and the attending physician significantly disagrees with the resident's findings after personally reviewing the examination, the attending physician notifies the referring physician of his/her own opinion in addition to editing the resident's findings in the medical record. Attending faculty physicians must make every effort to review the examination in a timely manner after the resident's preliminary interpretation.

All invasive imaging procedures and therapeutic interventions are performed by attending radiologists or residents with direct personal supervision of an attending faculty radiologist. Some invasive therapeutic interventions performed in the Radiology Department (such as thoracentesis) are also performed at the bedside by non-radiologists without the need for imaging guidance. Since only those patients with the most complex pathologic anatomy are referred for image-guided procedures, direct attending radiologist supervision is always required when radiology residents perform these procedures.

In accordance with HCFA regulations, for procedures performed by residents, the attending radiologist is in the procedure room directly supervising during the key portions of the procedure and in the immediate vicinity during the remainder of the procedure. To document the attending radiologist's involvement in the procedure he or she must sign a personal note on the radiology report describing his or her participation.

The list of Major and Minor procedures performed in the department are in Appendix B. For all major procedures, the key components are described.

VII. RADIOLOGY CLINICAL SERVICE CONSULTATION CRITERIA

- A. The Radiology Service provides informal consultation on a daily basis to all CHN healthcare providers upon demand.
- B. The Radiology Services do not provide formal consultation other than its written radiologic reports and discussions at clinical conferences such as Tumor Boards, Radiology OB/GYN Conference, Radiology Neurology- Neurosurgery Conference, GI Medicine Surgery Conference, Radiology Gastroenterology General Surgery Conference, Pulmonary Medicine Conference, Pulmonary Medicine Surgery Radiology Conference, and occasional other conferences as needed.

VIII. DISCIPLINARY ACTION

The ZSFG Medical Staff Bylaws, Rules and Regulations and accompanying manuals as well as these Clinical Service Rules and Regulations will govern all disciplinary action involving members of the ZSFG Radiology Clinical Service.

IX. PERFORMANCE IMPROVEMENT AND PATIENT SAFETY

A. GOALS AND OBJECTIVES

The Department of Radiology has established a standing Performance Improvement (PI) committee that will meet monthly. This committee is responsible for identifying PI opportunities, determining metrics to measure the success of PI initiatives, and monitoring, evaluating, and reporting on those initiatives to the Performance Improvement/Patient Safety Committee, or the appropriate administrative committee or organization.

B. CLINICAL INDICATORS

A faculty member meets monthly with residents to review quality assurance and patient safety issues. This information is compiled and presented to the Department of Radiology Performance Improvement Committee.

Regular faculty quality assurance and patient safety issues meetings occur in addition to annual peer-to-peer review to evaluate discrepancies.

The Department of Radiology audits critical results reporting bi-annually and that information is compiled and presented to the Performance Improvement and Patient Safety (PIPS) Committee.

C. CLINICAL SERVICE PRACTITIONERS PERFORMANCE PROFILE

Refer to Section III Proctoring and Monitoring above

D. MONITORING & EVALUATION OF PROFESSIONAL PERFORMANCE OF RADIOLOGY SERVICE MEMBERS

Refer to Section IV, Proctoring and Monitoring

X. MEETING REQUIREMENTS

In accordance with ZSFG Medical Staff Bylaws, all Active Members are expected to show good faith participation in the governance and quality evaluation process of the Medical Staff by attending a minimum of 50% of all committee meetings assigned, clinical service meetings and the annual Medical Staff Meeting.

Radiology Clinical Services Department shall meet as frequently as necessary, but at least quarterly to consider findings from ongoing monitoring and evaluation of the quality and appropriateness of the care and treatment provided to patients.

As defined in the ZSFG Medical Staff Bylaws, a quorum is constituted by at least three (3) voting members of the Active Staff for the purpose of conducting business.

XI. ADOPTION AND AMENDMENT

The Radiology Clinical Service Rules and Regulations will be adopted and revised by a majority vote of all Active members of the Radiology Service annually at a quarterly Radiology Clinical Service Committee meeting.

APPENDIX A – RADIOLOGY PRIVILEGE REQUEST FORM
PRIVILEGES FOR ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL

Applicant: Please initial the privileges you are requesting in the Requested column.
 Service Chief: Please initial the privileges you are approving in the Approved column.

