

Radical Views... from the Department of Radiology

Volume 8, Number 2 AUGUST 2015





RADICAL VIEWS SPECIAL AUGUST EDITION



I am very pleased to announce that **Bettina Siewert** has agreed to become the Executive Vice Chair for Radiology at BIDMC effective Sept. 1st, 2015. I cannot tell you how excited and happy I am about this. Bettina and I go way back to

the early 1990's when we first met in the tiny Deaconess mobile MR scanner, she as Paul Finn and Bob Edelman's MR fellow imaging portal veins, and me as a junior resident struggling to understand precession and k-space.





Bettina will retain her Quality and Safety portfolio, and will also be focusing on internal affairs, faculty engagement and on helping me to drive overall practice and performance

improvement. She will also work with me as we establish an exciting new alignment and model with the hospital.

Since Bettina will be taking on these new responsibilities, she will be stepping down as our Abdominal imaging Section Chief but will retain the ACGME Abdominal Imaging Fellowship directorship until a fellowship succession plan is put in place.

I am equally excited to let you know that **Koenraad Mortele** has agreed, with great enthusiasm, to become our next Section Chief for Abdominal Imaging. Note that Koenraad will retain the position of Director of MRI.

The official transition will take place on October 1 but I wanted you all to know about these exciting transitions and appointments ahead of time. Bettina and Koenraad will work together to ensure continuity in all other abdominal portfolios.

I am so happy about these appointments and couldn't wish for two better colleagues and finer physicians to help guide our department in the years ahead. I know you will all join me in congratulating both Bettina and Koenraad, and will give them your fullest support in these new roles.

Radiology Calendar AUGUST 2015

Check for the most up-to-date schedule at: https://apps.bidmc.org/departments/radiology/residency/conferences/displayMonth.asp

Mon	Tues	Wed	Thurs	Fri
Weekly Mon Section Meetings: 3:00-4:00 ED section meeting [ED annex, WCC]		Weekly Wed Section Meetings: 11:00-12:00 MSK clinical conference 12:00-1:00 CardioThoracic, GI/GU Oncology 3:00-4:00 Mammo [TCC-484]	Weekly Thurs Section Meetings: 12:00 - 1:30 Abd [WCC-354] 12:00-1:00 MSK	Friday Grand Rounds: 12 noon Sherman Auditorium, East Campus (unless stated otherwise)
7:30 - 8:15 Xray I (Physicist) 8:15 - 9:00 Xray I (Leo Tsai)	7:30 - 8:15 Xray II (Physicist) 8:15 - 9:00 Xray II (Jesse Wei)	5 7:30 - 9:00 Introduction to Ultrasound (Dr. Bruno Madore (BWH))	7:30 - 8:15 Fluoro Intro (Physicist) 8:15 - 9:00 Fluoro Intro (Jennifer Ní Mhuircheartaigh)	7
7:30 - 8:15 Pancreatic pseudotumors (Anuradha Shenoy-Bhangle) 8:15 - 9:00 Imaging of Bariatric Surgery (Girish Tyagi) 12:00-1:00 MRI Meeting [Ansin 2]	7:30 - 8:15 Normal fetal survey (Janneth Romero) 8:15 - 9:00 MRI artifacts (Martin Smith) 10:30-11:30 NMMI meeting [GZ-103]	12 7:30 - 9:00 NEURO (TBD) 7:15-8:00 US meeting [WCC-304A]	7:30 - 8:15 Ectopic pregnancy (Janneth Romero) 8:15 - 9:00 First trimester (Janneth Romero)	14
7:30 - 8:15 Radiation Safety in IR (Ammar Sarwar) 8:15 - 9:00 Endocrine Interventions (Barry Sacks)	7:30 - 8:15 Introduction to Angiography (Muneeb Ahmed) 8:15 - 9:00 Arterial Anatomy (Muneeb Ahmed) 8:00-9:00 IR Meeting [West Recovery]	7:30 - 8:15 Image-Guided Biopsy (Olga Brook) 8:15-9:00 Image-Guided Drainage (Olga Brook)	20 7:30 - 9:00 Physics (TBD)	21 7:30 - 9:00 Physics (TBD)
24 7:30 - 9:00 Mammo (TBD)	25 7:30 - 9:00 Mammo (TBD) 10:30-11:30 NMMI meeting [GZ-103]	26 7:30 - 9:00 Mammo (TBD)	27	28 7:30 - 8:15 Healthcare Trends and Survival Strategies (Jonathan Kruskal) [Read JACR article prior to conference
31 7:30 - 9:00 Nukes (TBD)				

e Gallery presents Edinburgh, London & Paris Katie Armstrong shares her passion for architectural elements she captured in Edinburgh, London and Paris

Manager, Medical Education Programs in Radiology

elements she captured in Edinburgh, **London and Paris**







Speaking of Quality¹ ...

