WELLNESS & CARE GROUP OF TEXAS
YOUR PARTNER IN SUCCESS

TEXAS FREESTANDING EMERGENCY ROOM
RADIOLOGY SURVEY-READINESS CHECKLIST
TEXAS DSHS RADIATION CONTROL | TEXAS HHSC | JOINT COMMISSION

Facility: _____ **DSHS Reg. #:** _____ **RSO:** _____ **Review Month/Year:** _____

Reviewed By: _____ **Date:** _____ **Medical Director:** _____ **Status Key: C / D / N/A**

Crosswalk: DSHS = 25 TAC Chapter 289 | HHSC = 26 TAC Chapter 509 / §509.51 | TJC = applicable Joint Commission Ambulatory imaging, patient-safety and performance-improvement expectations

PAGE 1 - REGISTRATION, RADIATION SAFETY, EQUIPMENT & CLINICAL OPERATIONS

#	Survey-Readiness Item	DSHS	HHSC	TJC	C	D	N/A	Corrective Action / Finding	Due
1	Current DSHS Certificate of Registration for medical X-ray equipment is available and reflects the correct facility/location.	X	X		☐	☐	☐		
2	Registered equipment inventory accurately reflects X-ray and CT units currently in service.	X	X		☐	☐	☐		
3	A qualified Radiation Safety Officer (RSO) is designated and current with DSHS.	X		X	☐	☐	☐		
4	RSO responsibilities are documented and actively performed.	X		X	☐	☐	☐		
5	Written operating and radiation safety procedures are current, approved, accessible, and match actual practice.	X	X	X	☐	☐	☐		
6	Radiology procedure manual includes all examinations routinely performed at the FSER.		X	X	☐	☐	☐		
7	Plain-film X-ray capability is immediately available on premises during facility operations.		X		☐	☐	☐		
8	CT capability is immediately available on premises during facility operations.		X		☐	☐	☐		
9	Ultrasound capability is immediately available on premises during facility operations.		X		☐	☐	☐		
10	Imaging is performed pursuant to an appropriate order with a documented clinical reason/indication.		X	X	☐	☐	☐		
11	At least two patient identifiers are verified before imaging.		X	X	☐	☐	☐		
12	Exam, body part, laterality, and clinical indication are verified before exposure.	X	X	X	☐	☐	☐		
13	Pregnancy screening process is defined and documented when clinically applicable.	X	X	X	☐	☐	☐		
14	Radiation protection practices follow ALARA principles and current facility policy.	X	X	X	☐	☐	☐		
15	Required shielding/barriers and room safety controls are maintained and functional.	X	X	X	☐	☐	☐		
16	Personnel who require occupational radiation monitoring are issued appropriate dosimeters.	X	X	X	☐	☐	☐		
17	Dosimeter exchange, review, and exposure records are current and retained.	X	X	X	☐	☐	☐		
18	Unusual occupational exposure results are investigated and documented by the RSO.	X		X	☐	☐	☐		
19	Radiologic personnel licenses/certifications are current and verified.	X	X	X	☐	☐	☐		
20	New radiology staff complete documented orientation before independent work.		X	X	☐	☐	☐		
21	Staff competency is documented for equipment and procedures they perform.		X	X	☐	☐	☐		
22	Equipment-specific training is documented for CT, X-ray, ultrasound, and contrast injector as applicable.	X	X	X	☐	☐	☐		
23	Required radiation-safety education is current for applicable staff.	X		X	☐	☐	☐		
24	Preventive maintenance is current for CT, X-ray, ultrasound, and contrast injector.	X	X	X	☐	☐	☐		
25	Required equipment quality-control testing is current and documented.	X	X	X	☐	☐	☐		
26	Calibration, performance evaluations, and service records are available.	X		X	☐	☐	☐		
27	Post-installation survey/acceptance testing and shielding documentation are retained as applicable.	X			☐	☐	☐		
28	Unsafe or malfunctioning imaging equipment is removed from service until appropriately evaluated.	X	X	X	☐	☐	☐		
29	CT protocols are standardized, current, and appropriate to clinical indications.	X	X	X	☐	☐	☐		
30	Pediatric CT protocols account for patient size and minimize radiation exposure.	X	X	X	☐	☐	☐		
31	CT dose and protocol concerns are reviewed when thresholds or internal criteria are exceeded.	X		X	☐	☐	☐		
32	Repeat/reject imaging is monitored, trended, and reviewed for improvement opportunities.	X		X	☐	☐	☐		
33	Image quality concerns are identified, investigated, and corrected.	X	X	X	☐	☐	☐		

IMMEDIATE-ATTENTION FINDINGS

Critical Finding(s): _____ **Immediate Action:** _____ **Owner:** _____ **Due:** _____

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PAGE 2 - REPORTING, TELERADIOLOGY, QUALITY, QAPI & LEADERSHIP REVIEW

