

**Atlantic Medical Imaging
Physician Ops Meeting Minutes
March 11, 2025**

Old Business:

- Associate Radiologist Survey
 - If you have not completed it, please remember to complete it.

New Business:

- Short Talks for MRI Safety – Dr. Kramer
 - Spatial Gradients – See attachment
 - Any radiologist can approve a device, not just Dr. Kramer, but if you are not sure or if it is unknown, it should be sent to Dr. Kramer and Dr. Kenny.
 - MR Screening at ARMC – See attachment
 - Dr. Kramer and Dr. S Patel have created this document, and it was sent to Judy and Carla who will post on the rad portal. Techs should bring all the information to the radiologist, review this document first, then ask Dr. Kramer or Dr. S. Patel if unsure.
- Internal Moonlighting Opportunities - most likely start with Xray / US – Dr. Kenny
 - Option 1a - Have a schedule and allow Rads to pick up half shifts. Like half shift Xray or US. Pay by half shift - \$1,375.
 - Option 1b - Have a schedule and allow Rads to pick up half shifts. Pay by wRVU (\$40 per wRVU) - (not sure how to do this yet)
 - Option 2 - Overflow exams into a moonlighting worklist that anyone can grab from.
 - The practice aims to offer internal moonlighting opportunities to fill shortfalls and manage high workloads, particularly in the MSK department on Mondays. Moonlighting opportunities will primarily cover X-ray shifts, with options for full or half shifts. A survey will be sent out to gauge the interest among radiologists.
- Reminder Port Access – Dr. Kenny
 - Additional information to be sent via email
 - Video that can be viewed: https://youtu.be/z_wCv2kCoyY or Dr. Schmidling <https://vimeo.com/216855583>
- New Radiologist
 - Dr. Zaeem Billah, MD – VI – starts July 28th
 - Approved
- Myelograms in North Locations – Dr. Kenny
 - There is a concern about the volume and distribution of myelograms, particularly in the northern locations. Some radiologists have expressed a desire to limit or consolidate these procedures. Jennifer Gorgol mentioned the possibility of consolidating myelograms to specific locations and days to ensure that radiologists remain proficient with the procedure. This would involve offering myelograms on specific days at locations like Brick, Wall, and Toms River. Jennifer will review the numbers and volumes of myelograms to determine the best approach for consolidation.

- Change in Workload – Dr. Kenny
 - Add an additional MSK Seat on Mondays. Should be able to fill most times, if not go short on Xray
 - Change time stamps for MSK, Neuro, CT Body reading buckets to (not for Xray, US) 2pm Mon, 2:30 Tues, 3:00 Wed, 3:30 Thu and 4:00 Friday
 - A recent analysis indicated that the practice is experiencing high workloads, particularly in the MSK department on Mondays, with some seats reaching up to 90 work RVUs. Offering internal moonlighting opportunities to cover X-ray shifts and alleviate the workload on Mondays and considering changing the timestamps for completing readings to spread out the workload more evenly throughout the week. This would involve adjusting the completion times from 2:30 on Monday to 4:00 on Friday. Another option is to explore the possibility of adding an additional full-time equivalent (FTE) on Mondays to support the MSK department.
- Contrast Nights: (as of 7/1 when we have Brick/BHP 3rd MR)
 - Reduce to Gall M to W, Wall on Thu. (all other late night to be removed)
 - Remove 5-8s and replace them with 12-8 shift to cover contrast, stats and be assigned a standard bucket. Gall M to W, Wall on Thu and Friday remote.
 - Optimize Contrast Times with FUJI auto release
 - The practice is considering more efficient scheduling and grouping of contrast studies to reduce the number of 12-hour shifts and improve overall quality of work for radiologists. With the addition of new magnets at Brick and BHP in July, there will be increased capacity to perform contrast studies. The plan is to shift from 5 pm to 8 pm contrast shifts to more staggered day shifts that would involve radiologists starting later in the day and finishing at 8 pm, with someone covering the stats for the bucket until noon.
- Fuji History Forms – Melonie
 - With the Fuji upgrade the practice will be implementing kiosks to automate patient forms. This will allow patients to fill out forms in advance and retain information from visit to visit. The forms will be divided into three sections: Technical History Information: For the technologists to perform their tasks, Medications and Allergies: Patients will fill this out once and review it on subsequent visits, and Clinical Information: Pertinent to the radiologist. The electronic forms will feed directly into the PACS, eliminating the need for technologists to scan them manually. The goal is to streamline the process, reduce redundancy, and ensure that relevant information is easily accessible to both technologists and radiologists.
 - This was approved and Melonie and Amy Schley will continue to build and will send to Dr. Kenny once completed for final approval.

