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: May 9, 2011

Re: Updates



• CT Issues –

- Timing for IV contrast We have had some misinterpretation errors in CT due to scanning before the venous phase. These have included missing venous thrombosis as well as misinterpreting unopacified blood mixing in the venous system. To avoid this, the CT protocols have been modified to routinely scan in the portal venous phase. This makes the arterial opacity not has high but does allow the venous structures to enhance homogeneously. The timing is still a work in progress. If you have suggestions on how to improve the current protocol, please let me know. If you want the arterial phase, you need to notify the CT tech in advance. You can ask for CT angiogram to indicate arterial phase or you can indicate exactly what time you want the tech to start scanning in relationship to the contrast injection. Eden is the lead CT tech for this. Again, our goal should be consistency and good quality.
- O Scanning FOV larger than calibrated FOV This artifact comes up occasionally if the CT tech tries to scan a patient who is immobilized on a board and not centered in the scanner. It is caused by using a field of view (FOV) larger than the calibrated FOV for the protocol. This causes prominent ring artifact throughout the scan. It is really a technologist error, not a scanner error. It should not prevent you from scanning the next patient while you are trying to figure out what the error is from. The technologists have all been reminded of this artifact and how to avoid it.
- Swallowing studies As a reminder, try not to give patient families advice on how to modify their child's diet for swallowing function without a speech pathologist's involvement. It can lead to a fair amount of confusion and miscommunications. The family may call for advice from a speech pathologist but have no record of being seen by a therapist. The speech therapist then cannot give advice.
- Proposed changes to the Professional Staff By Laws Recently you received a notice of a proposed change in the Professional Staff By-Laws from John Jacher. This proposal was initiated by a professional staff member at large and is not recommended by the Professional Staff Executive Committee. The proposal is to de-centralize the organization of the professional staff and eliminate the Medical Executive Committee (MEC). The MEC is made up of the elected physicians and administrators (Chair of Prof Staff, Chair Elect, Past Chair, Chair of Medicine, Chair of Surgery, Chair of Pediatrics, 3 at large community physicians, CEO, VPMA, and Chair of Nursing). The MEC reviews the reports from all the hospital quality committees, recommendations for clinical privileges, and reviews all modifications needed to Policies, Procedures and By Laws to stay in line with JCAHO requirements. Without the MEC, the professional staff would have to meet as a whole every time a revision needed to made and reports needed to be reviewed. If you have questions or would like additional information, please feel free to ask me, Jeff Christian, John Jacher, or Merrilee Cox. The proposal will be voted on at the Combined Professional Staff meeting in September at the hospital. I will remind you of the meeting and will ask that you attend in order to vote on the issue.
- Gorman School Gorman School, located next to the Physician Parking Lot, is relocating within the next year. The property, originally donated by the Mead family, will revert back to Dayton Children's ownership for the price of necessary improvements to the property. The building has a number of environmental issues and will likely be torn down once it is vacated. This will allow the hospital to use the property as needed for future projects.
- Next radiologist meeting Monday, May 16 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.