#	Survey-Readiness Item	DSHS	HHSC	TJC	C	D	N/A	Corrective Action / Finding	Due
34	Contrast screening addresses relevant allergies, clinical risks, route, dose, and monitoring.		X	X	☐	☐	☐		
35	Emergency medications and equipment for contrast reactions are immediately available.		X	X	☐	☐	☐		
36	Contrast reactions are treated, documented, reported, and reviewed.		X	X	☐	☐	☐		
37	Contrast extravasation is managed and documented according to policy.		X	X	☐	☐	☐		
38	Ultrasound equipment is maintained, cleaned, and available for required emergency imaging.		X	X	☐	☐	☐		
39	Point-of-care ultrasound, if used, has defined scope, privileging, competency, image retention, and QA processes.		X	X	☐	☐	☐		
40	Ultrasound probe cleaning/disinfection follows manufacturer instructions and infection-prevention policy.		X	X	☐	☐	☐		
41	Imaging rooms and equipment are cleaned between patients according to policy.		X	X	☐	☐	☐		
42	Final imaging reports are read, dated, signed, and authenticated by an appropriately licensed practitioner.		X	X	☐	☐	☐		
43	All imaging studies receive a final interpretation and are incorporated into the medical record.		X	X	☐	☐	☐		
44	Teleradiology providers are appropriately credentialed/privileged and available according to contract/policy.		X	X	☐	☐	☐		
45	Teleradiology turnaround times are monitored against facility goals.		X	X	☐	☐	☐		
46	Critical imaging findings are communicated promptly to the treating physician/LIP and documented.		X	X	☐	☐	☐		
47	Critical or significant findings identified after discharge have a defined follow-up and patient-contact process.		X	X	☐	☐	☐		
48	Preliminary versus final report discrepancies are identified, communicated, and reviewed when clinically significant.		X	X	☐	☐	☐		
49	Addended or corrected radiology reports remain traceable and include appropriate communication when significant.		X	X	☐	☐	☐		
50	PACS/RIS/EMR access is restricted to authorized users and terminated promptly when access is no longer appropriate.		X	X	☐	☐	☐		
51	Imaging records and reports are retained and readily retrievable according to applicable requirements.	X	X	X	☐	☐	☐		
52	Downtime procedures address CT, X-ray, ultrasound, PACS, EMR, teleradiology, internet, and power failures.	X	X	X	☐	☐	☐		
53	Significant imaging equipment downtime is escalated and contingency actions are documented.	X	X	X	☐	☐	☐		
54	Radiation incidents and wrong-patient/wrong-exam events are reported, investigated, and escalated as applicable.	X	X	X	☐	☐	☐		
55	Radiology-related near misses are reported and trended for system improvement.		X	X	☐	☐	☐		
56	Radiology quality assessment addresses pre-exam, examination, interpretation, communication, and follow-up processes.		X	X	☐	☐	☐		
57	Radiology performance data are reported regularly to the facility Quality/QAPI Committee.		X	X	☐	☐	☐		
58	Corrective actions from prior DSHS, HHSC, Joint Commission, or internal findings are documented.	X	X	X	☐	☐	☐		
59	Corrective actions are re-measured to verify effectiveness and sustained improvement.		X	X	☐	☐	☐		
60	Radiology QAPI projects have measurable goals, responsible owners, due dates, and outcome measures.		X	X	☐	☐	☐		

MONTHLY RADIOLOGY QUALITY DASHBOARD

Indicator	Current	Goal	Prior	Trend / Action
DSHS registration current		100%		
RSO designation current		100%		
Staff license/certification compliance		100%		
Dosimetry review compliance		100%		
Preventive maintenance completion		100%		
QC testing completion		100%		
Repeat/reject rate		Facility Goal		
CT protocol deviations		0 preventable		
Radiation incidents		0		
Contrast reactions		Trend review		
Contrast extravasations		Trend review		
Critical-result notification compliance		100%		
CT report turnaround		Facility Goal		
X-ray report turnaround		Facility Goal		
Ultrasound report turnaround		Facility Goal		
Equipment downtime		Facility Goal		

CORRECTIVE ACTION & EFFECTIVENESS TRACKER

Finding	Immediate	Root Cause	Corrective Action	Owner	Due	Effectiveness	Status

RADIOLOGY LEADERSHIP REVIEW

HIGH - What went well?

LOW - What did not meet expectations?

BLOCKER - What is preventing compliance or improvement?

DECISION NEEDED - What requires RSO / Medical Director / Administrator action?

SURVEY-READINESS STATUS

☐ Survey Ready ☐ Minor Corrective Actions ☐ Corrective Action Required ☐ Immediate Leadership Review

SIGN-OFF

Radiation Safety Officer _____ **Facility Administrator** _____

Medical Director _____ **Quality / Compliance** _____

CLOSING STANDARD: FINDING -> IMMEDIATE CORRECTION -> ROOT CAUSE -> CORRECTIVE ACTION -> MEASUREMENT -> EFFECTIVENESS VERIFIED -> CLOSED

References: Texas DSHS Radiation Control, 25 TAC Chapter 289; Texas HHSC, 26 TAC Chapter 509 including §509.51; current Joint Commission Ambulatory Health Care medication-management and patient-safety standards; applicable Texas professional licensure and radiation-control requirements. Internal readiness tool only; not a substitute for official regulatory or accreditation guidance.