

# Atlantic Medical Imaging Physician Operations Meeting Minutes March 10, 2026

## Old Business:

- No topics currently

## New Business:

- Auto/WC Readers
  - Dr. Cerniglia is primarily handling Auto/WC responsibilities when Dr. Cummings is out, but the current model lacks backup coverage due to staffing changes. Preferred backup: Neuro or MSK radiologist (spine-heavy case mix), please let Dr. Kenny know if you are interested. Dr. Ko contacted Dr. Kenny after the meeting and will become a backup; Kim has also been notified.
- Tumor Board Cases and Complexity
  - Starting in 2026, tumor boards were merged to cover multiple specialties, resulting in two tumor boards per month that include liver, pancreatic, and rectal cases. This merger has led to situations where radiologists are asked to comment on highly specialized cases outside their expertise, particularly when specific post-treatment questions arise. Radiologists should provide thoughtful insights during tumor boards and, if unable to answer a question, should offer to follow up after the meeting to seek input from colleagues. It was agreed to fine-tune the coverage list and reiterate the importance of proactive communication and follow-up for unresolved questions.
- Weekend Staffing Proposal
  - Dr. Kenny presented data on average work RVUs for weekend shifts, highlighting increased volumes on Saturdays and Sundays, particularly in the mainland and city queues. He noted that the addition of urgent care and AMI cases further raises the workload, and that moonlighting data may skew some averages. To address the high Saturday morning workload, it was proposed to designate Friday night US and Xray cases as moonlighting opportunities, allowing eligible radiologists to read these cases for additional compensation. This approach aims to reduce the burden on the primary weekend readers without increasing the frequency of weekend shifts. The group discussed the feasibility of crowdsourcing weekend cases to radiologists with home workstations, but Dr. Kenny reported insufficient interest and logistical challenges. Suggestions to involve MSK and neuro radiologists at the end of their shifts were considered but deferred due to concerns about fairness

and case complexity. Other proposed options such as creating a dedicated US/Xray reader role for the weekend, adjusting contrast start times at certain offices, and staggering shift start times to better align with peak workload periods. Also suggested was creating subspecialty moonlighting buckets for complex cases but Dr. Kenny responded that current staffing levels do not support this approach and encouraged informal peer support and communication for challenging cases. The group agreed to survey preferences and further evaluate these options with administration.

- Metric Definitions
  - See attachment
  - The team discussed the need to track and report the percentage of subspecialty reads for breast, neuro, and body imaging as part of the Cooper joint venture. The definitions require identifying the number of studies read by subspecialists divided by the total number of studies in each category. The term 'body radiologist' is not clearly defined in the requirements and may refer to either fellowship-trained or general radiologists. The group agreed to seek clarification to ensure accurate metric reporting.
- PowerScribe Call Issue
  - PowerScribe AI tool often autofill's the wrong time for communication in the impression section, sometimes using the study time instead of the actual call time, which could lead to inaccurate documentation. Dr. Hota explained that the issue is related to the smart impression feature and recommended that users manually check and correct the time, using macros, if necessary, until the vendor provides an update.
- Xray for MRI Clearance – Referring Doctor in order
  - A referring physician received an Xray report for MRI clearance that they did not order, leading to confusion and dissatisfaction. The group discussed whether the referring physician or an AML radiologist should be listed as the ordering provider. The group agreed that, when possible, the on-site radiologist or the radiologist who authorized the study should be listed and ordering will be cc'd, and that staff should be instructed accordingly.

#### **Policy and Procedures:**

- Updated Policies/Consent Forms
  - Iodinated Contrast Injection Policy
  - Myasthenia Gravis History and Consent Form
    - This has received approval, and Jennifer will distribute the information to the practice.

#### **Body:**

- **Section Chief Update - Dr. Tejas Patel**

- Whole Body MRI Screening Questions – Cancer
  - Performing Whole Body MRI Screening during active cancer treatment is inappropriate, as such cases are considered staging rather than screening. The group agreed that patients must be cancer-free and have completed follow-up for at least three years before being eligible for screening MRI. Kimberly will update the screening questions and notify the staff to reflect the three-year cancer-free requirement.
- FFRCT Cases – Coronary Reader
  - Dr. Hota described instances where staff were unsure whether to assign FFRCT cases to the original reader or the current day's reader when the original reader was absent. The group agreed that the current day's coronary CTA reader should handle these cases, with staff documenting the reason for reassignment in the reservation notes.

#### **WI:**

- **Section Chief Update - Dr. Peggy Avagliano**
- Breast MRI BHP
  - There was a protocol issue with Breast MRI the most major problems have been resolved, and efforts are ongoing to finalize improvements.
- AI Implementation
  - AI tools are now available in all offices for screening and most diagnostic cases. Contact IT if the AI does not load properly and she reminded radiologists to use AI as an adjunct, not a replacement for clinical judgment.
- Bag Bingo – March 21st – Holy Spirit
  - The event is fully booked with a waitlist of approximately 20 people. All major hospital systems and most area breast surgeons, except Jefferson, have purchased tables and will attend, reflecting strong community engagement.

#### **Nuclear Med:**

- **Section Chief Update - Dr. Caitlyn Hardy & Dr. Borys Krynycky**
- No topics currently

#### **MSK:**

- **Section Chief Update – Dr. Sherif Saad**
- No topics currently

#### **Neuro:**

- **Section Chief Update - Dr. Ankur Shah & Dr. Swapnil Patel**
- Flexion and Extension Neutrals

- Sometimes patients receive flexion and extension imaging before neutral views due to cancellations or system issues. To prevent undictated cases from remaining on the list indefinitely, the group agreed that after 30 days without completion, staff can issue a rad letter and finalize the available studies.

#### **ARMC**

- **Section Chief Update - Dr. Mitch Brezel**
- AI Module Update
  - Judy continues to advocate for the implementation of an AI module at the hospital, but there are no significant updates at this time.

#### **Open Forum:**

**The next meeting will be on Tuesday, April 14<sup>th</sup> at 5:30 pm  
via Microsoft Teams**