


Name of Policy: X-ray Quality Assurance Committee Policy Number: 3364-135-150 Approving Officer: Assistant Professor & Deputy Clinical Service Chief, Director Radiology Responsible Agent: Assistant Professor & Deputy Clinical Service Chief, Director Radiology Scope: University of Toledo Medical Center Radiology		 Effective date: 04/10/2025 Original effective date: 06/16/2015	
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<input type="checkbox"/>	New policy proposal	<input type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input checked="" type="checkbox"/>	Reaffirmation of existing policy

(A) Policy statement

It is the policy of the University of Toledo Medical Center (UTMC) Health Science Campus (HSC) and UTMC and the Department of Radiology that an X-ray QA Committee will be appointed as defined below.

(B) Purpose of policy

To define the goals, objectives, composition, and responsibilities and duties of the X-ray Quality Assurance (QA) committee.

(C) Scope

1) Description

The X-ray QA committee is a coordinating body for quality assurance testing and performance improvement initiatives in support of the University of Toledo Medical Center.

2) Objectives

- a) Identify possible quality and patient safety performance improvement projects that will be reported to the Quality and Patient Safety Council.
- b) Evaluate performance of radiation generating equipment annually.
- c) Assure radiation protection is maintained for all staff and patients with and around Radiation Generating Equipment in accordance with Ohio Department of Health Regulations.

3) Composition

The quality assurance committee shall include at least the following members:

- a) A member of the hospital's executive administration;
- b) The individual responsible for radiation protection;
- c) A radiologist or radiation oncologist;
- d) A certified radiation expert representing each of the following as applicable in each hospital;
 - i. Radiation therapy services
 - ii. Mammography, or
 - iii. Diagnostic radiography other than mammography; and
- e) A management representative of each department of the hospital which has responsibilities involving the handling of radiation-generating equipment.

The members of the quality assurance committee shall be approved by an executive administrator.

4) Responsibilities and Duties

The X-ray QA Committee responsibilities include:

- a) Identify an annual quality and patient safety strategy related to Radiation Generating Equipment.
- b) Assure compliance with the regulatory requirements of the Ohio Department of Health's Bureau of Environmental Health & Radiation Protection.
- c) Approve the annual Quality Assurance and Performance testing of Radiation Generating Equipment.
 - i. Review all testing that was performed in previous quarter and review documentation. (Electronic documentation on a committee shared drive will be utilized)
 - ii. Review equipment inspection/testing status per biomedical engineering database.
- d) Approve and recommend measurements and comparatives to be used in measurements.
- e) Identify benchmarking projects in which to participate.
- f) Appoint, oversee, and support individuals responsible for implementation of Radiation Generating Equipment Quality Assurance Program.
- g) Conduct data review of Quality Assurance testing of Radiation Generating Equipment, Quality reports, benchmarking projects, Joint Commission Quality issues or complaints, Sentinel events, Root Cause Analysis, Proactive Risk assessments, and Safety survey process.
- h) Recommend allocation of resources as necessary to carry out QA activities.
- i) Recommend educational activities, as necessary.
- j) Review and approve all quarterly and annual certified radiation expert reports.
- k) Communication of activities throughout the organization, including staff involved in the use of Radiation Generating Equipment.
- l) Review of radiation dosimetry reports.

5) Meetings

The X-ray QA Committee shall meet as often as deemed necessary to carry out its duties, but at least once each quarter. Regular attendance and participation in Committee activities are required for continued membership in the Committee. To establish a quorum, at least one-half of the committee’s membership must be present in person or by telecommunication and, must include the individual responsible for radiation protection for the hospital and the member of the executive administration. Each member must attend at least one quarterly meeting each calendar year.

<p>Approved by:</p> <p>/s/ _____ Nathan Egbert, MD Assistant Professor & Deputy Clinical Service Chief</p> <p>4/10/2025</p> <p>_____ Date</p> <p>/s/ _____ Ryan Landis, BSRT (R)(CT) Director, Radiology</p> <p>3/24/2025</p> <p>_____ Date</p> <p><i>Review/Revision Completed by:</i> Ryan Landis, BSRT (R)(CT)</p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none"> • <i>None</i> <p>Initial effective date: 06/16/2015</p> <p>Review/Revision Date: 6/16/2015 3/30/2016 04/1/2019 04/1/2022 04/10/2025</p> <p>Next review date: 04/10/2028</p>
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