

**OLIVE VIEW-UCLA MEDICAL CENTER
DEPARTMENT OF RADIOLOGICAL SCIENCE
POLICY & PROCEDURE**

**NUMBER: 2470
VERSION: 3**

SUBJECT/TITLE: DEPARTMENT OF RADIOLOGY PROVISION OF CARE / SCOPE OF SERVICES

DEPARTMENT: RADIOLOGICAL SCIENCES

POLICY: The Department of Radiological Sciences is comprised of Diagnostic Radiology, Interventional Radiology, and Nuclear Medicine. The Department operates in compliance with all applicable state and local laws and regulations.

PROCEDURE:

SCOPE OF SERVICES

The purpose of the Olive View-UCLA Medical Center Department of Radiology is to provide excellent image quality and interpretation with superior customer service in an efficient and timely manner.

SERVICES PROVIDED:

The Radiology Department has two major functions. First, to provide imaging services to all referred patients for the following sections: General Radiology, Musculoskeletal Imaging, Neuroradiology, Body Imaging, Ultrasound, Pediatric Imaging, Breast Imaging, Vascular/Interventional Radiology, Cardiovascular Imaging and Nuclear Medicine. Second, to provide educational programs for medical students, residents, fellows, technologists and technology students.

The department also endorses clinical research to advance patient care and the treatment of various diseases.

STANDARDS OF PRACTICE

Services and functions shall be developed and implemented in a manner consistent with regulatory and advisory agencies, and professional organization standards. Services and functions in the Department of Radiology are developed and implanted in a manner consistent with applicable regulatory and accrediting agency standards.

SERVICE INFORMATION

The Radiology Department administrative offices can be reached at (747) 210-4079.

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During regular working hours (Mon-Fri), section-specific scheduling desks are available as follows:

CT Scan – (747) 210-4587 (8:00 am – 5:00 pm)

Nuclear Medicine – (747) 210-4094 (8:00 am – 5:00 pm)

Ultrasound – (747) 210-3779 (8:00 am – 5:00 pm)

Fluoroscopy – (747) 210-3779 (8:00 am – 5:00 pm)

Breast Imaging – (747) 210-4096 (8:00 am – 5:00 pm)

Interventional Radiology / Special Procedures – (747) 210-4598 (8:00 am – 5:00 pm)

X-Ray – (747) 210-3686 (8:00 am – 5:00 pm)

MRI – (747) 210-3535 (7:00 am – midnight)

The Emergency Radiologist can be reached at (747) 210-4969 until 11:00 pm on weekdays and 7:00 pm on weekends/holidays. The after-hours standby radiologists can be reached through the operator.

ORDERING IMAGING STUDIES

1. The patient's physician enters an order for radiology procedures in the electronic medical record. The order must include the examination requested, the diagnosis and relevant clinical information pertaining to the requested examination, and the ordering physician's name and contact information.
2. The radiologist has the right and the duty as a consultant to evaluate the request and either perform the study, modify the study, or refuse to do the study after consultation with the ordering physician.
3. "STAT" requests should be limited to true emergencies that require an immediate radiologic study to proceed with patient care.

SCHEDULING IMAGING STUDIES

1. Non-STAT inpatient examinations will be performed as soon as reasonably possible, typically within 24 hours of being ordered. However, occasional work overloads or excessive emergencies may cause delays.
2. Outpatient examinations can be scheduled through the radiology scheduling desk during regular business hours, according to the procedure outline on attachment 1. Overbooking urgent outpatient examinations requires consultation with and approval by an attending radiologist.
3. Diagnostic mammograms will only be performed with a physician's request. All requests are reviewed by the radiologist before the exam is done to evaluate the indication for the examination. See mammography section.

RESCHEDULING AND CANCELING EXAMINATIONS

In order to maintain an orderly sequence of procedures and use the equipment

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expeditiously, the Department of Radiology expects that the patient will arrive on time for his/her study. Every effort will be made to accommodate the patient who is late, however, the patient must understand that the waiting time may be longer, than normally expected, or that it may be necessary to reschedule the examination.

1. If it is necessary to reschedule the examination because of the tardiness of the patient or due to inadequate patient preparation, the reason will be explained to the patient and a new appointment will be scheduled as appropriate.
2. All decisions to reschedule or cancel a study will be made by a physician of the Department of Radiology. The radiologist, at his or her discretion, may inform the referring physician

PORTABLE EXAMINATIONS

It is important for physicians and nurses to understand that a portable x-ray examination is not equal to a conventional x-ray study in terms of its diagnostic yield to the patient. A common misunderstanding of medical personnel is the belief that a portable examination is simply a substitute for a conventional x-ray study of any kind. The fact is that portable examinations incur technical and patient limitations that are only acceptable when transport of the patient to the x-ray department jeopardizes the patient's physical condition. It must be remembered that a portable examination may be more painful and distressing than one done on better equipment in the department.