To coordinate the growing number of QI, performance improvement and practice quality improvement (PQI) projects being done across our Department, a **Quality Research Committee** has been established.











Core members of this group include (I to r:) **Bettina Siewert, Olga Brook, Ammar Sarwar, Ron Eisenberg** and **Sam Yam**.

The group meets monthly (second Monday of each month) and focuses on mentoring and managing projects. The aim is not only to implement effective projects, but to disseminate the lessons and to drive these to publication and then to grant support. This is the committee that also oversees all requests for IT resources to facilitate quality projects. All are welcome to attend. (The committee is distinguished from Bettina Siewert's QA committee that oversees all regulatory, compliance and safety portfolios, our safety scorecard, peer review, section PQI efforts, Joint Commission readiness and manages all sentinel events and root cause analyses.) There have been many requests of Sam Yam to create new dashboards for QA or PQI purposes. We have to be very careful when creating these to ensure that each has the proper approval, and that each is intended to improve a process or clinical care. Each dashboard must be actively managed, secure and we need to know and approve who gets access to the data, and how that data is managed and kept secure. Projects also need end dates and closeouts, owners and future plans, and we encourage as many as possible. However we do live in a very regulated environment! In order to ensure that every project is secure, HIPPAA compliant and has been approved by the IRB if necessary, we ask that every new project request first be presented at our monthly QA research meeting which is held at noon of the second Monday of each month. If you'd like to have a project considered, please contact **Andrea Baxter** to make sure you are put to the schedule.

- Jonny

Speaking of Quality² ...



Bettina Siewert, MD Executive Vice Chair Vice Chair of Quality



Suzanne Swedeen, RN MSN Quality Improvement Specialist

Dear Residents,

In Suzanne Swedeen's report about our quality and safety efforts in the third quarter for this fiscal year (April -June 2015) we noticed a HUGE improvement in the documentation of **contrast reactions**. There was an increase from 18% in the second quarter to 91% this last quarter of all elements having been documented. This tremendous work is entirely done by residents, what a fantastic achievement!!!

Thank you for the tremendous efforts you make every day to provide such excellent patient care. It is very much appreciated.

Note that Suzanne is in the process of sending out to our new residents and fellows step-by-step instructions for locating and completing our templated OMR notes for contrast reactions and extravasations, how to add an allergy to the patient's allergy profile, adding a pop-up note to PACS to notify reader of events and how to complete a patient safety report (incident report). If you would like to receive a copy of these instructions contact Suzanne at sswedeen@bidmc.harvard.edu. These instructions will soon be available as guidelines in PPGD as well as our Radiology Quality page on the portal. In the meantime, please see pg. 3 for a sample of the metrics of the elements that our residents have been documenting so well.

- Bettina



Bridget O'Bryan, RN Radiology Nurse Manager

The documentation of a clinical encounter is important for the handover of patients. It assures continuity of care, models good clinical practice and is additionally

valuable in resolving complaints and medical-legal issues.

Our departmental guidelines for contrast related event management includes a standardized descriptive assessment and response that facilitates these requirements for safe practice.

Compliance with these guidelines will ensure timely, comprehensive communication of these events to care providers in our patients' continuum of care, and assist us in determining future needs of our patients.

Residents Document Contrast Related Events

Beth Israel Deaconess Medical Center Radiology Guidelines

Title: Management of Contrast Related Events in Radiology

Number: RAD-95

Purpose: Guidelines for treating Contrast Related events in the Department of Radiology.

Guideline(s) for Implementation:

In evaluating a patient for a potential contrast reaction, assessments should include:

- · How does the patient look?
- · Does the patient have any skin changes?
- · Can the patient speak? How does the patient's voice sound?
- · How is the patient's breathing/ 02 saturation?
- · What is the patient's pulse strength and rate?
- · What is the patient's blood pressure?