Policy and Procedures:

- Substitutes for Lidocaine – Jennifer
 - See attachment

- The practice is looking to standardize guidelines for alternatives to lidocaine for patients with allergies. The alternatives being considered include: Nesacaine: Already in use in the northern locations, Tetracaine: Suggested as another potential substitute, and Benadryl Solution: A mixture of Benadryl solution as recommended by Dr. Bhimani. Jennifer is tasked with putting together a guideline that includes these alternatives and will be dispersed once finalized.
- Seriously Ill or Unconscious Patients Update – Jennifer
 - See attachments – current and new to be reviewed
 - The policy has been updated to include not just patients but anyone in the facilities who becomes seriously ill or unconscious with the standard procedure to contact 911 immediately. Staff will provide care until emergency services arrive, patients in MRI zones 3 and 4 will be moved to an MRI-safe area, and patient refusal of transport to the hospital is at the discretion of EMS upon evaluation. Jennifer does need to make a change regarding contrast administration.

Body:

- **Section Chief Update - Dr. Tejas Patel**
- Reviewing Protocols for CT/MR Body
 - Taylor sent protocols and any changes were sent back today, Camille is working on image quality on CT Abd and other protocols, once received will review and send back any changes.
- Whole Body MRI Logistics – Dr. Kenny
 - See attachment
 - AMI will soon offer Whole Body MRI screening as a concierge service for patients who want to be screened for various health reasons. This service is becoming common in industry and is well-received by the public. Reading Protocol: Neuro Radiologists: Will read the brain, MRA head and neck, and spinal cord and spine sections and Body Radiologists: Will read the chest, mediastinum, abdomen, pelvis, and visceral organs sections. Starting out, each case will be double read by two body radiologists and two neuro radiologists, with one of each having their name on the report. Post-dictation consultations with patients will be available, though the logistics are still being worked out. The screening will be a non-contrast exam from head to lower pelvis, designed to be completed within an hour. The protocol includes sequences such as axial T1, T2, and diffusion-weighted imaging. Megan Austin will work on the ClearPath platform and be the point of contact for the patient. More information once everything is finalized.

WI:

- **Section Chief Update - Dr. Peggy Avagliano**
- Siemens Mammo Demo – Amy
 - May 16th Somers Point and May 19th Brick Women's Center

- Auto BMD – Dr. Levi/Dr. Kenny
 - See attachments
 - AML plans to offer Auto BMD as an add-on service for patients who have had a CT scan of the chest or abdomen and are eligible for a bone mineral density assessment. This service can provide a BMD score similar to a conventional DEXA scan. Patients who have not had a DEXA scan within the past two years are eligible for this service. Technical Details: Requirements: The CT scan must include at least three vertebral bodies in the field of view (thoracic and lumbar), Accuracy: Studies have shown that Auto BMD results correlate well with conventional DEXA scans, although it may slightly overestimate lower T scores, Limitations: Auto BMD does not provide a FRAX score automatically, but a calculator is available for manual input, and Billing: There is a CPT code associated with Auto BMD, and the service is payable. AML plans to submit test cases to Medicare and other payers to ensure reimbursement.

