

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

No: X-RAY-3

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**Subject:** TECHNOLOGIST'S RESPONSIBILITY

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**Original Issue Date:** 5/98

**Supersedes:** 11/2011

**Effective Date:** 1/2015

**T.J.C. Standards:** LD. 04. 01.05: The hospital defines, the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments. HR.01.04.01: The hospital determines the key safety content of orientation provided to staff. NPSG.01.01.01

**Related Policies** PTBR-5

**Issued by:** Radiology Department

**I. PURPOSE**

To maintain proper quality control in the department

**II. DEFINITION**

None

**III. POLICY**

The Department of Radiology at all times requires optimal radiograph studies.

**IV. RESPONSIBILITIES**

Radiology Technologist

**V. PROCEDURES/ GUIDELINES**

1. Technologists are responsible to submit quality radiographic studies which comply with all department requirements.

- ***Failure to repeat an unsatisfactory film is unacceptable.***
- The final decision whether to repeat or not to repeat an image is the responsibility of the Radiologists or the floor supervisor.

2. **Universal Protocol (TIME OUT)**

All technologists will perform a Universal Protocol (***time out***) prior to the start of any procedure. The following information will be confirmed:

- Patient name and date of birth
- Correct procedure

XRAY-3 TECHNOLOGISTS' RESPONSIBILITIES

- Correct laterality
- Correct Site/Body part
- Correct Contrast (if applicable)
- Correct Agent /Dose (if applicable)
- Correct positioning
- Correct imaging Protocol
- Correcting scanning Parameters (if applicable)

**NOTE:** Patients with limited English proficiency will be provided interpretation services using the Cyracom Telephonic Interpretation Services to ensure a complete and accurate time out is performed. Deaf patients will be provided "DEAF TALK" refer to policy PTBR-5

3. **Requisition Review**

**All requisitions must be reviewed before performing a procedure.**

- A request must have complete clinical information and a doctor's signature.
- All pertinent patient identification is required by the Department.
- Incomplete request must be brought to the supervisor's attention.
- Examinations will not to be performed without a fully completed request.
- Any request calling for a routine examination must be returned for clinical indications.

4. **Entry into R.I.S.**

- Patients must be registered in Radiology Information System (RIS) prior to performance of radiographs or other imaging
- Technologist is responsible for Image review at the conclusion of the procedure. This includes checking to see that procedure entered is correctly and if necessary modifiers are added for procedure changed. .
- Any patient wearing a gown will be draped with a sheet during procedures done on an imaging table.

VI. **ATTACHMENTS:**

None

VI. **REASON FOR REVISION:**

Review

VII. **REFERENCES**

- UHB Policy-PTBR-5 Language Service to Patients with Limited English Proficiency
- TJC Standards

Date Reviewed	Revision Required (Check One)		Responsible Staff Name and Title
1/2001	Yes		James Shanahan/ Radiology Department Administrator
9/2006	(Yes)	No	C. Carbone /Assoc. Director Radio-graphy
10/2010	Yes	(No)	C. Carbone /Assoc. Director Radio-graphy
09/2013	(Yes)	No	C. Carbone /Assoc. Director Radio-graphy
01/2015	Yes	(No)	C. Carbone Assoc. Director Radio-graphy