

# Memorandum

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

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

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- **Changes to MR protocol and exam checking-** The technologists will determine the protocol for MR studies ordered based on pre-approved indications. Contrast orders will be placed for the radiologist covering MRI at the time to sign. If the order does not give a reason for exam that matches the pre-approved list, the protocol will be given to a radiologist to protocol. The radiologist will be called to check MR exams completed on sedated patients. On non-sedated patients, the MR technologist will have the study reviewed by another MR tech to check the image quality and verify the study was completed as protocol. The radiologist will not be called to check the study for non-sedated patients. These changes are being made to streamline the process of getting an MRI protocol, scheduled, and completed in a timely manner. The changes will begin Monday, November 21, 2016.
- **GE PACS** – We have received the GE report from the workflow observation. Melanie had a conference call with the GE representative Dan Vanacore, Ben McNeely (PACS admin) and Mike Brady (IS). They reviewed and discussed the report of workflow observation. They proposed the following steps. Moving forward, Mike Brady would like to continue to receive the errors and problems experienced by the radiologists. Ben will let us know how we are to report the problems. The technical assessment is the next step. Mike Brady will review the assessment and provide feedback to GE. Mike Brady has asked GE for the name of another contact as our previous contact, Neal Wurtzer, is no longer affiliated with GE. Next, port changes and port speed will be reviewed. GE will review our exam naming as this may explain why the hanging protocols are not working as expected. Ben and Mike will determine if it is more productive for Ben to have a temporary “Radiologist” workstation or to move a radiologist to another workstation at the main campus when their PACS locks up. Allowing the PACS administrator to have access to the locked station may help with troubleshooting. Melanie is working diligently to find answers for us and to help make our workflow more efficient. Please continue to report all PACS problems to Ben McNeely and Mike Brady.
- **ICU/Radiology daily discussion** – The ICU teams meeting on Thursday at 11 am has seldom been held. I recently received an email from Dr. Venkatramen regarding the ICU conference. According to Dr. Venkatramen, the Safety Committee has determined that the radiologist and ICU staff physician must have a daily discussion of the overnight and recent imaging studies on ICU patients. She is proposing this be accomplished by **10-15 minute daily phone call**, preferably at **0815-0830 am**, from the on-call AM radiologist to the PICU attending at extension 8550 to review the list of PICU patients and their overnight images every morning. I would appreciate your thoughts about the feasibility of this suggestion.
- **Improving communication for add on fluoro studies**– As a reminder, it is the responsibility of the radiologist covering fluoro at the time of the request for an add-on fluoro procedure to discuss the patient directly 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 the 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.