Contrast Reaction:

Patient experiencing allergic/allergic-like reaction to contrast agent should have vital signs monitored prn; IV shall be maintained. Any patient with a mild allergic-like reaction should be observed for 30 minutes and re-evaluated. If not improved observed for

additional 30 min to ensure clinical stability or recovery.

Urticaria

o Asymptomatic:

No treatment needed

- Symptomatic: 0
- Mild or moderate and patient has a ride home*. Diphenhydramine (Benadryl) 25mg - 50mg PO/IV
- Mild or moderate and $\underline{\mathsf{NO}}\,$ ride home*: Fexofenadine HCL (Allegra) 180mg PO

Severe:

As above

Consider adding Famotidine 20mg IV over 2

minutes.

* Due to the potential sedative effect of Diphenhydramine, Fexofenadine should be used for patient's that will be driving.

Facial or Laryngeal Edema

o Mild to Severe

Consider calling Code 2-1212 Oxygen 6-10L facemask, Administer EpiPen(IM) -may repeat in 5-20 minutes(transfer to ED required if outpatient)

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Mild: signs and symptoms are self-limited without evidence of progression: Limited urticaria/pruritus/edema Limited flushing/warmth/chills Limited Itchy scratch throat Nasal congestion, sneezing, rhinorrhea Limited Nausea/vomiting

Headache/dizziness/anxiety Vasovagal reaction that resolves spontaneously Bronchospasm: Patient in no apparent distress Mild Hypertension

Moderate: Signs and symptoms are more pronounced and commonly require medical

Diffuse urticarial/pruritus/erythema –stable vital

Facial edema/ Throat tightness or hoarseness

without dyspnea
Wheezing/bronchospasm, mild or no hypoxia
Protracted nausea/vomiting

Isolated chest pain Vasovagal reaction that requires and is responsive to treatment Hypertensive urgency

<u>Severe:</u> Signs and symptoms are often life threatening.
Diffuse edema, or facial edema with dyspnea

Diffuse erythema with hypotension Laryngeal edema with stridor and/or hypoxia Wheezing/bronchospasm, significant hypoxia Anaphylactic shock (hypotension + tachycardia) Vasovagal reaction resistant to treatment Arrhythmia convulsions, seizures Hypertensive emergency

Adaption from American College of Radiology. (2013). ACR Manual on Contrast Media (Version 9 ed.). pp Manual on Co 101-102

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Immediate Care of Suspected Extravasations:

[Excerpted from Care of the Patient Following IV Contrast Extravasation

- 1. Stop the infusion immediately
- 2. Remove the catheter
- 3. Inspect the site and elevate affected limb above the level of the heart
- 4. Apply cold or warm packs based on patient
- 5. Notify the Radiologist to perform a full exam of the affected limb, including:
 - a. neurovascular check, skin check, peripheral pulses and capillary refill
 - b. assessment of the severity of the extravasation
 - c. Inpatient team should be notified of event
 - d. Outpatients should be sent to Emergency Room if:
 - 1. symptoms do not improve after one
 - 2. Initial evaluation findings include the following; signs and symptoms of compartment syndrome such as skin ulceration or blistering, numbness, altered tissue perfusion (dusky fingers etc.).
- 6. Observe the patient for up to 2 hours for any increase in symptoms: discharge when swelling diminishes or improvement is noted.
- 7. Discharge instruction to patient should include:
- a. Careful monitoring of site until swelling is completely resolved
- b. Use ice or warm packs prn for 72 hours (acute reaction peaks in 24-48 hours)
- c. Instruction for patient to go to the ED if any changes in status are noted.

Documentation Requirements:

- All contrast related events, regardless of severity, must be reported in the Patient Safety Reporting System
- Contrast Reactions: Update patient's allergy profile in OMR to indude allergy and the level of certainty
- Also, a note must be documented in OMR or the chart (if inpatient) describing assessment, treatment, disposition and patient education provided
- Document event in the dictated exam report
- Notify exam reader that event has occurred using the Pop Up note function in PACS

Documentation Requirements:

All extravasations, regardless of size:

- Must be reported in the Patient Safety and Feedback Reporting System
- A note must be documented in OMR or the chart (if inpatient) describing assessment, treatment, disposition and patient education
- This event must be documented in the dictated exam report
- Notify exam reader that event has occurred using the Pop Up note function in PACS

Reference: American College of Radiology. (2013). ACR Manual on Contrast Media (Version 9 ed.)