Rad RADIOLOGY AND NUCLEAR MEDICINE 2014

FOR ALL PRIVILEGES: All complication rates, including problem transfusions, deaths, unusual occurrence reports, patient complaints, and sentinel events, as well as Department quality indicators, will be monitored semiannually.

Requested Approved

____ ____
 ____ ____

CORE PRIVILEGES

36.10 GENERAL DIAGNOSTIC RADIOLOGY

Performance and interpretation of all aspects of plain film radiology including fluoroscopy and contrast studies of the GI and GU tract.
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology or a member of the Clinical Service prior to 10/17/00.
PROCTORING: Double reading of 3 studies by a credentialed radiologist in the department. Trainees of the program hired onto the faculty require supervision of a single procedure.
REAPPOINTMENT: Performance of at least 100 general diagnostic procedures in the past two (2) years.

____ ____
 ____ ____

SPECIAL PRIVILEGES

36.20 COMPUTED TOMOGRAPHY

Interpretation of computed tomographic procedures of any or all organ systems.
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology or a member of the Clinical Service prior to 10/17/00.
PROCTORING: Double reading of 3 studies by a credentialed radiologist in the department. Trainees of the program hired onto the faculty require supervision of a single procedure.
REAPPOINTMENT: Performance of at least 100 computed tomography procedures in the past two (2) years.

____ ____

36.30 MAGNETIC RESONANCE IMAGING

Interpretation of magnetic resonance imaging procedures of any or all organ systems.
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology or a member of the Clinical Service prior to 10/17/00.
PROCTORING: Double reading of 3 studies by a credentialed radiologist in the department. Trainees of the program hired onto the faculty require supervision of a single procedure.
REAPPOINTMENT: Performance of at least 50 magnetic resonance imaging procedures in the past two (2) years.

____ ____

36.40 GENERAL SONOGRAPHY (EXCLUDES OBSTETRIC AND GYNECOLOGY)

Interpretation of non-OB/GYN ultrasound imaging procedures of any or all organ systems.
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology or a member of the Clinical Service prior to 10/17/00.
PROCTORING: Double reading of 3 studies by a credentialed radiologist in the department. Trainees of the program hired onto the faculty require supervision of a single procedure.
REAPPOINTMENT: performance of at least 100 sonography procedures in the past two (2) years.

Privileges for Zuckerberg San Francisco General Hospital

Requested Approved

36.41 OBSTETRIC AND GYNECOLOGICAL SONOGRAPHY

36.41A OBSTETRIC AND GYNECOLOGICAL SONOGRAPHY

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology or a member of the Clinical Service prior to 10/17/00; AND

1) formal obstetrical ultrasound training in Radiology Residency program; OR

2) 3 month's post residency experience to include:

a) 1 month: basic physics, technique, performance and interpretation

b) 2 months of practical experience with at least 200 examinations

PROCTORING: Double reading of 3 studies by a credentialed radiologist in the department. Trainees of the program hired onto the faculty require supervision of a single procedure.

REAPPOINTMENT: performance of at least 100 sonography procedures in the past two (2) years.

36.41B OBSTETRIC AND GYNECOLOGICAL SONOGRAPHY

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Obstetrics and Gynecology.

1) Completion of Maternal Fetal Medicine subspecialty training or Perinatal Genetics subspecialty training with a minimum of 6 months of training in ultrasound.

2) Joint appointment in the Department of Radiology.

PROCTORING: Total studies satisfactorily proctored: 500** abnormal studies satisfactorily proctored: 25** (**subspecialty training included.)

REAPPOINTMENT: performance of at least 100 sonography procedures in the past two (2) years.

36.50 ANGIOGRAPHY/VASCULAR INTERVENTIONAL PROCEDURES

Admission, work up, diagnosis, provision of endovascular and nonendovascular care to patients of all ages presenting with illnesses, injuries and disorders who have or will undergo interventional radiologic procedures.

Performance and interpretation of diagnostic and therapeutic vascular interventional procedures.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology in Diagnostic Radiology and Vascular and Interventional Radiology, or a member of the Clinical Service prior to 10/17/00.

PROCTORING: Supervision of 3 procedures by a credentialed radiologist in the department. Trainees of the program hired onto the faculty require supervision of a single procedure.