In order to achieve reasonable utilization of portable examinations, the following rules will be followed by the radiology staff:

1. All requests for portable examinations must be justifiable.
2. NO portable examinations will be done on ambulatory patients unless the patient is in respiratory isolation.
3. The presence of disconnectable IV, gastric and surgical tubes does not constitute a justifiable indication for a portable examination.
4. Portable examinations will not be done because transportation needs are deficient on the wards.

INTERPRETATION OF IMAGING STUDIES

A radiologist is available for consultation in the department during all daytime service hours. During nights, weekends, and holidays, a radiologist is available for consultation by calling the operator (who in turn will locate the radiologist on call), and preliminary interpretations for emergent studies are provided by the DHS emergency teleradiology service. All radiology house staff and faculty may provide preliminary reports. All imaging studies are reviewed and finalized by an attending level Radiologist or Nuclear Medicine physician.

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REQUIREMENTS FOR STAFF

All staff maintain appropriate licensure for their level of practice, as defined by their job classification.

RADIOLOGISTS:

All radiologists maintain an active California license and fulfill necessary Continuing Medical Education requirements. Radiologists that perform fluoroscopy maintain an active California X-Ray Supervisor and Operator permit. Radiologists that perform moderate sedation maintain ACLS and BLS Certification.

TECHNOLOGISTS:

CT, Radiography, and special procedure technologists maintain California Registered Radiologic Technologists licensure and Fluoroscopic Radiologist Technologist licensure. Nuclear Medicine Technologists maintain Nuclear Medicine Technology Certification Board licensure. All technologists are required to attend a cardiopulmonary resuscitation (CPR) training program on a biannual basis.

DRESS CODE:

Employees are to dress professionally and shall maintain appropriate grooming practices and acceptable levels of cleanliness at all time.

General Dress requirements:

1. Photo identification badge: The official DHS Olive View – UCLA Medical Center photo ID badge must be worn at all times.
2. Radiation monitoring badge: A current dosimetry badge must be worn by personnel exposed to radiation (ie those handling radioactive materials or non-remotely using radiation-producing equipment if there is potential for a dose in excess of 500 millrems in a year). It should always be worn on the outside of a lead apron.
3. Attire: Must be appropriate for the work environment, safe, and professional in appearance.
4. Grooming: Hair is to be clean, neatly groomed. Beards and moustaches are to be neatly trimmed to show evidence of grooming and good care.
5. Nails: Nails are to be clean and of a length that does not interfere with work performance, personal safety, or patient care.
6. Jewelry: Jewelry that does not interfere with a work assignment and which is not injurious to the patient or employee may be worn.
7. Pins: County service pins, professional, and/or union pins and buttons may be worn.
8. Scrub Attire:

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- a. Must be worn when involved with any aseptic procedure
- b. Must be clean, worn for no longer than one shift, and changed if soiled after any case
- c. A clean cap is to be worn and changed after any contaminated case.
- d. A clean mask is to be worn for each case and discarded after completion of the case.
- e. Shoe covers are to be clean, changed after each contaminated case and whenever necessary. They are to be removed when leaving the procedure area.

STAFFING PLAN

DETERMINATION OF STAFFING NEEDS: Monthly workload reports are generated to evaluate staffing workload and staffing needs. Interactive dashboards are maintained to assess modality-specific backlogs and volume to aid in determining technologist staffing needs.

HOURS OF OPERATION AND COVERAGE

HOURS OF WORK:

Generally, the work week consists of five 8-hour days, totaling 40 hours per week, which begins on Sunday and ends on Saturday for non-supervisory technologists and clerical staff. Alternative physician schedules in the department may vary based on the needs of the department and include a 10-hour, 4-day schedule or other variations as needed. Contract physicians or registry staff schedules are based on the department needs and they may be sent home before their shift ends.

Employees may work an alternative schedule based on the needs of the department when agreed upon by the employee and his or her supervisor. Physicians and Supervisory staff are permitted to flex their schedule based on the needs of the department. In addition, based on the clinical needs of the department an employee may flex their hours after receiving supervisor approval on a case by case basis.

Because of the health care services we provide at Olive View-UCLA Medical Center/Health Centers, some radiology sections require extended coverage. Employees assigned to one of these units may provide needed services beyond the regular working hours/day.

