

## Handout Materials

### A Call for Action: Radiology Best Practices

**Date of Webinar:** May 25, 2022

**Time(s) of Webinar:**  
1 to 2 p.m. ET

#### Learning Objectives

Upon completion, participants should be able to:

- List 3 strategies to reduce malpractice claims and improve patient safety

#### Panelists

##### Robert Hanscom, JD



**Robert Hanscom** joined Coverys in August 2013 and serves as the vice president of risk management and analytics. He is responsible for oversight of enterprise-wide risk management services, data quality, data governance, comparative benchmarking, and the advancement of analytics to support the business in delivering on its overall strategy. His department serves our insureds with data-driven, proactive risk management expertise, assessments, consultation, content, and insights into effectively preventing patient harm.

Before joining Coverys, Mr. Hanscom was with CRICO, the malpractice self-insurance captive for the Harvard system, for 14 years. At CRICO, he was senior vice president of loss prevention and patient safety and led CRICO's external consulting division, CRICO Strategies.

Before that, Mr. Hanscom was vice president of clinical services at Lahey Clinic in Burlington, Massachusetts, for 5 years. Earlier in his career, Mr. Hanscom worked for both Massachusetts General Hospital and for a law practice in Maine. He received his Bachelor of Arts in history from Pacific Union College (California) and his Juris Doctor from Pepperdine University School of Law.

##### Annemarie Provencher, RN, HNC, CPHRM



Annemarie Provencher is a senior risk specialist for Coverys member companies Medical Professional Mutual Insurance Company and ProSelect Insurance Company. She works closely with healthcare providers, office managers, and hospital clinical and administrative staff to identify and provide solutions for risk management exposures in clinical practice.

Ms. Provencher is a registered nurse with 18 years of critical care nursing experience and more than 20 years of clinical and risk management experience. She is also a Certified Holistic Nurse and has comprehensive experience and knowledge in healthcare risk management, patient safety, regulatory compliance, healthcare accreditation, and claims management. She has provided educational presentations on risk management and patient safety at national conferences, including the American Society for Health Care Risk Management (ASHRM), the Urgent Care Association (UCA), the Physician Insurers Association of America (PIAA) and, most recently, the Annual Medical Liability Insurance ExecuSummit.

Before assuming her position at Coverys, Ms. Provencher was the risk manager and infection prevention coordinator for a community hospital in the Berkshires. She received her nursing education from Berkshire Community College.

### **Mark Letterio Monteferrante, MD**



Dr. Monteferrante is a board-certified radiologist who has been in the private practice of neuroradiology in the Washington, DC area since 1993. He has also been an assistant clinical professor in neuroradiology at The George Washington University Hospital for the past 17 years, and the managing partner for Progressive Radiology for the past 21 years.

Dr. Monteferrante's interest in neuroscience began in his undergraduate days at Johns Hopkins University, where he conducted research at the Laboratory of Neurosciences at the National Institutes of Health. He went on to serve as chief resident of his diagnostic residency at Bridgeport Hospital, where he won the hospital's Resident Research Award. This was followed by a 2-year fellowship in neuroradiology at the Neurological Institute of New York at Columbia University.

As both a board-certified radiologist and an expert in adult and pediatric neuroradiology, Dr. Monteferrante has done extensive work as a medicolegal consultant in these areas over the past 25 years. He is a senior member of the American Society of Neuroradiology, as well as a member of the American Roentgen Ray Society and the Radiological Society of North America.

### **Lisa Mead RN, MS, CPHQ, CHPC**



Lisa Mead is a certified healthcare professional in health care quality. She has more than 30 years of experience in healthcare, progressing from bedside to C-suite. She spearheaded the formation of the Strategic Radiology Patient Safety Organization (SRPSO) and leads the quality and safety activities to support the network.

Ms. Mead is the founder and president of Crowne Healthcare Advisors, which provides healthcare consulting and support for large medical groups and health systems around quality, safety, and strategic planning.

