

## **How Imaging Leaders Can Tackle COVID-19**

**Miku Sodhi\***

*Shasta Cascade Health Centers, USA*

\***Corresponding author:** Miku Sodhi, Deputy CEO, Shasta Cascade Health Centers, 1632 Christian Way, Mount Shasta, California, USA. E-mail: miku\_sodhi@hotmail.com

Received: May 12, 2020

Published: June 24, 2020

### **Editorial**

In the face of COVID-19 pandemic, hospital imaging directors are facing biggest challenges they have ever encountered. Many radiology imaging leaders are facing almost similar challenges, but are responding in slightly different ways. Furthermore, most organizations are spread throughout the country, and since local spread and stay-at-home orders dictate the challenges each organization faces, and when it faces them one imaging department's solution could help solve a challenge in the coming days for another organization.

Few practical ways by which imaging and radiology practice leaders can prepare for and recover from COVID-19 surge are:

### **X-ray Covid-19 Patients through Glass Doors in the ED:**

To save personal protective equipment (PPE), reduce time spent cleaning portable X-ray machines, and limit technologist exposure to COVID-19, organizations should start imaging Covid-19 patients via X-rays through glass. Some organizations have started this and have trained nurses in the ED to position the plates while the tech operates the X-ray from behind the glass. Practices have found that this method still produces high-quality images.

### **Start Planning How to Build out Extended Hours and Weekend Slots:**

Many organizations are planning to extend hours in order to catch up on the backlog of scans while still enabling social distancing in imaging centers. Practices planning to add evening or weekend hours, or otherwise change their schedule should reach out to their IT team sooner than later. They will need to build and QA test the new schedule, which will take some time.

### **Set aside Times for Imaging Immune-Compromised Patients:**

Organizations will need to ensure they are protecting their pa-

tients from infection. Practices can plan on setting aside the first hour each morning to image patients who are immune-compromised or otherwise high-risk in order to limit their chance of COVID-19 infection. While programs should try to clean and sanitize between all patients throughout the day, having high-risk patients come first thing in the morning reduces their risk of infection in areas like the waiting room.

### **Ramp Up Volumes Early by Screening One's Own Staff and Clinicians:**

As programs begin to think about ramping their imaging volumes back up, one patient population is likely ready and available: the organization's own staff and clinicians. Offering imaging to employees early will allow the imaging department to clear some appointment backlog even prior to a more widespread ramp up for other appointments.

### **Consider Forming a Medical Committee to Resolve Prioritization Issues for Rescheduled Exams:**

As programs ramp up outpatient imaging, they will face a significant backlog of postponed exams that will exceed capacity for weeks or months to come. The size of this backlog, combined with the need to allow time for cleaning and space for social distancing, means that organizations are going to have to prioritize exams. This prioritization will likely involve challenging trade-offs. The practices must ensure the accounting for the right factors by assembling an interdisciplinary medical committee. This group can settle disagreements with referring providers on how long a certain patient might need to wait for their exam.

In these unprecedented times, the challenges facing imaging departments will not have straightforward solutions. Practices and imaging leaders must adapt and be innovative in their workflows for sustainability. Above key points