ACEP/SAEM/AAEM System Wide Clinical Ultrasound Town Hall
Held February 14, 2020

Moderator: Nova Panebianco (current ACEP Ultrasound Chair)
Panelists: Rob Strony (Geisinger), Zach Soucy (Dartmouth), Amie Wood (Inova Fairfax Hospital)
Max: 72 participants

Background: Rob has been leading the System Wide Clinical Ultrasound Director subcommittee of ACEP since around 2015 or so, since it was created. Zach became co-chair of this subcommittee in 2018.

- https://www.acep.org/how-we-serve/sections/emergency-ultrasound/subcommittees/system-wide-ultrasound-directors/

NP: the survey that was sent out by ACEP / SAEM / AAEM recently will have collated results that will be shared. Watch this space. Ultimate plan for open access website.

- There were 72 respondents, and about 45% of respondents stated they were starting system-wide programs. = 32 or so programs

Panelist Intro:
Rob Strony:

- Directs POCUS across the Geisinger Health system, about 7-8 integrated hospitals.
- Been in this role since 2012,
- Rob's time was initially supported by unclear sources/EM, but now has come under radiology → turned into formation of a business plan for a Point-of-Care Ultrasound Department within radiology.

Zach Soucy:

- Co-chair of the Dartmouth committee since 2017
- Born out of need to help with multiple specialties starting → came to Rads and EM.
- Built successful proposal to CMO.
- Beginning goal of the committee should be to build a proposal including highlighting benefits of POCUS and including CMS compliance, Joint Commission compliance, risk mitigation

Amie Woods:

- In this process, you learn how your hospital operates, where capital comes from, areas of risk that need mitigation regarding POCUS
- Spotlighting problems / weak spots that are discovered in this process and also creating the solution to those, which turn into bargaining chips to the C-suite.

Topic 1: How do you get started / organized?

- Knowing the **terminology** and tasks important to the C-suite & institute chairs (Rob wishes he knew that 6 years ago) – developing the Business Plan for this really helps.

    - NP: would be helpful to have a document / website that tells us relevant language
    - NP: helpful to have example(s) of these business plans.

Topic 2: Handling handhelds

- highlighted threats that improper implementation could have so SCWU committee could advocate for developing hospital policies or hospital purchase
- is an early initiative for developing SCWU committee and interfacing with risk management / IT
- NP: this is an area of work that ACEP Industry Round Table (IRT) and the ACEP Emerging Technology subcommittee are addressing. These subcommittees are very much related to the SWCUD subcommittee and look at all aspects including Enterprise solutions, workflow, and clinical integration. More to come – watch this space
- NP: https://www.acep.org/patient-care/policy-statements/appropriate-use-criteria-for-handheldpocket-ultrasound-devices/

Question: How to access the C-suite to broach starting the committee?

- Talk to your Chair, and then gather colleagues from other specialties.
- Do your homework regarding the C-suite's backgrounds and allies' backgrounds
- Attend / join committees that people you are hoping to ally with are on, to start building relationships
- Parallel approach, may involve informal meetings before formal meetings with CMO / departments or formal asks from Chair.
- All 3 panelists developed good relationships with colleagues in radiology
    - Dartmouth Radiology was getting the same requests as EM for training (from med students, residents, outside faculty so radiology reached out to Zach and they started having some meetings. Their Vice Chair of Education partnered with Zach and met with the Chair of Radiology who was also head of ACR
    - Amie has had similar experience with the radiology director of ultrasound who had the ear of their chair.
    - Rob's collaboration with radiology started with a quality event and so all were interested in institutional oversight to promote patient care
- Zach sent out to all the departments a google survey regarding experiences and needs, and used results to build the formal proposal. Took about 1 year (+ meetings with finance, etc.)
    - NP: multiple people noted that they would like to see his google survey

Question: Is there a priority list of goals (for 1 year, 3 year, 5 year)? (ex: hospital wide image archival within 1 year etc.)

- Rob: it was a high priority for multi-departmental workflow, so they had Qpath classic which they made as their Enterprise solution
    - Who's going to pay? Initially a nickel and dime thing from each department, so they created a "Point of Care Ultrasound Department" that other departments could come into. (a few places do this)

    - The Point of Care Ultrasound Department can also help in terms of hospital purchase of machines (instead of departmental), which allows most streamlined use or tracking of technical fees. Also, buying in bulk and knowing which kinds of machines and where. Developed a departmental purchase request form that gets reviewed through the POCUS Department
- Zach:
    - Image management system was a high priority
    - Credentialing and privileging was a priority (also keeping in mind societal privileging guidelines like SCCM), and
    - Purchasing process (they created a vendor fair
    - Taking stock of the deliverables and then the ROI of those deliverables has been very helpful (ie. Institutional service packages) – made purchase way more efficient and synergized, helped propagate funding for all.
- Amie:
    - Taking a 1000-foot view makes you assess the current state of machines, hospital inventory, and processes in the hospital
    - This is info that the C-suite wants to hear from you (especially end of life date!)
    - Segue this into solutions (standardized machines with cost savings, etc.)

Take home point from above:

- Admin / C-suite want info on value equation – quality (LOS metrics), costs, and return on invested capital, fewer hours, etc.
- It can be really difficult to get info on revenue, particularly information because some can be bundled into DRGs (hospitalists)
- Rob is trying to pull out specific departmental AUs (accounting units) for POCUS, but can be hard.

Credentialing:

- Rob: has **global credentialing policy** that defers to specialty guidelines for departmental guidance
- Zach: also has relational database, has point-person within each department that uploaded societal guidelines to the database and created privileging processes. Broad agreement that privileging will be departmental specific with guidance from the credentialing committee. Like a hybrid between application vs global credentialing
    - NP: Audience would be interested in this to be shared
    - Dartmouth / Zach is working on website that could share this
- Amie: has more application-specific credentialing, but consensus is that global is likely the easiest route

What would the panelists wished to have known 5 years ago? Next steps?

1) Organizational capacity to do a business plan
2) Learn what the C-Suite wants, their value equation / CMS 5 star rating
3) Know the administrative ask / navigate language they use / administrative processes (ie. for credentialing documents, etc)