



Radiologist Meeting
January 27, 2020 - 12:30 - 1:30 pm
Warehouse Conference Room
Minutes



1. **Not offering US for peritonsillar abscess** **B. Ey**
 - a. After discussion, it was agreed that DCH will not offer intraoral US for peritonsillar abscess.
2. **Hanging protocol for CR toes/feet** **B. Ey**
 - a. Ben provided the CR/DR Hanging Protocols (0/12018 attached)
 - b. On examinations of toes and feet, the lateral view should be oriented with the toes pointing to the left of the monitor.
3. **Individual Orders for Outside Images** **B. Ey**
 - a. Dr. Ey indicated that interpretations of outside images should be made be as separate orders. This helps the radiologist when multiple outside studies are ordered on a trauma patient.
4. **Adult patients (Employees and Family) referred by BIND (hospital insurance)**
 - a. After discussion, it was agreed that as pediatric radiologists, the DPI physicians are not comfortable performing or interpreting Interventional, US, CT, NM, or MR studies for adults. Only conventional radiographs on adult patients will be allowed unless specifically approved by a radiologist.
5. **Flagging chart for MI issues in Epic** **K. Jones**
 - a. After recent Code Blue incident in the department, Keith demonstrated using the “FYI” field in Epic. The group agreed that this field should be implemented to assist in flagging difficulties with patients for quick future reference. Wilma Lavy, RN agreed to educate the Radiology staff on how to use this feature in Epic.
6. **PACS update** **A. Madden**
 - a. Plans to migrate to a new PACS vendor were discussed. In July 2020, images will be migrated to a new VNA. A new PACS product will not be installed until 2021 at the earliest. We will need to re-evaluate the top PACS vendors previously chosen to learn of updates in the interim.
7. **South Campus Update** **C. Wehmeyer**
 - a. Carole reported that Intensivist sedations at the Springboro MR are not being filled. A suggestion was made to add arthrograms to the Springboro MR (on one day each week to assist with DPI scheduling). The fluoroscopy equipment at the South Campus will need to be replaced to accommodate patient positioning for arthrograms.

Anne	Craig		Elizabeth	John	Aleah	Sean	Mindy	Keith	Wilma	Dawn	Andrea	Ben	April	Frank	John	Carole	Mark	Melanie
Calkins	Carr		Ey	Ey	Hildebolt	Kelleher	Knippen	Jones	Lavy	Light	Lillie	McNeely	Madden	Pianki	Roebel	Wehmeyer	Warren	Wilson

Present Via Conference Phone Not Present

8. Shriners Update

B. Ey

- a. Dr. Ey and Melanie met with Ben Goodstein and learned that the integration with Shriners has been difficult across DCH. Ben McNeely has helped with the log on issues at Shriners. April and Ben McNeely are working on a solution that would allow our PACs to display the Shriner’s images.

9. MR protocol updates

A. Lillie

- a. Change Cor FSE T2 to Ax FSE T2 in Seizure protocol
- b. Neuronavigation series need to include tip of nose to work with OR guidance system
- c. GRE/SWAN added to brains seems to be going well
- d. Sag STIR sequence added to spine studies is working well
- e. ASL sequence – per Dr. Lober we only need to send the cerebral blood flow images to PACS
- f. Neonatal brain MRI should be ok at 3T, we need to work on the protocol to reduce SAR
- g. In/Out of phase imaging should be added to abdomen studies except for MRE and MRCP studies
- h. Delete the sagittal SSFSE sequence from MRE studies

10. Policy Update

W. Lavy

- a. Downtime procedures have been gathered into one document and will be available in February on the hospital policy system. Wilma will distribute hard copies to each radiologist and in the reading rooms.
- b. ACR Manual on Contrast Media – Version 10.3 was recently released. Wilma will review.

11. Other

- a. Melanie and Craig reminded the group that the budget for fiscal year 20/21 is currently being developed.
 - i. Possible additions to the budget would be CR equipment at some of the satellites.
- b. John indicated that vRad representative(s) will attend the February meeting. Please let John know of any questions for vRad.

Anne	Craig		Elizabeth	John	Aleah	Sean	Mindy	Keith	Wilma	Dawn	Andrea	Ben	April	Frank	John	Carole	Mark	Melanie
Calkins	Carr		Ey	Ey	Hildebolt	Kelleher	Knippen	Jones	Lavy	Light	Lillie	McNeely	Madden	Pianki	Roebel	Wehmeyer	Warren	Wilson

Present Via Conference Phone Not Present



Medical Imaging Department

CR/DR HANGING PROTOCOLS

In order to maintain consistent comparisons between patients and exams, the radiologist would like the images sent across on PACS in the following order.

- **AP/PA**
- **Lateral**
- **Other views**

Feet and Toes – must be sent with toes pointing up

Finger, Hands, and Forearm – must be sent with fingers pointing up except
elbows show with distal aspect pointing left

Spines – laterals facing to the left

Chest – laterals facing to the left

Decub Abd – as if patient was upright

Abdominal Series

- Supine (KUB) followed by Upright view
- Supine (KUB) followed by Decubitus view
- NOTE: All Abdomen images must be oriented with the patient's head to the top of the image and patient's right side to the left of the image.

Skeletal Survey

Call radiologist before discharging patient if being done for possible or follow up abuse case (between the hours of 7a-11p)

- AP Skull
- Lateral skull to include lateral C-spine
- AP and lateral chest
- Oblique ribs
- AP and lateral abdomen
- Bilateral AP cone down to humerus, forearm, and hand
- Bilateral AP cone down to femur, tib-fib, and foot

Formulated: 9/2005 IH
Revised: 01/08 EE/DH/IH, 04/2014 EE, 02/2018 AEK
Reviewed: 01/2018 CC

E:\Data\My Documents WorkFamilyChurch\Beth
Work\DCH\Radiologists Department Meetings\Minutes Updates\Updates 2020\2020 01 27\Hanging Protocols.docx