

Memorandum

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

From: Elizabeth H. Ey, M.D.

Date: November 20, 2016



- **Changes to MR protocol and exam checking-** Hopefully the recent change to not having the non-sedated MR studies checked prior to getting the patient off the table has worked out ok. We would still like to move forward with having the MR techs protocol the studies based on pre-approved indications. The plan is that 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 continue to 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.
- **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** from the 6:30 AM radiologist to the PICU attending at extension 8550 to review the list of PICU patients and their overnight images every morning. Dr. Pianki suggested making the time of the call either between 0730-0745 or 0745-0800 in order to avoid conflict with the first fluoro study. I will reach out to Dr. Venkatramen to see if those times would work. We may need to discuss the patients with the ICU resident if the ICU staff doctor is not available. I would propose that the radiology front office staff help get the ICU staff or resident on the phone at the agreed upon time and then transfer the call to the 6:30 am radiologist. Any further suggestions or concerns?
- **Holiday hours for DCH main campus, south campus, and off sites** – Melanie Wilson recently shared with me the plan for scheduled studies over the coming holidays. I will attach the schedule with this email. Christmas and New Years are on Sundays this season. The DCH holiday (day off for most staff, no scheduled studies) are Monday, Dec. 26 and Monday, Jan. 2. Ultrasound is closed at the off-sites on the Monday observed after Christmas and New Year's. Fluoro is blocked Springboro and Main on the Monday observed after Christmas and New Year's. The radiologists will read studies from home those Mondays. The work flow will be similar to Sundays, with no scheduled exams.
- **Holiday Gift Cards** – The radiologists will be giving \$10 gift cards to all radiology staff members in lieu of poinsettias this holiday season. This is similar to last year and was well received. We will also be giving appreciation checks to Peggy Wiggins and LaVonya Stallworth.
- **Significant results for Inpatients** – In order to promote patient safety and enhance communications, significant findings will be called to the staff physician or resident caring for inpatients. The front office staff in the main department will continue to monitor the call results list which we have traditionally used for outpatient requested call results or significant findings. Now, if an inpatient result is added to the Call Results tab in PACS, the front office staff will contact the staff physician or resident covering for the patient and relay the significant finding. If the referring physician or resident wants to discuss the results with the radiologist, the front office staff will transfer the call to the radiologist. I have attached the policy for your information. Significant results would include bowel perforation, contrast extravasation, significant malposition of a tube or vascular line, unexpected pneumoperitoneum or pneumothorax, etc.
- **Next radiologist meeting** – Monday, Dec. 5 at 12:30 in the radiology conference room. If feasible, please call in if you cannot attend in person. Lunch will be provided.

Inpatient “Significant Results”

PURPOSE: To ensure that important findings on inpatients are discussed with the referring/attending provider in a timely manner. The Imaging Front Office Staff will be responsible for the reporting of these results.

Policy- All designated office staff will follow the outlined process

PROCEDURE: when there is an inpatient that the radiologist finds a “significant Result” on, the radiologist will then make it a “Call Report” in PACS. The front office staff will do the following:

1. Monitor the “Call Report” lists in PACS.

This is monitored during 1st, 2nd shifts, and weekends. When you see an inpatient marked, you will check to see who the attending physician is. This can be found by looking in the header bar in Epic.

2. When a “Call Report” is identified:

The front office staff will then Page/Call the physician to communicate the results, following the policy to Read Back for understanding and accuracy. Physician names can be located in the header bar in Epic.

If the attending does not call back, the Imaging Front Office Staff will then call the unit to find out who the resident is that is caring for this patient.

3. Once the Imaging Front Office staff has given the results to the attending physician or resident, the Imaging Front Office Staff will ask the attending if they would like to discuss the results with the radiologist. If they do, please transfer the call to the radiologist.
4. Document the call in the PACS work-list stating time and the contact name of who accepted the results.

Springboro Testing:

Thursday, Nov 24 Thanksgiving - Closed

Friday, Nov 25- Open

Saturday, Dec 24 Christmas Eve 8:30 am – 4:00 pm

Sunday, Dec 25 Christmas Day Closed

Monday, Dec 26 - Open

Saturday, Dec 31 New Year's Eve 8:30 am – 8:00 pm

Sunday, Jan 1 New Year's Day Closed

Monday, Jan 2 - Open

Testing Centers (Beavercreek, Kettering, Huber Heights, Sugarcreek and Vandalia)

Thursday, Nov 24 Thanksgiving - Closed

Friday, Nov 25- Open

Saturday, Dec 24 – Open regular hours, 8:30-12:30

Sunday, Dec 25 Christmas Day Closed

Monday, Dec 26 – Open 8:30-4PM

Saturday, Dec 31 – Open regular hours, 8:30-12:30

Sunday, Jan 1 New Year's Day Closed

Monday, Jan 2 – Open 8:30-4PM

Testing Centers: Springfield and Warren County

Thursday, Nov 24 Thanksgiving - Closed

Friday, Nov 25- Open

Saturday, Dec 24 – Open regular hours

Sunday, Dec 25 Christmas Day Closed

Monday, Dec 26 – closed

Saturday, Dec 31 – Open regular hours

Sunday, Jan 1 New Year's Day Closed

Monday, Jan 2 – closed

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