

# LEE HEALTH POLICY & PROCEDURES

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| <b>DEPARTMENT OF RADIOLOGY<br/>CCH, GCMC, HPMC, LMH &amp; GCHSWF</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                               |                                                      | <b>LOCATOR NUMBER</b>         |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
| <b>T<br/>Y<br/>P<br/>E</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> <b>System-wide</b> - A formal statement of values, intents (policy), and expectations (procedure) that applies to every employee throughout the System.                                                                                              | <b>CHAPTER: M14</b>                                  |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> <b>Multidisciplinary</b> - A formal statement of values, intents (policy), and expectations (procedure) that applies to more than one discipline and is usually of a clinical nature. <b>Check below all areas to which this applies.</b> | <b>TAB: 01</b>                                       |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> <b>Departmental</b> - A formal statement of values, intents (policy), and expectations (procedure) exclusive to a particular department or group of people within a department at one or multiple locations that does not impact any other area.     | <b>POLICY #: 077</b>                                 |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
| <b>Disciplines / locations to which this multidisciplinary policy applies:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                               |                                                      |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
| <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Health Information Management</td> <td><input type="checkbox"/> Pharmacy</td> <td><input type="checkbox"/> Acute Care Hospital Nursing</td> </tr> <tr> <td><input type="checkbox"/> Housekeeping</td> <td><input type="checkbox"/> Plant Operations</td> <td><input type="checkbox"/> Outpatient Services</td> </tr> <tr> <td><input type="checkbox"/> Information Systems</td> <td><input type="checkbox"/> Radiology</td> <td><input type="checkbox"/> Home Health</td> </tr> <tr> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Rehabilitation Services</td> <td><input type="checkbox"/> Skilled Nursing Services</td> </tr> <tr> <td><input type="checkbox"/> Legal Services</td> <td><input type="checkbox"/> Respiratory</td> <td><input type="checkbox"/> Nutrition</td> </tr> <tr> <td><input checked="" type="checkbox"/> Medical Staff</td> <td><input type="checkbox"/> Security</td> <td><input type="checkbox"/> Rehab Hospital</td> </tr> </table> |                                                                                                                                                                                                                                                                               |                                                      |                               | <input type="checkbox"/> Health Information Management | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Acute Care Hospital Nursing | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Plant Operations | <input type="checkbox"/> Outpatient Services | <input type="checkbox"/> Information Systems | <input type="checkbox"/> Radiology | <input type="checkbox"/> Home Health | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Rehabilitation Services | <input type="checkbox"/> Skilled Nursing Services | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Nutrition | <input checked="" type="checkbox"/> Medical Staff | <input type="checkbox"/> Security | <input type="checkbox"/> Rehab Hospital |
| <input type="checkbox"/> Health Information Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Pharmacy                                                                                                                                                                                                                                             | <input type="checkbox"/> Acute Care Hospital Nursing |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
| <input type="checkbox"/> Housekeeping                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Plant Operations                                                                                                                                                                                                                                     | <input type="checkbox"/> Outpatient Services         |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
| <input type="checkbox"/> Information Systems                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Radiology                                                                                                                                                                                                                                            | <input type="checkbox"/> Home Health                 |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
| <input type="checkbox"/> Laboratory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Rehabilitation Services                                                                                                                                                                                                                              | <input type="checkbox"/> Skilled Nursing Services    |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
| <input type="checkbox"/> Legal Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Respiratory                                                                                                                                                                                                                                          | <input type="checkbox"/> Nutrition                   |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
| <input checked="" type="checkbox"/> Medical Staff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Security                                                                                                                                                                                                                                             | <input type="checkbox"/> Rehab Hospital              |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
| <b>Date Originated: 9/20</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Reviewed/No Revision:</b>                                                                                                                                                                                                                                                  | <b>Dates Revised:</b>                                | <b>Next Review Date: 4/23</b> |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
| <b>Author(s): Mark A. Greenberg, MD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                               |                                                      |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
| <b>Reviewed by:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                               |                                                      |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
| <b>Clinical Practice Council:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                               | <b>Date:</b>                                         |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
| <b>Clinical Education Council</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                               | <b>Education Completed:</b>                          |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
| <b>Education Required:    Yes    No:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                               | <b>Date:</b>                                         |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                               | <input type="checkbox"/> <input type="checkbox"/>    |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
| <b>Approved by:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                               |                                                      |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
| <b>Policy Administrator:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                               | <b>Date: 9/8/20</b>                                  |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
| <b>Mark A. Greenberg, MD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                               |                                                      |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
| <b>As Needed:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                               |                                                      |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
| <b>GCMC Executive Committee</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                               | <b>Date: 4/12/21</b>                                 |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
| <b>HPMC Executive Committee</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                               | <b>Date: 4/13/21</b>                                 |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
| <b>LMH Executive Committee</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                               | <b>Date: 4/14/21</b>                                 |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
| <b>CCH Executive Committee</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                               | <b>Date: 4/19/21</b>                                 |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
| <b>GCHSWF Executive Committee</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                               | <b>Date: 4/20/21</b>                                 |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
| <b>As needed:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                               |                                                      |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |
| <b>Board of Directors</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                               | <b>Date:</b>                                         |                               |                                                        |                                   |                                                      |                                       |                                           |                                              |                                              |                                    |                                      |                                     |                                                  |                                                   |                                         |                                      |                                    |                                                   |                                   |                                         |

