

Memorandum

To: Mary K. Greene, MD.
Anne L. Calkins, MD.
Dawn Light, MD.
Mark Warren, DO.
Frank Planki, DO.

From: Elizabeth H. Ey, M.D.

Date: October 23, 2016



- **Neurofibromatosis/Neurocutaneous Syndrome Clinic** – Dr. El Sheikh is coordinating a multi-disciplinary clinic to evaluate and follow children with neurofibromatosis types 1 and 2, tuberous sclerosis, and Von Hippel Lindau syndrome. It will meet once a month. Pediatric oncologists, geneticists, neurologists, neurosurgeons, and ophthalmologists will participate. This will allow the patients to see multiple subspecialists in one visit. Similar to the NeuroOncology Clinic, there will be a conference the morning of the day of the clinic to review the patients' current imaging. The clinic will be held in the afternoon of the second or fourth Tuesday of the month. It will not likely start until February 2017.
- **Obstructive Sleep Apnea MR Study review** – A monthly conference to review the MR sleep studies will begin this month. It will be held once a month on the fourth Tuesday at 2:30 pm in the Radiology Teaching Room.
- **Downtime procedure for radiologists** – Whenever we encounter interface, PACS or PowerScribe downtimes, the radiologist is to type in a preliminary result in PACS and mark the study dictated. In house physicians can log into PACS and read the preliminary results or call the front office for the preliminary results. If you think a result should be called, please make the study a call result in PACS or call the results to the ordering doctor yourself. The front office staff and technologists are otherwise responsible for answering questions and giving preliminary results. Once the interfaces are working, the studies that need dictations will be verified including the preliminary result.
- **ED at south campus** – The ED at the south campus is scheduled to open in January 2017. I have had several meetings with Dr. Krzmarzick and his team regarding imaging expectations for the additional ED patients. Many things have not been decided. We will staff the south campus with radiology techs and CT techs (many will be cross trained) 24-7. The radiologist hours in Springboro will not change. There will not be 24/7 availability of fluoroscopy, MRI, or ultrasound. Air enema for intussusception will not be performed in Springboro without surgery and OR availability. The radiologist on call will not be expected to drive to Springboro for emergency imaging. If a patient in Springboro needs fluoro or US, the patient will be brought to the main campus. The ED physicians will cover IV contrast reactions. Details on a variety of processes are still being finalized.
- **GE PACS** – The recurrent problems we are having with the PACS has been escalated by Melanie Wilson and Ben Goodstein to the GE regional managers. We have been advised to switch back to the older "skin" of the PACS. Please continue to report to Ben McNeely and April Madden when you encounter problems with PACS. The problem of insufficient memory to open a study is also being investigated by our IT staff. We are going to have the GE applications expert return to observe the problems and offer assistance. I have not been given dates for this assistance.
- **UGI template revision** – At the request of the medical director of GI, Dr. Bates, I have made a few minor revisions to our UGI and UGI/SBFT templates. His concern was regarding the wording regarding GE reflux. The template now defaults to say: "No GE reflux was observed during this brief examination" and recommends clinical correlation with the finding or absence of GE reflux. You will see the changes in the template.
- **Replacement of Nuclear Medicine equipment** – The equipment will be removed before 10/31/2016 and the room renovations are scheduled to occur between 10/31/2016 and 12/30/2016. The hybrid gamma camera/CT scanner will be installed in January with completion of installation by 1/15/2017. Patients known to need scans during the downtime are being brought in early to complete their scans before the existing equipment is removed. Otherwise, patients who need nuclear medicine scans during the downtime will be referred to MVH or Nationwide Children's.
- **Improving communication for add on fluoro studies** – I have been given two recent patient concerns regarding add-on fluoro studies which were put on the schedule without complete communication of the reason for exam and how it was to be done. This led to a delay in care while the fluoro radiologist had to find the referring physician to determine what study should be done and how it should be done. This gave a perception that the radiologist did not know what they were doing and led to inconvenience to the patient's family and transport team. I have discussed this with Melanie. It is the responsibility of the radiologist covering fluoro at the time of the request to discuss the patient with the referring physician. It is imperative to communicate what is to be done, how it is to be done, and when it will be done with the front office staff and/or fluoro tech. Please write down the pertinent information on an "add on procedure" form and share it with the front office as well as the fluoro staff. The radiologist who will eventually perform the study can then have the information in advance of the patient's arrival.
- **Next radiologist meeting** – Monday, October 31 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. Peggy will send the call in information in advance.