REAPPOINTMENT: Performance of at least 25 angiography/vascular interventional procedures in the past two (2) years.

36.60 NON-VASCULAR INTERVENTIONAL PROCEDURES

Performance and interpretation of diagnostic and therapeutic non-vascular interventional procedures

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology or a member of the Clinical Service prior to 10/17/00.

PROCTORING: Supervision of 3 procedures by a credentialed radiologist in the department. Trainees of the program hired onto the faculty require supervision of a single procedure.

REAPPOINTMENT: Performance of at least 20 non-vascular interventional procedures in the past two (2) years.

36.61 PERCUTANEOUS TUMOR ABLATION

Performance and interpretation of diagnostic and therapeutic non-vascular interventional procedures

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology or a member of the Clinical Service prior to 10/17/00. Documentation of 20 needle placement procedures.

PROCTORING: Supervision of 1 procedures by a credentialed radiologist in the department. Trainees of the program hired onto the faculty require supervision of a single procedure.

REAPPOINTMENT: Performance of at least 1 procedure in the past two (2) years

_____ _____
36.70 MAMMOGRAPHY

Performance and interpretation of diagnostic and interventional mammographic procedures.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology or a member of the Clinical Service prior to 10/17/00.

PROCTORING: Double reading of 3 studies by a credentialed radiologist in the department. Trainees of the program hired onto the faculty require supervision of a single procedure.

REAPPOINTMENT: Performance of at least 240 mammography procedures in the last six months or at least 960 performed in the last two (2) years.

Privileges for Zuckerberg San Francisco General Hospital

Requested Approved

_____ _____

36.80 NUCLEAR MEDICINE BASIC PRIVILEGES

Performance and interpretation of diagnostic and therapeutic radionuclide procedures in any and all organ systems.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Nuclear Medicine and must attain Board Certification in Nuclear Medicine within two (2) years of completion of residency, or a member of the Clinical Service prior to 10/17/00.

PROCTORING: Double reading of 3 studies by a credentialed radiologist in the department. Trainees of the program hired onto the faculty require supervision of a single procedure.

REAPPOINTMENT: Performance of at least 20 nuclear medicine procedures in the last two (2) years.

_____ _____

36.90 PROCEDURAL SEDATION

PREREQUISITES: The physician must possess the appropriate residency or clinical experience (read Hospital Policy 19.8 SEDATION) and have completed the procedural sedation test as evidenced by a satisfactory score on the examination. Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology or a member of the Clinical Service prior to 10/17/00, and has completed at least one of the following:

- ABMS certification in Anesthesia or Emergency Medicine or,
- Management of 10 airways via BVM or ETT per year in the preceding 2 years or,
- Current Basic Life Support (BLS) certification by the American Heart Association

PROCTORING: Review of 5 cases

REAPPOINTMENT: Completion of the procedural sedation test as evidenced by a satisfactory score on the examination, and has completed at least one of the following:

- ABMS certification in Anesthesia or Emergency Medicine or,
- Management of 10 airways via BVM or ETT per year for the preceding 2 years or,
- Current Basic Life Support (BLS) certification by the American Heart Association

_____ _____
37.00 INVASIVE NEURORADIOLOGY

Performance and interpretation of diagnostic and therapeutic invasive neuroradiology procedures.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology in Diagnostic Radiology and Neuroradiology, or a member of the Clinical Service prior to 10/17/00.

PROCTORING: Supervision of 3 procedures by a credentialed radiologist in the department. Trainees of the program hired onto the faculty require supervision of a

single procedure.

REAPPOINTMENT: Performance of at least 20 invasive neuroradiology procedures in the past two (2) years.

_____ _____
37.10 CAROTID ARTERY STENTING

Performance and interpretation of therapeutic carotid artery stenting procedures.

PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Radiology in Diagnostic Radiology and Neuroradiology or Interventional Radiology, and performance of 25 carotid stenting procedures.

PROCTORING: Supervision of 1 procedure by a credentialed radiologist in the department.

REAPPOINTMENT: Performance of at least 2 carotid stenting procedures in the past two (2) years.

Privileges for Zuckerberg San Francisco General Hospital

I hereby request clinical privileges as indicated above.

