



JESSA
ZIEKENHUIS

JUSTIFICATION IN PRACTICE

DR. G. SOUVERIJNS

Jessa Hospital



**Campus Virga Jesse
Hasselt**



**Campus Salvator
Hasselt**



**Campus St-Ursula
Herk-de-Stad**

981 beds, 220 day hosp, > 400 doctors, > 3.000 employees
3 radiology departments, 21 radiologists, 1 consultant, 3 residents

Justification

1. How did we start and improve our justification process?
2. Practical steps in justification

Justification?

› ICRP: International Commission for Radiation Protection

› The ICRP system of radiation protection:

3 fundamental principles:

1. justification

2. optimisation

3. dose limitation

› http://ec.europa.eu/health/scientific_committees/opinions_layman/security-scanners/en/l-3/2-radiation-protection.htm

Justification?

> “any decision that alters the radiation exposure situation should do more good than harm”

=> benefit: Individual, Societal or Economic

“Justification therefore goes far beyond the scope of radiological protection”. (ICRP)

financial tightness in social security

Justification

1. How did we start and improve our justification?

“Accreditation”

2008 - 2012- 2016:

Jessa received NIAZ – Qmentum accreditation

Qmentum:

2012->2016 more demanding standards !

Justification

Getting started with accreditation (justification):

- installation of Q-team Jessa Rad
 - 2 deputy heads of nursing / technicians: coordinating
 - 4 rad tech/nurses (resp: disasters, pt safety, hosp.Hygiene,...)
- Q-team reports each month at management
 - head of department, head of nursing (2), care manager
- Q-team selected standards with need for radiologist input
 - responsibility of head of department

Justification

Q-team tasks:

- **gap analysis using the standards of Qmentum and Quaadril**
- coordinating self assessment (internal – important external partners) concerning the standards of importance
- implementation of plans for action (with timing)
- validation of measures of improvement
- **registration of all procedures in 1 place**
- link with other Q-teams
- together with management: **bringing into practice**

Justification

Q-team tasks:

- gap analysis using the standards of Qmentum and Quaadril
- coordinating self assessment (internal – important external partners) concerning the standards of importance
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- registration of all procedures in 1 place
- link with other Q-teams
- together with management: bringing into practice

Justification

NIAZ-Qmentum transition 2012->2016: **gap-analysis**

NIAZ-Qmentum // JCI for radiology

=~ Quaadril

QUAADRIL

Quality Assurance Audit For Diagnostic Radiology Improvement and Learning



IAEA HUMAN HEALTH SERIES

No. 4

Comprehensive Clinical Audits
of Diagnostic Radiology
Practices: A Tool for Quality
Improvement

Quality Assurance Audit for Diagnostic Radiology
Improvement and Learning (QUAADRIL)



- Comprehensive Clinical Audits of Diagnostic Radiology Practices:
A tool for quality improvement



IAEA
International Atomic Energy Agency

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Justification

Q-team problems:

- gap:

-> written improvements, but bringing it in practice?

-> what is the current level of knowledge with our employees?

-> where to find procedures / how to communicate?

-> how to stimulate continuous improvement?

Justification

Q-team solutions:

- gap
 - > written improvements, but bringing it in practice?
 - > what is the current level of knowledge with our empl.?

- internal audits: 2012-2013

but no expertise nor pressure

=> **need for external audit**



The need for Clinical Auditing is supported by several organizations



- White paper on radiation protection, 2011
- ESR Clinical Standards and Audit templates, 2015



- EC Directive 97/43/EURATOM and EC Directive 2013/59/EURATOM
- European Commission Guidelines for Clinical Audit for Medical Radiological Practices No 159



- International Atomic Energy Agency : Quality Assurance Audit For Diagnostic Radiology Improvement and Learning (QUAADRIL)

Clinical Audit

The ESR believes that all radiology departments should have a Clinical Audit Programme in order to assure users of the quality of the service and to promote continual quality improvement.

Clinical audit in terms of the EC Directives/EURATOM 97 and 13

The European council has adopted the Euratom Directive laying down basic safety standards for protection against the dangers arising from exposure



Whereas the establishment of

- quality assurance
- and audit programmes,
- and inspections by the competent authorities

are necessary to ensure that medical exposure is delivered under good radiation protection conditions;

QUAADRIL: Quality Assurance Audit For Diagnostic Radiology Improvement and Learning



