Beth Israel Deaconess Medical Center | A teaching hospital of Harvard Medical School
September 1, 2010 Volume 3, Number 2

Radical Views...

from the Department of Radiology September 2010

Mon	Tues	Wed	Thurs	Fri
3:00-4:00 ED section meeting (monthly) [ED annex, WCC] call Sheila Blalock 4-2506	7:30-8:15 (Collares) 8:15-9:00 (Reddy) 1:00-2:00 MRI meeting (Weekly) [TCC-484]	1 7:30-8:15 Vascular Imaging (Sheiman) 8:15-9:00 Renal (Hill) Weekly Wed Section Meetings: 11:00-12:00 MSK clinical conference 12:00-1:00 Thoracic Imaging, GI Oncology/GU Oncology 3:00-4:00 Mammo [TCC-484]	2 7:30 - 8:15 Advanced Stroke (Hackney) 8:15-9:15 Infection (Moonis) Weekly Thurs Section Meetings: 12:00 - 1:30 Abd [WCC-354] 12:00-1:00 MSK	3 8:15 - 9:00 ACR In-service Review - Mammo (Dubey) 12:00 - 1:00 Neuro (Kleefield)
6	7 7:30-8:15 AAA (Sacks) 8:15-9:00 (Reddy)	8 7:15 - 8:00 US meeting (WCC-304A Gallery) 7:30 - 9:00 Intro to HRCT (Gerry Abbott)	9 7:30 - 8:15 Bone Tumor Mimics (Wu) 8:15 - 9:00 Radiology of the Hip (Hall/Kung)	10 8:00-9:00 Grand Rounds: QA: McKesson Coding Session* (Theirault/West) 12:00-1:00 Neuro (Hackney)
13 7:30 - 9:00 (Raptopoulos)	14 7:30-8:15 Intervention - locs (Fein-Zachary) 8:15-9:00 Intervention - stereo (Slanetz) 10:30-11:30 Nuc Med meeting (GZ-103)	15 7:30 - 8:15 Ectopic Pregnancy (Romero) 8:15 - 9:00 Biliary (Donohoe)	16 7:30 - 8:15 Seizure Imaging (Teich) 8:15-9:00 Congenital Brain (Peri)	17 8:00-9:00 Grand Rounds: Stress Myocardial CT Perfusion (Ricardo Cury) 12:00-1:00 Neuro (Moonis)
20 7:30 - 9:00 (Sun)	21 7:30 - 8:15 GI Interventions (Faintuch) 8:15-9:00 (Reddy) 8:00 - 9:00 IR meeting [West Recovery Rm]	22 7:30 - 8:15 The Many Faces of Sarcoidosis (Bankier) 8:15 - 9:00 Chest Case Conference (Bankier)	23 7:30 - 8:15 Orthopedic Hardware (Yablon) 8:15 - 9:00 MSK Quarterly QA Conference (Eisenberg && Sr. Resident)	24 8:00-9:00 Chief Rounds 12:00-1:00 Neuro (Peri)
27 8:15-9:00 (Lee)	28 7:30 - 8:15 Benign Breast Disease (Edgerton) 8:15-9:00 Diagnostic Work-up (Shaheen 10:30-11:30 Nuc Med meeting (GZ-103)	29 7:30 - 8:15 Thyroid/Parathyroid Cases (McArdle) 8:15 - 9:00 Radionuclide Decay (Donohoe)	30 7:30 - 8:15 Congenital Spine (Fisher) 8:15 - 9:00 Orbit (Moonis)	***Hold the date: Friday, Oct. 15 for the Sven Paulin Lecture***

8:00-9:00 Grand Rounds: QA: McKesson Coding Session* - This QA session given by McKesson on coding compliance issues is part of compliance training and **attendance is mandatory for Staff Radiologists**. Residents and Fellows are strongly encouraged to attend. For those who cannot attend the morning session, we will be holding a second session at noon the same day in Kirstein Living Room.

