

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

No. CT-

Subject: CT Documentation of Diagnostic Accuracy
Complication Rates & Outcomes of
CT-Guided Interventional Procedures

Page 1 of 2

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Reviewed by: Donna McKenzie

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MS.05.01.03 Communication of findings, conclusions, recommendations, and actions to improve performance to appropriate staff members and the governing body

PC.01.02.15 (EP.5) The hospital documents the (computed tomography dose index [CTDIvol], dose length product [DLP], or size-specific dose estimate [SSDE]) on every study produced during a diagnostic computed tomography (CT) examination

Approved by: Deborah Reede M.D.

Harry Zinn, M.D.

Issued by: Radiology Department

I. PURPOSE

To establish documentation of outcomes of CT Guided Intervention Radiology procedures

II. DEFINITION

None

POLICY

- III. The outcomes of CT- Guided Interventional Procedures including the complication rates. Diagnostic accuracy of the cases will be reported at the monthly Vascular Interventional Mortality and Morbidity meeting. Cases that are presented with complications will be reported to the Radiology Department Performance Improvement Committee, Risk Management and the Patient Safety Committee

IV. RESPONSIBILITIES

Interventional Radiology Attending Interventional Radiology PA, Radiology Nursing

V. PROCEDURES/ GUIDELINES

1. Incident report is generated concerning complications
2. Data for diagnostic accuracy is recorded and presented at the Radiology PI Committee meeting

3. Follow-up of incidents requiring Corrective Action Plan and Root Cause Analysis where necessary

I. ATTACHMENT

- *ACR Reference Dose levels.*
- *ACR Recommended CTDI Volumes*

II. REASON FOR REVISION

Review

III. REFERENCES:

- *TJC Standard*

Date Reviewed	Revision Required (Check One)		Responsible Staff Name and Title
9/2010	Yes		James Shanahan, Director Radiology Department
12/2015		No	Vincent Monte Assoc. Director Radiology Department
	Yes	No	
	Yes	No	