IAEA

International Atomic Energy Agency

- Quaadril is 100% in line with EC Guidelines No 159

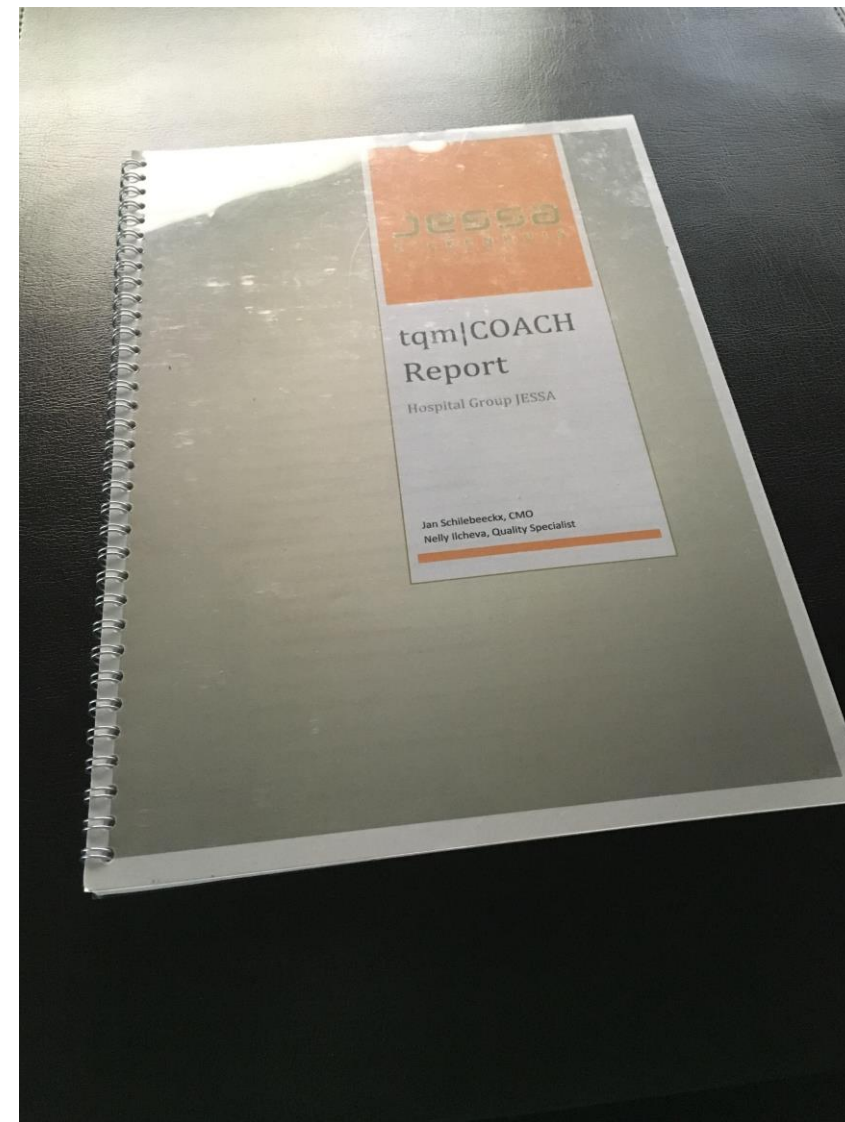
By comparing the practice of the service against the standards of good practice, clinical audits can inform the staff of the health care service, as well as all other stakeholders, about the essential elements of quality and the weak points of the overall clinical service.

The audits will indicate areas for improvement and provide reassurance on issues such as safety and efficacy, all of which are essential to creating an environment of continuous development.

Quaadril Audit april 2014

Qaelum: dose-monitoring

Dr. J. Schillebeeckx
Nelly Ilcheva



Report: 34p with 'areas for improvement'

LEVEL 1 CLINICAL AUDIT TEMPLATES

Justification

Pregnancy Status

Radiation Dose

Optimisation

Communication

MRI safety

Pre-procedure Screening

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Justification

Q-team solutions:

- gap
 - > where to find procedures / how to communicate
 - > how to stimulate continuous improvement?
- need for 'document management system'
 - > + tools for continuous improvement
 - > + overview accreditations needs
 - > + tools for communication

Justification

Q-team solutions:

- need for 'document management system'
 - > + tools for continuous improvement
 - > + overview accreditations needs
 - > + tools for communication

=> Qaelum: TQM Dose => Q-book

Justification

1. How did we start and improve our justification process?

- accreditation
 - => audit: baseline info and areas for improvement
 - => awareness / need for change
- tools for registration, communication: Q-book

Justification

1. How did we start and improve our justification process?

2. Practical steps in justification

Justification

2. Practical steps in justification

- justification standards in Quaadril / Qmentum

Justification

Quaadriil Guideline:

Principles and criteria for good practice regarding J:

- Selection of appropriate examination:
 - referring doctors, health authorities (screening)
- Using guidelines for imaging
- Justification by clinical assessment of pt (available on order)
- Examination availability (MRI)
- Benefit > Risks associated with examination
 - Especially if pregnant, breastfeeding, paediatric

Justification

- Knowledge of:
 - Indications for available examinations
 - Advantages and limitations of examination options
 - Complementary nature of other examinations
 - Results of prior examinations
 - Risk-benefit considerations including adverse effects
 - Contraindications

=> Information = key => task for radiologist !

Justification

- Appropriate clinical information = essential
 - Facility should have written policy and procedure on:
 - verification of request data and
 - justification of examination selection.
- Radiological medical practitioner (or delegate):
 - Should review the request
 - Determine if appropriate
 - Contact referring colleague if necessary for discussion of clinical findings and imaging examination options

Justification

Justification in Niaz-Qmentum:

- parts can be found in different chapters (27 pages of standards)

Biggest part of justification in chapter 9, safe and good radiological service.

Gold – platinum - Diamond

Justification

Practical: domains to work on

1. Referral by doctor
2. Making an appointment
3. Arriving at the radiology department
Tasks for secretary, nurses/technicians, radiologists

Justification

Practical: domains to work on

1. Referral by doctor

2. Making an appointment

3. Arriving at the radiology department

Tasks for secretary, nurses/technicians, radiologists

Justification

Practical: domains to work on

1. Referral by doctor

Steps taken:

- set of **training sessions** for general drs (LOK)
 - Guidelines in general
 - Guidelines for lower back pain
 - Guidelines for abdominal imaging
 - Risks in a radiology department



Justification

Practical: domains to work on

1. Referral by doctor

Steps taken:

- **Rad Call center:** separate nr for referring drs
 - Very High SLA: 95% < 15" => redirected to Radiologist with subspeciality they ask for
- * communication: we prefer a phone call to avoid suboptimal referrals (general drs feel hampered to do so)

**Today's generation will never
get to know the satisfaction**



**of slamming down the phone
during an angry hang-up!**

www.facebook.com/geezerplanet

Justification

Practical: domains to work on

1. Referral by doctor

Steps taken:

- **Website: Belgian guidelines** available



Justification

Practical: domains to work on

1. Referral by doctor

Steps taken:

- **Radiology = no commodity => radiologists need to play a role**
 - Improved visibility of radiology in our hospital
 - Take part in oncology handbook workshops !
 - Organ focussed radiologists = contact person
 - Take part in multidisciplinary oncology meetings
 - Better relations with referring colleagues; appreciation
 - Easier communication, avoiding wrong exams

Justification

Practical:

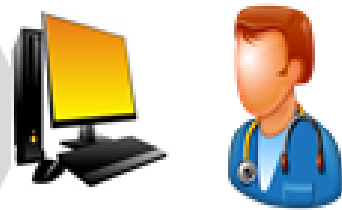
NDSC helps bring the best available imaging guidelines to referrers

1. Referra

Opportuni
- **Electroni**



ESR guidelines are structured into digital content...



