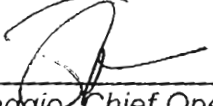


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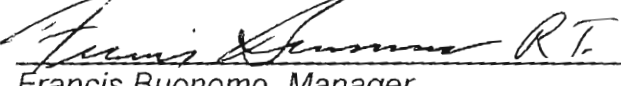
2014 PLAN OF CARE

DIAGNOSTIC IMAGING SERVICES

Approved by:


Stella Visaggio, Chief Operating Officer

6/10/14
Date


Francis Buonomo, Manager

6/6/2014
Date

I. PURPOSE

A. AUTHORITY AND RESPONSIBILITY

The Manager of Diagnostic Imaging Services is accountable for the administration of operations, staff development, finance, and performance improvement activity of the service. The Manager of Diagnostic Imaging Services provides leadership to and/or collaboration with modality leads, technologists, administrative clerks and radiologists by utilizing avenues of open communication. He will support efforts to continually improve the quality of the service's delivery system. Diagnostic Imaging Services staff is expected to demonstrate authority, responsibility and accountability for their individual practice in addition to utilizing educational opportunity for professional growth.

B. GOAL, VISION, MISSION, KEY VALUES

Diagnostic Imaging Services adheres to the key values of **R-I-S-E-S**:

- **Respect** – We recognize the infinite worth of the individual and care for each one as a whole person.
- **Integrity** – We are above reproach in everything we do.
- **Service** – We provide compassionate and attentive care in a manner that inspires confidence.
- **Excellence** – We provide world class clinical outcomes in an environment that is safe for both our patients and care givers.
- **Stewardship** – We take personal responsibility for the efficient and effective accomplishment of our mission.

II. SCOPE OF SERVICE

A. SCOPE AND COMPLEXITY OF PATIENT CARE NEEDS

Diagnostic Imaging Services is comprised of the following modalities:

- **Nuclear Medicine** – Use of small amounts of radioactive material to diagnose and determine the severity of or treat a variety of diseases. Potential to diagnose disease in its earliest stages. ACR accredited. Nuclear Medicine is a 3 room suite with 2 E-Cams.
- **Ultrasound** – Noninvasive (no ionizing radiation) medical test that produces pictures of the inside of the body using sound waves, showing structure and movement of the body's

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internal organs as well as blood flow through blood vessels. ACR accredited. Ultrasound is 4 individual exam rooms (including segmented pressure vascular) in the West Wing and a breasts exam room in the Special Imaging Suite; 4 ultrasound scanners.

- C.A.T.Scan – Produces multiple images in greater detail of the inside of the body, particularly soft tissues and blood vessels; cross-sectional images can be reformatted in multiple planes, including 3-D. ACR accredited. CT is a 16-slice scanner.
- Radiography – Noninvasive imaging that exposes a part of the body to small dose of ionizing radiation to produce pictures of the inside of the body. Digital radiography, two fluoroscopy machines, two portable x-ray machines, three C-Arms, one bone density machine.
- Mammography – Imaging that uses a low-dose x-ray system to examine breasts to aid in the early detection and diagnosis of breast diseases. ACR accredited. One digital mammography machine.

B. TYPES AND AGES OF PATIENTS SERVED

Diagnostic Imaging Services provides diagnostic services to all patients from the neonate to the geriatric patient.

C. THE METHODS USED TO ASSESS AND MEET PATIENTS' NEEDS

All examination requests are scheduled through the Diagnostic Imaging Department. All patients will receive services based on safe, established departmental process. Reassessments are performed as warranted by patient condition and according to policy/procedure. Patient problems care needs are identified and prioritized. Pediatric and pregnant patients have modified protocols unless the risk from the suspected diagnosis outweighs the risk of radiation as determined by the referring physician and the radiologist. A variety of providers implement the care plan.

A board certified radiologist often consults with the referring physician to determine the most appropriate examination. Physician requests for Imaging Services are entered into the patient chart with special requirements identified.

When warranted, the requesting physician is immediately informed of examination results following the procedure. For inpatients, reports are available in Cerner immediately following signing by the radiologist. For outpatients, reports are available in Cerner immediately following signing by the radiologist, and outpatient referring physicians may receive reports by auto-fax, manual fax, or in-house physician mail box. In all instances, a copy of the report remains in the Hospital Information System. The Imaging Department provides service 24 hours per day, 7 days per week.

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III. RECOGNIZED STANDARDS OR PRACTICE GUIDELINES

Standards of Care are established for care of the patient according to the process described under the heading *The Process for Developing ACR Practice Guidelines and Technical Standards* of the ACR (Accredited College of Radiology).

The ACR Practice Guidelines and Technical Standards help advance the science of radiology and improve the quality of service to patients. They promote the safe and effective use of diagnostic and therapeutic radiology by describing specific training, skills and techniques

IV. THE APPROPRIATENESS, CLINICAL NECESSITY, AND TIMELINESS OF SUPPORT SERVICES

A. KEY INTERDEPARTMENTAL RELATIONSHIPS

The Diagnostic Imaging Manager is responsible for the development of ancillary department relationships to assure the effective and efficient accomplishment of mutual goals or in the resolution of identified problems. Emphasis on multidisciplinary relationships is demonstrated by staff involvement on intradepartmental teams; i.e., hospital wide Lean Initiatives, Environment of Care rounding.

B. HOURS OF OPERATION

The Diagnostic Imaging Department's normal hours of operation for inpatient and emergency services is 24 hours per day, 7 days per week.

