

**Atlantic Medical Imaging
Physician Operations Meeting Minutes
April 9, 2019**

Attendance: Drs. Kenny, Saad, Graziano, Schmidling, Avagliano Gina Ackerman, Jennifer Gorgol, Frank Dent and Cyndy Dill, via conference line: Drs. Shah, McManus, H. Patel, T. Patel, Peshori, Koven and Wedmid.

A. Old Business

- Fuji- 5.5 is in place; rads are seeing an improvement with speed, specifically up north.
- Referring physician callback process- front desk is aware they will give rad cell phone numbers to referring physicians in addition to patching them through to their extension. Gina and Jen are working to improve staff communication and iron out the process.
- IStats- Equipment has arrived; Cyndy is preparing to roll out.
- PC950- form is completed.
- Speechlive- I.T has been working to ensure all rads are signed up with Speechlive. Avagliano and Graziano still need to test. IT to send out test requests to remaining radiologists
- Chiro/ Cummings cases- There seems to be some confusion on what Cummings primary reading responsibility. More info in New Business.
- Neuro
 - Dr. Shah is working on Wall 3T Brain MRI SPGR artifact.
 - OptiNose 3205 Chronic Sinus Trail- Dr. Kaplan is waiting on cases.
- IR- consult slot was added.
 - Dr. Schmidling would like to formulate the PS 360 templates to match the codes. He will meet with Jess to discuss.

B. New Business

- Women's Imaging
 - Second look U/S in the North- "B" level readers
 - No significant change in what we do HOWEVER NO patients will be turned away if a level A is not available, TR will do these with B level rads if there is a need.
 - Reach out to the A readers with questions! "B" readers need to look for ways to become more comfortable with these cases.
 - U/S techs also need additional training for this study; Jen is working with Cherry.
 - Diagnostic backlog- The North time slot is 45 minutes compared to the South's time slot at 30 minutes(with ultrasound); how can we transition the North to 30 minutes? This could help improve our diagnostic backlog. Jen will go to the offices to evaluate the workflow; update given at the May Ops meeting.
 - Magview

- Meeting scheduled for tomorrow, 4/10. Updates will be provided at the May Ops meeting.
- Scheduling
 - MRI and Tomo Diagnostics should be scheduled on the same day; a few days in between is needed. Jen and Gina will look into this. Update given at next meeting.
 - Diagnostics- Empty 10 minute slots in U/S; Jen and Gina are looking into this.
 - ARMC Breast MRI
 - ✚ Paperwork cannot be scanned into Fuji telerad server, a case list can be made in Fuji however the paperwork will reside in ARMC PACS.
 - ✚ Not being read consistently
 - ✚ BHP callbacks- Level A's should receive calls.
 - Gummy Bear Study- North rads: Koven, Peshori and Wedmid. Jen sent out follow-up info; years 1, 2, 4, 6, 8 and 10.
- ACR- Jen and Dr. Peggy are working on a new process.
- Fuji
 - Meeting scheduled for April 17th.
 - Rads are testing blocks of live cases 10 per week. Dharmesh spoke with Dr. Peshori to copy hanging protocols; please voice opinion of challenges.
- WI templates
 - Will be discussed offline.
- CDI Update
 - DOH approval is 90-120 days out. Dr. Levi, Gina and Desi spoke with staff; they are taking the initial steps to take over the practice.
 - Working to set a project plan into place. Modality Leads will be involved.
 - Women's Imaging will have a separate project plan.
 - Dr. Kenny would like Drs. Koven and Kaplan to send their thoughts/ suggestions on transition to Levi and Kenny.
 - Hope to migrate PACS by July 1.
- General
 - Vacation schedule
 - Please pay attention; if you miss an error we will not accommodate going forward.
 - Picks are due to Graziano
 - AMA form- Completed.
 - MSK spines- On hold.
 - Nuc Med Amyloid T99mpyp- Dr. Kenny has received two requests to offer this study; he is looking into this. More info to come.
 - TIRADS
 - Dr. Kaplan working on a lecture.

- Need to clarify with Dr. Kaplan regarding checking both lymph nodes.
- MRI consolidated form
 - Request from Kim W; consolidate questions on MRI form. This was approved. Jen will work with Camille on the same for CT.
- WI- patients without scripts
 - Need a better way to manage
 - Issue with using the referrer that the patient provides when the referrer has not seen that patient in a certain timeframe; sometimes several years.
 - By law, a script is not needed. We keep a list of referrers that require their patients to have a script; the list continues to grow and can become difficult to manage.
 - Possibly add to the screening questions for scheduling "how long has it been since you have seen Dr.____" or tell patients they need to get a script if it has been longer than a year since referrer has seen them. More info to come.

C. Body Imaging

- Changes to be made to protocols:
 - CT Enterography—image at 45s after contrast injection→ "ENTERIC" Phase
 - CTA Left Atrium—include a 60s post contrast thru the heart to r/o thrombus in the LAA
 - MR Enterography—need extend the FOV to include anal sphincter complex on at least one pulse sequence (likely post-contrast axial pelvis)
 - Signal Intensity Ratio Method for Fe Quant—need to use the bore, no surface coil
 - MR Pelvic Floor—label the sequences according to maneuver and add extra cine post void to reassess the middle and anterior compartments
 - ⚡ Rest, Strain, Kegel, Void, Void again, etc.
- Suggestions for changes:
 - CT Chest—for "nodule follow-up" only cases, switching to low dose technique
 - ⚡ Not to be used for cancer follow ups b/c soft tissue resolution is poor (mediastinum)
 - Ultrasound DVT—have techs label "A" and "V" on compressed and non compressed images (similar to the ARMC method) to facilitate reads, esp. on larger patients
 - Fetal Growth US—exclude all anatomy images; no utility in anatomy and can be difficult to assess
 - CT Urogram/Renal Protocol—changing all phases to 3mm slices (Non, Nephro, Excretory)
 - CT Interstitial lung disease
 - ⚡ template change

- Dr Tejas Patel will work on this
- ✚ Identify pulm cases
- ✚ Prepare for chest subspecialty
- New calcium scoring sheet from Fuji

D. Follow-Up

- Fetal US- Discussed at the next meeting.
- MR Pudendal Neurography- Dr. McManus currently reads these cases. Will table to next meeting; Dr. Kenny will discuss with Dr. McManus.
- Ultrasound
 - Techs to standardize the order they send the images to match the template.
 - Scanned documents page to go back to PAC if Fuji does not have an answer for this on April 17th

E. New Projects

- CDI Integration
 - Awaiting DH Approval- 90 to 120 days out.
 - 5 rads coming on board; MSK and Neuro.
- FFR CCTA...Heartflow
 - Moving forward; will be discussed at the May meeting.

F. ARMC

- Medical Student rotations- We will now accept; student will rotate through modalities between City and ML. May rotate through AMI in the future.
- Contrast mammography- No updates; we need to start building cases.
- Separate queues on nights/ weekends-
 - Do not leave cross-sectional cases on the queue.
 - Read your own division.
 - Will be discussed more at the May Ops meeting.
- PACS upgrade- No date set. More to come.