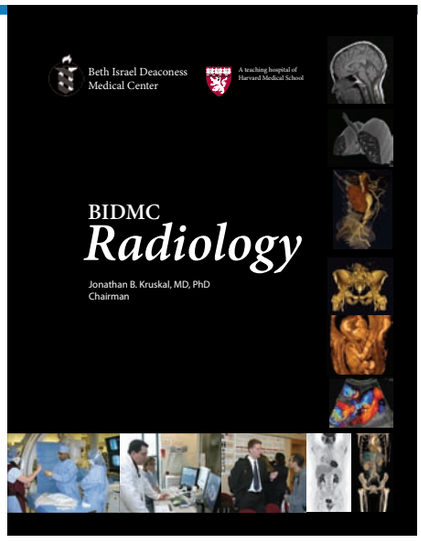
SEPTEMBER GRAND ROUNDS: Distinguished Visiting Professor

Ricardo Caldeira Cury, MD - Stress Myocardial CT Perfusion
Friday, September 17th • 8:00 - 9:00 am, Sherman Auditorium

Dr. Ricardo Cury will present his lecture on "Stress Myocardial CT Perfusion" at this month's Grand Rounds. Dr. Cury is an Associate Professor of Radiology at Florida International University in Miami. He earned his medical degree from the Santos School of Medical Sciences, Centro Universitario Lusiada, Santos, São Paulo – Brazil and completed residency training in diagnostic radiology at MedImagem-Beneficência Portuguesa Hospital, São Paulo, Brazil. He went on complete two years of Clinical/Research Fellowship training in Cardiovascular MRI and CT at Massachusetts General Hospital, Boston. He joined the staff at MGH in 2004 where he quickly took on leadership roles: Director of Clinical Cardiac MRI (2005) and Director of Teleradiology and Education, Cardiovascular CT (2007). In 2008, he moved south to become Director of Cardiac MR and CT at the Baptist Cardiac and Vascular Institute and Director of Cardiac Imaging at the Baptist Hospital of Miami and Baptist Cardiac and Vascular Institute in Florida. Since 2008, he has also served as a Consultant at Massachusetts General Hospital, Boston. Dr. Cury is the PI for a funded study on "Pharmacologically induced Stress Myocardial Perfusion Imaging with Dual Source Multidetector CT" and the course director for numerous courses in Coronary CTA, Cardiovascular MRI and CT Board Reviews primarily for the Society of Cardiovascular CT. He has published more than 80 original articles and numerous book chapters and reviews. His most recent paper on ***"Incremental Value of Adenosine-induced Stress Myocardial Perfusion Imaging with Dual-Source CT at Cardiac CT Angiography"*** (Rocha-Filho JA*, Blankstein R, Shturman LD, Bezerra HG, Okada DR, Rogers IS, Ghoshhajra B, Hoffmann U, Feuchtner G, Mamuya WS, Brady TJ, Cury RC) was published in Radiology in Feb, 2010.

DEPARTMENTAL NEWS, AWARDS & HONORS

FROM THE CHIEF
Jonathan B. Kruskal, MD, PhD



- **The Radiology Department Annual Report**
  Radical Views took a holiday in August to make way for our year end review; over the next few days you will see our latest annual report featured as a downloadable document on the Radiology portal <http://www.bidmc.org/CentersandDepartments/Departments/Radiology.aspx>
  This report covers the academic year from July 2009 - June 30, 2010. Thanks to all the section heads and managers for their timely contributions, to Donna Wolfe and Michael Larson in our MediaLab for design, photography and overall production and to Larry Barbaras for mounting it on our site. A limited number of printed copies will be available in the next few weeks.