...and seamlessly delivered in real-time to ordering physicians at the point of care within the native EHR

The art of CDS delivery

- Localisation and translation
- Integrate seamlessly into EHRs
- Create user-centric 'actionable' workflow with minimal 'extra clicks'
- Avoid alert fatigue
- Meaningful statistical reporting on appropriate utilisation



Justification

Practical: domains to work on

1. Referral by doctor

Opportunity:

- Planning of regular feedback conversations with ER colleagues
 - Ex. Focus on *Medical Imaging*: renal stones

Justification

Practical: domains to work on

1. Referral by doctor
- 2. Making an appointment**
3. Arriving at the radiology department
Tasks for secretary, nurses/technicians, radiologists

Justification

Practical: domains to work on

2. Making an appointment

Steps taken:

- List of examinations are flagged for secretary in booking software
 - > no appointment possible
 - > unless radiologist approves

(MRI chest, MRI ribs, XR Sinus, XR skull, mammotomy,...)

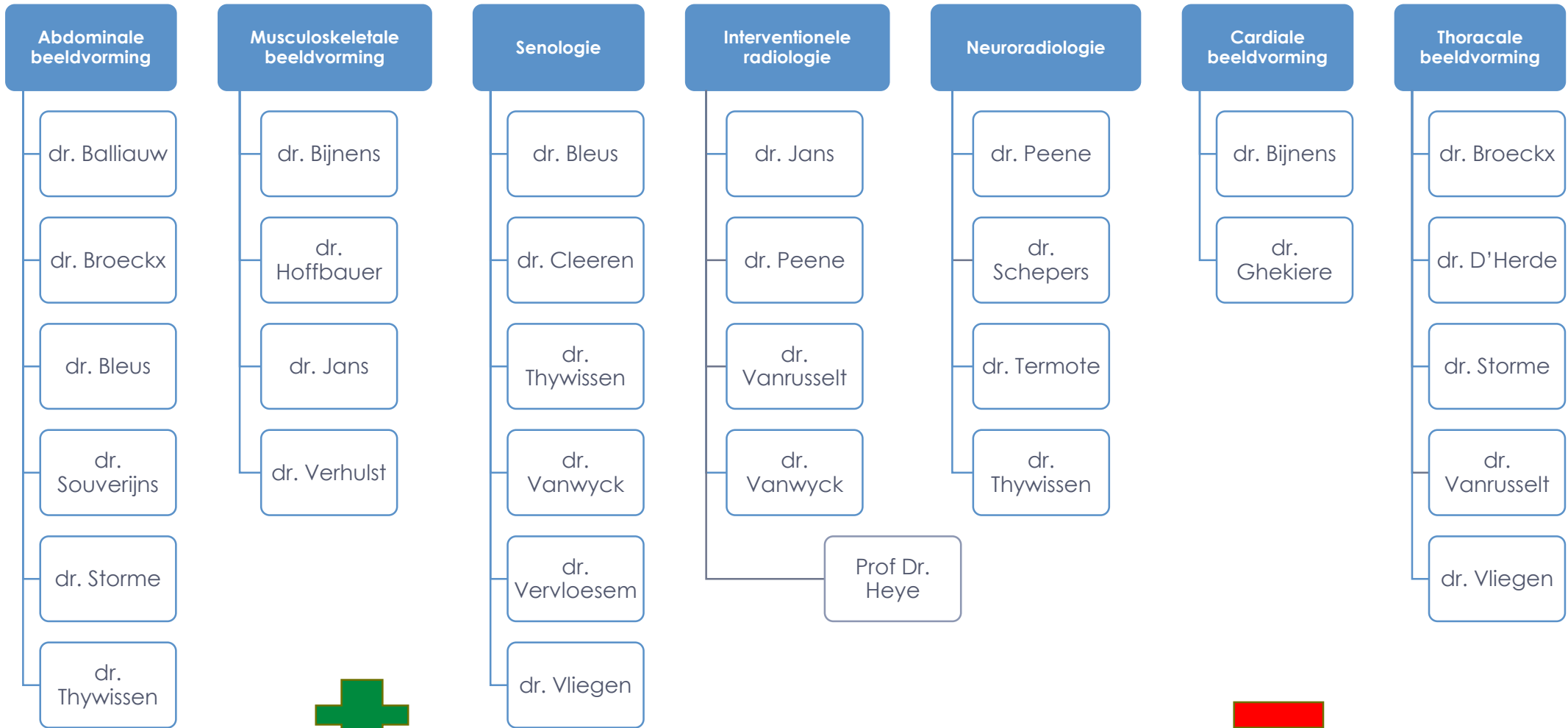
Justification

Practical: domains to work on

2. Making an appointment

Steps taken:

- Radiologists work with subdisciplines and separate bookings
 - Appointment is fitted in order to get patient at correct campus, correct timing, with correct radiologist.



- Reference doctors
- Quality ↑
- Second opinion, avoiding exams.
- Follow up and feedback (MOC's)

- Difficult Practical organisation
- Need for large staffing

Justification

2. Making an appointment

Steps taken:

- Dynamic MRI planner:
 - Emergency Room has free semi-urgent MRI time slots available
 - Planned < 1wk
 - Ex. To avoid ultrasound or XR-Knee
 - Block of MRI time-slots reserved for urgent planning
 - Available for substitution from CT
 - Active monitoring of MRI waiting time / anatomy
 - Remediation possible with free blocks each week

