



Kim Fell



Jodi Youndt



Rob Carfagno



Larry Buller, Jr.

3 Ways Imaging Leaders Can Prepare For Increased Volumes During The Coronavirus Pandemic

12:00 PM on March 20, 2020 by *Ty Aderhold*, edited by *Marisa Deline*. The Advisory Board Company is the owner and publisher of this article.



CDC, the **American College of Radiology (ACR)**, and the **Royal College of Radiology** continue to discourage the use of CT as a front-line screening tool for COVID-19. But imaging teams should be preparing for increased volumes regardless. There remains a possibility that CT scans may be used for diagnoses if the shortages of viral tests and/or testing supplies continue, **as occurred** in China last month. More immediately, imaging departments are likely to see imaging orders for COVID-19 patients as part of staging and treatment planning. The **ACR recommends** that clinicians order images only when it will potentially change the management of the disease. While this guidance will hopefully limit the inappropriate use of imaging, we still anticipate growing numbers of imaging exams ordered for COVID-19 patients. With that in mind, here are three steps that these departments should take to prepare:

Advisory Board Consulting and Management now has more than 380 management executives and clinicians with an average of more than 15 years of operational experience running critical hospital and medical group departments.

1. Understand and follow infection control protocols

CDC **currently recommends** that all transport and radiology staff **wear all recommended personal protective equipment (PPE)** and practice hand hygiene when transporting patients for imaging and conducting scans. After imaging a patient with suspected or confirmed COVID-19, all surfaces within the imaging room, including equipment, must be cleaned and decontaminated by staff wearing proper protective equipment. Furthermore, facilities must consider the air-flow within the imaging room in order to prevent against airborne transmission. Based on **CDC guidelines on ventilation**, rooms may need to sit idle for a period of time depending on the HVAC system, filtration levels, and air exchange rates of the facility. ACR's latest **position statement** on the use of CT and COVID-19 notes this could be up to an hour. If possible, facilities should take advantage of mobile imaging equipment to avoid the additional infection measures that must be taken when COVID-19 patients are transported. For more detailed guidance on safety steps imaging departments can take, including how University of Washington Medicine and NYU Langone Health are protecting their staff and patients, we **recommend this expert panel** published in *Radiology* on March 16th.

2. Consider postponing elective imaging procedures

CDC has recommended that health care facilities reschedule non-urgent patient visits and process high-priority visits as rapidly as possible to prepare for the coming influx of COVID-19 patients. As COVID-19 cases continue to ramp up, here are steps to consider:

- a. Evaluate current volume of pre-operative imaging scans.** These scans are almost certain to fall off the calendar, given that hospitals and surgeons are currently rescheduling and postponing elective surgeries. Imaging leaders can develop a better sense of true future capacity in upcoming capacity by identifying these "likely rescheduled" exams. Furthermore, leaders can use this list of upcoming exams to proactively reach out to their top referring providers with a full list of upcoming exams for their patients and have one consolidated conversation.
- b. Evaluate preventative screening volumes,** as these exams can be postponed with relatively low risk and patient impact. Given social distancing recommendations, many patients will appreciate a proactive approach to offering other appointment options for these screenings.
- c. Evaluate all other scheduled diagnostic or interventional procedures to determine urgency.** For any that are non-urgent or elective, such as varicose vein treatment, providers should proactively reach out to referring providers to have a conversation about rescheduling.
- d. Frontload high-priority exams.** Taking the steps above will free short-term capacity. Imaging leaders should work with referring providers and patients to attempt to move time-sensitive exams forward. Read full article **here**.

Interested in learning more about MBMS?
Please contact Matt at mostrum@mbms.net



Matt Ostrum
Executive Vice President of Sales & Marketing