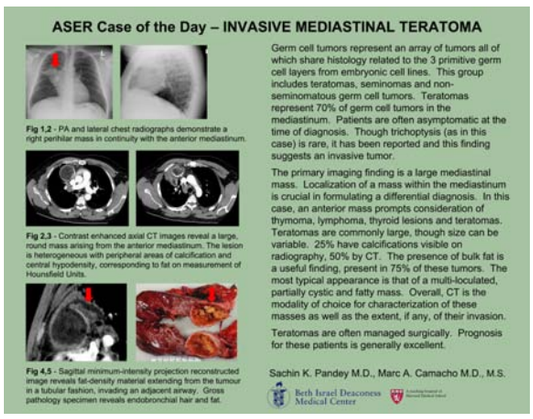
- **Newest Executive Committee Member - Donna Hallett**
  Please welcome **Donna Hallett** as our newest Executive Committee member. Donna graduated from Bunker Hill Community College as a Radiology Technologist in 1977. She obtained her B.Sc. in Health Management from Northeastern University in 1986. Donna began her career at Beth Israel Hospital as a Radiographer in 1977. Through the years, she was promoted to Supervisor of Diagnostic Radiology in 1986, then Chief Technologist of Diagnostic Radiology in 1988. She became the Technical Director of the Radiology Department in 1989 and ultimately Director of Operations, Radiology Department, at Beth Israel Deaconess Medical Center in August 2000, directing and coordinating radiology operations for all imaging services provided within the department. She is directly responsible for performance improvement, billing, RIS management, budget management, as well as personnel management of approximately 400 FTEs, performing and supporting 330,000 exams annually.

- **New Cardiac CT section - Diana Litmanovich**
  In response to the specific techniques required for coronary imaging, we have designated Cardiac CT as a new sub-specialty of Thoracic Imaging under the most able direction of **Dr. Diana Litmanovich**. Coronary CT angiography has become the first line test for pre-surgical planning of coronary artery bypass for better depiction of post-surgical cardiac anatomy. Used in conjunction with SPECT imaging and Cardiac MRI, CCTA is an excellent modality for non-invasive imaging of cardiac morphology and physiology. In addition to **Dr. Litmanovich,** cardiac CT studies are currently being read by Radiology staff **Drs. Marc Camacho, Melvin Clouse, Karen Lee, Robin Levenson, Vassilios Raptopoulos, Sejal Shah,** and **Girish Tyagi,** and by Cardiology staff, **Thomas Hauser**.

- **Name Change alert: Introducing The Radiology Care Unit**
  The outpatient Day Care Unit located on Deaconess 1 name has been changed to THE RADIOLOGY CARE UNIT. The nursing station phone remains (63)2-8447. The fax number remains (63)2-0590. The pneumatic tube station is #42.

- **Introducing Sarah Ghanem, NP in Abdominal/Ultrasound**
  While we were sad to lose Faith Hsu in July, we are happy to announce that **Sarah Ghanem** has agreed to fill the NP position in Abd/US. Prior to joining us in Radiology this August, Sarah spent six years working as a registered nurse on CC7, our inpatient medical unit. In May, 2010, she completed her master's program in adult primary care nursing at Simmons College and was awarded a Master of Science in Nursing (Primary Health Care).

- **BID-Needham Scores for Courtesy and Service**
  The Needham radiology department got the highest ratings in hospital surveys for courtesy and service to patients.
  - Dean Rodman, MD, Chief of Radiology, BID-Needham



- **BIDMC Radiology at ASER**
  At the annual meeting of the American Society of Emergency Radiology (ASER) we had a number of oral and poster presentations reflecting the hard work of residents and staff here at BIDMC. As part of the program, I lectured on bowel and mesenteric trauma which was part of a MOC SAM offered in abdominal trauma and **Karen Lee** delivered a stellar lecture on MR of acute abdominal conditions.

  Scientific/educational works presented:
  Posters:
  Case of the Day: Invasive mediastinal teratoma. **Pandey, Camacho**
  Formal reporting of second opinion CT interpretations: Experience in the ED setting. **Jeffers**, **Saghir, Camacho**

DEPARTMENTAL NEWS, AWARDS & HONORS

Talks:

Reducing oral contrast use for CT in the ED: Impact on patient throughput and diagnostic accuracy. **Levenson, Saghir, Horn, McGillicuddy, Sanchez, Camacho** (Oral)

Recommendations for MR follow up C-spine CT for trauma: why we make them, How often are they followed, and what do they yield. **Dubey, Saghir, Khan, Camacho** (Oral)

Utility of non-contrast head CT in the setting of nontraumatic altered mental status in the ED. **Nandwana, Camacho, Gupta, Edlow, Eisenberg** (Oral)

QA evaluation of a dual phase chest pain CTA protocol: Can the noncontrast phase be eliminated? **Li, Saghir, Camacho**

I am happy to report that the latter, the QA project **David Li** led, was honored with the **Summa Cum Laude** award as the best oral presentation. It is a wonderful, intimate venue, affording close personal contact with some of the giants in the field. Lee Rogers, with whom I was sitting at dinner and of "Radiology of Skeletal Trauma" fame, was very impressed with all our work. Additionally, I received tremendous positive feedback from numerous individuals on the hard work of our residents and staff, and am proud of how the Dept of Radiology at BIDMC was represented at the meeting.

