

**MILLE LACS BAND OF OJIBWE  
HEALTH AND HUMAN SERVICES POLICY & PROCEDURE**

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**Department:** Health Services-Radiology

**Policy Number:** HHS-HS-RAD 1416

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**Policy Title:** Quality Assurance and Risk Management Plan

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**Attachments:**

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**Revision History:** 09/01, 02/15; 3/18

**Revised by/Date:** Lance Roeschlein/Holly Hunter 1/2022

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**Approved by:**

Dr. Donald Gunderson, Health Services Director



**Date:**

01/31/22

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**Approved by:**

Nicole Anderson, Commissioner of HHS



**Date:**

2-3-22

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**POLICY STATEMENT:** 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.

**PURPOSE:** To establish and maintain an ongoing, systematic, quality management program that encompasses the total radiographic examination process and increases awareness of Radiology personnel’s impact on patient care.

**PROCEDURE:**

**PLAN ELEMENTS:**

**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**

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- 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)

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- iv. Date of training
- v. Presentation subject
- vi. Length of training
- vii. Name, title and signature of person conducting the training

<b>Internal and/or External References</b>	
<b>Compliance - Posting Date</b>	2/3/2022 (KJ)
<b>Replaces – Policy Number</b>	
<b>Next Review - Due Date</b>	