Justification

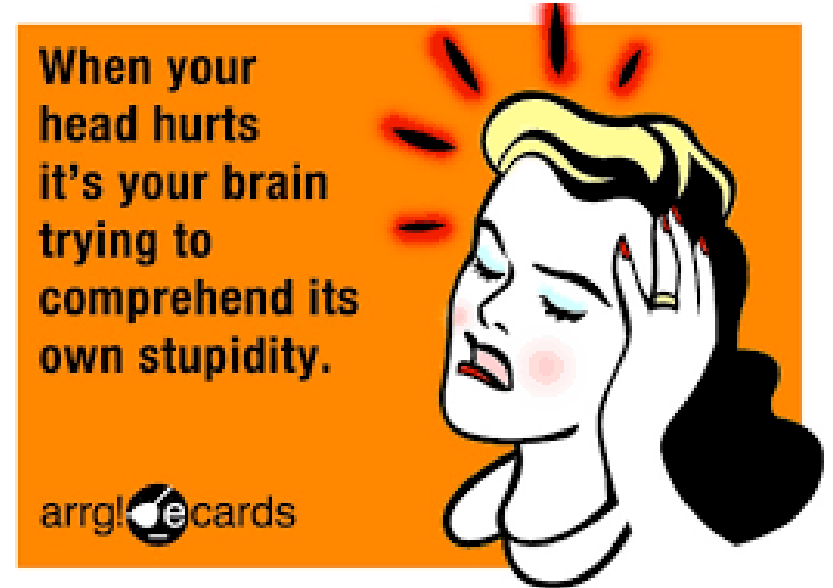
Practical: domains to work on

2. Making an appointment

Opportunity:

- Refusal of CT brain
 - Often ambulatory due to 'headache'
 - But: legal – medical responsibility

-> training of med.students !!!



Justification

Practical: domains to work on

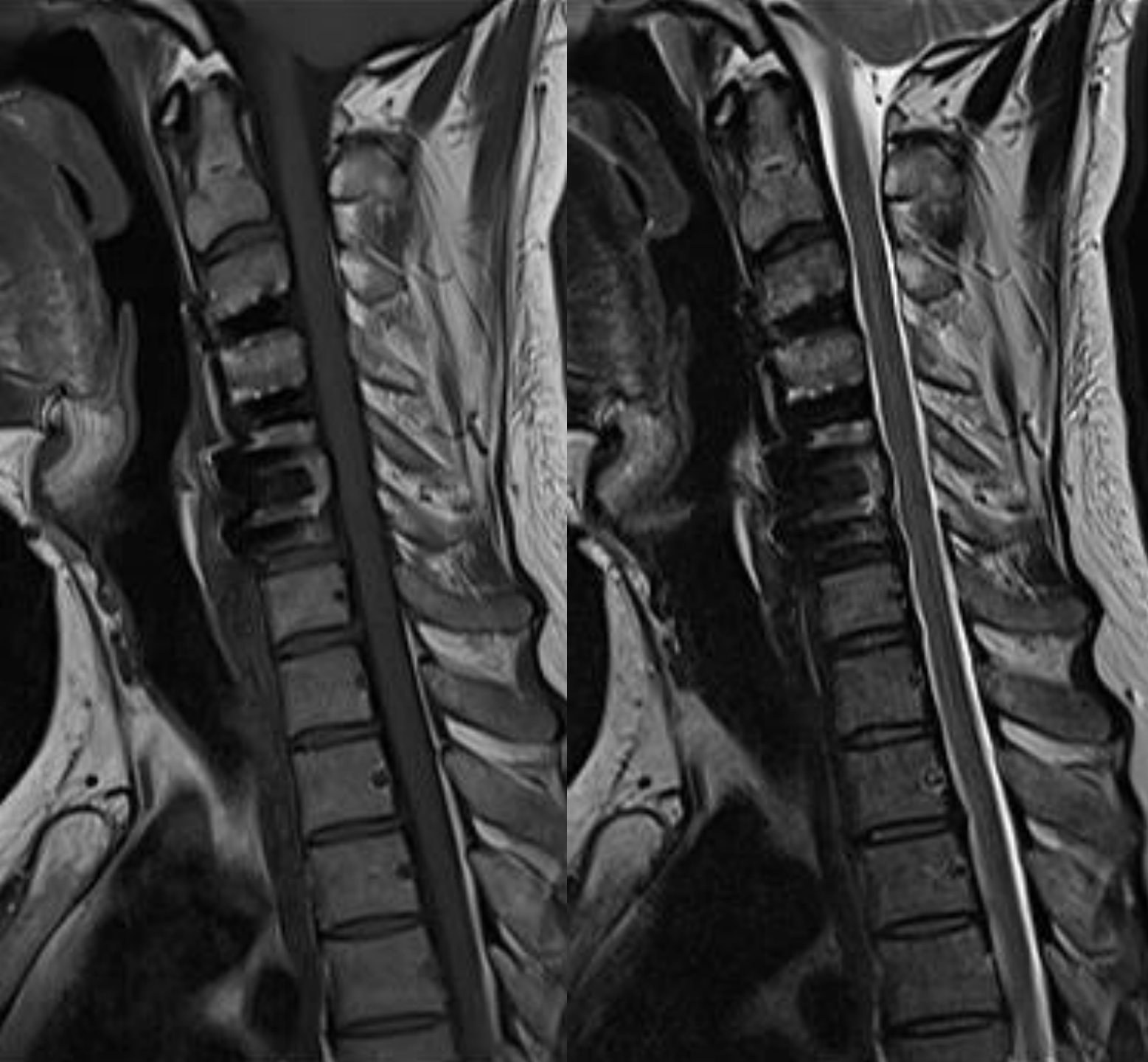
2. Making an appointment

Opportunity:

- Refusal of CT spine
 - But:
 - Claustrophobia
 - Operated ("surgeon knows better")



"OK, Mrs. Dunn. We'll slide you in there, scan your brain, and see if we can find out why you've been having these spells of claustrophobia."



Justification

Practical: domains to work on

1. Referral by doctor
2. Making an appointment
- 3. Arriving at the radiology department**
Tasks for secretary, nurses/technicians, radiologists

Justification

3. Arriving at the radiology department

Tasks for:

1. secretary,
2. nurses/technicians,
3. radiologists

No electronic ordering; every order is digitalised; workflow is digital.