Nuclear Med:

- **Section Chief Update - Dr. Caitlyn Hardy & Dr. Borys Krynyckyi**
- Protocol Review General NM & Pet

MSK:

- **Section Chief Update – Dr. Hiren Patel**
- Protocol Review
- MSK Scheduling Process – Melonie
 - See attachment
 - AML is finalizing a process to ensure all necessary information is collected at the time of scheduling MSK procedures, this includes building a form into the Fuji system to capture all relevant details. A procedure request form will be sent to referring physicians' offices to gather additional information needed for the radiologists. This form will ensure that all pertinent clinical details are available before the procedure. The process will involve collecting the MSK procedure form, relevant prior imaging, and reports at least 24 hours in advance of the procedure. This aims to provide radiologists with all the necessary information to perform the procedure effectively. The MSK team has been asked for feedback on the proposed process before it is finalized and rolled out.

Neuro:

- **Section Chief Update - Dr. Ankur Shah & Dr. Swapnil Patel**
- Protocol Review
- Protocol Change – MRV Head – Dr. S. Patel/Kimberly
 - When ordered do we do just MRV or MRA and MRV
 - Currently, when an MRV of the head is ordered, both an MRV and an MRA are performed. The proposal is to perform only the MRV when an MRV of the head is ordered, aligning with standard practices at other institutions. Performing only the MRV is

recommended to ensure compliance, as performing an MRA without it being specifically ordered may not be appropriate. The change to perform only the MRV when ordered has been approved, and the templates and protocols will be updated accordingly.

ARMC

- **Section Chief Update - Dr. Mitch Brezel**
- Neonatal MRI Lumbar Spine – Dr. Ko
 - Should we stop offering
 - Challenge with reading neonatal lumbar spine MRIs is a niche area that poses significant challenges due to the lack of familiarity and expertise within the practice with no radiologists feeling confident in reading these cases. One suggestion is to defer these cases to CHOP (Children's Hospital of Philadelphia) for a second opinion or to have them read there directly. Next steps are a discussion with Judy to plan to explore the possibility of putting hard stops on these cases and ensuring they are reviewed by CHOP when necessary.
- Laser Privilege – Dr. Kenny
 - See attachment
 - Asking to have laser privilege, page 6, removed as a non-core specialty on page privilege. The atherectomy privilege, page 3, should be rewritten to state "atherectomy including mechanical and laser "
 - To be memorialized in meeting minutes
 - Will also ask Chris to review our IR privilege list. Not sure if you think our diagnostic list can be updated
 - Approved, Amanda to let Dr. Brezel know.
- Appendicitis MRI Protocol – Dr. Veselis
 - See attachment
 - Evaluating appendicitis in younger patients at Atlanticare has been challenging due to the limitations of ultrasound and CT imaging, especially in children with minimal intra-abdominal fat. Proposed protocol is a new MRI protocol for appendicitis evaluation to include: 3-plane HASTE sequence, Axial T2 fat-saturated sequence to look for edema, and Axial diffusion-weighted imaging to identify restricted diffusion in the appendix or fluid collections in the right lower quadrant. Advantages of this protocol do not require breath holds, contrast, or sedation, making it suitable for pediatric patients. For implementation test cases will be conducted to ensure the protocol's effectiveness and to determine if adjustments are needed, such as coning down to the right lower quadrant.
 - Approved – Dr. Kenny to speak with night radiologists.
- Discuss removing handwritten US tech sheet – Dr. Leshchinskiy
 - Frank, the lead sonographer, has requested to eliminate the handwritten tech sheet to reduce the workload, currently they are duplicating their work. There are concerns about missing information in Viewpoint that is typically captured in the handwritten sheet, such as specific findings (e.g., subchorionic hemorrhage, corpus luteum cyst). The request to eliminate

the handwritten sheet will be reconsidered once it is ensured that all necessary information is consistently captured in Viewpoint.

- Dr. Christopher Kim
 - New Associate Chair
 - Dr. Christopher Kim has been appointed as the new associate chair at the hospital and the paperwork and process for this appointment are ongoing.
- AiDoc Update
 - Judy provided an update on AiDoc, mentioning that she had a call with them recently and has submitted the necessary documentation to Atlanticare through the budget. Approval for AiDoc is anticipated without any hold-ups.

Open Forum:

The next meeting will be on Tuesday, April 8th at 5:30 pm via Microsoft Teams