Applicant

date

FOR DEPARTMENTAL USE:

- _____ Proctors have been assigned for the newly granted privileges.
 - _____ Proctoring requirements have been satisfied.
- _____ Medications requiring DEA certification may be prescribed by this provider.
 - _____ Medications requiring DEA certification will not be prescribed by this provider.
- _____ BLS certification is required.

APPROVED BY:

Service Chief

date

APPENDIX B-MAJOR AND MINOR PROCEDURES REQUIRING STAFF RADIOLOGIST SUPERVISION

Major Procedures	Key Components	
19000 ASP BREAST CYST	Needle placement	Obtain specimen
19030 GALACTOGRAM	Needle placement	Injection of contrast
19102 PERC CORE BX BREAST	Needle placement	Obtain specimen
19103 PERC CORE BX BREAST ROT/VAC AS	Needle placement	Obtain specimen
19290 BREAST NEEDLE LOC	Needle placement	
19291 BREAST NEEDLE LOC EACH ADD'L	Needle placement	
19295 PLACE METAL CLIP IN BREAST BX	Needle placement	
20000 SOFT TISSUE ABS DRN SUPERFICIAL	Percutaneous entry	Catheter Placement
20205 MUSC BX DEEP	Needle placement	Obtain specimen
20206 SOFT TISSUE/MUSCLE BX	Needle placement	Obtain specimen
20220 SUPERFICIAL BONE BX	Needle placement	Obtain specimen
20225 DEEP BONE BX	Needle placement	Obtain specimen
20605 ASP/INJ SMALL JOINT	Needle placement	Obtain specimen
20610 ASP/INJ LARGE JOINT	Needle placement	Obtain specimen
21116 ASP/INJ SHOULDER JOINT	Needle placement	Obtain specimen
22521 PERC VERTEBOPLASTY UNI/BI THOR	Needle placement	Injection of cement
22521 PERC VERTEBOPLASTY UNI/BI LUMB	Needle placement	Injection of cement
22522 PERC VERTEBROPLASTY EACH ADD'L	Needle placement	Injection of cement
23350 SHOULDER ARTHROGRAM	Needle placement	Injection of contrast
24220 ARTHROGRAM ELBOW	Needle placement	Injection of contrast
25246 ARTHROGRAM WRIST	Needle placement	Injection of contrast
27093 HIP ARTHROGRAM	Needle placement	Injection of contrast
27096 SI JOINT ARTHROGRAM	Needle placement	Injection of contrast
27370 KNEE ARTHROGRAM	Needle placement	Injection of contrast
27648 ARTHROGRAM ANKLE	Needle placement	Injection of contrast
32000 THORACENTESIS	Needle placement	Obtain specimen
32002 THORACENTESIS(PNEUMOTHORAX)	Needle placement	Obtain specimen
32020 THORACOSTSTOMY	Percutaneous entry	Tube insertion
32201 PERC LUNG ABSCESS	Percutaneous entry	Catheter Placement
32400 NEEDLE BX PLEURA	Needle placement	Obtain specimen
32405 LUNG BX	Needle placement	Obtain specimen
35470 PTA TIBIOPERONEAL	Catheter Placement	Balloon Inflation
35471 PTA VISCERAL	Catheter Placement	Balloon Inflation
35472 PTA AORTA	Catheter Placement	Balloon Inflation
35473 PTA ILIAC	Catheter Placement	Balloon Inflation
35474 PTA FEM-POP	Catheter Placement	Balloon Inflation
35476 PTA VENOUS	Catheter Placement	Balloon Inflation
35491 ATHERECTOMY AORTA	Catheter Placement	Atherectomy
35492 ATHERECTOMY ILIAC	Catheter Placement	Atherectomy
35493 ATHERECTOMY FEM-POP	Catheter Placement	Atherectomy
35494 ATHERECTOMY BRACHIAL	Catheter Placement	Atherectomy
35495 ATHERECTOMY TIBIAL	Catheter Placement	Atherectomy
36005 EXT VENOGRAM	Catheter Placement	
36010 IVC/SVC	Catheter Placement	
36011 1ST ORDER VEIN	Catheter Placement	
36012 2ND ORDER VEIN	Catheter Placement	
36014 PULM ART CATH SELECT	Catheter Placement	