AIDEEN SNELL ON THE PATIENT EXPERIENCE



Aideen Snell, MSW Manager, Service Excellence Program x72570 asnell@bidmc. harvard.edu

Radiology Action Planning Committee's Patient Engagement

JULY TIP OF THE MONTH:

To really engage a patient when they visit Radiology, try asking them about something that has nothing to do with why they are here for an Imaging Study.

Patient Engagement

Did you see last month's Tip of the Month (above)? When we asked staff if they tried it many said, "We already do this!" You're right! You do this every day! Our patients tell us that you set their minds at rest, not just when you explain what to expect during a procedure or study but when you treat them like a person and

build rapport within the short amount of time you have. Talking about a summer vacation can reduce the anxiety of what may be weighing on their minds! There are so many great things we do for our patients without even thinking about it, it just happens naturally. Sometimes it's helpful to be mindful that you're doing it and why you're doing it. It's like using a muscle - build that muscle memory!

Read more about what others are doing:

Resident-Led Program Sparks Conversations with Patients

https://portal.bidmc.org/Utility/BIDMC-Today/Archived-Stories/2015/June/TellMeMore.aspx



"The patients seem to love her, but if they heard how she talks to her peers in the break room, would they still feel the same way?"

Just as we try to reduce unnecessary stress for our patients, is there unnecessary stress caused by your peer group or caused by you? Are your co-workers comfortable letting you know if something was missed or pointing out an error? Are you comfortable speaking up to others? Do you thank them and say "nice catch, thank you!" or do you make them feel bad, as if it was their fault? No one likes to make a mistake, but to err is human and we need to have a level of trust in this environment where we can speak up because it's the right thing to do, and what's best for our patients. Next time you hear someone speak up they should be recognized! Applaud them! We are all here because we care about people! Be kind to each other and to yourself.



See What's New!

Keep your eyes out for our new colorful kiosk for the Patient Satisfaction Survey. This is the first of six new kiosks purchased to increase our patiebts' access to the survey. By the end of the summer we will also be back to offering the survey in 7 different languages! The goal of this additional access is to increase our return rate and receive more valuable data for process improvement efforts and better patient satisfaction scores. Patients are shopping around for services more than ever before. We want BIDMC Radiology to stand out from all the rest and offer the best all-around service in medical imaging!

Radiology Action Planning Committee's Patient Engagement

AUGUST

TIP OF THE MONTH:

Smile and look

patients in the eyes when you talk to

them.

Even over the phone,

you can hear a

smile in

voice.

someone's

AND DON'T FORGET:

BE WELL, STAY WELL STRETCH AT YOUR DESK!

https://portal.bidmc.org/ECWellnessEAP/WellnessEAP/Be-Well-Stay-Well-Programs/Stretching.aspx [Copy and paste into your browser]

FREE MEDITATION IN THE CHAPEL on WEDNESDAYS

East Campus 11:30am – noon Wolfson Chapel West Campus 1pm-1:30pm Dooley Chapel

CONGRATULATIONS & BEST WISHES



CONGRATULATIONS VALERIE FEIN-ZACHARY

We are pleased to announce that the following promotion of **Valerie Fein-Zachary, MD** to Assistant Professor of Radiology has been approved by the University, effective July 1, 2015!

FAREWELL JIM BROPHY



Jim Brophy Mgr., Radiology Informatics

[Please note that since he will be staying on at BIDMC, Jim decided to preserve his waistline by not having a farewell event in Radiology.]

In 2001, I began my career at BIDMC in the Information Systems
Department as a Team
Leader on the PatientSite
Project. In 2004, I had the good fortune to join Radiology as PACS
Informatics Manager and now I have the unique opportunity to return to the Clinical Applications
Department of Information Systems as a Manager.

I will be working on

inpatient, critical care and anesthesia projects, among others, and am definitely looking forward to the challenges this position will bring my way.

