

ECHOCARDIOGRAPHY LAB POLICIES AND PROCEDURES

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Examination Specific Policies

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INSERT EXAM PROTOCOLS HERE
(SEE INDIVIDUAL EXAM PROTOCOLS)

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INSERT DIAGNOSTIC EXAM CRITERIA
(SEE INDIVIDUAL PROTOCOLS AND REFERENCES)

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PROCEDURE VOLUMES:

Procedure volumes are determined through our CE system and are subject to review by administration. Procedure volumes are determined by procedure and must be documented in order to maintain accreditation. It is the responsibility of the sonographer to report volume for each men

The annual procedure volume must be sufficient to maintain proficiency in examination performance and interpretation. The lab should perform a minimum of 300 studies each year.

In addition to electronic maintenance, the following information is collected and stored in the procedure log book on every patient:

- Name of patient
- Date of study
- Time of study
- Ordering Physician
- Reading Physician
- Indications
- Results
- Validation

The procedure volumes and dates of the documents and materials in the Procedure Log and will be available for review and inspection of staff at any time.

APPROPRIATE INDICATIONS FOR PROCEDURES:

All diagnostic ultrasound examinations performed within the Ultrasound Department must be evaluated for clinical appropriateness and appropriate indications prior to completion. The performing sonographer must identify the diagnosis and the indication for the ultrasound procedure from the physician orders within the patient's chart and/or prescription. The ordered ultrasound procedure must correlate with the diagnosis and indication for the exam to be performed.

The performing sonographer must document exam history on the patient's chart. If the patient's clinical symptoms or clinical condition do not correlate with exam findings, the sonographer must document the findings and the clinical symptoms (refer to ICD-9 coding), the ordering physician must be contacted and asked to review the information and verify the correct exam(s) to be performed along with a valid and appropriate diagnosis code(s) and appropriate indications for the exam procedure(s).

In order to ensure that the echocardiograms performed within our department follow the guidelines for Appropriate Use Criteria (AUC) – a written policy in echocardiography – indications can be reviewed on a quarterly basis with the assistance of our Quality Improvement Committee. If any patient's exam is found to be inappropriate and a written report is generated, Appropriate Use Criteria should be reviewed. All appropriate use reports will be assembled and presented to the discipline of the sonographer. Staff will meet quarterly with our Quality Assurance

Reporting & Interpretation Policies

REPORTING POLICIES AND PROCEDURES

REPORTING

All diagnostic reporting reports will contain the following patient demographic information:

- Date of the study
- Name of the laboratory
- Name of the patient
- Date of birth and age of the patient
- Primary location of the study
- Time of day of the study
- Name of the ordering physician and/or referring physician
- Patient weight
- Patient BSA
- Patient Gender
- Patient Blood Pressure

Echocardiography Interpretations will also include the following information:

- All measurements are in 2D. In 2D, Diastolic measurements should be reported.
- A summary of the overall findings.
- The location of any lesions, changes, or abnormalities including wall's location, extent and severity.
- All abnormal exam findings should be documented and reported.
- The reasons for any technically limited, suboptimal or incomplete examinations.
- A summary (impression/conclusion) of the test findings.
- The final interpretation should address the clinical indications for the study (when appropriate).
- Comparison with previous related studies when they are available for review.

INTERPRETATION AND URGENT RESULTS

- All test results are to be reported to the ordering physician by or under the direction and supervision of the interpreting physician. Documentation of STAT/preliminary results is required. (please see policy listed below)
- Patients with the need for urgent STAT results based on the findings of the exam will be instructed to await further orders from the interpreting physician. The interpreting physician will be contacted and the available time to review the exam and document a report of urgent results will be determined. If not available to the interpreting physician, the physician's staff will be notified of the emergency on the premises. Complete patient care is the patient's responsibility. The interpreting physician will perform the patient's care. Patient care will proceed.
- Interpretation of the study should be available within 24 business hours from the date of service. This may be in the form of a written interpretation and/or dictated interpretation.

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• Review of signed final report must be completed, distributed to the ordering physician and available to the patient within 24 hours of a hours of completion.