36015	PULM ART CATH SUBSELECT	Catheter Placement		
36140	DIRECT STICK ARTERY	Catheter Placement		
36145	DIALYSIS FISTULA CATH	Catheter Placement		
36160	TRANS LUMBAR	Catheter Placement		
36200	CATHETER AORTA	Catheter Placement		
36215	SELECTIVE 1ST ORDER HEAD	Catheter Placement		
36216	SELECTIVE 2ND ORDER HEAD	Catheter Placement		
36217	SELECTIVE 3RD ORDER HEAD	Catheter Placement		
36218	ADTNL 2ND OR 3RD ORD HEAD	Catheter Placement		
36245	1ST ORDER ABD/PELVIS/LEG	Catheter Placement		
36246	2ND ORDER ABD/PELVIS/LEG	Catheter Placement		
36247	3RD ORDER ABD/PELVIS/LEG	Catheter Placement		
36248	ADD'L 2ND OR 3RD	Catheter Placement		
36481	PORTAL VEIN CATH/ANY METHOD	Catheter Placement		
36489	PLACE CENTRAL LINE	Percutaneous entry	Catheter Placement	
36493	REPOSITION CENTRAL LINE	Percutaneous entry	Catheter Placement	
36500	VENOUS SAMPLE	Catheter Placement		
36533	IMPLANT VENOUS PORT	Percutaneous entry	Catheter Placement	
36534	REVISE VENOUS PORT	Percutaneous entry	Catheter Placement	
36870	DECLOT DIALYSIS FIST ANY METHOD	Percutaneous entry	Perform Declot	
37140	TIPS	Portal V catheterization	Stent Placement	Stent Dilatation
37200	TRANS CATHETER BIOPSY	Catheter Placement	Needle placement	
37201	FIBRINOLYTIC INFUSION	Catheter Placement		
37202	OTHER RX INFUSION	Catheter Placement		
37203	FOREIGN BODY RETRIEVAL	Catheter Placement	Foreign body retrieval	
37204	EMBOLIZATION	Catheter Placement	Embolization	
37205	VASCULAR STENT INITIAL VESSEL	Catheter Placement	Stent Placement	
37206	STENT-EACH ADD'L VESSEL	Catheter Placement	Stent Placement	
37209	MANIPULATE UK CATH	Catheter Placement		
37620	IVC FILTER	Catheter Placement	Filter placement	
38200	SPLENOPORTOGRAM PUNCT	Needle placement	Injection of contrast	
38505	LYMPH NODE BX	Needle placement	Obtain specimen	
38790	LYMPHANGIOGRAM	Needle placement	Injection of contrast	
42400	BX SALIV GLAND	Needle placement	Obtain specimen	
42550	SIALOGRAM	Needle placement	Injection of contrast	
43456	DILATE ESOPHAGUS	Catheter Placement	Balloon Inflation	
43750	GASTROSTOMY	Percutaneous entry	Catheter Placement	
44300	TUBE ENEROSTOMY/CECOSTOMY	Percutaneous entry	Catheter Placement	
44901	PERC DRN APPENDIX ABSCESS	Percutaneous entry	Catheter Placement	
47000	LIVER BIOPSY	Needle placement	Obtain specimen	
47011	PERC DRAIN LIVER ABSCESS	Percutaneous entry	Catheter Placement	
47490	PERC CHOLECYSTOSTOMY	Percutaneous entry	Catheter Placement	
47500	PTC	Needle placement	Injection of contrast	
47510	PTBD EXTERNAL DRAIN	Percutaneous entry	Catheter Placement	
47511	PTBD INTERNAL OR STENT	Percutaneous entry	Catheter Placement	
47530	REVISE T-TUBE	Catheter Placement		
47555	DILATE BIL STRICT W/O STENT	Catheter Placement	Balloon Inflation	
47556	DILATE BIL STRICT W STENT	Catheter Placement	Balloon Inflation	Stent Placement
47630	STONE EX	Catheter Placement	Stone removal	

