

Notes from Radiologist Meeting 1-25-2016

Obituary for Barbara Wolfson - We have been asked to help write the obituary in Pediatric Radiology journal for Barbara Wolfson. The rough draft was written by Dr. Eric Faerber, the medical director of pediatric radiology at St. Christopher's and Barbara's colleague for many years. I will send a draft for comments and corrections this week. Please share your thoughts.

Nuance PowerScribe Upgrade – The kick off meeting for the PowerScribe upgrade is Feb. 4. John Rettger of Nuance will be the project manager. The go live will be May 1, 2016 along with the PACS upgrade. Training will be at the end of April. The current templates will be modified and updated prior to the upgrade. Frank Pianki, April Madden, Ben McNeely, and Peggy Wiggins will be working on correcting and updating the templates. They work through the templates by modalities and will be asking for opinions on the revisions.

PACS upgrade – The kick off for the PACS upgrade is Feb. 1, 2016. John Drake of GE will be the project manager. The go live will be May 1, 2016 along with the kick off for the PowerScribe upgrade. Training for the PAC upgrade will be the week before the kick off.

Radiant implementation – Keith Jones, the Epic specialist for Medical Imaging, will be leading the implementation of Radiant, the radiology portion of Epic. Keith presented the many advantages of having the radiologist workflow driven in Epic rather than in PACS. Some of the advantages include a single sign on for Epic which would then launch PACS and possibly also PowerScribe. When a radiology exam to be dictated was open from the Epic worklist, PACS and PowerScribe would launch and the patient's medical record and information would also be available simultaneously. There are additional advantages of Epic driven flow including follow up of interesting/difficult cases, peer review, and critical results tracking. Also, the PACS vendor could be changed in the future if that is desired. The group agreed to proceed with Epic driven work flow.

Embolization services – Dr. Meagher on behalf of the Trauma Service asked if I would investigate referring trauma patients who might need embolization to control bleeding, such as with pelvic fractures, to MVH. I have contacted the neurointerventional radiologists and the body interventional radiologists at Premiere Health system. They are interested in helping with this and we will meet soon. The idea is to be to refer patients from Dayton Children's to Miami Valley for embolization therapy and then have the patient return to DCH.

Appendicitis CPG – Dr. Pianki agreed to work with Dr. Pence to develop a clinical guideline to follow in the work up of patients with abdominal pain and suspected appendicitis. The concern is the inconsistency of the imaging work up. The plan will be to create the CPG and then monitor the results making adjustments as necessary based on the experiences.

Pyloric Ultrasound after hours – The number of requests for pyloric US after hours is increasing. The pediatric surgeons do not believe it is necessary to have an US tech return after hours for the US. Dr. Light is working on a guideline for having infants dehydrated or at risk of dehydration to be admitted for

observation and to have the US in the morning. Those not at risk for dehydration would be allowed to go home and return for outpatient pyloric US the next day.

CT for esophageal foreign body – Dr. Warren contacted our radiation physicist and then presented his findings of average radiation dose from fluoroscopy for esophageal foreign body. The iterative reconstruction upgrade has made the radiation dose for chest CT lower than the average radiation dose from fluoroscopy. He is working on a CT protocol to follow for patients being evaluated for possible esophageal foreign body.

MRI Safety manual – Sam Lepisto, MRI/CT tech, has helped with revisions of the MRI safety manual. The changes are primarily the safety zones and pictures for the MR scanners at the main campus and at Springboro. The revised versions will be placed in the notebook at each site.

Clinical information for ortho exams – The Orthopedic clinic will be on Epic soon. The group was asked what information needed to be included with the reason for exam. Suggestions included whether the study was for injury and if so, the date of the injury. Also, if the study was for follow up of surgery and if so, the date of the surgery.