SANA 2021 REDEFINING RADIOLOGY November 28 to December 2

First experience with a centralized regional clinical and dose management system

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Energy footprint project figures



Energy footprint: Objetives



- **1. Improve diagnsotic capacity** and increase the efficiency in the realization and interpretation of CT images.
- **2. Reduce Radiation Dose** received by patients ("Energy footprint" within the framework of the Patient Safety Strategy)
- **3. Rationalize and standardize patient examination protocols** in accordance with the best available evidence and the comprehensive evidence

ADVANCED CENTER FOR IMAGE DIAGNOSIS (CADI, Centro Avanzado de Diagnóstico por Imagen)





ENERGÉTIC/

ETAPAS DEL PROYECTO



Continuous management		CADI
Dose optimization	نې 🛄 ز	COMITES LOCALES + CADI continuous improvement
Standarization of practices and protocols	i, <u></u> ,i	CADI + subgrupos
	ن <u>ش</u> ة	COMITES LOCALES + CADI
→		EQUIPO IT GEHC
→ O Integration and data collection		EQUIPO IT GEHC Y EQUIPOS IT SAS
→ € 68 CT installation in 6 months		EQUIPO IT GEHC

Main task groups:



Main task groups are stablished at regional level:

• TG Protocols:

• Define the clinical protocols to build a corporate standard library to be installed on the equipment, based on the best scientific evidence available and existing in our centers (corporate benchmarking).

TG Dose management

- Define the configuration of the dose management platform and the procedure for optimizing the technical protocols.
- Establish regional Dose Reference Levels as the main dose optimization tool.

Local task groups

HUELLA ENERGÉTICA

28 local task groups:

- multidisciplinary teams (physicists, radiologists, radiographers, IT…)
- Tasks
 - Locally coordinate the implementation of clinical protocols
 - Work locally on the optimization of technical protocols
 - Analyze and assess local actions, indicators and incidents.



Results

Installations

- 63 CTs connected to CADI command center
- Real time data update (dose, productivity, clinical studies)

Dose management

• Evaluated the impact on the dose (in the most common protocols) of the technology change as a first step to obtain a picture of the current state and establish initial regional dose reference levels: mean dose reduction of 26% from baseline

Uptime to contrast 1.V. de Coloma a

• Real time monitoring of CT uptime: actual value better tan 99.5%

Training

 The initial online training program has been accredited and has already been carried out by about 1200 professionals, following an on-site training after the start-up of the CTs in the centers in which almost 400 professionals have participated. In addition, the project includes continuous training that extends to 8 years later



Conclusions

- 1. It is a unique improvement project in terms of the number of patients benefited at the professionals involved.
- 2. It involves a change in the way of working, sharing experience and benefiting from the best of our health system.
- 3. Analysis with Artificial Intelligence will allow us to easily detect areas for improvement