48000	PANCREATIC ABSCESS	Percutaneous entry	Catheter Placement
48102	PANCREATIC BIOPSY	Needle placement	Obtain specimen
48511	PERC DRAIN PSEUDOCYST	Percutaneous entry	Catheter Placement
49020	PERITONEAL ABSCESS	Percutaneous entry	Catheter Placement
49041	SUBPHRENIC ABSCESS	Percutaneous entry	Catheter Placement
49061	RETROPERITONEAL ABSCESS	Percutaneous entry	Catheter Placement
49080	PARACENTESIS	Needle placement	Obtain specimen
49180	BIOPSY ABD MASS	Needle placement	Obtain specimen
49420	INSERT PERITONEAL CATHTEMP	Percutaneous entry	Catheter Placement
49427	LEVEEN SHUNTOGRAM	Needle placement	Injection of contrast
50021	RENAL ABSCESS	Percutaneous entry	Catheter Placement
50390	ASP RENAL CYST OR PELVIS	Needle placement	Obtain specimen
50392	ANTEGRADE PYELO/NEPHROSTOMY	Percutaneous entry	Catheter Placement
50393	URETERAL STENT	Stent Placement	
50394	INJECTION FOR ANTEGRADE PYELOGRAM	Needle placement	Injection of contrast
50395	DIL NEPHROST TRACT	Catheter Placement	Balloon Inflation
50593	TUMOR ABLATION	Percutaneous entry	
51080	DRAIN PERIVESICLE ABSCESS	Percutaneous entry	Catheter Placement
51610	CATH BLADDER	Percutaneous entry	Catheter Placement
52007	BRUSH BX URETER OR RENAL PELVIS	Catheter Placement	Brush bx placement
54230	CORPORA CAVERNOSOGRAM	Needle placement	Injection of contrast
55700	PROSTATE BIOPSY	Needle placement	Obtain specimen
58340	US SONOHYSTEROGRAM	Percutaneous entry	Catheter Placement
58823	TRANS VAGINAL DRAIN	Catheter Placement	
60100	BX THYROID	Needle placement	Obtain specimen
61050	CISTERNAL OR C1-2 PUNCTURE	Needle placement	Injection of contrast
61055	MYELOGR BY C1 PUNC	Needle placement	Injection of contrast
61070	PUNCTURE SHUNT OR RESERVOIR	Needle placement	Injection of contrast
61624	EMBO CNS	Catheter Placement	Injection of emb material
61626	EMBO NON CNS HEAD & NECK	Catheter Placement	Injection of emb material
62268	ASP SPINAL CORD CYST	Needle placement	Obtain specimen
62269	BX SPINAL CORD TUMOR	Needle placement	Obtain specimen
62270	SPINAL PUNCTURE LUMBAR FOR DX	Needle placement	Injection of contrast
62272	SPINAL PUNCTURE LUMBAR FOR RX	Needle placement	Injection of contrast
62273	INJECT EPIDURAL PATCH	Needle placement	Injection of blood
62284	CERVICAL MYELOGRAM	Needle placement	Injection of contrast
62284	THORACIC MYELOGRAM	Needle placement	Injection of contrast
62284	LUMBAR MYELOGRAM	Needle placement	Injection of contrast
62284	COMPLETE MYELOGRAM	Needle placement	Injection of contrast
62284	CERVICAL MYELOGRAM	Needle placement	Injection of contrast
62284	THORACIC MYELOGRAM	Needle placement	Injection of contrast
62284	LUMBAR MYELOGRAM	Needle placement	Injection of contrast
62284	COMPLETE MYELOGRAM	Needle placement	Injection of contrast
62290	DISCOGRAM LUMBAR	Needle placement	Injection of contrast
62291	DISCOGRAM CERVICAL	Needle placement	Injection of contrast
64795	BX NERVE	Needle placement	Obtain specimen
68850	DACROCYSTOGRAM	Needle placement	Injection of contrast

Minor Procedures

20500 SCLEROSE CYST
20501 FISTULA INJECTION
32005 PLEURODESIS
34808 ILIAC OCCLUS DEVICE W AAA REPA
36410 VENAPUNCTURE/PHYSICIAN SKILL
36470 INJ SCLEROSING SOL VEIN
36535 REMOVE VENOUS PORT
36550 DECLOT VASCULAR DEVICE
43760 GASTROSTOMY CHANGE
43761 NASO-JEJUNAL FEEDING TUBE
43761 FEEDING TUBE
44500 INTRODUCE LONG GI TUBE
47505 CHOLANGIO THRU EXISTING TUBE
47525 CHANGE PERC BIL DRAIN
49423 ABSCESS TUBE CHANGE
49424 ABSCESS TUBE CHECK
50398 CHANGE NEPHROSTOMY TUBE

