

QUALITY IMAGING SERVICES: ESSENTIAL FOR ORTHO-PAIN-SPINE PROGRAMS

Imaging or radiology services are essential if your ambulatory surgery center is performing neurospine, pain management, orthopaedic or podiatric cases. The manner in which your imaging services are delivered will either make or break the surgeon's experience at your facility and can drive him away or gain his support. In addition to the surgeon, there are other constituents important to imaging services, namely state regulatory and accreditation agencies. The development of a technically sound imaging service along with a radiology protection plan can ensure your center has not only a safe, but a quality ancillary program for the operative procedure.

Physician Satisfaction: How many times has your scheduler had to reschedule a physician's case because there was no radiology technologist available or the C-arm was down or already in use? Time and time again surgery centers find themselves in a quandary because of two reasons: expense of the equipment and expense of the specialized staff. C-arms are not inexpensive, typically costing \$100,000-\$125,000. The pricing and reliability of refurbished C-arms at times has been questionable, leading the center to a significant capital investment. The payors typically do not reimburse for fluoroscopy claims unless the contract is based on a discount from charges or the administrator has successfully negotiated rates for the 70000 codes. In spite of the low occurrence of reimbursement, it is prudent to establish a fixed price for fluoroscopy services, typically seen at \$250-\$500. The surgery center should always file a claim when it is used, as it verifies the frequency and circumstances in which the equipment is utilized to establish data for re-negotiations with the payor. In addition to the equipment cost, the trained operator is a high-priced employee paid at the same hourly rate as a registered nurse. This fact should also be included when discussing payment for radiology services with the payors.

If you want to develop your orthopaedic or pain management service line, then a reliable C-arm and an experienced radiology technologist must be readily available. The options to meet staffing needs are to establish a relationship with several radiology technologist agencies, if you are located in an urban area, or to hire a radiology technologist. The latter approach is the fail-proof way to control access to expertise. The downside is arranging for coverage during vacation time. Alerting your physicians and their schedulers as to the technologist's planned absences can often times cancel the need for agency relief if the case load is light. If you choose to employ the radiology technologist full-time for a part-time need, this person will often time require direction to succeed as a member of your team. The applicant for this position should be aware there will be "all other duties as assigned" when his technology services are not required. These other duties can be diverse, depending on skill and interest levels. Radiology technologists can be taught patient registration, medical records management, sterile processing and even function as materials management assistants. This keeps their productivity high, possibly negating hiring a nursing assistant or supply clerk. It takes the right attitude and mindset of the radiology technologist to perform the off-duty tasks. However, the flexibility the surgery center gains in scheduling cases is irreplaceable.

Regulatory: Each state has its own regulations it expects healthcare facilities to follow if using radiation emitting machines. The following website provides links for the reader to the radiation control agency in 43 different states: www.iem-inc.com/linkstdr.html. The remaining states' information can be found using Google, then entering the state under search and "radiation control regulations". In a few states, the radiation regulations are written as part of the environmental protection regulations or hazardous materials regulations. There are peculiarities of note, such as Oregon includes registration of tanning facilities in its radiology plan and Texas includes laser equipment registration along with X-ray machines.

There are two main subjects covered in the regulations-radioactive materials and radiation equipment. Some states distinguish between use in industry and use in the healing arts or healthcare. These regulations are lengthy, so searching on key words, such as "healing arts", "healthcare", "fluoroscopy", "healthcare facility" may speed the search through the document to the chapters pertinent to the surgery center.

The controlling agency provides details what type of equipment is covered, submission of registration application, registration fee schedule, and in some cases, designation and qualifications for a Radiation Safety Officer (RSO). For example, the Texas Department of State Health Services and the North Carolina Radiation Protection Section require a Radiation Safety Officer to be designated for the facility. This person is responsible for the following components:

- a. updating of the radiation safety program
- b. assuring personal protection devices are checked annually
- c. replacing darkroom chemicals
- d. assuring equipment preventative maintenance performed and reported
- e. ensuring physicist analysis performed and reported
- f. providing staff education
- g. monitoring, reporting and posting radiation exposure
- h. verifying safety precautions are followed by the physicians and staff

Facilities are typically required to post on its employee bulletin board an informative notice to employees as to standards for their protection against radiation, their responsibility as a worker and what is covered by the rules, including their rights to reports on their personnel monitoring devices.

Accreditation: In 2007 AAAHC renamed Chapter 17 "Diagnostic and Other Imaging Services" and organized it such that Standards A-E are applied to organizations that provide imaging services used for diagnosing, monitoring or assisting with procedures. The remaining standards are targeted to organizations dedicated to diagnostic imaging services. Surgery centers need to check their credentialing policies to ensure it defines who can be credentialed to interpret results of the imaging services. Medical records staff or coding staff should audit the operative note for documentation of the interpretation of the X-ray examination. Other accreditation standards cover safety

training to the staff, hazard precautions, personal protective device testing along with proper shielding and monitoring. Warning signs should be in place when X-ray equipment is in use and facilities should be screening for possible pregnant females whether employees or patients. The organization should have policies on protection for the pregnant employee and monitoring of the fetus. Some organizations have replaced individual monitoring with area monitoring, especially for those facilities using radiology equipment on an infrequent basis.

Most physicians use the mini C-arm without the guidance of a radiology technologist, but hospitals have started to provide radiology self-learning modules with competency testing of the physician prior to credentialing him to operate the mini C-arm to meet their respective accreditation standards.

In summary, imaging services are critical for to support the growth of pain management, neurospine and orthopaedic services. Providing radiology services as an organized ancillary program is the responsibility of the surgery center administrator and clinical director. Understanding all components of a radiation protection program in addition to staffing the program will lead to a safe service for your patients and physicians.