SUNY DOWNSTATE MEDICAL CENTER

UNIVERSITY HOSPITAL OF BROOKLYN POLICY AND PROCEDURE

No: X-RAY-1

Page 1 of 2

Subject: <u>APPROVAL FOR DIAGNOSTIC IMAGING</u>

Harry Zinn, M.D.

Prepared by: Charles Carbone

Supersedes: 10/2013

Reviewed by: Donna McKenzie

Effective Date: 11/2015

T.J.C. Standards: PC. 01.02.15 Diagnostic testing and procedures are performed within time frames defined by the hospital. (EP. 10 & 12)

NPSG.0.01.01 Goal 1 Improve the accuracy of patient identification

Approved by: Hyman schwarzberg, M.D

Related Policies #OPD-8 Appointment System

I. PURPOSE:

To ensure that diagnostic imaging request are reviewed and approved prior to the scheduled appointment.

Issued by: Radiology Department

II. DEFINITION

All procedures performed by a physician member of the Radiology Department must be reviewed for appropriateness before confirmation of the appointment is made.

III. RESPONSIBILITIES

Radiology

IV. PROCEDURES/GUIDELINES

- 1. Preliminary appointments are to be issued by the scheduling office.
- 2. The patient will be brought to the Radiology department when approval by the appropriate member of the Department of Radiology is confirmed. Routine imaging studies are ordered through 2 primary electronic ordering systems: i.e. Healthbridge/T System. In some cases clinic and outpatients may present a hard copy order request form. In all cases, the request will be reviewed and confirmed for accuracy. The following information must be attached to all Radiology requests regardless if on hardcopy or electronic.
 - PT Identification: including DOB.

XRAY-1 APPROVAL FOR DIAGNOSTIC IMAGING

- Pt. Location
- Examination requested,
- Appropriate clinical diagnosis

The referring Physician's name and identification number must be clearly identified(if on hardcopy order form)

V. ATTACHMENT:

• UHB Radiology Request Form

VI. REASON FOR REVISION:

Review

VII. REFERENCES:

- TJC Standards
- UHB Policy (OPD-8) Appointment System

| Date Reviewed | Revision Required (Check One) | | Responsible Staff Name and Title |
|------------------|-------------------------------|----|---|
| 9/2001 | (Yes) | No | CHARLES Carbone, Associate Director Radiology |
| 10/2013 | (Yes) | No | CHARLES Carbone, Associate Director Radiology |
| 11/2015 | Yes | No | CHARLES Carbone, Associate Director Radiology |
| | Yes | No | |