

President of the Society of Thoracic Radiology. In 2009, he published 2 articles on his Grand Rounds topic:

1) Hwang JH, Lynch DA. Lung Diseases Associated with Collagen Vascular Disease

Dr. David A. Lynch is Professor of Radiology and Co-Director, Division of Radiology, Dept. of Academic Affairs at National Jewish Health in Denver, CO and Professor of Radiology and Medicine at University of Colorado Health Sciences Center, Denver. He received his medical degree (MB, BCh BAO with honours) from University College Dublin Medical School (National University of Ireland) in 1979. He became a Member of Royal College of Physicians of Ireland (MRCPI) in 1983 and Fellow, Royal College of Radiologists (London) (FRCR) and Fellow, Faculty of Radiologists, Royal College of Surgeons of Ireland (FFRCSI) in 1986. He completed internship and residency training in medicine and surgery in Dublin, rising to Senior House Officer in internal medicine and pediatrics before embarking on a radiology residency at Mater Hospital, Dublin. Following a fellowship in chest radiology and body imaging at UCSF, he joined the faculty of the University of Colorado Health Sciences Center, Denver as an Assistant Professor of Radiology and Medicine and Co-Director of Thoracic Imaging. He is on the editorial boards of leading journals: Radiology, Journal of Thoracic Imaging, and American Journal of Roentgenology. In 2003, he was elected to the Fleischner Society and in 2010, he became President of the Society of Thoracic Radiology. In 2009, he published 2 articles on his Grand Rounds topic: 1) Hwang JH, Misumi S, Sahin H, Brown KK, Newell JD, Lynch DA. Computed tomographic features of idiopathic fibrosing interstitial pneumonia: comparison with pulmonary fibrosis related to collagen vascular disease. J Comput Assist Tomogr. 2009 May-Jun;33(3):410-5. 2) Lynch DA. Lung disease related to collagen vascular disease. J Thorac Imaging. 2009 Nov;24(4):299-309.
FROM THE CHIEF
Jonathan B. Kruskal, MD, PhD

DEPARTMENTAL NEWS, AWARDS & HONORS

• Congratulations Phil Boiselle!
  I am thrilled to announce the promotion of Phillip Boiselle, MD to Professor of Radiology at Harvard Medical School effective January 1, 2011. Phil, our section chief for Thoracic Imaging and Vice Chair for Quality, Safety and Performance Improvement, has an extremely impressive international record of educational, research and clinical excellence, coupled with a vast portfolio of scholarship, administrative excellence and teaching innovation. Phil joined BIDMC in 1999, and was promoted to Associate Professor of Radiology in 2004. Along the way, he founded the Leaders in Academic Radiology Career Development Program, the Thoracic Imaging Fellowship and Radiology Residency Mentoring Programs before being appointed Associate Chief of Administrative Affairs. An advocate on all fronts, he is also Chair of the Ergonomics Task Force for Radiology and has gained national recognition as Editor of the Journal of Thoracic Imaging. A true scholar, a devoted academic, a clinical leader and an administrator par excellence, please join me in congratulating Phil on this most deserved promotion.
  - Jonny

• From the Rare Sightings Archive

Neither rain nor sleet nor even snow will keep our radiologists from their appointed rounds...
Our staff members, Drs. Bettina Siewert and Doug Teich receive the Creativity Award for being able to ski to work during our recent blizzard. As the weather service reports more of the same, it may behoove us all to learn how to cross-country ski!

Another rare sighting... Fluoroscopy is making a comeback and Dr. Raptopoulos is in lead!

Call for images: As many of you know, Mr. Otha Linton is nearing completion of our history of radiology book, commissioned by Dr. Herb Kressel. A collage of images is being considered for the cover - starting from the earliest imaging study to the cutting edge as an illustration of how far the field of Radiology has evolved. If you would like to contribute an image or two, please contact Donna Wolfe (dwolfe@bidmc.harvard.edu).
Getting LEAN byTrimming the Fat

We’ve all heard the word “Lean” banded about lately. “BIDMC is becoming Lean”, many staff in our hospital and department have undergone Lean training, all of our modalities in radiology are undertaking Lean projects and our physicians will now be exposed to the basic principles of Lean. In fact, spreading the tools and applications of Lean is one of our annual operating goals. So what exactly is Lean and how will this help all of us?

