

In accordance with RP's mission to provide high clinical quality to our patients, referring physicians and clients, RP has developed numerous Best Practice Recommendations (BPRs). RP's BPRs are developed through extensive literature review and with the collaboration of our radiologists across multiple specialties. RP is committed to excellence and accountability and therefore consistently monitors BPRs compliance and provides feedback to all of our practices.

ABDOMINAL AORTIC ANEURYSMS

Surveillance of AAAs at recommended intervals enables timely elective repair, limits ruptures and thereby saves lives. To address this crucial need, RP developed and implemented BPRs RP-wide for the surveillance of AAAs. RP BPRs are based on the 2013 ACR white paper on Managing Incidental Vascular Findings on Abdominal and Pelvic CT and MRI.

AAA size (cm)	Recommended Follow-Up
2.6 cm to 2.9 cm	Every 5 years ¹
3.0 cm to 3.4 cm	Every 3 years
3.5 cm to 3.9 cm	Every 2 years
4.0 cm to 4.4 cm	Every 12 months, Recommend vascular consultation
4.5 cm to 5.4 cm	Every 6 months, Recommend vascular consultation
≥ 5.5 cm	Referral to vascular specialist

1. For aortas with maximum diameter of 2.6-2.9 cm meeting the criteria for AAA (≥ 1.5 x proximal normal segment)

OVARIAN CYSTS

To enhance patient care, provide high clinical value and reduce unnecessary follow-up, BPRs were developed and implemented RP-wide for the management of Ovarian Cysts on US, CT and MR. RP's BPRs are based on the Society of Radiologists in Ultrasound consensus statement for the Management of Asymptomatic Ovarian and other Adnexal cysts (2010) and the ACR white paper on managing Incidental Adnexal Findings on Abdominal and Pelvis CT and MR (2013). The creation of and adherence to BPRs on Ovarian Cysts places RP in a leadership role reducing variability and becoming better stewards of limited healthcare resources.

NEW BPRs

Incidental Pulmonary Nodules (2018)

Adrenal Masses (2019)

Incidental Renal Masses (2019)

- Improve positive predictive value of the report
- Direct appropriate utilization of healthcare resources
- Detect malignancies earlier

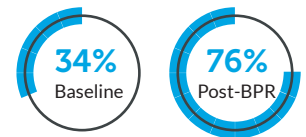
IVC Filter Retrieval (2019)

- Develop guidelines for reporting of IVC filters
- Increase retrieval rate of temporary IVC filters
- Reduce complications related to dwell time

INCIDENTAL THYROID NODULES

RP developed and launched BPRs for ITNs RP-wide for its first clinical initiative in early 2015. As a leader in creating and demonstrating excellent clinical quality, RP conducted an intensive pre- and post-implementation evaluation of random CT chest/neck/C-spine studies across 7 of our sites to assess compliance to the ITN BPRs. After BPRs implementation, there was tremendous improvement in adherence to ITN BPRs, from reporting to management. In addition, there was a significant reduction in recommendations for unnecessary follow-up ultrasound. RP is committed to maintaining high compliance with our ITN BPRs, which should lead to improved quality of care via early detection of malignancies as well as a reduction in unnecessary ultrasounds, biopsies and surgical interventions.

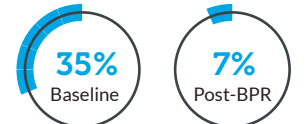
NODULES DETECTED



BP ON ALL NODULES



ULTRASOUND ON INSIGNIFICANT NODULES



CT ORAL CONTRAST IN THE ED FOR ADULTS (>18 YRS.)

What type of CT oral contrast, if any, is best for patient care, imaging quality and diagnostic accuracy for adults in the Emergency Department? The subject is complex and without clear established guidelines, but is one that is encountered daily in our practice.

- Positive oral contrast for suspected intra-abdominal abscess or bowel leak / perforation
- Positive oral contrast suggested if IV contrast is contraindicated
- Positive oral contrast in patients with BMI <25
- All other cases: Use 800 – 1000 mL water
- 400–500 mL 20 minutes prior to scan with an additional 400–500 mL on the table
- For patients on oral fluid restrictions or suffering from CHF, the amount of water given is at the discretion of the ordering physician and based upon clinical signs/symptomatology

ALIGNMENT WITH CARE COORDINATION PROGRAMS

RP works with interested client sites to develop Care Coordination Programs that are aligned with our BPRs. These radiology-driven Programs are established in collaboration with our clients and have already been implemented for AAAs, lung nodules and IVC filter retrieval. Benefits include:

- Creation and maintenance of a database of patients requiring follow-up
- Improved patient follow-up and patient retention
- Risk mitigation from improved patient follow-up

