LOS ALAMITOS MEDICAL CENTER
RULES AND REGULATIONS
DEPARTMENT OF DIAGNOSTIC IMAGING

I. GENERAL ORGANIZATION

1. Composition: The Department of Diagnostic Imaging shall be composed of those physicians whose primary privileges are in one or more areas of Diagnostic Imaging including the acute care or ambulatory settings. The Department is sub-divided into Diagnostic Radiology, Nuclear Medicine, Ultrasound, CT, MRI and Interventional Radiology. If future technology warrants, additional diagnostic sections may be added on a co-equal basis with all existing Rules and Regulations. Representation from the Departments of Medicine, Family Practice, Emergency Medicine, OB-GYN/Pediatrics, Psychiatry, Surgery, and Orthopedics may be appointed. Only those physicians with Active staff status shall be able to vote, or make nominations or hold office. In addition, representatives from Nursing and Administration shall be invited to participate.

2. Department Chairman: The Chairman of the Department of Diagnostic Imaging shall be the Medical Director whose duties and responsibilities are as defined in the Medical Staff Bylaws, Article 9.6-5.

3. Attendance: Active and Associate members of the Department shall be required to attend at least 50% of the departmental meetings held per year.

4. Quorum: The presence of 25% of the voting members of the committee at any regular or special meeting shall constitute a quorum.

II. DUTIES AND RESPONSIBILITIES

1. Frequency and Reportability: The Department of Diagnostic Imaging shall meet quarterly (or as needed) and report to the Medical Staff Executive Committee.

2. Functions, Duties and Responsibility: The functions, duties and responsibilities of the Department of Diagnostic Imaging shall be as set down in the Medical Staff Bylaws.

3. Equipment and Supplies: The Department of Diagnostic Imaging shall make recommendations for determination of what equipment and supplies should be available in the department.

III. PRIVILEGES

1. Jurisdiction: Requests for privileges in the Department of Diagnostic Imaging shall be reviewed by the Department of Diagnostic Imaging recommendations pertaining to delineation of privileges shall be made to the Medical Staff Executive Committee.

   All matters pertaining to privileges in the Department of Diagnostic Imaging, including, but not limited to, initial appointments, requests for reappointment, requests for additional privileges and the method of granting privileges shall be governed by Article V of the Bylaws of the Medical Staff and shall be the responsibility of the Department of Diagnostic Imaging.

2. Determination of Privileges: Determination of privileges shall be based on documented background, experience, education and training and current competence demonstrated with sufficient adequacy to assure that any patient treated will receive quality care. Privileges may be granted to non-Radiologists based upon their documented training and ability to perform the study(ies) requested.
Physicians may use or operate fluoroscopic x-ray systems if the following criteria is met: current fluoroscopy x-ray supervisor and operator permit issued by the State of California (which requires a training course in radiation safety, and management of fluoroscopic radiation).

3. **Provisional Privileges (Focused Professional Practice Evaluation):** All privileges granted will be on a provisional basis for a minimum period of six (6) months according to the Medical Staff Bylaws. During this period, the physician shall be proctored according to the proctoring protocol outlined in these Rules and Regulations.

4. **Delineation of Privileges:** Privileges shall be delineated in accordance with established policy as stated on the physician's privilege card with respect to observation requirements and documentation of proficiency requirements.

5. **Advancement/Increase of Privileges:** Advancement or increase in privileges may be recommended for applicants who provide documented evidence of additional training acceptable to the Department of Diagnostic Imaging and shall be treated in the manner as set down above.

### IV. OBSERVATION AND PROCTORING (Focused Professional Practice Evaluation)

1. **Definitions:**

   **Proctor** - A physician appointed by the Department chairman to orient the appointee to hospital protocols and to review charts and observation reports completed by observers. The proctor must be an Active member of the Medical Staff, an ad hoc member of the Credentials Committee, and have been granted, without restriction, the same or similar privileges as the physician being proctored.

   **Observer** - a physician who observes procedures. The Chairman of the Department shall appoint members, subject to ratification by the Department, to serve as observers. The observer must be an Active member of the Medical staff, an ad hoc member of the Credentials Committee, and approved, without restriction, for the same or similar privileges as the physician being observed. A list of qualified observers shall be available in the Medical Staff Office.

2. **Responsibilities**

   Proctoring is the responsibility of the Chairman of the Department. All Active members shall assist with departmental proctoring and observation.

   **Proctor.** The role of the proctor is to review charts and discuss them with the new member when necessary in the proctor's opinion. It is not necessary for the proctor to serve as the observer during the initial observation period, however, the proctor may serve as the observer. It will be the responsibility of the proctor to review a representative number of the new physician's radiological reports. A written evaluation and recommendation will be prepared by the proctor which will be used by the Department to determine the appointee's eligibility for regular medical staff membership and privileges.

   **Observer.** An observer shall observe, review and prepare a written report concerning the new staff member's professional performance during radiological and medical invasive procedures.

   Whenever possible, observers are to be arranged from at least three different qualified observers (refer to Section IV-1). If an observer has not been obtained prior to the procedure, the Chief of Diagnostic Imaging in his/her discretion, may appoint an observer.

3. **Observation Protocol:**

   (1) **Elements:**
a. Observations shall cover a number of cases deemed sufficient by the Department involved for the scope of clinical privileges requested.

b. An observer or proctor shall not receive a fee for the time spent observing or reviewing

(2) Observer’s Report

a. The observer shall prepare a written report (Observation Form) for the Department which describes the type or number of cases observed and an evaluation of the applicant’s performance. Blank report forms will be available in the Medical Records Department and Medical Staff Office to assist with written assessments. Completed reports should be handled in a confidential manner and sent to the Medical Staff Office.

b. The observer’s report shall be maintained in the physician’s confidential file and shall be taken into consideration at the time the new staff member is considered for promotion from the Provisional Staff status or advancement of privileges.

c. It is the responsibility of the applicant to assure that observation reports are submitted to his file for evaluation of his clinical skills.

d. If observation indicates variations from established standards, the observer shall document same in his report.

(3) Proctor’s Report

a. The proctor shall prepare a written report (Confidential Evaluation Form) for the Department. Blank report forms will be available in the Department, Medical Records Department and Medical Staff Office to assist with written assessments. Completed reports should be handled in a confidential manner and sent to the Medical Staff Office.

b. If proctoring indicates variations from established standards, the proctor shall document same in his report to the Department with a specific recommendation, which may include consultation requirement, education or training programs.

4. Time Limit

Proctoring and Observation must be completed within one (1) year from the date of initial appointment to the Medical Staff. Physicians who do not complete their proctoring within this time may be terminated from the Medical Staff. Termination from the Medical Staff is done without prejudice and those physicians who wish to re-apply may do so at a later date.

5. Reciprocal Observation for Procedures

Concurrent or retrospective observation reports of a new member’s performance may be accepted from another facility if:

1. The observing physician is an Active member in the Department of Diagnostic Imaging of Los Alamitos Medical Center;

2. Same range and level of privileges sought at Los Alamitos Medical Center have been granted by the other facility.
3. The reports are sufficiently recent in the opinion of the Chairman of the Department of Diagnostic Imaging.

At least one observation must be performed at Los Alamitos Medical Center. Copies of reciprocal observation/proctoring reports will be requested only with the written authorization of the physician being observed.

Reciprocal proctoring/observation reports may also, upon the approval of the Chairman of the Department of Diagnostic Imaging, be supplied to other facilities upon request accompanied by the written authorization of the physician.

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