

# Inexpensive Radiology Safety Net protects patients throughout the healthcare enterprise

- Sustainable:** Avg \$150K annual revenue exceeded personnel and software costs
- Prevented delayed diagnoses of 8-9 cancers annually**
- Ensured necessary noncancer care completed** (Avg/yr at F&MCW):
  - 119 imaging studies
  - 15 procedures (colonoscopy, hysteroscopy, lung bx, etc.)
  - 2.5 major surgeries
- Prevented delayed diagnosis in noncancer care:**  
Cystitis, colitis, neurosyphilis, pituitary masses, etc.

## Enterprisewide Imaging Safety Net Benefits *Everyone*: 2.5-Year Results

### Learning Objectives:

- ☞ Develop a cost-effective, self-sustaining, systemwide imaging safety net with minimal resources.
- ☞ Describe the key benefits to varied stakeholders of implementing an imaging safety net.
- ☞ Explain the importance of an imaging safety net with coverage beyond emergency department imaging.

### Background:

- ☞ Known safety risk for every health system
- ☞ Gaps beyond ED imaging- needed to cover entire health system
  - ☞ 4 hospitals
  - ☞ >45 clinical sites
  - ☞ 700,000 non-mammographic imaging studies annually

### Intervention

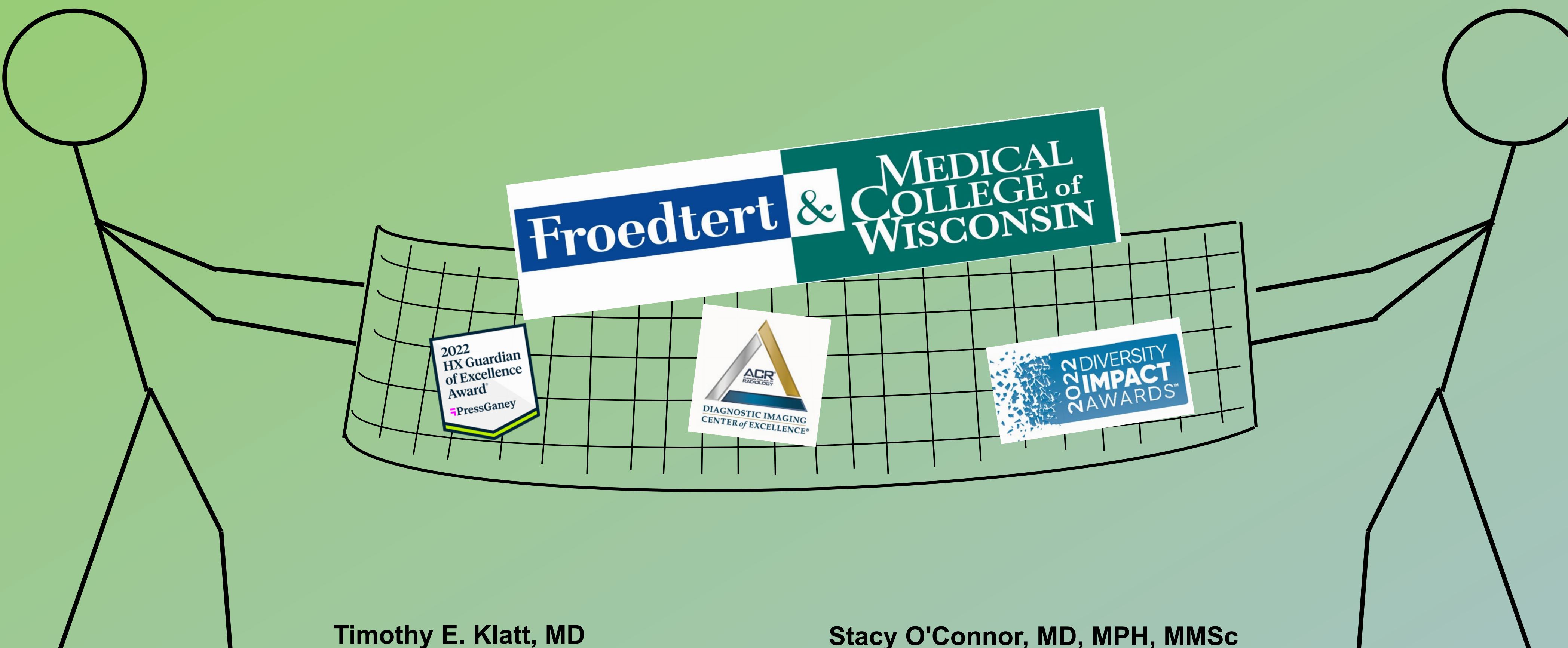
- ☞ \$3,400 IT budget
- ☞ Program run by Clinical Liaison (Not RN).
  - ☞ No medical background. Salary and benefits ≈ 70k (2023)

