


Name of Policy:	Communication of New and Revised Policy Changes	
Policy Number:	3364-135-153	
Department:	Radiology	
Approving Officer:	Director, Radiology - UTMC	
Responsible Agent:	Assistant Professor & Deputy Clinical Service Chief	
Scope:	Radiology	
		Effective Date: 11/01/2024
		Initial Effective Date: 02/01/2019
<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

All approved changes in Radiology policies and/or the creation of new Radiology policies shall be consistently communicated and disseminated to Radiology staff and readily available for reference.

(B) Purpose of Policy

To assure consistent interpretation and implementation of new or revised Radiology policies utilizing systemized communication modalities.

(C) Procedure

Policy Dissemination

1. Policy revisions shall be done in accordance with Radiology policy and approved by the appropriate persons.

All Radiology policies that have been revised and/or created will be disseminated throughout Radiology services to ensure continuity and safe practice. These policies and plans will be made available for Radiology use by accessing the UTMC policy website.

2. Any policy that has been revised or any new policies that have been generated, approved and disseminated will be communicated to the staff.

Policy Communication

1. Policies will be distributed via email to Radiology Leadership following approval. Radiology leadership will decide if further communication is needed for each policy including, but not limited to, being offered through Staff Development in-servicing, discussion at unit staff meetings, unit huddles, sending out via e-mail or posting for review.
2. Managers may also in-service the staff on revised/created policies as need is perceived by nursing leadership due to safety and/or high risk issues. This may include, but is not limited to, Staff Development in-services, mandatory in-services, inclusion in skill check-off if appropriate and unit based in-servicing where attendance will be recorded.
3. Informal communication via posting, communication logs with sign off sheets etc. may be used as adjuncts to the above methods of communication or may be considered acceptable in and of itself.

This is up to the manager’s discretion given policy content, safety and other patient care issues. Staff compliance with informal communication of policies may be monitored and taken into consideration for performance appraisal purposes.

Approved by:	Review/Revision Date:
<hr/>	8/24/1990
/s/	7/1/1993
Nathan Egbert, MD	4/26/1999
Assistant Professor & Deputy Clinical Service	5/1/2002
Chief	9/26/2005
<hr/>	55/20/2011
/s/	5/8/2014
Ryan Landis, BSRT (R)(CT)	10/30/2015
Director, Radiology	11/1/2018
<hr/>	2/2019
Review/Revision Completed By:	11/2021
Nathan Egbert, MD	12/1/2024
	Next Review Date: 11/1/2027