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Initial Release Date: May 25, 2022

Estimated Time to Complete This Activity: 60 minutes

Participants must complete the evaluation and attestation within 60 days of participation.

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## Supplemental Resources

For additional resources on this topic, please visit our Supplemental Resource Page at <https://www.medic.com/a-call-for-action-resources/>, or scan the QR code below with your smartphone or tablet QR code reading app:





## A Call for Action Claims Series: Best Practices—**Radiology**

BROUGHT TO YOU BY



## Moderator

**Mark J. Hakim, BS, MA, MBA, CPHRM**

*Director, Risk Management & Patient Safety Educational Strategy,  
Med-IQ*

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## Getting the Most From Virtual Learning

- As much as possible, minimize distractions
- Technical issues may occur; please be patient with us
- We want to hear from you!
  - Use the Q&A and chat boxes to engage
  - Chat box default setting is to Panel only

## Learning Objectives

Upon completion, participants should be able to:

- List three strategies to reduce malpractice claims and improve patient safety

## Today's Panelists



Robert Hanscom, JD



Lisa Mead, MS, RN



Mark Monteferrante, MD



Annemarie Provencher, RN

## Disclosure

- The faculty and activity planners have no financial relationships to disclose



## Today's Agenda

- Improving patient outcomes—Dr. Monteferrante
- Improving diagnostic accuracy—Ms. Mead
- Panel discussion
- Audience Q&A

## **MOVING THE NEEDLE:** Improving Patient Outcomes

Mark Monteferrante, MD

## Sources of Malpractice Risk in Radiology

- Perception/interpretation errors
- Communication deficiencies
- Procedural complications and informed consent
- “Unhappy patient”

## Radiology Best Practices

- Structured reporting
- Peer review
- Continuing medical education
- Subspecialized reading

## Rx: Doctor-to-Doctor Communication

- Structured Reporting
- Clear concise conclusions with appropriate follow-up recommendations
- Verbal communication of STAT and potentially “life threatening” results
- Documentation of interactions

## Rx: Doctor-to-Patient Communication

- Listen to the patient
- Clear concise answers to questions
- Realistic expectations
- Verbal communication of STAT and potentially “life threatening” results
- Documentation of interactions

## Rx: Optimize the Patient Experience

- Professional interactions and settings
- Strong policies and procedures for staff
- Communication which builds a “trusting relationship”
- Dealing with “difficult patients”
- Patient feed-back

## Panel Discussion

# Audiences of the Radiology Report and Their Needs

Report Audience	Needs from the Report
<b>Reporting radiologist</b>	<ul style="list-style-type: none"><li>• A place to organize thoughts and a sounding board during synthesis</li><li>• Employ technical accuracy; provide complete evaluation</li></ul>
<b>Other radiologists</b>	<ul style="list-style-type: none"><li>• Provide enough detailed information to help guide follow-up examinations efficiently</li></ul>
<b>Primary care practitioners</b>	<ul style="list-style-type: none"><li>• Clear specific recommendations for treatment, follow-up, or additional evaluation</li></ul>
<b>Subspecialty physicians</b>	<ul style="list-style-type: none"><li>• Fewer specific recommendations</li><li>• Greater detail for staging and treatment planning</li></ul>
<b>Patients</b>	<ul style="list-style-type: none"><li>• Understandable report with little specialized language</li><li>• No ambiguity about the significance of findings</li></ul>
<b>Billing or coding staff</b>	<ul style="list-style-type: none"><li>• Specific language required to adequately bill for the examination</li></ul>
<b>Researchers</b>	<ul style="list-style-type: none"><li>• Structured information with standardized language allowing population of data registries and research</li></ul>
<b>Lawyers</b>	<ul style="list-style-type: none"><li>• Sufficiently thorough and protective language to avoid the risk of malpractice</li></ul>

Hartung MP et al. *Radiographics*. 2020;40(6):1658-1670.

