

Diagnostic Imaging

This section demonstrates compliance with [WAC 246-976-700](#) requirements for diagnostic imaging personnel and resources.

Diagnostic imaging services, with:

Level: Adult/Pediatric, I-III

Section Item 1: A radiologist:

- In person, or by
- Teleradiology,
 - Who is on-call and available within 20 minutes of the trauma team leader's request.
 - Who is on-call and available within 30 minutes of the trauma team leader's request.
 - N/A-Not required for level IV and V trauma services.

Level: All

Section Item 2: Personnel able to perform routine radiological capabilities, who are:

- available within five minutes of notification of the patient's arrival.
- on-call and available within 20 minutes of the trauma team leader's request.

Level: Adult/Pediatric, I-III

Section Item 3: A technologist able to perform computerized tomography, who is

- available within five minutes of the trauma team leader's request.
- on-call and available within 20 minutes of the trauma team leader's request.
- N/A-Not required for level IV and V trauma services

Level: Adult/Pediatric, I, II

Section Item 4: Angiography with a technologist on-call and available within 30 minutes of the trauma team leader's request.

- N/A-Not required for level III-V trauma services

Level: Adult/Pediatric, I, II

Section Item 5: Magnetic resonance imaging with a technologist on-call and available within 60 minutes of the trauma team leader's request.

- N/A-Not required for level III-V trauma services

Level: Adult/Pediatric, I, II

Section Item 6: Sonography with a technologist on-call and available within 30 minutes of the trauma team leader's request.

- N/A-Not required for level III-V trauma services

Level: Adult/Pediatric, I, II

Section Item 7: Interventional radiology services on-call and available within 30 minutes of the trauma team leader's request.

- N/A-Not required for level III-V trauma services

Level: Adult/Pediatric I, II, III

Section Item 8: A radiologic peer review process in place that reviews routine interpretations of images for accuracy, with determinations related to trauma patients communicated back to the trauma program quality committee.

Response Item 1: Submit the overall error read rates from your facilities radiologic peer review process.