- Marc Camacho, MD, ED Section Chief

Monthly Section Updates: **Musculoskeletal Ultrasound,** *Corrie Yablon, MD, Chief*

Corrie Yablon

Musculoskeletal ultrasound (MSK US) is an exciting versatile modality that can be used to image any patient presenting with a complaint arising within the soft tissues of the musculoskeletal system. It is a completely safe, versatile technique that uses sound waves to create an image. No radiation is involved. Any patient can have an MSK US: those who are wheelchair bound or too large to fit into an MRI; patients who have trouble breathing and cannot lie flat or still for an MRI; those who are claustrophobic or just uncomfortable being imaged within the confines of an MRI machine; those patients who are pacemaker dependent and those who have implantable devices or retained metallic foreign bodies that would be incompatible with the magnetic field of the MRI.

The past decade has seen tremendous advances in probe and scanner design, allowing us to image parts of the body that previously were the domain of only MRI. For instance, MSK US may be the first line modality to image tendon and ligament tears about the fingers and hands because the inherent resolution now exceeds MRI to the point where we can delineate tendon and ligament fibrillary structure and identify the pulleys of the finger. MSK US is excellent at locating all types of foreign bodies in the soft tissues that can be difficult to detect with x-rays and MRI.

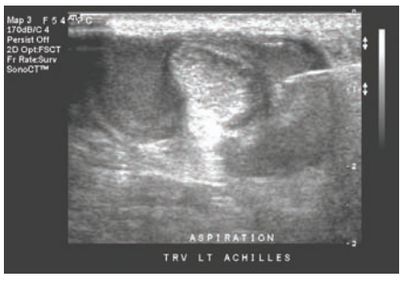
In Europe and Canada, MSK US, rather than MRI, has become the first line test to diagnose rotator cuff tears in the shoulder. Studies have shown that ultrasound can be as sensitive as MR arthrography for diagnosing rotator cuff tears and abnormalities of the biceps tendon, and it is non-invasive, much faster and cost effective to perform. With improved probe design, the internal architecture of the tendons are better seen on US than on MRI. In addition, subtle calcific tendinopathy is much better seen on US than on MRI and US guided aspiration can be performed at the same time the diagnosis is made.

MSK US provides the additional benefit of dynamic imaging. During the examination we can ask the patient to perform the maneuvers that reproduce pain and document that during the examination. We can show dynamic impingement during the rotator cuff examination or show subluxation of the ulnar nerve on elbow flexion or of the peroneal tendons on ankle plantarflexion and dorsiflexion, something that cannot be achieved on MRI.

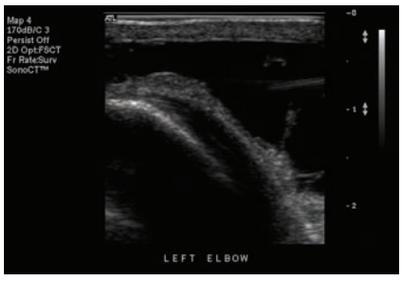
MSK US is also an excellent modality for guiding therapeutic procedures. Under direct US guidance, we can directly guide a needle into a joint, bursa or tendon sheath to aspirate fluid or inject therapeutic medication exactly where it needs to go, with image documentation.

As with any modality, MSK US is not a panacea and does have inherent limitations and should be ordered judiciously. It is not appropriate for evaluating the labrum of the hip or the shoulder because the sound beam is attenuated by the overlying bony structures. For this same reason, MSK US is not the first-line modality to evaluate menisci and the cruciate ligaments of the knee. MSK US should not be used to work up bone tumors as US cannot penetrate the cortex of the bone to characterize an osseous abnormality. It cannot characterize soft tissue tumors with the precision of MRI.