Perhaps the word Lean doesn’t help spread the message much! Think instead of applying basic principles to improve efficiency and throughput, reduce waste (supplies and time), improve productivity and increase equipment utilization. Less effort is required to provide your services, and less investment is needed to maintain and improve productivity. The products and services we produce have fewer defects (higher quality and safety), are produced in less time and with less effort. Equally important, the work environment is neater, safer and better organized. All staff are involved every day, either actively (challenging the status quo) or through observations (going to gemba: where the work is being done) and providing feedback and suggestions. This is what Lean is all about.

The term Lean was first proposed by John Krafcik in 1988 in his master’s thesis at MIT’s Sloan School of Management. Lean requires participation of and actively seeks input from all staff; the opinions of all staff are valued and respected. Of the many Lean principles, processes are observed and analyzed by visiting the place where work takes place. You’ve all seen several of us walking around the department observing workflow and clinical operations. This is referred to as going to the Gemba. This is how opportunities or safety hazards are identified, where suggestions are obtained, where processes are mapped and where waste is identified. Do we need so many sequences or images to be acquired? Does each sequence add value? We try to identify variations in processes; by standardizing work, efficiency and throughput are enhanced. We try to standardize processes – think of the pre-procedure timeout script that is now used in the OR. How can we automate CT scanning protocols? We try to map out processes to identify bottlenecks and factors limiting patient flow. Whenever possible, we try to eliminate steps that are unnecessary or do not add value. How can we reduce the number of unnecessary portable studies? We use visual cues as reminders, to share data, to guide work and to map our progress towards clearly defined goals. Are all staff aware of these cues and how can we improve this?

A Lean approach considers the use of all resources and how these provide value to the customer. If steps or actions do not provide value, they should be eliminated if possible – an unrelenting focus is placed on providing value to our customers, be these our patients or our referring physicians. Great attention is focused on getting rid of waste in any of its many forms. Think of the many ways in which we experience waste each day: delays in arrivals and transport, waiting for an IV line to be inserted, for sedation to work, for the cytologist to arrive, for images to reach PACS etc. Waste may also be due to variations that exist: consider patient factors, catheter choices and options for CT or MR protocols. Think also about how stress may add waste to a process: unnecessary scanning, over scheduling, repeating studies, time pressures, equipment malfunctions, PACS downtimes etc.

Here is an example of a Gemba walk I undertook yesterday: I observed a patient undergoing an ultrasound-guided liver biopsy with feducial seed placement on the CT scanner on west campus. All the CT technologists were sitting around and waiting for the scanner to be freed up so they could do their work. We could have completed 2 head CT’s in the time it took to complete this liver biopsy. An ultrasound technologist had to leave the ultrasound suite and wheel the machine into CT and set it up, then scan the patient. Surely this entire procedure could have been done in the ultrasound suite? Can our scheduling and approval process be improved to reflect this? This simple observation showed me so many opportunities for improving equipment and staff efficiency, for increasing procedural patient throughput, for listening to (and clearly hearing) the technologists and getting their input and suggestions, and for setting a process in motion to understand root cause of what happened and why. This is what Lean is all about and what we will be spreading throughout our department.

