

# Memorandum

**To:** Mary K. Greene, M.D.  
Anne L. Calkins, M.D.  
Barbara Wolfson, M.D.  
Dawn Light, M.D.  
Mark Warren, DO.  
Mark J. Halsted, MD



**From:** Elizabeth H. Ey, M.D.

**Date:** November 6, 2011

**Re:** Updates

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- **Radiology Reports from Dayton Children's** – As we have discussed in the past, the radiology reports we generate represent the quality of our group and of Dayton Children's radiology. Report templates have been created and are available in PowerScribe in the files for Dr. Wolfson, Dr. Light and Dr. Ey. In creating these report templates, we have tried to follow the guidelines established for radiology reporting by the ACR. I have also had the billing service review the reports in my file to be sure that they can bill our studies as accurately as possible. Beginning no later than Jan 1, 2012, **all radiology reports** generated for Dayton Pediatric Imaging should be in the same style as found in the templates. You can copy the report templates into your PowerScribe file, amend your current report templates yourself, and/or allow Peggy Wiggins to edit your current report templates. The important features are as follows.
    - Report heading – state exactly how many or which views are included for conventional radiography
      - A view is a position or way of taking a radiograph, ex: Waters view, AP right lateral decubitus view. Sometimes more than one attempt or radiographic image is made to get the positioning or technique correct for one view.
      - State the date of the exam
    - Clinical history – give the patient's symptoms (cough and fever) prompting the study, DO NOT use R/O a disease process (R/O pneumonia) as the reason for the exam. If the patient's symptoms are not given or are not easy to intuit, ask the technologist who performed the study or contact the referring physician.
    - Comparison – state any exam that you reviewed while interpreting the study
    - Technical – This section is very important in CT, US, NM, and Interventional in order to bill a study appropriately. I have tried to include in my templates the elements needed by the billing service to bill for the study correctly. If you are unsure what needs to be included, ask for help. If sedation was provided by the nurse practitioner or department nurse under your name, state the drugs and amounts. The next sentence should indicate that the sedation time was less than 30 minutes. Even if the sedation time took longer, the increase in billing fee is not going to be reimbursed. Do not use the sentence regarding the length of sedation for patients sedated by the intensivist.
    - Findings – The first sentence should state the number of images (conventional radiography only) that are available to you during the interpretation. This is to protect you in case additional images are later added to the study without your knowledge. The billing service has agreed that the number of images may not be the same number as the views listed in the heading. For instance, a large patient may have 3-4 images taken for a 2 view, AP supine and erect abdomen, study. It is still billed as a 2 view abdomen but may have 4 images in the study to be reported. In this section, your report should state how many conventional radiographs are included in the study.
      - If one of the views is included in another study but you reviewed it as part of your interpretation you SHOULD include that view in the heading. For example, ankle and foot same patient same day; AP, lat and oblique views of the foot are in one study. The lateral foot also includes the lateral view of the ankle. The ankle folder includes the AP and oblique views of the ankle. If you look at the foot study in order to see the lateral view of the ankle, your ankle report is for a 3 view ankle. Your findings paragraph states that 3 images were obtained of the ankle; the lateral view is included with the foot study obtained the same day.
      - Try to avoid extra lines between sentences and paragraphs. The reports print differently depending on the office. Several referring offices have asked that we try to minimize the number of blank lines in the report.
    - Impression – All reports should end in the same style with a blank line followed by a short row of \*\*\*\* above Impression:
    - Editor statement – All reports should end in the brief statement that the report was signed without benefit of an editor. If you use Peggy as your editor, she will delete that sentence. All reports should list the way to contact us to correct errors found in the report.
    - Again, please discuss with Peggy how you intend to make your report templates follow these guidelines.

*November 7, 2011*

- **Calls to Springboro technologists** – The quickest way to reach a technologist at Springboro testing center is to call 641-2777. This number should work regardless of the day or time.
- **Springfield radiology coverage** – The PC with the Riverside Radiology PACS access and Riverside PowerScribe has been installed at the workstation outside Dr. Light's office. There is a switch box on the desk. When the switch is set to "1", the monitors are connected to the Dayton Children's PACS computer. When the switch is set to "2", the monitors are connected to the computer from Riverside Radiology. If the PACS station is off and needs to be turned on, the switch must be on "1" in order to log on to the Dayton Children's system first. We will have training on how to use the Riverside computer in the next week or so.
- **HLC module on Cultural Diversity** – A mandatory training module has been assigned to each of us, outside the usual birthday month assignments. It is fairly short and is on cultural diversity in the work place. This module must be completed by Dec. 31, 2011.
- **Next radiologist meeting** – Monday, November 28 at 12:30 pm in the **Radiology Conference room**. If you have an agenda item to discuss, please forward it to me in an e-mail. Lunch will be provided.