The Diagnostic Imaging Department's normal hours of operation for outpatient services are:

Monday – Friday	0700-1830
Saturday	0745-1400
Sunday	Not regularly scheduled.

C. MEDICAL STAFF – COMMUNICATION

The hospital's administration or medical staff, or both, as appropriate, approve departmental documents defining goals, scope of services, policies and procedures. The Manager of Diagnostic Imaging Services is an active member of the Radiation Safety Committee, Stroke Committee, Clinical Standards Committee, Patient Safety Committee, Infection Control Committee, Care Excellence Committee, PI Council, HRMC Leadership. Internal communication to physicians via these committees is ongoing.

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V. THE EXTENT TO WHICH THE LEVEL OF CARE OR SERVICE MEETS PATIENTS' CARE NEEDS

A. PATIENT/CUSTOMER SERVICE AND EXPECTATIONS

Imaging capabilities include:

- Mammography
- Radiography
- Bone Densitometry
- Fluoroscopy
- Portable Radiography and Portable Fluoroscopy
- Fluoroscopy
- Computerized Axial Tomography
- Sonography
- Nuclear Medicine Exams
- C.T. Angio and 3D Reconstruction.

B. PERFORMANCE IMPROVEMENT PLAN

All Diagnostic Imaging Service modalities participate in reporting performance improvement activities at least annually. This data is aggregated by the Manager of Diagnostic Imaging Services into a service-wide performance improvement summary report and distributed quarterly to the Chief Operating Officer and annually to the Hospital Performance Improvement Council.

HRMC utilizes Lean as its foundational performance improvement methodology to support continuous elimination of waste within processes and systems. The Plan, Do, Check, Act improvement cycle is the methodology used for implementing and evaluating process changes of any magnitude.

C. CRITERIA USED FOR PRIORITIZING PERFORMANCE IMPROVEMENT OPPORTUNITIES:

- a. High Risk
- b. High Volume
- c. Problem Prone
- d. Cost Impact

D. DEPARTMENT SPECIFIC PERFORMANCE IMPROVEMENT ACTIVITIES

The following indicators are routinely monitored:

- Hand Hygiene
- Image Quality (X-ray)
- Errors (Incorrect: Order, Patient, Date/Time, Physician, Demographics, and Registration)
- Inspection, Testing, Maintenance, Calibration and Cleaning of Equipment
- Script Verification (Physician Name & Initials, Patient Name, Complete Order)

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The following process is our focus for improvement this year:

- Patient Safety
- “Image Gently” – program to reduce radiation dose to patients

E. PATIENT SATISFACTION

Patient satisfaction surveys are administered by “Healthstream”. A telephone call is made to a sample number of patients within one to six weeks of date of service to gain insight in patient/customer expectations of care received. Information from these surveys may be incorporated into process improvement activities.

F. ANNUAL PLAN OF CARE EVALUATION

The department-specific Plan of Care is evaluated at least annually for:

1. Effective implementation of performance improvement activities
2. Monitoring of problem resolutions
3. Collaboration in performance improvement activities
4. Establishment of priority processes for review

VI. AVAILABILITY OF NECESSARY STAFF

A. STAFF GUIDELINES

1. Skill Level of Personnel Involved in Patient Care

Graduate of an accredited school of radiologic technology and registry eligible. Registered by the American Registry of Radiological Technologists and licensure by the State of New Jersey (where required). Registry by ARDMS is both desired and preferred for all Sonographers. The following is a detailed description of area specific minimum requirements for the various departments within the Imaging Department:

Radiology:	ARRT(R) or registry eligible; licensure by the State of New Jersey DEP.
C.A.T. Scan:	ARRT(R) and licensure by the State of New Jersey DEP and working toward CT registry.
Mammography:	ARRT(R)(M) and licensure by the State of New Jersey DEP is required for all technologists that perform Mammography.
Ultrasound:	ARDMS preferred but not required and working towards ARDMS or ARRT registry.
Nuclear Medicine: PET/CT	ARRT(N) or NMTCB, CNMT and licensure by the State of New Jersey DEP

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2. Staff Development

Staff will maintain clinical competence by attending continuing education program self-development opportunities and completion of annual mandatory requirements.

3. Staff Evaluation

Initial 90 day, annual, and as needed.

B. STAFFING PLAN

The staff patterns of the professional and technical staff are determined by case mix and case load. The staff is available for procedures and consultation 24 hours per day, seven days per week. All shifts are covered utilizing full-time, part-time, per diem and on-call staff, utilizing agency staff when needed. Agency staff skills will be evaluated during orientation to evaluate their skill ability and must abide by the same standards and requirements as regular staff employees.

C. STAFF - COMMUNICATION

Staff meetings will be regularly scheduled with a concerted effort to reach staff on all three shifts. A call-in number is provided for staff. Written communications are posted for all staff to read. Bulletin boards are used to post important memos and communications that each staff member is required to read. Each staff member is responsible to use all these tools to keep informed about all pertinent information.

D. SHARED GOVERNANCE

Diagnostic Imaging Services has two staff member representatives on the Interdisciplinary Shared Governance Councils. Minutes from the monthly meetings of three Councils (In Patient/Out Patient, Critical Care/ED, Surgical Services/OB) are available and accessible through the shared (S:) drive: Nursing Folder, then Shared Governance folder.

"HotSpot" information is posted monthly to the bulletin board in the Diagnostic Imaging break room and a folder is provided with forms for staff members to express concerns.

Information may be shared at departmental staff meetings, via written memo or email to those unable to attend staff meetings prior to monthly Shared Governance meetings.