All procedures / working instructions can be found in Q-book
important: 'at your fingertips'

Enter the text

Search in Title

Search Reset

Actions

Query logic OR

Options

Sort by

Alphabetical

Group by

Query

Run Query

Reset Query

Select a query to load.

only meant for me

- VPK RX
- VPK MR
- Radioloog
- VPK CT
- Zorgkundigen / Logistiek assistenten echo
- Secretariaat

Load

Cancel

1. Scanprotocols CT

- 00.00 Overzicht protocolnummers CT
- Overzichtsexcel gouden standaarden Qmentum
- Richtlijnen / guidelines medische beeldvorming

3. Ziekenhuishygiëne

- Afvalbeheer
- Algemene voorzorgsmaatregelen handhygiëne
- Algemene voorzorgsmaatregelen persoonlijke beschermingsmiddelen
- Algemene voorzorgsmaatregelen: handhygiëne
- Algemene voorzorgsmaatregelen: persoonlijke beschermingsmiddelen
- Clostridium Difficile
- CPE
- ESBL producerende en andere multidrug resistente organismen
- MRSA
- Norovirus

5. Probleemoplossingen

- Probleemoplossing CT SASU Spuitpomp Medtron
- Probleemoplossing CT SA (HD750 GE)











2. Werkinstructies CT Algemeen

- Algemene aandachtspunten CT
- Algemene richtlijnen dienst radiologie
- Allergie en allergische reacties
- Aspect score (stroke)
- Berekening van angio terarecon
- Bloeddruk
- Communicatie ongewone, onverwachte of dringende bevindingen
- Competenties, subspecialisaties radiologen
- Contrast richtlijnen algemeen
- CT Virtueel Colon meegeven en coderen secr werkwijze


4. Patiëntveiligheid / Veiligheidshandboek

- Actieve patiëntidentificatie jessa
- Allergie registratie dienst radiologie Jessa
- Bescherming van patiënten tegen röntgenstralen
- Bescherming van personeel tegen negatieve en schadelijke invloeden
- Dosimeter aanvraag, stopzetten, verloren
- Gebruik kleurgecodeerde polsbandjes
- Jessalert procedure
- Noodplan brand, rampen radiologie

5. Probleemoplossingen











-  Probleemoplossing CT SASU Spuitpomp Medtron
-  Probleemoplossing CT SA (HD750 GE)
-  Probleemoplossing CT SA Bracco CO2 insufflator
-  Probleemoplossing CT SA CBCT New Tom
-  Probleemoplossing CT SU (lightspeed 16 slice)
-  Probleemoplossing CT VJ Bracco CO2 Insufflator
-  Probleemoplossing CT VJ Spuitpompen
-  Probleemoplossing CT VJ Toshiba Aquillion one en Toshiba rxl
-  Probleemoplossing Jessa Netwerk
-  Probleemoplossing Jessa Impax

7. Formulieren

-  Aanvraagformulier Radiologie
-  Informed consent CT-geleide punctie of -drainage
-  Medicatie stickers telebrix 30ml in fles H2O
-  Medicatie stickers adrenaline
-  Medicatie stickers buscopan colonografie
-  Medicatie stickers drinken fles ct van tot
-  Medicatie stickers iomeron spuitpomp
-  Medicatie stickers NaCl spuitpomp

-  Dosimeter aanvraag, stopzetten, verloren
-  Gebruik kleurgecodeerde polsbandjes
-  Jessalert procedure
-  Noodplan brand, rampen radiologie
-  Noodplan extern
-  Noodplan intern

6. Handleidingen

-  Handleiding CO2 pomp
-  Handleiding CT stripverhaal kinderen
-  Handleiding CT stripverhaal ouders
-  Handleiding SA CBCT low dose
-  Handleiding SA CBCT user manual
-  Handleiding SA CT contrastoven (CBM Panacea)
-  Handleiding SA CT HD750
-  Handleiding SA CT Spuitpomp Medtron accutron
-  Handleiding SU CT contrastoven
-  Handleiding SU CT Lightspeed series manual

Justification

Total Quality Monitoring
DOSE | QBOOK | BASELINE | BENCHMARK | MAMMO

Please enter a Patient ID | Welcome Sofie Vandormael | Profile | Logout | Switch lights

Start Portal | Patient | Device | Modality | Location | **Quality Management System** | Settings

tqm|QBOOK | tqm|QBOOK query

Hide filter | Search **identificatie** | Search in **Title** | Search | Reset | Actions

Query 1 | Query logic **OR**

Select Category

Options
Sort by: **Alphabetical**
Group by: **No grouping**
Run Query | Reset Query

+ Procedure actieve patiëntidentificatie jessa

Not for medical use © 2012-2015 QAELUM NV. All rights reserved | About

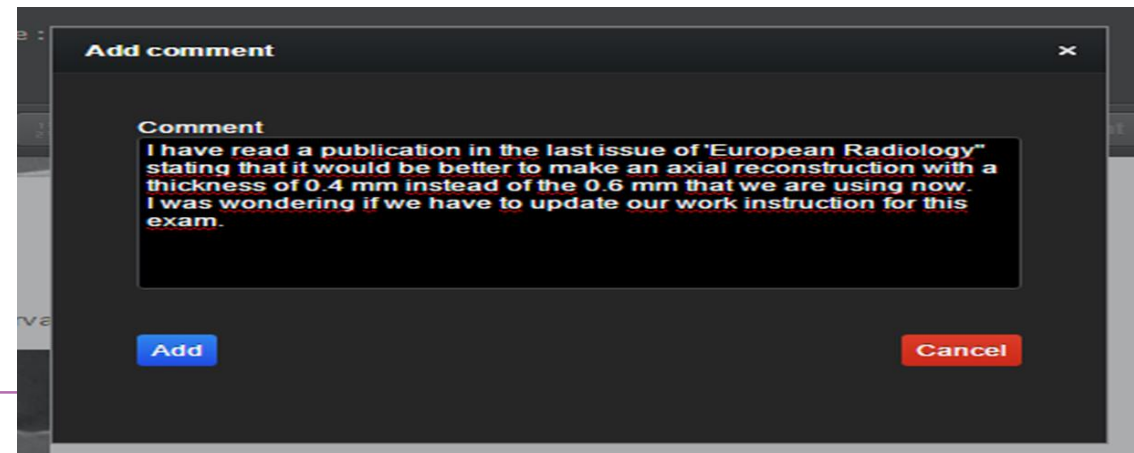


Justification

Role – **Reader (everyone on department)**

Triggered by: manual question or automatic notification

Objective: everyone can participate in quality and is stimulated to think along with department