- I. The Chairman of the Department of Radiology will be the Director of Diagnostic Radiology, elected and approved as indicated in the bylaws.
- II. The Radiology Department will be directed by a Radiologist certified by the American Board of Radiology. In his absence, his designate will assume this responsibility. As Director, he should establish an effective working relationship with the Medical Staff of Lee Memorial Hospital.
- III. All diagnostic examinations performed in or by the Department of Radiology will be performed under the direction of a designated department radiologist who shall render an authenticated written report which will insure consistency in interpretations and reporting of radiological findings. It is understood that emergency room physician and occasionally other specialists may review radiology images and render a preliminary opinion to be followed by the authenticated and written interpretation by the radiologist. A radiologist is available at all times for an emergency consultation.
- IV. The hospital will be responsible for providing an adequate number of qualified personnel to perform radiological services and to provide adequate equipment to insure proper functioning of the department as concerns providing adequate diagnostic, nuclear medicine, ultrasound and therapeutic services. At least one qualified radiologic technologist will be on duty or available when needed. Work assignments should be consistent with qualifications of the employee. The hospital should insure that radiologic personnel have the opportunity to further their knowledge and skills through hospital based education opportunities such as on the job training, in-service education programs or through attendance at workshops and institutes held outside the hospital. Instruction in safety precautions and in dealing with emergency radiation hazards should be provided for all personnel.
- V. Proper safety precautions should be maintained against electrical, mechanical and radiation hazards, as well as against fire and explosions so that personnel and patients are not endangered. The recommendations of the National Council on Radiation Protection and Measurements should be known and should be put into effect. Monitoring of personnel and of areas should be carried out through the use of appropriate measuring devices. Radiological equipment must be calibrated periodically to assist in achieving safe and effective usage. Calibration of equipment and all safety measures followed must be in compliance with federal, state and local laws and regulations. A written record of calibration will be kept.
- VI. All isotopic materials must be handled in accordance with regulations and procedures established by the Florida State Board of Health and as indicated in the Nuclear Medicine and Safety Director's Handbook.
- VII. Reports of radiological interpretations, consultations and therapy shall be a part of the patient's medical record. Any requests for radiological services should contain a concise statement of the reason for the examination. Requests lacking this information may not be honored at the discretion of the radiologist on duty. Authenticated report of such examinations shall be filed in the patient's medical record and duplicates shall be retained in the Radiology Department. An index of unusual and/or interesting cases from both the diagnostic and therapeutic viewpoint, shall be maintained for educational purposes. Radiologic services shall be performed only upon the order of a member of the hospital Medical Staff.