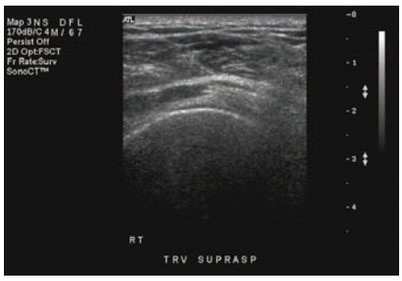
Used as a complement to MRI, MSK US offers an exciting new diagnostic modality to the musculoskeletal imaging service.



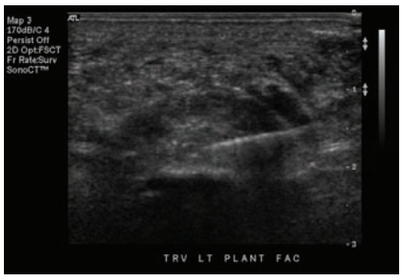
MSK US shows a large hyperechoic fluid collection in the achilles paratenon. This was aspirated and steroids were injected into the area around the achilles.



Aspiration of Olecranon bursitis - fluid collection around the elbow aspirated under US guidance.



Partial bursal surface tear of the supraspinatus tendon (rotator cuff), a common finding in an ultrasound of the shoulder.



Plantar fascial injection

Do you know... about the 2010 Silverman Symposium?

Presented here is the 2010 Silverman Symposium Improvement Project Posters. Sponsored annually by the Silverman Institute for Health Care Quality and Safety, it celebrates BIDMC's on-efforts to improve quality and safety throughout the medical center every day. This year, approx. 95 Project Teams participated and 13 were from Radiology which will be presented here over the following months.

Novel Hand Hygiene Program in Radiology

hand hygiene saves lives

The Problem

- CDC estimates that each year nearly 2 million patients in the United States get an infection in hospitals, and about 90,000 of these patients die as a result of their infection
- There are multiple modalities in Radiology that perform non-invasive and invasive studies and procedures on both inpatients and outpatients throughout the hospital
- Currently in Radiology, an evidenced based hand hygiene program has not been established
- Establishing a comprehensive and validated hand hygiene program based on qualitative and quantitative data, along with a robust education component will improve the quality of care and safety for our patients seen in Radiology

Aim/Goal

Design, pilot and validate a hand hygiene program for the Ultrasound (US) Unit on the 3rd floor West Clinical Center for both invasive and non-invasive studies and procedures on both inpatients and outpatients.

The Team

Bernadette Kennedy, Radiology, Ultrasound Manager
Lynn Darrah, Radiology, QI Analyst
Jessica Nicholas, Infection Control, Nursing Co-Op

The Interventions

- Performed observations on hand hygiene practices in US for all clinicians and staff members
- Tracked the number of hand hygiene opportunities for both non-invasive and invasive procedures by Radiology attendings, residents, nurses, technologists and students
  - Opportunities defined as: room entry/exit, anytime something is touched in the room before touching the patient (e.g. gathering supplies), anytime immediately after touching the patient
- Estimated the total number of CalStat pumping occurrences for each study performed in US based on the procedure and clinicians and staff in the room
- Measured the amount of CalStat dispensed for 5mL (5pumping occurrences)
- Gathered the volume and type of patient visit (e.g. liver biopsy, standard US) for 3 months
- Estimated number of CalStat bottles used based on procedure volume/month

The Results/Progress to Date

Estimated # CalStat Bottle Usage for 3-months in Ultrasound

Visit	# Visits	# Pumps/ visit	CalStat (mL)/visit	Total CalStat (mL)	# CalStat bottles/3mo
Procedures with an RN	172	20	20	3440	3.4
Procedures without an RN	235	13	13	3055	3.1
Non-invasive US	3460	5	5	17300	17.3
Subtotal w/o students	*3867*	*38*	*38*	*23795*	*23.8*
Visits with US students involved (25%)	2947	3	3	8841	8.8
Total with students	3867	41	41	32636	**32.6**

