

**SUNY DOWNSTATE MEDICAL CENTER
UNIVERSITY HOSPITAL OF BROOKLYN
POLICY AND PROCEDURE**

No: X-RAY-18

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Subject: REPEAT IMAGE ANALYSIS

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T.J.C. Standards: LD. 04.04.01 Leaders set priorities for performance improvement activities and patient's health outcomes (EP.01- 02)
PI.01.01.01 (EP.03-04.) The leaders set priorities for data collection EC.02.02.01 (EP. 17)

Related Policies No. RAD-6

Issued by: Radiology Department

I. PURPOSE

To assure that the highest quality Radiographs are produced in the department, so as to avoid repeats and thereby minimizing patient exposure.

II. DEFINITION

Repeat Images: Images that need to be repeated for technical reasons.

III. POLICY

Repeat/reject data will be reviewed and analyzed on a quarterly basis.

IV. RESPONSIBILITIES

Associate Director of Radiography (Diagnostic)

V. PROCEDURE/ GUIDELINES

- Repeats/Reject rates will be collected monthly by the divisional supervisor and included for presentation at the monthly PI meeting.
- The divisional supervisor will analyze the data for the following:
 - a. Cause of the repeat/reject image-i.e. equipment/technical factors/collimation/motion/etc.

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- b. Name of the technologist responsible for the image
 - c. Identification of the room or equipment utilized to produce the image
 - The divisional supervisor will make recommendations for improvement based on the findings. These recommendations will be discussed with the responsible technologist and shared with the radiology staff.
 - A written log will be maintained citing all the fore-mentioned data.
 - The divisional supervisor will calculate the repeat /reject rate on a monthly basis and provide the data for presentation at the monthly PI meeting.
 - The divisional supervisor may be requested to discuss the findings and recommendations at the monthly PI meeting.
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- Percentage of repeated images will be calculated using the total images reviewed for the week and the number of images repeated as the denominator.

VI. REASON FOR REVISION

Review

VII. ATTACHMENTS

- *RAD-6 Radiation Patient Safety*
- *TJC Standards*

| Date Reviewed | Revision Required (Check One) | | Responsible Staff Name and Title |
|----------------------|--------------------------------------|-------------|---|
| 6/2008 | Yes | (No) | Charles Carbone, Associate Dir. Radiography |
| 10/2010 | Yes | (No) | Charles Carbone, Associate Dir. Radiography |
| 9/2013 | Yes | (No) | Charles Carbone, Associate Dir. Radiography |
| 2/2015 | (Yes) | No | Charles Carbone, Associate Dir. Radiography |
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