


<b>Name of Policy:</b> <u>Communication of New and Revised Policy Changes</u> <b>Policy Number:</b> 3364-135-153 <b>Department:</b> Radiology <b>Approving Officer:</b> Chief Operating Officer - UTMC <b>Responsible Agent:</b> Chairman, Radiology <b>Scope:</b> Radiology	 <b>Effective Date:</b> 11/01/2021 Initial Effective Date: 02/01/2019		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> New policy proposal  <input type="checkbox"/> Major revision of existing policy         </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Minor/technical revision of existing policy  <input checked="" type="checkbox"/> Reaffirmation of existing policy         </td> </tr> </table>		<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy
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**(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.

<p><b>Approved by:</b></p> <p><u>/s/</u> <u>11/17/2021</u>          Haitham Elsamaloty, MD          Chairman &amp; Professor, Radiology          Date</p> <p><u>/s/</u> <u>11/17/2021</u>          Christine Stesney-Ridenour, FACHE          Chief Operating Officer - UTMC          Date</p> <p><i>Review/Revision Completed By:          Haitham Elsamaloty, MD</i></p>	<p><b>Review/Revision Date:</b></p> <p>8/24/1990    5/20/2011          7/1/1993    5/8/2014          4/26/1999    10/30/2015          5/1/2002    11/1/2018          9/26/2005    2/2019          5/28/2008    11/2021</p>
	<p><b>Next Review Date:</b> 11/1/2024</p>