RULES AND REGULATIONS OF THE RADIOLOGY DEPARTMENT
OF THE MEDICAL STAFF
OF
PEACEHEALTH SOUTHWEST MEDICAL CENTER

The Radiology Department shall be responsible for the duties assigned to it by the Medical Staff Bylaws of PeaceHealth Southwest Medical Center and shall enforce the following rules and regulations relating to this department:

1. The Radiology Department Chairman shall evaluate performance of staff members with privileges in radiology through the use of all pertinent data.

2. Clinical privileges shall be reviewed every two years and changes made accordingly.

3. The Radiology Department shall delineate and recommend clinical privileges in Diagnostic Radiology, and Nuclear Medicine.

4. Policy and Procedure manuals relating to delivery of radiology services shall be maintained and reviewed a minimum of every three years.

5. The Radiology Department shall maintain liaison with related services, committees and departments.

6. All proposals for diagnostic and radionuclides shall be reviewed and regulations developed as to the use, removal, handling and storage of radioactive materials.

7. Take remedial action when there is failure to observe protective recommendations, rules and regulations.

8. All newly appointed Active staff physicians with appointments to the Radiology Department will have a representative sample of his/her cases and interpretations reviewed, 50 cases within a period of one (1) year.

Adopted by the Radiology Department of the Medical Staff
of PeaceHealth Southwest Medical Center: 09/26/91

Approved by the Executive Committee
of PeaceHealth Southwest Medical Center: 11/05/91

Approved by the Governing Body
of PeaceHealth Southwest Medical Center: 11/06/91

Reviews: 09/95, 11/96, 11/97, 11/99, 11/00, 04/01, 02/02, 1/7/10
Revised/Reviewed: Radiology Department 3/1/04, 1/29/08, 2/4/10
Executive Committee Approval: 4/6/04, 5/05, 3/4/08, 3/2/10
BOD Approval: 4/21/04, 5/18/05, 3/16/08, 3/17/10
Endovascular Committee Charter:

Objective: To define a medical staff structure with equal representation from the Radiology, Cardiac & Vascular, and Surgery Departments to ensure that patients who receive vascular diagnosis and treatments receive quality care and excellent service. This will be accomplished through interdisciplinary collaboration in the following functions:

- Peer review (completed through Cath Lab Committee and the Endovascular Committee)
- Continuing medical education
- Performance improvement initiatives
- Call coverage and sub-specialty referrals
- Development and standardization of privilege criteria

Structure: The Interventional Radiologists will be reassigned from the Cardiac & Vascular Department to the Radiology Department. An Interventional & Vascular Committee will be created which includes representation from the Cardiac & Vascular Department, the Radiology Department and the Surgery Department. Representatives from the following specialties will be appointed by the Department Chair and will hold a two-year term:

- 2 Interventional Radiologists
- 2 Cardiologists
- 3 Endovascular Surgeons
- Ex-officio (non-voting) members to include: Director of the Heart & Vascular Center, Director of Medical Staff Services, Chief Medical Officer, and other practitioners per request.

The Chair position will be elected by the group to serve a two-year term.

Accountability & Authority: The committee will meet quarterly or as needed. Representatives will share committee discussions with their Department monthly and will request input from the Department on an ad hoc basis. The Committee will have the authority to recommend action and follow-up directly to the Credentials Committee. If the Committee is unable to come to an agreement, the issue will be presented to the Credentials Committee for resolution.

Approved:
Endovascular Committee 1/18/10
Executive Committee 5/3/05, 5/6/08, 2/2/10
Board of Directors 5/18/05, 5/21/08, 2/17/10