– JBK
Quality is an sense of excellence about a product or service

Along with the Radiology Quality Improvement MD Chair, I am a liaison to the medical center's quality department (HCQ). I take the quality goals and initiatives from HCQ and help apply them to Radiology. I am a facilitator of quality throughout the department. Quality encompasses every aspect of patient care from the physical environment to the clinical interaction and communication to the patient and their referring provider. I want every patient to have the best possible experience in our department. We all like to say that we want to give the care we would expect to receive. I am proud to have a hand in helping to make that a reality. Behind the scenes it isn't always so glamorous or heroic looking but everything large and small leads to the final product. Take for instance, when I audit our documentation or revise forms it may seem petty but the bigger picture is to uphold a level of compliance that will pass regulatory inspection so we can maintain accreditation and continue to keep our doors open to provide care for our patients. Every initiative is a building block to maintain or improve the quality of the services we provide. In order to maintain quality we have to be responsive to the changing healthcare environment. My goal is to have us become more proactive than reactive to these changes. I feel that we are working hard to do this and that our quality improvement efforts are making a difference. Sometimes that difference starts with helping our staff improve processes or environments that lead to doing a better job easier. This starts a chain reaction; the staff are happy with the job they do and the patients sense that and that satisfaction is passed on and on whether to the other care givers in the hospital or their friends or family.

Day to Day/Day in the life: ensure that the physical environment standards of the medical center are met in the department as outlined by the PACE survey tool, documentation audits, managing all radiology forms (revisions, help with development, supply issues), resource for questions about quality and compliance, track and assist in resolving patient safety and employee injury issues, represent Radiology in the Interventional Procedures Committee and Code Stroke Review Committee, facilitate QI efforts in the department such as Gemba walks, hand hygiene monitoring, patient satisfaction and critical results audits.

- Misti Mullins, RN

Misti has catalogued, updated and organized, revised and consolidated all departmental forms and educational materials. She is the go-to person, the efficiency expert, the action verb in the sentence!

- Bridget O’Bryan
Nurse Manager, Radiology

OUTREACH 2011 - Warm Admins for Rosie’s Place project

As part of her mentoring program, Debbie Levine, Associate Chief of Academic Affairs, contributed an article in Jan 2010 on the building of a national reputation as a criteria for academic advancement and the opportunities afforded by participation in national societies. As a follow-up we featured the breast cancer prevention efforts of Dr. Rola Shaheen in Nov 2010, as an example of how Harvard Medical School can also provide numerous global opportunities to acquire national/international experience and expertise. So far, we have covered national and international efforts and we are now pleased to include a new column for more local efforts. Please contact Donna Wolfe for more information.

Lois Gilden (Assist., MR Research) arranged an outreach effort to Rosie’s Place, a sanctuary for poor and homeless women in Boston. Instead of exchanging gifts at the annual administrative assistant holiday luncheon, the admins were invited to contribute a scarf for the guests of Rosie’s Place. The goal was to provide one scarf as a gift for each of the current guests.

“To All: It was a great success, and every one was so generous with their gifts of scarves that we easily had 21 gift bags to bring to Rosie’s Place and even an extra bag with hats and 3 more scarves! Good Job, Admins! You made me proud to be part of the Radiology Department!

I am attaching a picture of the woman at Rosie’s place who received our gifts. As I walked in the door with all of the bags, she said...These must be the scarves!' I was thrilled that she had remembered our little conversation and that it meant a lot also to the people who work so hard at the shelter.

- Lois Gilden"
KUDOS - Please join us in recognizing the following staff for outstanding patient care and service

Radiology Support

Kaiesha Harry recently received a wonderful complementary letter from a patient and his wife on her excellent customer service performance. This elderly patient was having difficulties scheduling multiple appointments, getting his questions answered and he was very concerned. The patient expressed how relieved and lucky they were to have gotten Kaiesha over the phone. She was compassionate, very responsive and efficient. Even taking the time to visit them in the RCU during his appointment. In addition Kaiesha has been excellent throughout the year for her collaborative and team oriented mindset, always coordinating Rad Associates pot luck and birthday celebration.

Breast Imaging

On the 1/12/11 stormy day, Connie Mulcahy drove for 4 hours to get to work. As it turned out, Connie was the only Sonographer in the department for the day. Despite the weather, patients came in for their Ultrasound procedures. The Radiologists were able to add on procedures as well rather than having the patient waiting another day to come in. Connie was efficient and worked diligently, without a complaint. Connie demonstrated the qualities of a team player.

