HEALTH AND HUMAN SERVICES
POLICY

Department: Radiology **Policy Number:** 1416

Policy Title: Quality Assurance and Risk Management Plan

Revision History: 09/01, 02/15; 3/18, 1/22 **Revised by/Date:** Lance Roeschlein 1/2025

Commissioner Initials: **Director Initials:**

Approved by: Jan Manary **Date:** 2/7/25

Jan Manary, Executive Director of Health Services

POLICY: The Mille Lacs Band Health Services Radiology department is committed to providing quality service to patients by performing quality diagnostic radiographs with as little radiation exposure as possible (ALARA – As Low As Reasonably Achievable) and reducing the frequency and severity of adverse events through risk identification and quality assurance.

POLICY DETAILS:

A. Authority and Responsibility
   a. The radiology supervisor has the overall authority in the Quality Management Program
   b. The radiology supervisor is ultimately responsible to make quality management decisions and to initiate corrective action.
   c. Radiology personnel will be involved with:
      i. Collection and summation of data
      ii. Presenting the data in an approved format with comments and recommendations to the radiology supervisor.
      iii. Implementing corrective action and follow-up monitoring.
   d. Evaluations are to be done annually and findings shared with the department staff, the Quality and Compliance department and the Administration.

B. Quality Control
   a. An on-going mechanism will be developed to evaluate corrective action taken.
   b. Ineffective policies must be revised. The policy will be evaluated and reviewed for the effectiveness of:
      i. Problems identified during evaluation of calibration and control data for the processor and x-ray machine.
      ii. Problems identified during any patient procedure.

C. Quality Assurance Records
   a. The Radiology department will maintain documentation for all quality assurance activities including problems identified and corrective actions taken.
      i. These records must be available to Mille Lacs Band Health and Human Services (HHS) when requested.
      ii. These records will be maintained for a minimum of two years and will be located in the Radiology department.

D. Quality Assurance Review
   a. The Radiology department will have a mechanism for documenting and assessing problems identified during quality assurance reviews, and discussing with staff. These reviews may include, but are not limited to, communication problems and patient complaints.

b. Problem identification sources that will be reviewed as required:
    i. Internal Data Sources
        1. Radiology records
        2. Quality Control Logs
        3. Maintenance Logs
        4. Incident Reporting
        5. Techniques
    ii. External Data Sources
        1. Current Literature
    iii. Formal Group Meetings
        1. Radiology meetings
        2. Safety Committee meetings
        3. Staff meetings
        4. Radiology seminars
    iv. Management Criteria
        1. Cost effectiveness
        2. OSHA Standards
        3. CPT/ICD-10 codes
        4. Corrective action when necessary
        5. Quality Assurance follow-up
    v. Physicist annual evaluation

E. Training
    a. All staff assigned to x-ray shall receive training outlining safe radiology and quality assurance procedures as part of their x-ray orientation and annually thereafter.
    b. The following subject material shall be included in both the orientation and the annual retraining.
        i. Biological effect of radiation
        ii. Proper operating procedures for the x-ray equipment
        iii. Patient holding policies and procedures
        iv. Proper patient immobilizing techniques
        v. Personnel dosimetry monitoring and reporting systems
        vi. Procedures to follow for malfunctioning equipment
        vii. Review of radiation safety and quality assurance manuals
    c. Documentation of all radiation safety and quality assurance training is required. These records must be kept at this facility indefinitely.
    d. The following must be included in the documentations:
        i. Name of employee
        ii. Name of facility
        iii. Training type (orientation or annual)
        iv. Date of training
        v. Presentation subject
        vi. Length of training
        vii. Name, title and signature of person conducting the training

Compliance - Posting Date	
Replaces – Policy Number	
Next Review - Due Date	1/2026