APPENDIX C – CHIEF OF RADIOLOGY CLINICAL SERVICES JOB DESCRIPTION



COMMUNITY HEALTH NETWORK OF SAN FRANCISCO
Zuckerberg San Francisco General Hospital and Trauma Center

Working Title: CHIEF, RADIOLOGY SERVICE

Position Summary:

The Chief of the Radiology Service directs and coordinates the Service's clinical, educational and research functions in keeping with the values, mission, and strategic plan of Zuckerberg San Francisco General Hospital (ZSFG) and the Department of Public Health (DPH). The Chief also insures that the Service's functions are integrated with those of other clinical departments and with the hospital as a whole.

Reporting Relationships:

The Chief of the Radiology Service reports directly to the Associate Dean and the University of California, San Francisco (UCSF) Department Chair. A committee appointed by the Chief of Staff reviews the Chief not less than every four years. Reappointment of the Chief occurs upon recommendation by the Chief of Staff, in consultation with the Associated Dean, the UCSF Department Chair, and the ZSFG Executive Administrator, upon approval of the Medical Executive Committee and the Governing Body. The Chief maintains working relationships with these persons and groups and with other clinical departments.

Position Qualifications:

The Chief of the Radiology Service is board certified, has a University faculty appointment, and is a member of the Active Medical Staff at ZSFG.

Major Responsibilities:

- Provides the necessary vision and leadership to effectively motivate and direct the Service in developing and achieving goals and objectives that are congruous with the values, mission and strategic plan of Zuckerberg San Francisco General Hospital and the Department of Public Health.
- In collaboration with the Executive Administrator and other ZSFG leaders, develops and implements policies and procedures that support the provision of services by reviewing and approving the Service's scope of service statement; reviews and approves Service policies and procedures; identifies new clinical services that need to be implemented; and supports clinical services provided by the Department.
- In collaboration with the Executive Administrator and other ZSFG leaders, participates in the operational processes that affect the Service by participating in the budgeting process; recommends the number of qualified and competent staff to provide care; evaluates space and equipment needs; selects outside sources for needed services; and supervises the selection, orientation, in-service education, and continuing education of all Service staff.
- Serves as a leader for the Department's quality/performance improvement, occupational and patient safety programs by setting performance improvement priorities, determining the qualifications and competencies of Service personnel who are or are not licensed independent practitioners, and maintaining appropriate quality control programs.
- Performs all other duties and functions spelled out in the ZSFG Medical Staff Bylaws.

Service Population: Patients, families and significant others of all age groups who are clients of San Francisco General Hospital.



COMMUNITY HEALTH NETWORK OF SAN FRANCISCO
Zuckerberg San Francisco General Hospital and Trauma Center

Working Title: DIRECTOR, RADIOLOGY

Position Summary:

The Director, Radiology directs and coordinates Radiology's technical, nursing and support staff in keeping with the values, mission and strategic plan of Zuckerberg San Francisco General Hospital (ZSFG) and the Department of Public Health (DPH); and integrates diagnostic imaging services into the hospital's care delivery plan.

Reporting Relationships:

- Reports directly to, and is evaluated by, the Associate Administrator, Specialty and Diagnostic Services
- Works collaboratively with the Chief, Radiology, and managers of other clinical services.

Position Qualifications:

- 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.

Major Responsibilities:

- Provides the necessary vision and leadership to effectively motivate and direct the Department of Radiology in developing and achieving goals and objectives that are congruous with the values, mission and strategic plan of Zuckerberg San Francisco General Hospital and the Department of Public Health.
- Develops, reviews, approves and implements policies and procedures that guide and support the provision of services.
- Responsible for the department's financial operations including budgets, contracts, and expenditures. In collaboration with the department's medical staff, recommends the procurement and evaluation of services, equipment, supplies and the identification of space and capital project needs to hospital administration.
- Develops staffing plans for non-medical staff to effectively provide the services identified by the Chief, Radiology and hospital Administration; Determines the qualifications and necessary competency requirements of staff; Selects and/or approves the selection of qualified staff; Develops orientation plans and provides for the orientation of staff; Identifies educational, training and developmental needs of staff and provides the necessary inservice and/or continuing education; Evaluates subordinate staff and reviews subordinate evaluation of staff.
- Serves as a leader for the Department's quality/performance improvement, occupational and patient safety programs; In collaboration with the medical staff, uses performance measurement tools to identify opportunities to improve services and staff/patient safety; participates in and/or provides for resources to appropriately analyze data pertinent to the improvement opportunity; implements recommendations.

