

DEPARTMENT OF RADIOLOGY
HARTFORD HOSPITAL
RULES AND REGULATIONS

ARTICLE I

Membership

Membership in the Department of Radiology will be granted and maintained in accordance with the Medical Staff Bylaws of Hospital.

ARTICLE II

Leadership

1. The Department of Radiology shall have a Chief and an Associate Chief.

2. The Chief will be appointed (or so removed) as described in the Hospital Medical Staff Bylaws and will oversee or perform all duties as outlined therein. The Chief will be responsible to the Vice President, Medical Affairs for the functioning of his/her department.

3. The Associate Chief shall be appointed by the Chief after consultation with Hospital Administration. In the absence of the Chief, or in the event of the Chief's inability or refusal to act, the Associate Chief shall perform the duties of the Chief, subject to approval of the Medical Executive Committee, and when so acting shall have all the powers of and be subject to all the restrictions upon the Chief. The Associate Chief shall perform such other duties as from time to time may be assigned by the Chief consistent with the Medical Staff Bylaws.

4. If any appointed leadership position of the Department becomes vacant, it shall be filled at the next meeting of the Department.

ARTICLE III

Divisions and Sections

1. The Department shall be organized into Divisions/Sections as established by the Chief from time to time after consultation with and approval of Hospital Administration. Each Division will have a Division Director and each Section will have a Section Chief who will report to the Chief. The Division Director and Section Chief will be appointed by the Chief after consultation with and approval of Hospital Administration with input from the Executive Committee.
2. Membership in a Division/Section will be granted and maintained by application to and an appointment by the Chief of the Department with input from the Division Director consistent with Department policies and Hospital's Credentials policy.
3. Each Division and Section will have delineations of privileges for procedures and other activities developed by the Department and consistent with the Hospital Credentials policy.

ARTICLE IV

Committees

1. The Department shall have the standing committees outlined below. In addition, the Chief shall establish additional committees as needed, from time to time in accordance with the Medical Staff Bylaws.
2. **Executive Committee:** The Executive Committee of the Department shall consist of the Chief, the Associate Chief, and up to 3 other members of the department who shall be elected at the Annual Meeting of the Department from nominations made from the floor for a term of 2 years, that is renewable. The Executive Committee shall serve as an advisory group to the Chief and shall be convened as requested by the Chief or any two (2) members of the Executive Committee.
3. **Quality/Peer Review Committee:** The Quality/Peer Review Committee of the Department shall consist of up to 5 department members, all appointed by the Chief for terms of 2 years that are renewable, as well as ad-hoc members as require. The committee will be responsible for ongoing data collection, analysis and evaluation of untoward events related to

diagnostic and interventional radiology care, and developing corrective action plans to improve patient care.

4. The **Executive Committee** may serve as the **Quality/Peer Review Committee** in order to facilitate evaluation of QI data and propose and approve corrective action plans.

ARTICLE V

Meetings

1. The Chief shall schedule regular Department Meetings, at least quarterly each year. The agenda of the regular Department Meetings shall be prepared by the Chief. Notice will be sent or posted in designated location(s) two weeks in advance.

3. Special meetings may be called at the discretion of the Chief or on the written request of ten (10) percent of active staff members of the Department or at least two voting members. Special meetings will have a minimum of 48 hours advance notice with date, time and place.

4. A quorum for the conduct of business at any Department meeting shall be those voting members present (but not less than two). Recommendations and actions shall be by consensus. If, in the discretion of the Chief, it is necessary to vote on an issue, that issue will be determined by a majority vote of those voting members present.

5. Minutes shall be taken at each Department and Committee meeting, and other meetings, as applicable, per the Hospital's Medical Staff bylaws. A record shall be made of those in attendance, recommendations made and votes per matter, and a summary of the actions that transpired. A summary of the recommendations and actions will be reported to the Medical Executive Committee.

Article VI
Credentialing, Privileges and Special Privileges

1. Individuals will be granted appointment or reappointment to the Hospital Medical Staff according to the Hospital Credentials Policy. Areas of subspecialty expertise requiring additional training, as well as other credentialing decisions or clinical matters relevant to the members of the Department, will be determined by the Chief, subject to Hospital's Medical Staff Bylaws and Credentials policy. Privileges for new procedures or procedures that cross specialty lines will be developed and granted as per the Credentials policy.

2. The Chief or designee shall keep a roster of all members of the Department and make periodic reviews of their qualifications.

ARTICLE VII
On-Call Policies

The Chief, or as delegated to his/her Section Chiefs, shall be responsible for establishing the on-call schedule in consultation with Hospital Administration in order to meet patient needs.

ARTICLE VIII
Amendments

These Rules and Regulations may be amended by the Chief with the approval of the Executive Committee and the Medical Executive Committee. Notice of these changes will be sent to all members of the Department within a reasonable period of time.