RADIOLOGISTS:

1. Radiologists are available 24 hours, daily.
2. A schedule is prepared at the beginning of each month for radiologists on duty during normal work hours. Additionally, radiologists are available on standby

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- coverage during off-hours for Neuroradiology, Body Imaging, Nuclear Medicine, General Radiology, and Interventional Radiology. A copy is posted on the hospital intranet.
3. ON-SITE coverage: Radiologists for Neuroradiology, Body Imaging (CT, Ultrasound, and MRI), Musculoskeletal Radiology, and General Radiology are on-site from 7:00AM-11:00 PM on weekdays and from 7:00 AM- 7:00 PM on weekends and holidays. Interventional services are on-site during routine working hours and available on-call for emergent after-hours procedures.
 4. STANDBY coverage: Radiologists are available on standby call during off duty hours for Neuroradiology, CT, Ultrasound, General Radiology, Nuclear Medicine, and Interventional Radiology.
 5. The monthly radiologist schedule also includes the overnight teleradiology service and weekend/holiday resident schedule.
 6. Radiologists on-call duties:
 - a. Be available on beeper of phone and within one hour driving distance from the hospital
 - b. Inform the hospital operator of an alternate contact number if needed
 - c. Provide off-site phone consultation to clinicians, technologists, nurses, etc.
 - d. Agree to come on-site as needed.
 - e. Response time for call backs is ONE HOUR. Call back requests through the operator will be recorded for time and dates of calls and responses.

SUPERVISING TECHNOLOGISTS:

1. Off-hours standby call schedule for technologist supervisors is prepared at the beginning of each month and posted on the hospital intranet.
2. A supervisor is on duty on-site during regular working hours.
3. A supervisor is available on standby call during off duty hours, weekends, and holidays.
4. Supervising technologist on-call duties:
 - a. Be available on beeper or cell phone and within one hour driving distance from the hospital.
 - b. Inform the hospital operator of an alternate contact number if needed.
 - c. Provide off-site phone consultations as needed and agree to come on-site as needed.
 - d. Troubleshoot and problem solve departmental concerns, including imaging equipment, PACS, Cerner, and technologist staffing.
 - e. Supervisors may submit for overtime if an emergent situation arises causing the supervisor to work beyond their normal shift or return to the hospital after hours.
 - e. Response time for call backs is within ONE HOUR. Call back requests through the operator will be recorded for time and dates of calls and responses.

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TECHNOLOGISTS:

1. Off-hours standby call for the technologists is prepared at the beginning of each month and posted to the hospital intranet.
2. Coverage Times: Imaging technologists are available on-site 24x7 for Radiography, Fluoroscopy, Ultrasound, and CT. The MRI technologist is available on-site 7AM-midnight on weekdays and available after hours for limited STAT cases (see after hours MRI policy). The nuclear medicine technologist is available on-site 7 AM – 4 PM on weekdays, and is on standby from 4 PM – midnight on weekdays and 8 AM – midnight on weekends and holidays.
3. Technologist on-call duties:
 - a. Be available on beeper or phone and within one hour driving distance from the hospital.
 - b. Inform the hospital operator of an alternate contact number if needed.
 - c. Provide off-site consultation to Radiologists, clinicians, supervising technologists, CNAs, nurses, etc
 - d. Agree to come on-site as needed
 - e. Response time for call backs is within ONE HOUR. Call back requests through the operator will be recorded for time and dates of calls and responses.

OVERTIME AND TIME OFF PROCEDURES:

Schedule Changes:

Supervisory consent must be obtained prior to any change in work schedule.

Overtime

- a) Planned overtime must be authorized in advance by an immediate supervisor (and Chief Rad Tech for technologists and clerical staff or Department Chief for physicians) 30 days in advance of the scheduled planned overtime.
- b) It is the supervisor's responsibility to confirm Chief Rad Tech approval before the scheduled planned overtime occurs.
- c) If overtime is required for emergent patient care, employees must submit an emergent overtime request form to their immediate supervisor for approval. For imaging technologists, if the immediate supervisor is not the Chief Rad Tech the supervisor is responsible for acquiring approval from the Chief Rad Tech.

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- d) Supervisors and Chief Rad Tech are responsible for maintaining approval documentation for future audits. Physician overtime documentation is kept in hospital administration.

Attendance

- a) Consistent, reliable attendance is a basic condition of employment. No more than one unscheduled absence per month is acceptable. A pattern of unscheduled absences can result in disciplinary action.
- b) An employee is expected to be at their work assignment place and ready to work at the beginning of each shift.

Break Times

- a) Lunch periods: Employees are entitled, as provided by contract, lunch period mid-day within their shift for 30 minutes if the shift is more than 6 hours. This is on the employee's own time.
- b) Rest breaks: All employees are granted one fifteen minute break for each four hours worked. Each supervisor may schedule the rest break time of his/her employees. All employees are required to take rest breaks. Personnel may not substitute rest breaks by checking in late or checking out early during a scheduled workday.