CT

Rajeev Krishnapillai created an online managers vacation calendar. Managers can go online and see what dates are available and which might already be booked for vacations. Easy to use and easy for everyone to see vacations.

Carol Wilcox has been instrumental in our outreach to the Radiologist and implementation of dose reduction strategies that we now are able to highlight in our Image Lightly Campaign. Carol also assisted with the promotional video.

MRI

Over the past six months Kristina Murach has demonstrated strong leadership in team work and professionalism. She has repeatedly stepped up and handled difficult situations or challenging cases. She had become more confident in her role as a technologist. She has been a positive force in the department, first as a survey ambassador and most recently as a member of the Idea team. Kristina’s energy and enthusiasm are contagious and she brings a welcome spark to whatever she is involved in.

DX

A number of DX staff were recognized for going above and beyond duty during our first big snow storm. The following staff stayed overnight, came in on their day off, or stayed well after their shift. Many thanks to:

Abraham Abrahim  Caitlin Buchsteiner  Jaclyn Chittenden  Phuong Dong  Karen Faich
Jean Germain  Mary Elizabeth Morgan Monroy  Katie Siegel  Sandro Vicente  Alicia Zaske

Ultrasound

Dana Kohlstrom and Julie Smith both took the initiative to come into work the evening before a major snowstorm (1/11/11) and stayed on site so that ultrasound was staffed for the next day.
Robert Sheiman, MD - Director. Radiology staff: Salamao Faintuch MD, Felipe Collares MD, Muneeb Ahmed MD, Barry Sacks MD. Vascular surgery Staff [Not shown]: Allen Hamdan MD, Mark Wyers, MD, Marc Schermerhorn, MD.

Supported by our outstanding vascular technologists, the Non-Invasive Vascular Lab focuses primarily on carotid evaluation as well as assessment for peripheral vascular disease, bypass graft surveillance and deep venous thrombosis. Pre-operative assessment prior to arterio-venous fistula creation is also performed with protocols designed in conjunction with transplant surgery to assess patients with clinically occult tenuous venous access or upper extremity peripheral vascular disease. Evaluation of failing fistulas is also performed. The lab also has extensive experience in vascular trauma which includes minimally invasive femoral pseudoaneurysm repair with topical thrombin with one of the largest reported series worldwide.

The Non-Invasive Vascular Lab performs nearly 5,000 studies per year, has three registered vascular technologists with over 50 years of combined experience and has been ICAVL accredited since 1996. The lab also receives clinical referrals from throughout the region for difficult cases and has been chosen by other academic institutions to perform vascular studies for research purposes.

Radiology research has led to publications which include indications for Carotid artery screening prior to cardiac bypass surgery and optimization of femoral pseudoaneurysm repair with thrombin. The lab is also the first to publish on the treatment of brachial artery pseudoaneurysms with thrombin. The extensive experience of the lab is shared via lectures given by Radiology staff at all major teaching institutions in New England.

2011 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 actually published.


Tomaszewski J, Feldman MD, Rosen M, Madabhushi A. Determining
Lenkinski RE Xiao G, Bloch BN, Chappelow J, Genega EM, Wu JS
Greenman RL. Evaluation of skeletal muscle during calf exercise by 31-phosphorus magnetic
Buettner C, Smithline H, Ngo LH, Manning WJ
Albert M, Levy D, O’Donnell CJ, Yeon SB. Subclinical and
Tsao CW, Gona P, Salton C, Danias PG, Blease S, Hoffmann U, Fox CS,
A, Solomon SD. Vitamin D Receptor Activation and Left Ventricular
A, Solomon SD. Vitamin D Receptor Activation and Left Ventricular


To submit news, comments, and publications, please email: dwolfe@bidmc.harvard.edu or call 617-754-2515