Although I am very excited about my new move, it is a bittersweet departure, since I will miss my friends and colleagues in Radiology. I am just very happy I will be working for the same organization, and anticipate that I will see many of my "old" friends and colleagues in the hallways around the Medical Center. Thank you all for making my stay in Radiology such a learning and rewarding experience. I will never forget it.

Sincerely, Jim Brophy

KOMMUNITY KORNER: Community Radiology



Jeffrey Bernard, RT Manager, Community Radiology Network Services

Recently, I enjoyed the opportunity of speaking at

the annual American Hospital Radiology Administrators Convention in Las Vegas which was held at the Venetian Hotel and which also included radiology seminars and vendor displays of equipment and services.

My presentation allowed us to share our view of the vital role of Community Radiology to the Enterprise as a whole;



Like a Good Neighbor, Community Radiology is There!

Jeffrey Bernard
Community Radiology Network Manager,
Beth Israel Deaconess Medical Center • Harvard Medical School



identify the challenges and considerations of affiliating with another institution; how to resolve operational obstacles prior to and during integration, and how to establish and maintain communication lines up and down the organization and across the network. Given the dramatic change in the healthcare landscape in recent years, the advent of ACOs (Accountable Care Organizations) and the need to build hospital networks, the presentation provided other radiology professionals the ideas and tools to establish and lead their own radiology networks and was well-received.

FAREWELL MIKE AMICO





Mike Amico served as an MRI Research Technologist-Aide for David Alsop, PhD, Director of

MRI Research/Vice Chair for Research, for the past five years. After completing his MR training this year, Mike accepted an MR technologist position at Boston Medical and his last day was Thurs., July 2. As usual, the MRI Research Section gathered together to thank Mike for his contribution to the section and to wish him well in his new position.

CONGRATULATIONS (cont'd)



Bridget O'Bryan, RN Radiology Nurse Manager

The Professional Nurse Advancement Program (PNAP) at Beth Israel Deaconess Medical Center is based on a model of practice development in nursing that was described by Patricia Benner in 1984 in her classic work, From Novice to Expert: Excellence and Power in Clinical Nursing Practice. Benner based her work on the Dreyfus Model of Skill Acquisition, which identified five levels of development in the acquisition of skills: novice, advanced beginner, competent, proficient, and expert. In moving through these stages, the learner gains capacity in three broad areas:

- · Building knowledge through experience
- · Learning to perceive a situation as a whole and to quickly focus on the most important aspects
- · Becoming increasingly engaged in and committed to the work

The PNAP recognizes clinical nursing staff who have gained expertise in these broad domains.



Malolepzy



Kelly Cronin

Please join me in congratulating Marybeth Malolepzy, RN with her advancement to CNIV and also Kelly Cronin, RN to CNIII. Their portfolios submited to the advancement committee clearly highlight the patient-centered, quality-driven care that our staff provide everyday.

KUDOS - Each month, we share the positive feedback we receive about staff members and ask you to join us in congratulating them; as always, we are especially proud to acknowledge an unprecedented constellation of staff for providing outstanding care and service!





Pam Roberge and **Jason Chagnon** were recognized by Dr. Bettina Siewert who offered special thanks for their efforts in facilitating many

interventional procedures during a very busy weekend.



A big thank you to **Usama Abraham** for his assistance in the redesign of the west central supply room.

Chestnut Hill Square —



Cathy Melchin has been a model of consistency on all things patient care. Yesterday alone, we received 3 compliments from patients following their screening mammograms about the care they received from Cathy. She is calming and reassuring.

Patients are always so appreciative after their exams. Cathy provides the highest standard of care while still making her patients feel supported and comfortable.











(L to R:) Julie Robens, Meghan Connolly, Blaithin O'Hanlon, Dana Kohlstrom, and Sheila **Leaden** all volunteered to cover either holiday weekend shifts or on call shifts open due to LOAs.

REMINDER: Updated Radiology Staff, **Trainee & Technologist Posters** are available on InfoRadiology in pdf format for viewing, downloading, and printing Log in to the portal: https://portal.bidmc.org/



2015 BIDMC Radiology Publications - A PubMed search for new BIDMC publications is made each month; however, if we miss your paper, please send the reference to dwolfe@bidmc.harvard.edu. Note that Epub dates are included only in publications where the Epub and paper publication dates occur in different years, i.e., Epub in 2014 and paper publication in 2015.

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