

Imaging/ X-Ray Supplemental Application

Please describe the type of procedures or imaging being performed:

Type of Imaging Procedure	Next 12 Months Projected	Current Year	1 st Year Prior	2 nd Year Prior	3 rd Year Prior	4 th Year Prior	5 th Year Prior
MRI's							
CT's							
Mammograms							
Ultrasounds							
X – Rays							
PET Scans							
Other							

Medical Staff Credentialing / Peer Review / Performance Improvement

1. Please attach a list of all radiologists with privileges.
2. Are all radiologists with privileges credentialed, including original source verification? Yes No
3. Is each radiologist granted individual privileges? Yes No
4. Is tele-radiology used? Yes No

If yes, please answer the following.

 - a. Are films transmitted interstate? Yes No
 - b. Are all radiologists participating in tele-radiology credentialed? Yes No
 - c. Is there a tele-radiology policy concerning the maximum amount of image compression needed to ensure accurate transmission of images for diagnostic purposes? Yes No
5. Are all radiologists required to be board certified or board eligible? Yes No
6. Is there a formal written peer view process that includes random over reads? Yes No
7. Is there a formal written performance improvement program that includes quality indicators? Yes No

Policies and Procedures

1. Are all results reviewed by an employed/contracted radiologist? Yes No
 - a. Does the same radiologist interpret the film, dictate and sign the report? Yes No
2. Is there a procedure to properly match the correct patient with the correct diagnostic exam? Yes No
3. Is there a written procedure for communicating results to patients and the patients' practitioner via letters or phone calls? Yes No
 - a. Is there a recall or reminder system for repeat exams? Yes No

4. Is there a policy and procedure to ensure communication of abnormal findings with referring clinicians who are not on the medical staff of the center? Yes No
5. Are there policies and procedures for written communication of mammogram results directly to patients, as well as to referring healthcare providers within 30 days? Yes No
6. Is there a policy and procedure for the release of original mammogram films at the patient's request? Yes No
 - a. Does the policy include a procedure for copying released original films and tracking and return of original films that are released? Yes No
7. Is there a policy and procedure for notifying referring healthcare providers of suspicious findings and findings highly suggestive of malignancy before communicating such results to patients? Yes No
8. Is there a policy and procedure for referral of self-referred patients to a physician when clinically indicated? Yes No
9. Is there a policy and procedure for archiving films of x-ray image data in an accessible format for a specific period of time? Yes No
10. Are there policies and procedures to ensure compliance with the security and privacy regulations of identifiable healthcare information under the Healthcare Insurance Portability and Accountability Act? Yes No

Patient Safety

1. Are patient safety precautions taken, including:
 - a. Identifying the patient and the exam? Yes No
 - b. Wearing gonad shields and lead aprons (when appropriate)? Yes No
 - c. Asking all female patients if they are or could be pregnant, notifying the physician, and recording this information in the patient's medical record? Yes No
 - d. Making sure that the patient is safe and stable when left alone on the exam table? Yes No
 - e. Ensuring patients who are either elderly or disoriented are not left unattended? Yes No
 - f. Providing footstools for the patient's assistance? Yes No
 - g. Identification of patients who cannot be safely scanned by MRI? Yes No
2. Is contrast media injected? Yes No

If yes, please answer the following.

 - a. Are there policies and procedures regarding the use of contrast agents and localization markers? Yes No
 - b. Is a Physician on site for the injection? Yes No
 - c. Is informed consent for special or invasive procedures including injection of contrast or other media obtained? Yes No
 - d. Is the informed consent documented in the medical record? Yes No

- e. Before any contrast media is administered, is the patient asked about previous allergic responses or sensitivity? Yes No
- 3. Is there a written policy for handling allergic reactions including cardiac or respiratory arrests? Yes No
- 4. Is emergency resuscitation equipment (oxygen, suction, defibrillator, monitor, emergency drugs) available? Yes No
- 5. Are all technologists directly supervised by a radiologist during all invasive procedures? Yes No

Equipment Safety

- 1. Is there a comprehensive quality assurance/safety program that includes calibrating equipment, identifying operating irregularities, utilizing controls/phantoms, etc.? Yes No
- 2. Is there complete documentation of proper use and maintenance of equipment? Yes No
 - If yes, does documentation include:
 - a. Records of periodic calibrations? Yes No
 - b. Monthly inspection and preventive maintenance activities? Yes No
 - c. Documentation of routine safety surveys? Yes No
- 3. Is there a documented radiologic internal disaster plan available that is reviewed and tested at least yearly? Yes No
- 4. Are carbon dioxide or other approved fire extinguishers available in the facility? Yes No
- 5. Is there a policy and procedure for use, administration, and disposal of radio-pharmaceuticals? Yes No

Staffing

- 1. Are all technologists graduates of formal education programs or appropriately certified (e.g. by the American Registry of Radiologic Technologists or by the American Registry of Clinical Radiograph Technologists)? Yes No
- 2. Are all technologists state registered or licensed? Yes No
- 3. Do technicians performing mammograms meet the education and training requirements of MQSA regulations? Yes No

Please explain on a separate sheet all questions that were answered no.

NOTICE: This supplement is attached to and forms a part of the Miscellaneous Health Care Facility Professional Liability and Commercial General Liability Application and is subject to the same representations and conditions.

Signature of Applicant: _____

Title: _____

Date: _____