
Volume 10 - Issue 6, 2010 - RSNA 2010 Round-up: Imaging Management Top Session Picks

Managing Risk for Optimal Patient Safety

» Practical Methods for Creating a Culture of Safety in the Workplace

The learning objectives of this session were to recognise ways in which leaders can promote a culture of safety, by examining specific tools used to reinforce safety strategies and methods used to reinforce safety messages in the workplace. The session also focused on specific tools used to prioritise safety goals based on institutional need and regulatory standards and identified the responsibilities and actions of administrators, managers, and front line personnel in reinforcing an organisation's ongoing commitment to safety.

One of the practical ways of creating safety in the workplace outlined during the session was using the 'Impact vs. Effort' or 'Effort vs. Benefits' decision matrix, which allows a decision to be quickly analysed by evaluating the possible outcomes.

The importance of having a safety committee was also highlighted. The committee should include representatives from all areas of the department and even medical facility, including maintenance staff. First of all, the safety committee should meet on a regular basis, for example every month, as this allows for an open exchange of ideas on what to change and improve. The meetings should be more like brainstorming sessions but with an agenda, and should promote creativity and not get caught up in the process of the meeting.

It is also important to determine and prioritise goals and have a clear list of accomplishments at the end of the year. Within the meeting it is common to have sub groups for improvement such as 'patients left unattended' or 'infection control', which allow participants to focus on particular problem areas but it is equally important to allow everyone to meet and discuss ideas together. Audits are also important, as it is necessary to check and ensure that the changes being made are having an effect. There are two types of audits – mandated (regulated and institutional) and internally developed. Both are important as they track progress and can highlight problems areas.

However, when creating a culture of safety in a workplace, the most important factor is active involvement and participation of the front line people as they are the most important for creating a culture of patient safety within the working environment and they should be the ones that decide how this should be promoted.

Any kind of visual aids can be used to promote safety such as colourful signs, flow charts – anything that will make people think, remember and follow the practice. Employees naturally want to make progress so the more they are involved, for example in designing the signs and posters, the more likely they are to take notice of them and adhere to the safety policies. It is after all, the people who create a culture of safety and not the policies and equipment.

» Radiation Fears Should Not Deter Women from Mammography Screening

The risk of radiation-induced breast cancer from mammography screening is slight in comparison to the benefit of expected lives saved, according to a new study appearing online and in the January issue of the journal *Radiology*.

"Our study shows that the risk of cancer associated with routine screening in women age 40 and over is very low, especially when compared to the benefits associated with early detection."

Dr. Yaffe and his colleague, James G. Mainprize, Ph.D., developed a model for estimating the risk of radiation-induced breast cancer following exposure of the breast to ionizing radiation from various screening mammography scenarios and estimated the potential number of breast cancers, fatal breast cancers, and years of life lost attributable to mammography screening.

Using a radiation dose estimate of 3.7 milligrays (mGy), which is typical for digital mammography, and a cohort of 100,000 women, the researchers applied the risk model to predict the number of radiation-induced breast cancers attributable to a single examination and then extended the model to various screening scenarios beginning and ending at different ages.

The results showed that in 100,000 women, each receiving a dose of 3.7 mGy to both breasts, annual screening from age 40 to 55 years and biennial screening thereafter to age 74 years would result in 86 radiation-induced cancers, including 11 fatal cancers, and 136 life years lost. Conversely, for the same cohort it was estimated that 497 lives and 10,670 life years would be saved by earlier detection.

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