Name of Policy:	**Quality Control Program**
Policy Number:	3364-134-46
Department:	Radiation Oncology
Approving Officer:	Chief Executive Officer - UTMC Clinical Service Chief, Radiation Oncology
Responsible Agent:	Technical Manager, Radiation Oncology
Scope:	Radiation Oncology

THE UNIVERSITY OF TOLEDO MEDICAL CENTER

Effective Date: 3/1/2021

Initial Effective Date: 2/1/1990

_____ New policy proposal	__X__ Minor/technical revision of existing policy
_____ Major revision of existing policy	_____ Reaffirmation of existing policy

(A) Policy Statement

1. The Department of Radiation Oncology will have a Quality Assessment Plan. The Chairman of the Department shall be responsible to see that the following will take place:

2. An appropriate number of patients' charts including special procedures will be monitored.

3. Selected cases will be studied to insure proper radiation exposure standards implementation, complications during the procedures, particularly the invasive ones, and that appropriate reporting to the Radiation Oncology Quality Assessment Committee is taking place regularly and recorded.

4. Regular surveillance of the professional performance of the professional and technical staff of the Department will occur. Written reports of same will be prepared and recorded.

5. Recommendations will be made to the medical staff Credentials Committee for granting privileges and reappointments in the Department.

6. The Department shall report to the Safety Council quarterly on quality and appropriateness of patient care.

7. The Radiation Oncology Quality Improvement Committee will meet periodically and report all activity subsequent to each meeting. The needs of the Department shall determine the frequency of these meetings. Formal reporting will be by minutes and formal resolution reports on studies.

8. Clinical and administrative staffs will monitor and evaluate the quality and appropriateness of patient care and clinical performance, resolve identified problems and report information to the governing body to assist said body in fulfilling its responsibility for quality and appropriateness of care.

9. The effectiveness of the Radiation Oncology Quality Improvement Program will be reviewed on an annual basis, unless there are indications that a more frequent review is necessary. All studies conducted in the preceding twelve (12) months will be judged on their appropriateness and effectiveness. The results of this meeting and evaluation will be documented and submitted to the Chairman of the Department of Radiation Oncology and the Hospital Services Quality Assessment Committee.

10. The QA committee consists of the following individuals: Department Chairman, and/or radiation oncologist, medical physicist, manager, nurse, and therapist.

(B) Purpose of Policy

The purpose of the Department of Radiation Oncology Quality Improvement Plan is to insure optimum quality radiation therapy services and to employ corrective action when necessary.

(C) Procedure

1. Prior to start of any procedure, in addition to the manufacturer's recommendation for education and training, physicians, physicists, therapists and all technical staff are encouraged to get all their questions and/or concerns answered and resolved.

2. Regular surveillance of the performance of the professional and technical staff is done on a regular basis. Competencies are kept on permanent file.

3. Committee meeting minutes are documented, emailed to staff and saved electronically.

* The word QUALITY IMPROVEMENT is also considered PERFORMANCE IMPROVEMENT

Approved by:		**Review/Revision Date:**
/s/	03/09/2021	11/1992 9/1993 2/1995 2/1996 3/1997 4/1999 3/2002 5/2008 7/1/2011 7/1/2014 7/1/2017 10/1/2017 2/1/2018 2/1/2021
Mersiha Hadziahmetovic M.D. Clinical Service Chief, Radiation Oncology	Date	
/s/	03/12/2021	
Richard P. Swaine Chief Executive Officer -UTMC	Date	
Review/Revision Completed By: *Michelle Giovanoli*		**Next Review Date:** 2/1/2024
Policies Superseded by This Policy: 38-43b		