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Empowering **Patients** and Partners in Care



Increasing Bone Scan Capacity by Optimizing Appointments

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Background

- Bone scan is an essential part of staging in prostate cancer
- Significant backlog due to COVID-19
- Increased post pandemic demand
- Bone scans traditionally planar only
- SPECT CT can be added to clarify areas of concern on planar imaging

Background

- Planar imaging= 30 minutes.
- SPECT CT one body part = 15 minutes.
- SPECT CT two body parts = 30 minutes.
- Therefore, each scan can take up between 30 minutes to 60 minutes.
- Traditionally 60 minutes appointments

Purpose

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Identify ways to increase bone scan capacity by optimizing the appointment times

Method

• Retrospective:

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- All bone scans performed in 12 months (prostate cancer)
- Data collected:
 - Planar only, one / two body part SPECT CT
 - Recent / upcoming CT imaging

Results

53% of patients required planar imaging only

- 24% of patients needed additional one body part SPECT CT
- 23% of patients needed additional two body part SPECT CT
- None of the patients with recent CT within 4 weeks required any SPECT CT (unless a lesion identified on recent CT needed further characterisation)

Change

- Review previous and pending imaging when vetting
- Offer 30min appointments for patients with recent cross-sectional imaging

Summary of Results

- Capacity increased between 25% to 100%
- Bone scan waiting list reduced

 Other imaging pathways are also getting reviewed for optimization

Conclusion

- Optimization of healthcare services is vital
- Above retrospective QIP identified risk stratification methods to increase imaging capacity
- Background clinical knowledge of radiologists can add value to service improvement



