IMAGING (X-Ray/Fluoroscopy) TRACER TOOL



Courtemanche Associates

Consulting Partners Since 1994

INDICATOR	Met	Not Met	Comments
GENERAL	I		
Patient valuables and clothing are stored in a			
secure location during the exam.			
Area is clean and free of dust and debris.			
Fire drills are up to date. Staff can verbalize the			
process for evacuating patients who are unable to			
evacuate themselves.			
Emergency Medical drills are conducted to test			
response.			
Resuscitation equipment is available for use. Staff			
are trained.			
MEDICAL RECORDS		1	Г
Prior to conducting a diagnostic imaging study, the			
hospital verifies the following:			
Correct patient			
Correct imaging site			
 Correct patient positioning 			
 Correct imaging protocol 			
Correct imaging parameters and labeling			
LICENSE		-	
Are all certifications and licenses posted and up to			
date?			
FACILITIES AND EQUIPMENT	ſ	-	
Equipment is cleaned per policy and the			
manufacturer IFU. Expectations are that staff have			
access to the equipment IFU and are following the			
cleaning and disinfection procedures listed there.			
Additionally, staff should be utilizing disinfectant			
wipes as per policy and with appropriate contact			
times as defined by the IFU.			
All equipment daily/weekly/monthly quality			
control checks are completed and documented.			
FLUOROSCOPY			[
A diagnostic medical physicist conducts an annual			
performance evaluation of fluoroscopic imaging			
equipment. The evaluation results and			
recommendations for correcting problems are			
documented. The evaluation includes an			
assessment of the following:			
Beam alignment and collimation			
 Tube potential/kilovolt peak (kV/kVp) 			
accuracy			
Beam initiation (nail-value layer) High contrast resolution			
High-contrast resolution			

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Applicable to the following Accreditation Programs: (X) Hospital (X) Critical Access Hospital () Behavioral Health (X) Ambulatory Care () Office Based Surgery () Disease Specific Certification () Staffing Certification

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INDICATOR	Met	Not Met	Comments
Low-contrast detectability			
Maximum exposure rate in fluoroscopic			
mode			
 Displayed air-kerma rate and cumulative- 			
air kerma accuracy (when applicable)			
The organization identifies radiation exposure and			
skin dose threshold levels that trigger further			
review and/or patient evaluation to assess for			
adverse radiation effects if exceeded.			
The cumulative-air kerma or kerma-area product is			
documented in a retrievable format. For			
fluoroscopy equipment that cannot display or			
provide cumulative-air kerma or kerma-area			
product, fluoroscopy time and number of images			
acquired are documented in a retrievable format,			
such as a picture archiving and communication			
system. (This does not apply to fluoroscopy			
equipment used for therapeutic radiation			
treatment planning or delivery or fluoroscopy			
equipment classified as a mini C-arm).			
CLINICAL POLICIES AND PROTOCOLS			
The diagnostic radiology service meets			
professionally approved standards.			
All policies are up to date and periodically reviewed			
according to the organization's timeframes.			
Barium is properly stored and secured.			
Written procedures or protocols are present for			
reporting critical testing results.			
RADIATION PROTECTION			
Signage in place to alert the use of X-rays at access			
points to imaging spaces.			
Dosimetry badges are routinely worn by all staff			
assigned to work in the vicinity where exposure			
may occur.			
Dosimetry badge result monitoring is completed on			
a quarterly basis by the physicist/Radiation Safety			
Officer per policy.			
Results of Dosimetry badge monitoring are			
provided for stall review. Variations in results are			
warranted			
Staff follow the process for the protection of			
nations from radiation hazards including			
screening for high-risk nations (for example			
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INDICATOR Met Not Met **Comments** possible pregnancy, multiple imaging studies, children, etc.). Lead Aprons and shields properly stored to prevent damage. Lead Aprons and shields properly inspected for integrity. **QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT** The hospital identifies quality control and maintenance activities to maintain the quality of X-Ray images produced. The hospital identifies how often these activities should be conducted. Data is collected on the timeliness of reporting critical results of tests and diagnostic procedures. Opportunities are addressed. STAFF COMPETENCIES AND QUALIFICATIONS A full-time, part-time, or consulting radiologist who is a Doctor of Medicine or osteopathy qualified by education and experience in radiology supervises ionizing radiology services. The medical staff determines the qualifications of the radiology staff who use equipment and administer procedures. Employees or contractors, who inspect, test, calibrate, and maintain Imaging services equipment are qualified to perform these actions.

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