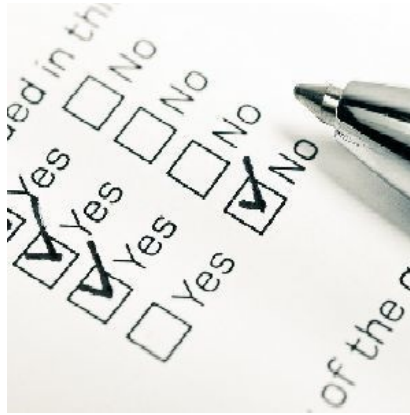




Low-tech Tool Benefits Radiologists



In an era of sophisticated business analytics and elaborate social media campaigns, one low-tech tool remains useful: a survey of key stakeholders.

For the Department of Radiology at New York University (NYU) Langone Medical Center, use of this low-tech tool has made a lot of difference in terms of service quality improvements and greater collaboration between radiologists and clinicians.

Conducting surveys of referring physicians is a good way to "reach out to our key stakeholder group," said Andrew Rosenkrantz, MD, associate professor at NYU, in a presentation of the department's quality initiative at RSNA 2014. "They may have concerns but might not necessarily come forward with them."

The department created a multidisciplinary committee to develop the survey, limiting the number of questions to 10 for brevity's sake. The committee also helped distribute the survey to as many referring physicians as possible, mailing, e-mailing and handing the survey directly to clinicians during consultations and at conferences.

A total of 93 completed surveys were returned, representing a broad sampling of NYU's referring clinicians. The department then implemented quality improvements based on the feedback gathered from the survey:

Structured and standardised radiology reports. The department developed structured report templates and standardised lexicon to consistently communicate the level of confidence in diagnoses.

Standardised instructions for clinicians. The department created a one-page summary of requirements for various imaging procedures and distributed these to clinicians for easy reference.

Guidelines for common and incidental findings. The department initiated collaborative work sessions with clinical specialists to develop these guidelines. For example, follow-up recommendations for ovarian cysts were established in cooperation with OB/GYN physicians.

In the 12 months following the survey, the department also provided education on American College of Radiology (ACR) Appropriateness Criteria, embedded radiology reading rooms in different clinical areas, and expanded evening and weekend radiology coverage.

A re-survey of referring physicians a year later revealed significant improvement across the majority of quality

measures. The department also showed referring clinicians that their input mattered by publishing a booklet listing the departmental changes that occurred as a result of their feedback and distributing it throughout the hospital.

Notably, the booklet documenting quality improvements — now in its second edition — opened up lines of communication between the Department of Radiology and other clinical areas.

"Clinical specialists tend to work in silos without much collaboration between departments. We are changing that by working together to figure out the best way to manage the patient," said Dr. Danny Kim, assistant professor and the Department of Radiology's Director of Quality and Patient Safety. "The radiologist's report is only part of the equation. What's the impact on clinical decision-making? What happens next to the patient? We want to make sure every patient has a good outcome."

Source: [Radiological Society of North America](#)

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