### Outcome/impact:

- ☞ 1% of all studies flagged for incidental findings (490/month)
  - ☞ 56.8% outpatient
  - ☞ 36.8% ED
  - ☞ 6.4% inpatient
- ☞ At check-in date, 3.9% required Safety Net activation
  - ☞ 73.7% completed the recommended follow-up
    - ☞ 74.0% of these within F&MCW
  - ☞ 16.5% follow-up unnecessary or declined
- ☞ Revenue calculated using Medicare rates, noncancer care, technical component only.

### Lessons learned/next steps:

- ☞ Decided against AI for case capture
- ☞ Increased to 2 FTE to meet demand
- ☞ Considering AI for efficient case closure

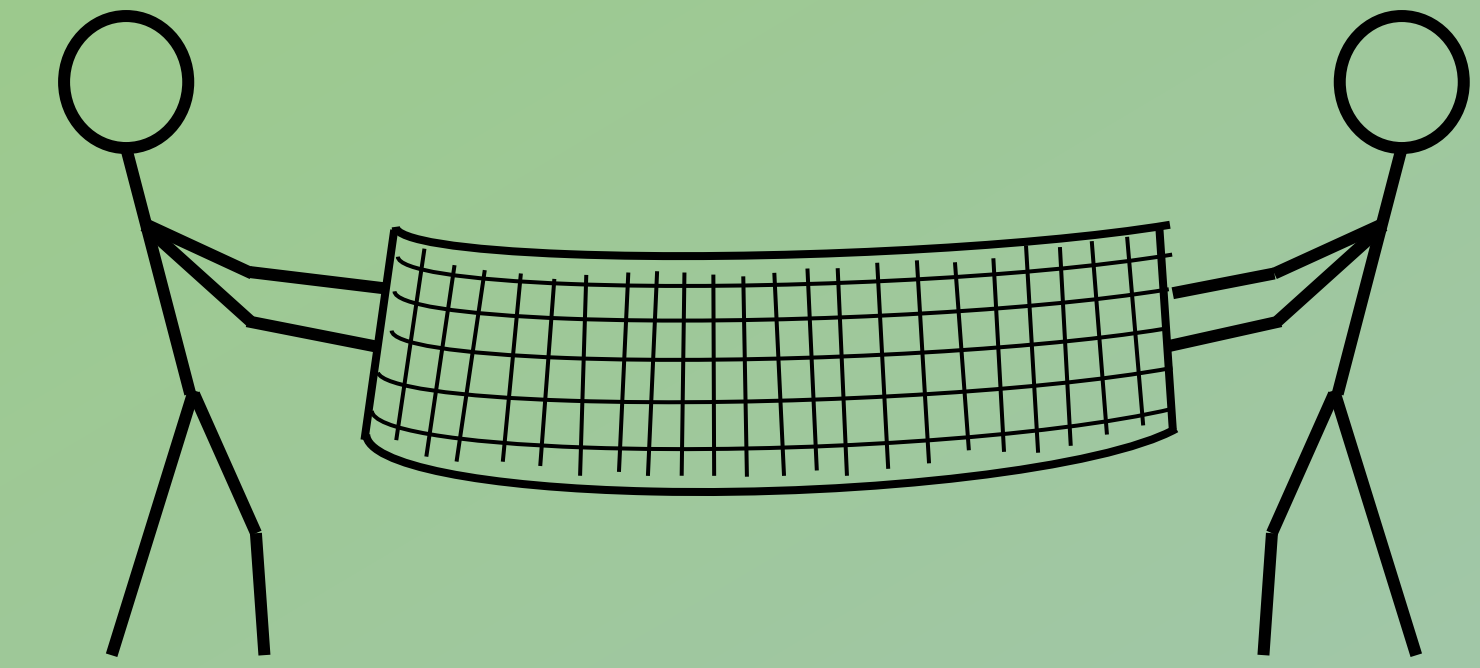


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# Key Takeaways/Lessons Learned



## A radiology safety net:

- Should cover all imaging studies within a health system
- Can be run well by a clinical liaison with occasional nurse and physician consultation
- Helps improve care for noncancer diagnoses
- Generates the completion of enough necessary care to be financially self-sustaining, even when:
  - Assuming Medicare rates
  - Including only reimbursement for the technical component of noncancer care
  - Avg \$149,500 annual revenue > personnel (\$70k) and software (\$2k) costs