Role – **Reviewer**

Triggered by: notification for demand for revision

Objective: persons with high level of expertise are demanded for opinion before approval

Role – **Publisher**

Triggered by: notification for approval of revision






Objective: person who are given the responsibility to publish a new procedure or to publish the procedure which is approved for revision

Justification

Follow up:

How many new procedures do I have to read?

admin: who reads new procedures ?

QBOOK Notifications					
ICON	TYPE	DOCUMENT TITLE	DOCUMENT VERSION	REMAINING TIME	MESSAGE
	QMS_READ	test_wiki	RAD_QMS-159_v2	-54	Outside achievable range
	QMS_PUBLISH	test_wiki	RAD_QMS-159_v2	4	Inside acceptable range
	QMS_READ	test_pdf	RAD_QMS-161_v1	4	Outside acceptable range
	QMS_READ	Totaal Abdomen	RAD_QMS-943_v4	38	Inside acceptable range
	QMS_REVIEW	Totaal Abdomen	RAD_QMS-943_v5	40	Inside acceptable range

Justification

3. Arriving at the radiology department

1. Written tasks for secretary:

a. Is Rad-order compliant to the RIZIV/INAMI directions?

If not: follow the written working instructions:

ex. Urgent telephone orders

ex. Missing item (not signed) -> contact referring dr.

ex. Pt forgot his/her Rad-order

Justification

3. Arriving at the radiology department

1. Written tasks for secretary:

- What if non-compliant to the RIZIV/INAMI directions?

Each working instruction describes specific tasks to do, if examination can be performed or not and how to follow up on these non-compliant orders.

Justification

3. Arriving at the radiology department

1. Tasks for secretary:

- a. Is Rad-order compliant to the RIZIV/INAMI directions?
- b. Is the contraindications - safety list completed?
(MRI/CT/contrast)
- c. Is requested examination part of the 'don't book list' ?
- d. Scan the Rad-order (documentation)

Justification

3. Arriving at the radiology department

2. Tasks for nurses/technicians:

X-Ray

- a. Is examination compliant to the guidelines?
ex. XR Sinus => ask radiologist for substitution
- a. Is examination compliant to our working instructions?
ex. XR comparing sides => ask radiologist
- b. General training: XR 'whole body': get's picked up by tech
- a. Safety: pregnancy status; modality can't be started without written registration

Justification

3. Arriving at the radiology department

2. Tasks for nurses/technicians:

Contrast examination (non-CT, non-MRI), CT, MRI, interventional radiology (ultrasound):

=> Always check written justification by radiologist

Justification

3. Arriving at the radiology department

2. Tasks for nurses/technicians:

Execution examination

a. Pt identification: 'active'

b. Check safety list on the order => Always verify by asking

c. Pregnancy status: mandatory by digital way: can't start modality if not asked (and registration who asked the patient)

d. Select correct working instruction according to justification process by radiologist

Justification

3. Arriving at the radiology department

3. Tasks for radiologists

- a. Written justification of each MRI, CT, contrast examination
 - * if exam is correct ordered
 - => check safety: renal function / allergy
 - => selection of appropriate working instruction
 - ex. Multifasic CT or not

Tags: ^

Tags : Verpleegkundige/technoloog | Radioloog | CT | Beeldproductie en -distributie

- [04.01 CT Thorax klassiek](#)
- [04.02 CT Thorax longembolen](#)
- [04.03 CT Thorax hoge resolutie \(HRCT\)](#)
- [04.04 CT Thorax klassiek met HRCT coupes](#)
- [04.05 CT Thorax Angio-Aorta](#)
- [04.06 CT Controle endoprothese](#)
- [04.07 CT Pre Ablatie Pulmonale Venen](#)
- [04.08 CT Thorax Ultra low Dose \(nodule screening\)](#)
- [04.09 CT ANGIO BOVENSTE LEDEMATEN](#)
- [04.10 CT TOS angio](#)

5. Abdomen

- [05.01 CT Totaal Abdomen](#)
- [05.02 CT Abdomen Ischemie/Bloeding](#)
- [05.03 CT Bovenbuik Art. Ven](#)
- [05.04 CT Bovenbuik Art. Abdomen Ven](#)
- [05.05 CT Hematurie](#)
- [05.06 CT Bijniere](#)
- [05.07 CT Urolithiase \(uro a blanc\)](#)
- [05.08 CT Pre-Op Endoprothese:](#)
- [05.09 CT Controle Endoprothese](#)
- [05.10 CT Angio-CT OL](#)
- [05.11 CT Colonografie](#)
- [05.12 CT Diep Flap\(Dr Vangenechten\)](#)
- [05.13 CT Peritoneografie](#)
- [05.14 CT Hepatorenale polycystose sa](#)

05.08 CT Pre - Op Endoprothese

Document Management System / Werkinstructie / Verpleegkundige / technoloog / CT / Abdomen /

Published document Document under revision Document revisions Comments History User Overview Configuration

Tags: ^

Tags : Verpleegkundige/technoloog | Radioloog | Abdomen | Werkinstructie | CT | Beeldproductie en -distributie

1. Indicaties

- o preoperatieve evaluatie endoprothese

2. Voorbereiding Patiënt

nuchter

3. Injectiegegevens

70 cc Niet ionisch-laag osmolair iv-contrast
 Debiet: 4.5 cc/s
 Bolustracking: +180 HU

