CARS Congress 2010 Announced

The CARS Congress Organising Committee invites you to be part of their congress which will be held in Geneva, Switzerland from 23 – 26 June, 2010. The congress is aimed at those who work in the fields of radiology, surgery, engineering, informatics and/or health care management and have an interest in topics, such as:

- Image guided interventions;
- Medical imaging;
- Image processing and visualisation;
- Computer aided diagnosis;
- Surgical simulation;
- Surgical navigation and robotics;
- Model-guided therapy, and
- Personalised medicine.

New PACS applications, including IT-infrastructures adapted for surgery, as well as related results from the DICOM and IHE working groups, are also within the scope of CARS. Recent successful CARS congresses have taken place in Berlin, Paris, Tokyo, San Francisco, London, Chicago, Osaka and Barcelona. The congress will be held in conjunction with the annual meetings of ISCAS, EuroPACS, CAR, CAD and CMI societies. Please note that the deadline for paper and abstract submissions for CARS 2010 in Geneva is January 11, 2010.

Further information is available at: [www.cars-int.org](http://www.cars-int.org)

New Standards of Practice Initiative for IR

CIRSE has created a Standards of Practice (SOP) Committee to produce evidence-based guidelines for interventional radiologists to enable the standardisation of practice for interventional procedures across Europe. Quality Assurance (QA) guidelines attempt to define principles that should assist in producing high quality care. They are obtained by analysing the data available in the scientific literature. Other sources of information may be used in conjunction with these principles to produce high quality medical care, which is our ultimate goal. These standards or QA guidelines may take the form of one of three types. They may be documents that have been adapted from previous Society of Interventional Radiology (SIR) guidelines; they may be new guidelines...
The Society of Interventional Radiology (SIR) has already done extensive work in the US on this subject and published the resulting documents in the Journal of Vascular and Interventional Radiology. It was decided that CIRSE should review the standards set by the SIR and, when possible, adapt them for European interventionalists. CIRSE is most grateful to SIR, for the permission to use their data. Current guidelines are available for download on www.cirse.org

ECRI Member Wins Achievement Award

ECRI Institute has announced that Dartmouth-Hitchcock Medical Center of Lebanon, New Hampshire, US, is the winner of the fourth annual Health Devices Achievement Award for excellence in health technology management. The Health Devices Achievement Award recognises an outstanding initiative undertaken by an ECRI Institute member healthcare facility that improves patient safety, reduces costs, or otherwise facilitates better strategic management of health technology.

Dartmouth-Hitchcock’s winning submission, “A Multidisciplinary Approach to Improving Patient Safety in the Adult Medical/Surgical Population through Earlier Detection of Patient Deterioration Using Surveillance Monitoring” describes an initiative designed to decrease failure to rescue (FTR) events - instances of severe patient harm (such as death or disability) that occur because a serious deterioration in the patient’s condition is not detected in time. The project was designed to reduce FTR events through a new application of pulse-oximetry monitoring: using it continuously from admission to discharge. The primary goal was to enhance nurse surveillance in the postoperative setting. A secondary goal was to reduce the number of “nuisance alarms” which tend to desensitise nurses to alarms. Nurse satisfaction with the new surveillance tool was reported to be very high, and preliminary analysis indicates that the initiative has contributed to decreases in annual rescue calls and transfers to critical care.

More information is available at: www.ecri.org.uk

IHE Advancing in Key European Programmes

The past year saw substantial advances across e-health projects in Europe as regional, national and European level programmes reported moving from strategy development to deployment. Two days of presentations during the recent European Connectathon in Vienna provided a panorama of progress with updates and profiles of best practices. As 230 engineers and programmers ran hundreds of tests for interoperability between new e-Health systems and devices in an adjacent workroom, speakers in a workshop programme organised by IHE-Austria highlighted projects moving forward that all share IHE processes and tools.

Four other countries, Denmark, Poland, Turkey, and Switzerland, are currently in the process of joining IHE-Europe, and Switzerland sent a special delegation to the Connectathon in Vienna to observe the live testing.

More information is available at: www.ihe-europe.net

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