PRELIMINARY REPORTS AND VERIFICATION:

- Preliminary/STAT results may be called to the ordering physician or physician assistant at the direction of the interpreting physician. These preliminary results are to be documented and a copy of these exams is to be placed in the within the Quality Assurance manual. Preliminary findings are to be reported to the ordering physician.
- All preliminary reports, including telephonic, may not be distributed to anyone other than the interpreting physician. They may be retained in the patient file for record keeping purposes.
- All preliminary result logs must be reviewed and verified with the final report to check for discrepancies.
- If discrepancies are noted between preliminary and final results, the interpreting physician is to contact the imaging technician, must be corrected and documented in the preliminary report to the ordering physician. Corrections will be made to complete the report. A physician signature is required. The corrected final report must be signed and made available to patient's chart and to the ordering physician.

REPORT TRANSCRIPTION AND DATA ENTRY:

- Exam demographics and preliminary report transcription may be entered into the PACS by the interpreting physician and administrative staff members as approved by the Medical Director or Technical Director.

REPORT TIMELINESS AND COMPLETENESS:

- The Technical Director will supervise quarterly reviews of the echocardiography reports to evaluate for timeliness and the completeness of the interpretations and final reports.
- Report errors will include the following categories:
- The report will be reviewed by the Medical Director and results will be discussed with the interpreting physician and technical staff members during quarterly department Quality Assurance meetings.
- See full Report Timeliness and Completeness Policy within the Quality Assurance manual.

INSERT QA HERE

(SOLD AS PART OF QA RESOURCES)

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- All untoward effects resulting from an ultrasound examination, whether ergonomic or non-ergonomic, must be documented.
- Documentation for all untoward effects must be Quality Assurance staff. Technical staff will be responsible for documenting untoward effects.
- All untoward effects, regardless of severity, will be reviewed with the Medical and Technical Staff members during quarterly department Quality Assurance meetings.

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Medical and Technical Staff Policies

CREDENTIALING AND RE-CREDENTIALING:

- All staff members will be required to comply with continuing medical education guidelines as set forth by the American Registry for Diagnostic Medical Sonography (ARDMS) and Cardiovascular Credentialing International (CCI), as well as to follow the guidelines and recommendations of the Arkansas Commission on Accreditation of Health Care Programs (ACAHP), the Arkansas State Board of Health, and the Arkansas State Board of Health Care Professionals (ASBHP).
- All staff members will be required to maintain their continuing medical education credits and certifications. Technical and Medical staff Continuing Medical Educational credits and certifications will be ultimately maintained and reviewed by the Technical Director.
- Copies of all Medical and Technical staff members' Continuing Medical Education credits and certificates will be filed in the Required Documents section of the Quality Assurance Manual.
- Updated ARDMS/CCI and CRR/BS/ACLS card copies will be maintained by the Technical Director and will be filed in the Required Documents section of the Quality Assurance Manual.
- Staff members who are not credentialed by the CCI or ARDMS, if they will be required to perform diagnostic ultrasound in the future, they will be considered trainees until they are credentialed. The hospital will be unable to maintain their employment until they are credentialed.
- Sonographers who are un-registered, will be considered trainees and their work will be directly supervised by the Technical Director until the appropriate credentials are achieved.

CONTINUING MEDICAL EDUCATION:

- The Medical Director will be the primary authority for policies.
- The Technical Director will be the primary authority for policies.
- The Medical Director and Technical Director will be the primary authority for policies.
- All staff members will be required to maintain their continuing medical education credits and certifications. Technical and Medical staff Continuing Medical Educational credits and certifications will be ultimately maintained and reviewed by the Technical Director.
- Quality assurance requires that each member of the Medical and Technical staff must document at least 15 hours of continuing education in echocardiography over a 3 year period.
- All documentation of Continuing Medical Education credits for each staff member will be maintained in a binder in the Echocardiography suite as described above.
- All members of the Medical and Technical staff are responsible for keeping his or her own continuing medical education credits up to date.

AVOIDANCE OF MUSCULOSKELETAL INJURY:

- Staff members and trainees will be required to take all necessary steps to avoid work-related musculoskeletal injuries.

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- Sonographers will be required to research and follow industry standards for appropriate use of ultrasound in the workplace.
- The facility will have a Medical Director prepared to respond to any work-related injuries.
- Sonographers and trainees will be responsible and encouraged to alert the Technical Director and/or administrative staff of any potential areas of concern relating to ultrasound ergonomics and/or work safety.
- The administration of our facility will work with the echocardiography department staff to help reduce the risk of work-related musculoskeletal injury, by ensuring working on a platform ergonomically with the correct posture, seating and table height to assist in ergonomics.
- Postural and ergonomic training classes will also be provided to our facility to help reduce the risk of work-related musculoskeletal injury.

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