4. Richtlijnen scan

scanrichting: cranio-caudaal
Van longbasis tot in de liezen!
Enkel Arteriële reeks

5. PACS

- [Berekening van angio onderzoeken met terarecon](#)
- [Handleiding TeraRecon angioberekening](#)
- Axiaal, Cor en Sag (3/3) naar PACS
- MIP's 8/8 coronaal
- VRT recon in cine

8. Opmerkingen:



02:26 19 items in lijst


Ingescande aanvraagbon

Info voor radioloog 0/0

Info voor radioloog

t	Voorrang	Onderzoekscode	Technicus	Opmerking	Behand.arts	Tijdstip van de afk.	Tijd	Opramezaal	Opramet	Naam onderzoek	Datum
6/02/1958> (PN: 9790)	Afspraak	MRABD	SIJJO	lever en zien jib	BROJA	8:40	7:50	-	-	MR ABDOMEN REGIO	14/04/2017
3/03/1944> (PN: 2413)	Afspraak	MRDWZ	CARDA		SOUVG	7:50	8:00	-	-	MR DORSALE WERVELZUIL	14/04/2017
7/10/1959> (PN: 10754)	Afspraak	MRSCHOR	-	zonder arthro	SOUVG	8:10	8:00	-	-	MR SCHOUDER REGIO RECHTS	14/04/2017
7/06/1935> (PN: 49487)	Afspraak	CTABD	-	*5.1 gs	VAWIJR	9:30	8:00	-	-	CT ABDOMEN REGIO	14/04/2017
19/06/1963> (PN: 460914)	Afspraak	CTABD	-	*5.1; labo 7u30 geprikt;gs	VAWIJR	9:00	8:00	-	-	CT ABDOMEN REGIO	14/04/2017
9/11/1940> (PN: 178)	Afspraak	CTTA	-	11.2 jib pat is nog op DH	BROJA	9:15	8:02	331S	0	CT THORAX + CT ABDOMEN	14/04/2017
336> (PN: 460914)	Afspraak	CTTA	-	*11.2 gfr ok	HOFRO	9:30	8:10	-	-	CT THORAX + CT ABDOMEN	14/04/2017
336> (PN: 460914)	Afspraak	CTSCH	-	*2. na 11.2 gs	HOFRO	10:00	8:10	-	-	CT SCHEDEL	14/04/2017
3/1952> (PN: 158770)	Afspraak	CTTH	-	4.1 met jib +mammo/echo	HOFRO	8:30	7:42	-	-	CT THORAX REGIO	14/04/2017
156> (PN: 9860)	Normaal	CTTH	-	*4.1 zonder iv;gs	VAWIJR	8:05	8:05	S028	2	CT THORAX REGIO	14/04/2017
1ubertine (V) <30/11/15	Afspraak	CTTH	-	*4.2; geen gfr gekend; geen nierprobl gekend in C2M; navragen bij pt aub;gs	VAWIJR	8:15	8:03	-	-	CT THORAX REGIO	14/04/2017
4> (PN: 728841)	Afspraak	MRSCHOR	-	* bottumor; laten zien;gs	SOUVG	8:50	8:00	-	-	MR SCHOUDER REGIO RECHTS	14/04/2017
'1988> (PN: 763760)	Afspraak	MRFEMR	-	Speler Sint-Truiden	SOUVG	8:30	8:07	-	-	MR FEMUR REGIO RECHTS	14/04/2017
1/1969> (PN: 784703)	Afspraak	MRARSCHOR	-		SOUVG	9:10	7:59	-	-	MR ARTHRO SCHOUDER RECHT	14/04/2017
(V) <3/04/1935> (PN: 2)	Normaal	CTABD	-	*5.1 gs	VAWIJR		8:00	C783	1	CT ABDOMEN REGIO	14/04/2017
> <12/07/1928> (PN: 7)	Afspraak	CTCOL	-	5.11 jib	BROJA	14:00	7:10	245S	1	CT COLONOGRAFIE	14/04/2017
'1983> (PN: 870342)	Normaal	CTSCH	-	*2.1 gs IZ C3	DHEB		8:00	373C	1	CT SCHEDEL	14/04/2017
27/06/1967> (PN: 868)	Normaal	CTTH	-	*4.1 gs	VAWIJR		8:00	C780	1	CT THORAX REGIO	14/04/2017
1 <10/12/1932> (PN: 6)	Afspraak	CTSWZ	KEIJA	6.2 jib	HOFRO	8:15	7:33	-	-	CT SACRALE WERVELZUIL	14/04/2017

Informatie

 Let op --> Patient heeft ook onderzoek(en) op andere zaal!

OK

Vrij type

365.0
135.0

Tube(OLP)
20%

Scan Autoview-s Raw-Data

Utility

Zoom Screen Save Image selector

Measure Filming Reset

First **valeriano**

Middle

DOB 10.10.1938 Age 78Y

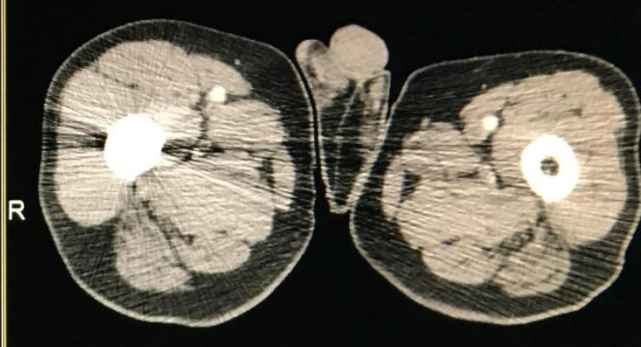
Sex M Weight kg

Comment

Contrast

Organ

Appoint. Exposure record Detail Clear Emergency



Abdo 78

WL= 40 SU/FF/

WW= 400 InstaView/O

CE

Aquilion ONE P JESSA CAMPUS VIRGA JES

TOSHIBA Protocol
 User Protocol
 Service Protocol

Group A	Group B	Group C
5.1 Totaal Abdomen 144 SU/FF M	5.7 Urolithiase 150 SU/FF M	
5.2 Abdomen Ischemie/Bloeding 145 SU/FF L	5.8 Preop Endoprothese 151 SU/FF L	
5.3 Bovenbuik Arter/Veneus 146 SU/FF L	5.9 Controle endoprothese 152 SU/FF L	
5.4 Bovenbuik Art/Abdomen Veneus 147 SU/FF L	5.10 Angio onderste ledematen 153 SU/FF L	
5.5 Hematurie 148 SU/FF L	5.12 DIEP-flap angio 154 SU/FF L	
5.6 Bijniere 149 SU/FF M	5.13 Peritoneografie 155 SU/FF M	

Adult Child Trauma

Whole Chest-Pelvis

The Medical staff is responsible for patient radiation exposure and safety.