Tardiness

- a) Failure to report to work punctually causes lost production, reassignment of work and disturbance to the normal activities of the unit. Employees are expected to be at their work stations ready for work at the prescribed starting time.
- b) Employees who are tardy more than 15 minutes twice in a pay period may be subject to disciplinary action.
- c) If you are going to be tardy, you must notify your supervisor of the circumstances without delay. This means calling in before and upon your arrival for work.
- d) See DHS Attendance policy 751

Authorized Absence

- a) Authorized absence is time off from scheduled work with written approval by the employee's immediate supervisor.
- b) Prior approval from your supervisor is required if you plan to be absent from duty for any reason. Non-emergent time off request must be submitted no less than 48 hours in advance. Such absences shall be based on the needs of the department and consideration for the wishes of the employee. However, the needs of the department must prevail.
- c) Submit vacation requests by date(s) specified unless requests are emergent.

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Unauthorized Absence

Unauthorized absence occurs when an employee is absent without approval, or when he/she fails to notify his/her supervisor. An unauthorized absence may be referred to performance management.

Unplanned Absence

- a) In case of emergent personal sickness, critical illness or death in the immediate family, or other dire emergency where the need for absence cannot be anticipated, staff must notify a supervisor of their absence ASAP and at least one hour prior to the beginning of the shift. If the emergency occurs within one hour prior to the beginning of a shift, the supervisor should be notified as soon as reasonably possible. No accrued time (accrued overtime, holiday time, etc) will be allowed for time off without prior arrangement with the supervisor and timekeeper. Notifying anyone other than the timekeeper or immediate or acting supervisor is not considered proper notification. No more than one unplanned absence is acceptable in any month. Repeated unexcused absenteeism may result in discipline up to and including discharge.
- b) A verification of unscheduled absence (i.e. note from treating physician, airline ticket showing delayed flight, etc.) may be required from the supervisor on the first day of your return to work from an unplanned absence on the following days:
 1. Friday
 2. Saturday
 3. Sunday
 4. Monday
 5. Holiday, day prior, and/or day following holiday

Failure to submit verification if requested will result in an unauthorized absence (AWOP) rather than a paid, excused day.

*See Policy 91A, Procedure for Unplanned Absences

Time Recording

- a) Payrolls are prepared on the basis of time recorded on time cards. It is essential that an employee's time card reflects a complete record of time for which the employee is expected to be paid. Proper signatures and time recording on the time card each day serves as certification that services stated were actually rendered. These documents are required to support payrolls.
- b) All non-supervisory technologists and clerical staff must clock in and out each day to document time worked using the keypunch timecard at the clock station. The only acceptable reasons for not clocking a time card are on occasion when

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- the time cards are not placed in the rack by your department, or if they have been picked up for payroll processing. When this happens the department timekeeper will document the missing punches for these periods only.
- c) Employees must report malfunction of the time clock immediately to their supervisor. It is the employee's responsibility to check the time card rack for their time card before starting or ending a work shift each day.
 - d) Non-supervisory technologists and clerical staff who fail to clock in and out using the keypunch time clock station will notify their supervisor on the day of the incident and both the employee and supervisor will initial and date the time card.
 - e) If non-supervisory technologists or clerical staff fail to punch in or out using the keypunch timecard clock station more than two times per pay period it may result in disciplinary action by the supervisor.
 - f) Supervisors will designate which clocks non-supervisory radiology technologists and clerical staff are to use and identify approved deviations.
 - g) Physicians and supervisory staff may manually record their time each day on their time card.
 - h) Onsite non-county PSMSA physicians are to manually record their time in and out on a timesheet and sign the time sheet for each pay period.
 - i) The supervisor and timekeeper are to review the workforce's time sheet and sign-in/out sheets for accuracy prior to approving invoices for payment and ensure that only actual hours worked are claimed on time cards.

No employee is permitted to clock/punch in or out for another employee. Any employee violating this rule may be subject to discipline up to and including discharge.

SUPPLIES:

Supply needs have been assessed and contracts or agreements are in place for all major equipment. Supplies are ordered as needed. Contrast material is addressed in a separate policy.

EQUIPMENT:

All imaging equipment is maintained and cleaned according to manufacturer specifications. Physicist testing is performed regularly and as mandated as applicable depending on modality. Appropriate daily, weekly, or monthly quality control (QC) testing is done on all equipment, as applicable depending on modality.

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SPACE:

Space needs have been assessed and determined to be adequate.

References:	
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