

## Appendix III

# INTERIM PLANNING GUIDELINES FOR COMPUTERIZED TRANSAXIAL TOMOGRAPHY (CTT) (Published by the Regional Comprehensive Health Planning Council, Inc., Philadelphia, Sept. 25, 1974)

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## GUIDELINES FOR PLANNING

The CTT scanner represents a major technological advancement in the field of medicine. This instrument will create dramatic changes in the utilization of certain traditional studies used to diagnose diseases of the brain, and its potential for scanning other parts of the body are enormous. There is no doubt that a CTT scanner makes possible faster and more accurate test results, however, the equipment is complicated, expensive, and in limited supply. Therefore, its benefits to the community can best be realized through development of this vital new diagnostic service on a regionalized basis with cooperative arrangements **among** several institutions to support maximum utilization.

- I. It is recommended that a hospital considering acquisition of this type of equipment have the following service capabilities:
  - A. The hospital must have an active neurosurgical service. This requires that the hospital has a geographically full-time\* board certified neurosurgeon, and at least **50 intracranial** procedures should be performed annually.
  - B. The hospital must have an active neurological service. This requires that the hospital has a geographically full-time\* board certified neurologist.
  - C. The institution must have on staff a qualified neuroradiologist. It is recommended that the definition adopted by the American Society of Neuroradiology be used as a guide in determining the radiologist's qualifications:
    1. At least 50 percent of the radiologist's time must be spent in the field of neuroradiology.
    2. The radiologist must have trained for 2 years in neuroradiology; or  
The radiologist must have trained 1 year in neuroradiology and have 2 years experience devoting at least **50** percent of time in neuroradiology; or  
The radiologist must have 4 years of experience devoting at least **50** percent of time in neuroradiology.
- II. In addition the following "primary" and "secondary" criteria are recommended:
  - A. Primary Criteria (in order of priority)
    1. Number of brain scans and skull X-rays performed annually (at least 1,000 radioisotope brain scans must be done currently).
    2. Number of cerebral arteriograms/angiograms and pneumoencephalograms performed annually.
    3. Size of the inpatient neurological and neurosurgical services (average daily census and annual admissions for each service).

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\*This requires that the physician's private office be located at or near the hospital and that his full-time commitment is to that hospital.

B. Secondary *Criteria* (no priority)

- I. Ability to offer patient utilization beyond an 8-hour day.
  2. Geographic proximity to neighboring hospitals.
  3. Research capability.
- III. The CTT scanner utilization level should be a minimum of eight patients per day.
- IV. An applicant requesting Council support must submit financial data stating charges, sources of income, and expenses connected with the project's operation.
- V. Further, an applicant must submit letters of agreement to utilize the scanner services from area hospitals. These letters are to be signed by the hospital administrator or director and written on the hospital's stationery.