Lessons Learned

- For invasive procedures performed in US, nearly 50% of hand hygiene opportunities occur inside the procedure room, therefore using only the number of times a clinician or staff member enters/exits a procedure room may be a gross underestimate of how much CalStat should be used on the unit over a month
- Opportunities exist to educate staff on how to properly use CalStat (e.g. vigorously rub hands for 15 seconds)

Next Steps/What Should Happen Next

- Validate our estimated number of CalStat bottle usage in US by a pilot that measures the number of bottles used over a 3-month period
- Assess if validation is accurate and modify quantitative data measure to match actual usage
- Work with Infection Control to educate US staff and clinicians on proper hand hygiene practices
- Conduct observations to determine if proper hand hygiene practices are being performed after education
- Encourage staff members and clinicians to hold each other accountable for performing proper hand hygiene practices during patient care

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Turnaround Time for Neurological Magnetic Resonance in the Emergency Department

The Problem

Despite advantages in diagnosing neurologic disease, magnetic resonance (MR) is more time-consuming, and used less in the emergency department (ED) than computed tomography (CT).

Aim/Goal

We attempted to determine whether delays inherent in MR imaging contribute to delays in diagnosis and treatment in the ED setting.

The Team

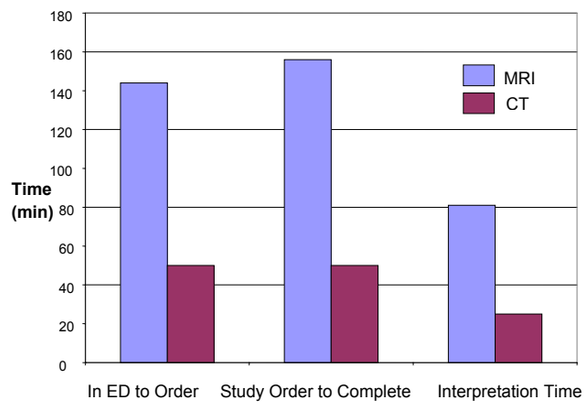
R. Rana, MD, Radiology
A. Fisher, MD, Neuroradiology
N. Peri, MD, Neuroradiology
D. Hackney, MD, Chief, Neuroradiology
J. Edlow, MD, Vice Chair, Emergency Medicine
L. Nathanson, MD, Emergency Medicine

The Interventions

We analyzed all neurological MR studies – brain, neck, spine – performed on ED patients over six months: Summer – July 1st to September 30th 2009 – and Spring – February 1st to April 30th 2009 – of consecutive academic years. We performed a similar analysis of CT studies for comparison.

In the summer period we performed 127 MR and 2608 CT examinations. For MR and CT, respectively, median times were [minutes (standard deviation)] 144 (110) vs. 50 (84) from patient arrival to study order, 156 (92) vs. 50 (51) from study order to completion, and 81 (107) vs. 25 (39) from study completion to interpretation. In the spring we performed 121 MR examinations, within 1.5% of summer volume adjusted for number of days. Thus there was no "new trainee" effect on study volume.

The Results/Progress to Date



Lessons Learned

- Overall, MR imaging from the ED is far slower than CT, but this does not appear to impact negatively on clinical decision making for these patients.
  - Neither body part, shift, day of week nor resident experience level affected ordered study volume or interpretation time
- Delays for MR may be due to: more clinical workup preceding MR orders, lack of MR in the ED, requirements for patient safety checklists, limited capacity of MR, greater number of MR images to view per study, and possible resident incentive to focus first on CT studies

Next Steps/What Should Happen Next

As mean/median data were obtained, additional prospective work may be helpful to determine if the turnaround time is appropriate in individual cases and if not, how any encountered delays could have been avoided. A similar analysis of emergency MR studies on inpatients may also be useful.

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Rich Rana, MD, Radiology, rrana@bidmc.harvard.edu

2010 Publications from our Faculty Members [New citations in Blue]. *We do a monthly PubMed search for new BIDMC publications and may miss those in which your affiliation is not noted. If we miss your paper, please send the reference to dwolfe@bidmc.harvard.edu to be included in next month's issue. Please note that publications do not always appear in Pubmed in the same month they are acutally published.*

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