Service Population: Patients, families and significant others of all age groups who are clients of Zuckerberg San Francisco General Hospital.

DEPARTMENT OF RADIOLOGY Zuckerberg San Francisco General Hospital 2019

I. RADIOLOGY SCOPE OF SERVICE

The Radiology 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, and 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.

AVAILABLE SERVICES

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

Service	Most Frequent Procedures
Plain Film Radiography	Chest, abdomen, spine, Mammography
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, stroke treatment

***Mammography** is routinely provided only on a scheduled basis, Monday through Friday

Medical services provided include medical pre- and post-procedural consultation, post-procedural observation, 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.

GOALS OF CARE

- Provide safe and efficient performance of procedure;
- Assure the highest level of diagnostic interpretation and therapeutic intervention;
- Provide prompt transmittal of results to clinicians;
- Archive images in a manner that assures prompt retrieval;
- Make recommendations for procuring cost-effective equipment that provides a high-quality of diagnostic information;
- Provide ongoing education that stresses the quality of patient care, medical and technical skill development, health and safety procedures and disaster preparedness.

II. CARE PROVIDERS

Leadership	Budgeted FTE	Medical & Clinical Staff	FTE
Chief, Radiology	1.0	Radiologists	20.00
Director, Radiology	1.0	Registered Nurses	4.75
Supervising Rad Tech	5.0	Diagnostic Imaging Technologist I	20.70
		Diagnostic Imaging Technologist II	31.99
		Diagnostic Imaging Technologist III	6.27
		Diagnostic Imaging Technologist IV	5.00

Certification & 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. Fluoroscopy permits must be obtained within the first 6 months of employment in this class, though they are not retroactively 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 within the first year of 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.

III. OTHER CARE PROVIDERS

The following health care providers also meet patient care needs:

X-ray lab aides, clerical staff, eligibility workers, respiratory therapists, and occupational therapists.

IV. STANDARDS AND GUIDELINES

In place and updated.

V. 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, Radiology (Adm.)	On Duty or On Call					
Attending Radiologists	11	1+call	1+call	1+call	Call*	Call*
Registered Nurses	6					
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	2	2 +call	2+call	2+call	2+call	1+call
MR Diagnostic Imaging Technologist II or III	2	Call	1	Call	Call	Call
Interventional/Neuroradiology Rad Tech	3	Call	Call	Call	Call	Call
Mammography Diagnostic Imaging Tech II	5					
X-ray Lab Aide & Clerical Support Staff	16	1	3	1	1	1
Imaging Library (X-ray Lab Aide)	3	0	0	0	0	0
Imaging Records Supervisor	1					
Radiology Technologist Supervisor	1		1		1	

Technologist Call Coverage

Two technologists are on call Monday through Friday, 5 p.m. through 7:30 a.m. and all day Saturday and 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. 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, 2 residents are on duty from 5 p.m. to 8:00 a.m. Saturday and Sunday, 2 residents are on duty from 8:00 a.m. to 7:00 p.m. Saturday and Sunday, 2 residents are 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 is on call for assisting in interventional procedures. . Attending radiologists are on call for general radiology, Ultrasound, CT and Neuroradiology as a back up to the in-house residents. 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:

- 1 year of training (may not begin call until start of second year, effective 7/1/08)
- 1 month Interventional Radiology at ZSFG for IR call.

VI. ACCOUNTABILITY The **Chief of Radiology** 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, ZSFG and the Department Chair, UCSF Radiology.

The **Director of Radiology** 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 departments services with other clinical departments. The Director reports to the Associate Administrator of Primary Care, Medical Specialties and Diagnostic Services (Chief Operating Officer).

The Director of Radiology and Chief of Radiology 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 Director of Radiology and the Chief of Radiology jointly review performance data and identify improvement opportunities

