Desperate Times...

As radiology volumes plummet during the Covid-19 pandemic, radiology advocates are trying to have CMS recognize radiologists as “treating physicians.” This would allow radiologists to order diagnostic tests and manage certain aspects of patient care. It may be advantageous to radiologists as we approach mandatory Appropriate Use Criteria/Clinical Decision Support, to work shoulder to shoulder with physicians from other specialties.

Some practices are designating one location, either a hospital or a imaging center, to treat patients suspected of having coronavirus or Covid-19 or to rule out other causes of the patients’ symptoms. Penn State Health is using this approach at its Radiology Annex at the Hershey Medical Center. In their model, the radiology technician is behind plexiglass outside the doorway and uses two-way radios to communicate with the patient. Hershey Medical Center is looking to rule out other conditions that may be causing the patients’ symptoms. Steinberg Diagnostic Medical Imaging in Las Vegas is using the model to treat patients suspected of having the virus at their Henderson, Nevada location. Other providers throughout the country are offering similar models to treat those suspected of having the virus.

There is currently a debate as to whether or not CT is an alternative testing option for Covid-19 cases. China researchers advocate the use of CT while the CDC, Royal College of Radiology and others are against the practice. Many of the reasons cited against the use of CT in the US were over-using hospital resources, lack of personal protective equipment, and safety concerns having potentially infected patients in waiting rooms with healthy patients. The ACR has issued guidance on the use of chest x-rays, CT and MRI for Covid-19 suspected and confirmed patients. To see the guidance, please go to: https://www.acr.org/Clinical-Resources/Radiology-Safety/MR-Safety/COVID-19-and-MR-Use and https://www.acr.org/Advocacy-and-Economics/ACR-Position-Statements/Recommendations-for-Chest-Radiography-and-CT-for-Suspected-COVID19-Infection.
The Covid-19 pandemic is an unprecedented challenge for health care leaders. But like their peers in the health care system, imaging leaders are realizing that the pre-surge period presents a critical opportunity for preparation. Imaging leaders should be planning to accommodate the surge in Covid-19 patients—as well as the eventual rush of non-Covid-19 patients after the surge wanes. We spoke with the imaging director of a health system in a major metropolitan area with an anticipated peak still at least a few weeks ago (we have given this health system the pseudonym Oak Hill). Based on this conversation and other Advisory Board research, here are steps imaging leaders can take to prepare.

4 steps to prepare for a Covid-19 surge

1. **Leverage mobile units for imaging Covid-19 patients whenever possible.**

   Imaging of Covid-19 patients is challenging, due to the need for extensive use of personal protective equipment (PPE), cleaning, and ventilating of rooms required across transportation and scanning. As volumes grow, these challenges could severely reduce the availability of scanners, staff, and resources. Many imaging departments are turning to utilizing mobile imaging units. Oak Hill plans to limit patient transport by using portable x-ray machines whenever possible.

2. **Cross-train and prepare technologist staff.**

   The imaging leader at Oak Hill wants to ensure the organization can flex staff when the surge hits. The leader is taking the following steps to maximize flexibility:
   - Cross-training technologists on multiple modalities;
   - Preparing technologists from outpatient care sites to work in the ED; and
   - Training technologists on Covid-19 infection protocols, including use of PPE.

3. **Communicate with staff about non-traditional work.** Covid-19 is an unprecedented pandemic that demands a lot from health care workers. Imaging leaders should:

   - Prepare technologists for 24/7 hospital work. Technologists from outpatient care sites are used to working certain, set hours. During the surge, however, imaging leaders might ask them to work in different care sites and for different hours. For instance, imaging leaders at Oak Hill are preparing technologists for working evening, overnight, and weekend shifts at the hospital. Start these conversations with staff sooner rather than later. Be aware that some of your staff will not be able to make these changes, if they are taking care of family members or rely on public transportation. Be sensitive to these challenges. Consider what your organization might be able to provide to these staff members—including transportation, childcare, laundry, resting space, premium pay, or even housing.

   - Donate hospital-based imaging staff time to cover immediate system needs before imaging is strained. In this pre-surge period, many imaging departments have seen a drastic reduction in volumes. At Oak Hill, the imaging director is using some of this newfound downtime for training. But he also offered to flex staff across the hospital. Currently, imaging staff are helping with PPE distribution and patient intake.

4. **Collaborate with radiologists to increase reading capacity.** To maintain adequate turnaround time (TAT) during the coming surge, radiologists should be prepared to flex into reading ED exams from remote locations.

   At Oak Hill, the imaging department is working with their radiologists to refurbish and update old workstations for use at home or other remote locations. This preparation will allow for an estimated 5-7% increase in reading capacity during a potential surge. In addition, Oak Hill is temporarily altering its worklist to allow radiologists to read ED cases. Read full article here.

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