## MOVING THE NEEDLE: Improving Diagnostic Accuracy

Lisa Mead, MS, RN, CPHQ, CHPC

# Improving Diagnostic Accuracy Through Improved Communication to Patients With Incidental Findings on ED Medical Imaging Studies

Supported by a grant from Coverys Community Healthcare Foundation

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## Project Details and Results

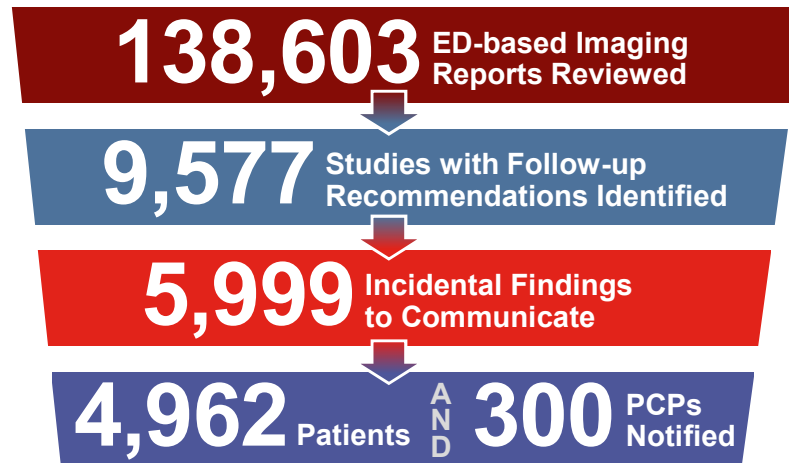
Project Duration: January 2019 to March 2021

8 Practices Across the Country



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## Project Details and Results *(continued)*



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## Solutions: Implement an Outreach Program

- Assess tools available in system
- Review how your system may already have Navigators
- Discuss the issue with key stakeholders
- Assess tools in marketplace
- Develop a process
  - Reviewing reports
    - Natural Language Processing (NLP)
  - Navigator Dashboard
  - Outreach
  - Follow-Up Statistics

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## Solutions: General Radiology Report Recommendations

- The impression should be at the top of the clinical section of the report.
- Add macros to reports.
- All reports and sections within reports should read in the same order.
- Use macros and bold text or bullet points to call out each subheading.
- Include the image number or image description (e.g. PA or Lateral) with each incidental finding comment and measurement.
- Include follow-up recommendations in the impression as well as the body of report.
- Keep findings for each body part together.

## Solutions: Description of Incidental Findings

When describing an incidental finding include the following elements:

- Morphology, location
- Size
- Possible communication with vessels or other anatomy
- Description of walls or margins
- Presence of “worrisome features” and/or “high-risk stigmata”
- Multiplicity
- Density descriptions: Echogenicity, Hounsfield Unit, Calcification(s)
- Follow-up recommendations based on ACR Rads guidelines
- Growth on follow-up examination



## Solutions: Clear Follow-up Recommendations Matter

- Bilateral indeterminate adrenal nodules can be further evaluated with MRI or CT adrenal protocol.
- Fleischer Society pulmonary nodule guidelines recommendations for follow-up and management of nodule smaller than 8 mm detected incidentally at nonscreening CT.
- Recommend nonemergent outpatient adrenal MRI or CT for further evaluation.
- Nondependent nature of the stones may indicate an infiltrating neoplasm at the renal hilum recommend contrast enhanced CT examination when feasible.
- Possibly enhancing right renal lesion (1.1 cm); given small size and patient age, consider CT abdomen without and with contrast (renal mass protocol) in 3-6 months for active surveillance.
- Following ACR guidelines, more complete characterization is recommended with adrenal mass protocol CT or MRI.

## Panel Discussion

## Audience Q&A

## Call for Action Claims Series

- June 29—**Emergency Medicine Best Practices**

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Thank You!