

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

No: MRI-1

Subject: MR TECHNOLOGIST DAILY
RESPONSIBILITIES

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J.C. Standards: LD.04.01.05 (EP.3) The hospital defines, in writing, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments

PC.01.02.15 (EP.2,10,12,)Diagnostic testing and procedures are performed within time frames defined by the hospital.LD.03.06.01. (EP 4) UP. 01.01.01

EC. 02.04.01 (EP10). The hospital identifies quality control and maintenance activities to maintain the quality of the diagnostic magnetic resonance imaging (MRI), images produced.

Related Policies: (RAD- 6) Radiology Patient Safety

Issued by: Radiology Department

I. PURPOSE:

To ensure technologist are performing duties required to ensure all related equipment is functioning properly and provide a safe environment for patients

II. DEFINITION

None

III. POLICY

All MRI Technologist will perform on a daily basis, at the start of the 8am shift, procedures as described in the procedure section to ensure functionality of equipment in accordance with regulatory agencies.

IV. RESPONSIBILITIES:

Radiology Staff

V. PROCEDURES/GUIDELINES:

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Technologist will verify that all MRI related equipment is operating properly by following the process outlined in SECTION A thru D as noted below:

This includes:

1. Patient Monitors
2. Wall mounted oxygen
3. Confirming that crash cart is locked (and has not been previously opened)
4. All non-ferromagnetic equipment is available for use and is stored in the appropriate area.
5. Ultra sound equipment is charged daily and ready for use.

A. QUALITY ASSURANCE CHECK

Technologist will perform QA check using the PHANTOM, and log all QA related information in the electronic log

- Technologist will check table movement and coils for functionality
- Technologist will prepare and have available supplies to perform a scan
- Technologist will log and immediately notify supervisor of any equipment problems.
- Technologist will place a service call for equipment related issues in the absence of a supervisor
- Technologists will log in the ticket number for future reference in the error log book.
- Technologist will prepare and complete all related paperwork including: scanning the required documentation into the IRS., presentation of contrast form and consent form etc.

B. QUALITY REVIEWS

Technologist will review images sent to PACS and notify the Radiologist of any issues related to the images that may affect the accurate interpretation of the image

- Technologist will contact the RIS team concerning any issues related to incorrect information entered into either RIS or PACS which require revision.
Technologist will make certain patient/family accompanying medical staff are aware of and remain in the proper zone.
- Technologist will screen for any ferromagnetic items any individual seeking to enter the scanning room.
- Technologist who is certified to administer injection will make certain to confirm that the proper gauge IV line is in place. If not the technologist will contact the referring unit and request that the proper IV line to be inserted.

C. TIME-OUT

Prior to beginning of any examination the technologist will perform a complete time out to include verification of the following:

1. Patient name and date of birth
2. Correct procedure
3. Correct laterality

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4. Correct site/or body part
5. Correct contrast (if applicable)
6. Correct agent/dose/and route (if applicable)
7. Perform complete review of the MRI screening form and confirm any questions with the patient or patient's physician.

D. DAILY PATIENT LOG (P. MAINTAINANCE LOG)

The technologies will maintain all required information in the Daily Patient Log

- The technologist will maintain a clean and safe environment for the patient
- The technologies will promptly answer all incoming calls if necessary the technologist will document issue in ***the daily patient log*** this includes the names of individuals to whom they spoke.

VI. ATTACHMENT

None

VII. REASON FOR REVISION

Review

VIII. REFERENCES:

- *TJC Standards*
- *UHB Policy (RAD-6) Radiology Patient Safety*

Date Reviewed	Revision Required (Check One)		Responsible Staff Name and Title
	Yes	No	
3/2013	Yes	No	
10/2001	(Yes)	No	James Shanahan Director Radiology
1/2016	Yes	(No)	Vincent Monte, Director Radiology Department
11/2018	Yes	No	Vincent Monte, Director Radiology Department