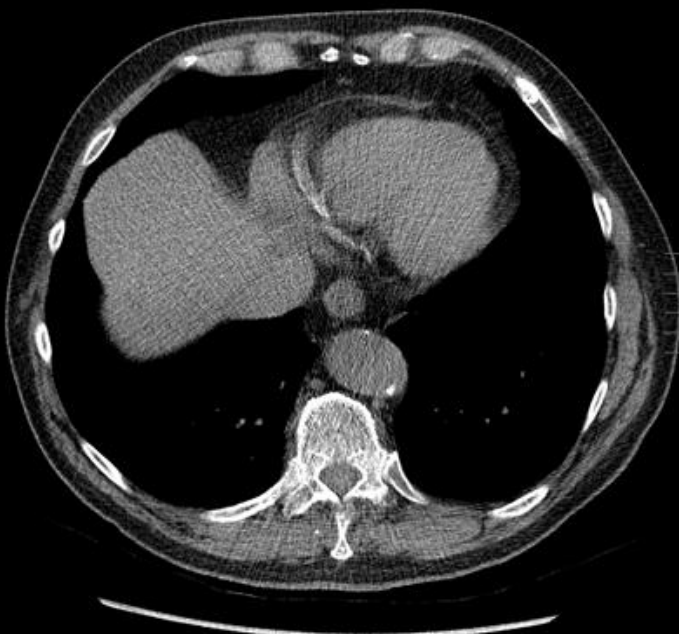
Quit Exam Next Patient

12/03/1935

20/04/2017 15:04:17

12/03/1935

A178




P208

Mas:4
TP:28,75
TH:3,75mm
W 400 : L 40

12/03/1935

20/04/2017 15:04:17



Mas:
TP:10,3
TH:1,25mm
W 400 : L 40

1 : 101 : 2 : 96 : ABD bone pacs AX

3 : 79 : ABD COR 4 : 113 : ABD AX

5 : 80 : ABD 6 : 96 : ABD COR SAG

7 : 94 : ABD 8 : 80 : ABD COR

9 : 96 : ABD 10 : 14 : Cor SAG MIP 50mm

11 : 1 : Dose Report

CT ABDOMEN REGIO

1.1 ABDOMEN

1.2 ABD-DOORBLOEDING

1.3 ABDOMEN MET IJN

1.4 ABDOMEN MET IJN

1.5 ABD-VENTRIJL

1.6 STAMEN

1.7 HARTVANG

1.8 PROCTORECTALIE

1.9 HERNIALE PROCTORECTALIE

1.10 PROCTOCOLITIS

Aanvrager: Aanvraag van 20/04/2017 14:24:00

Wezemael, Willy Adolphe 254454 20/04/2017 14:24:00 1001618537

Studie: Dickson gestart.

Verlag: Studie opentekenen (0)

Aan Dokter
Jan Gevers
Binnensteestraat 2
3500 HASSELT

Hasselt, 0 XXX 0000
Geachte collega

Betreffende het onderzoek van 20/04/2017 bij patient:

Wezemael Willy Adolphe (*12/03/1935)(M)
Allere Steenwegstraat 5, 3500 Hasselt
RN: 254454 / CN: 37201952 / AN: 175428523 /

Met collegiale groeten,
Dr. Geert Soenen@jz, Campus Satorius



Justification

3. Arriving at the radiology department

3. Tasks for radiologists

- a. Written justification of each MRI, CT, contrast examination
- b. If substitution was mandatory
 - => contact referring dr: is training !
 - => registration in RIS and report

Justification

3. Arriving at the radiology department

3. Tasks for radiologists

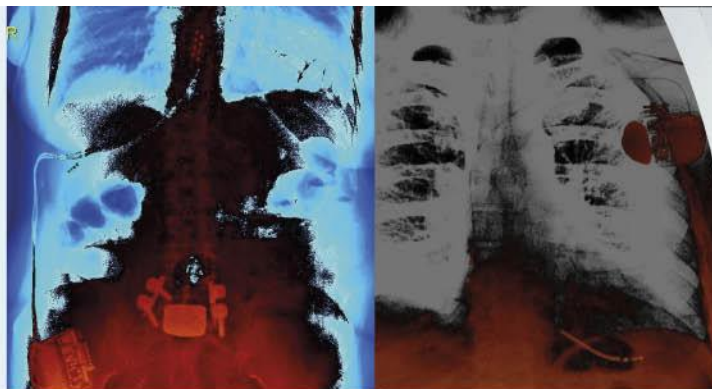
opportunity:

self-referring:

non-radiologists need to do justification

radiologist: 'please follow-up with MRI'





SAVE THE DATE

MR SAFETY SYMPOSIUM

SAFETY MEASURES in patients
when MR-conditional implants are present
pacemaker/ ICD | neuro-stimulation | other devices...

SATURDAY 20 MAY 2017

Jessa hospital | campus Salvator
Salvatorstraat 20, 3500 Hasselt, Belgium

◀ **vzw Jessa Ziekenhuis**
Salvatorstraat 20, 3500 Hasselt, www.jessazh.be

Registration: symposia@jessazh.be