- VIII. There shall be written policies and procedures governing radiology administrative routines and services. These policies and procedures shall be developed in cooperation with the hospital administrative staff, the Medical Staff, the nursing service and with other departments or services as necessary. These policies and procedures should be reviewed regularly, revised as necessary and dated to indicate the time of the last review. The administrative procedures concerning specific examinations shall be contained in the Department Handbook. Department policies shall be reviewed yearly and updated by February first of each year. These policies and may be amended by the majority vote of the active members of the department.
- IX. Quality assurance in the Department of Radiology, both technical and professional, shall be the responsibility of the Chairman of the Department of Radiology and his designees. This will be done with the assistance of the administration of the hospital and the staff of the Department of Radiology.

**A. The Angiographic Facility**

The angiographic examination required to access a patient's suitability for percutaneous transluminal angioplasty should be equal in quality to that required for diagnostic angiography performed for vascular surgery. The angiographic facility should have the following:

1. A film changer capable of obtaining rapid serial films of at least 14 inches in diameter. Digital subtraction angiography is an adjunct to conventional filming which may reduce patient discomfort and provide increased safety in patients with reduced renal functions.
2. High resolution image intensifier and television chain.
3. Physiologic monitoring devices including ECG and intra-arterial pressures.
4. Facilities to manage and resuscitate unstable patients.
5. Personnel trained to provide proper patient care and operation of the equipment.

**B. Surgical Support**

The safe performance of peripheral and renal angioplasty requires a strong cooperative effort between the physician performing the procedure and a vascular surgery team. Although complications of peripheral and renal angioplasty only rarely require urgent surgery, these procedures should be performed in an environment where operative repair can be instituted promptly.

**C. Scheduling for Interventional Procedures**

Scheduling for interventional procedures done in the Department of Radiology is the responsibility of the Department of Radiology and can only be scheduled through the Department of Radiology.

## X. **Staff Categories – Diagnostic Section**

### A. **Active Staff**

1. All members in this category will maintain 24-hour coverage of their practice. They must live close enough to the hospital so that they may respond to an emergency call and be physically present, if necessary, in the department within a reasonable period of time, i.e., twenty (20) minutes from time of call. Film interpretation may also be performed by teleradiography, if available, at the discretion of the on-call radiologist.
2. All members of the active staff with privileges in Diagnostic Radiology shall assume full responsibilities of this category including continuing coverage and assumption of responsibilities relating to Emergency Room and hospitalized patients.
3. All members or his/her designate must be present in the department during regular working hours when on call. Routine working hours are to include:  
7:30 a.m. to 5:30 p.m. - Monday through Friday  
8:30 a.m. to noon - Saturday  
9:30 a.m. to 11:30 a.m. – Sunday  
Outside of normal working hours the physician or his designate must provide interpretation and performance of relative emergent examinations to meet prior standards set in the Department.
4. It is the responsibility of the physician to be aware of the number and names of patients he is to examine that day and to arrange for their expeditious performance. The designated radiologist(s) must be prepared to perform fluoroscopic or injection procedures within fifteen (15) minutes of notification from the department that the patient is ready to be examined. If the radiologist is not able to perform the examination, the chairman or his designate will be notified and the exam performed or cancelled, depending on the best interest of the patient and the department. If two such cases occur in any three-month period, the matter will be brought before the department and, depending on its findings, the Executive Committee will be notified concerning possible corrective or disciplinary action.
5. The active staff member shall also be responsible for the direct supervision of technical adequacy of plain film, nuclear medicine and ultrasound examinations. If there are recurring difficulties relating to inadequate supervision, it will be the chairman's responsibility to investigate and to report to the Department and/or Executive Committee for corrective or disciplinary action.
6. Each member is required to complete the "Delineation of Privileges" form. These will be reviewed by Department and specific privileges granted according to Delineation of Privileges Guidelines (Appendix B).

Revised by Dept. of Radiology – 4/15/92  
Approved by Executive Committee – 4/21/92  
Approved by Board of Directors – 4/18/95  
Approved by Executive Committee – 7/17/01  
Approved by the Board of Directors – 8/30/01  
Approved by the Dept. of Radiology – 10/10/02  
Approved by Executive Committee – 10/15/02  
Approved by CCH, HPMC, LMH FMEC's 5-2013