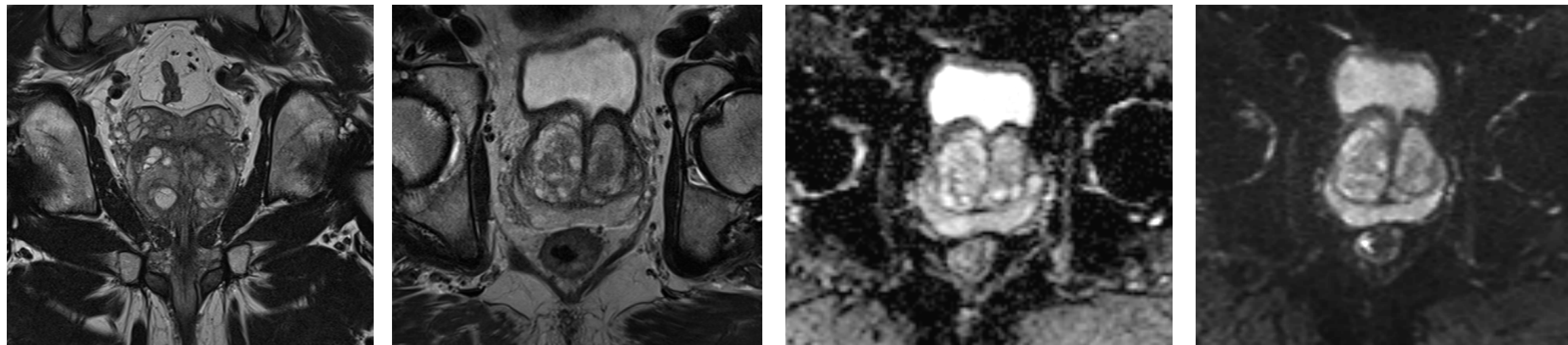


Improving Prostate MRI Quality

Ryan D. Ward, MD, Rachel Harris, Kevin McDermott, Andrei S. Purysko, MD
Section of Abdominal Imaging, Diagnostics Institute, Cleveland Clinic

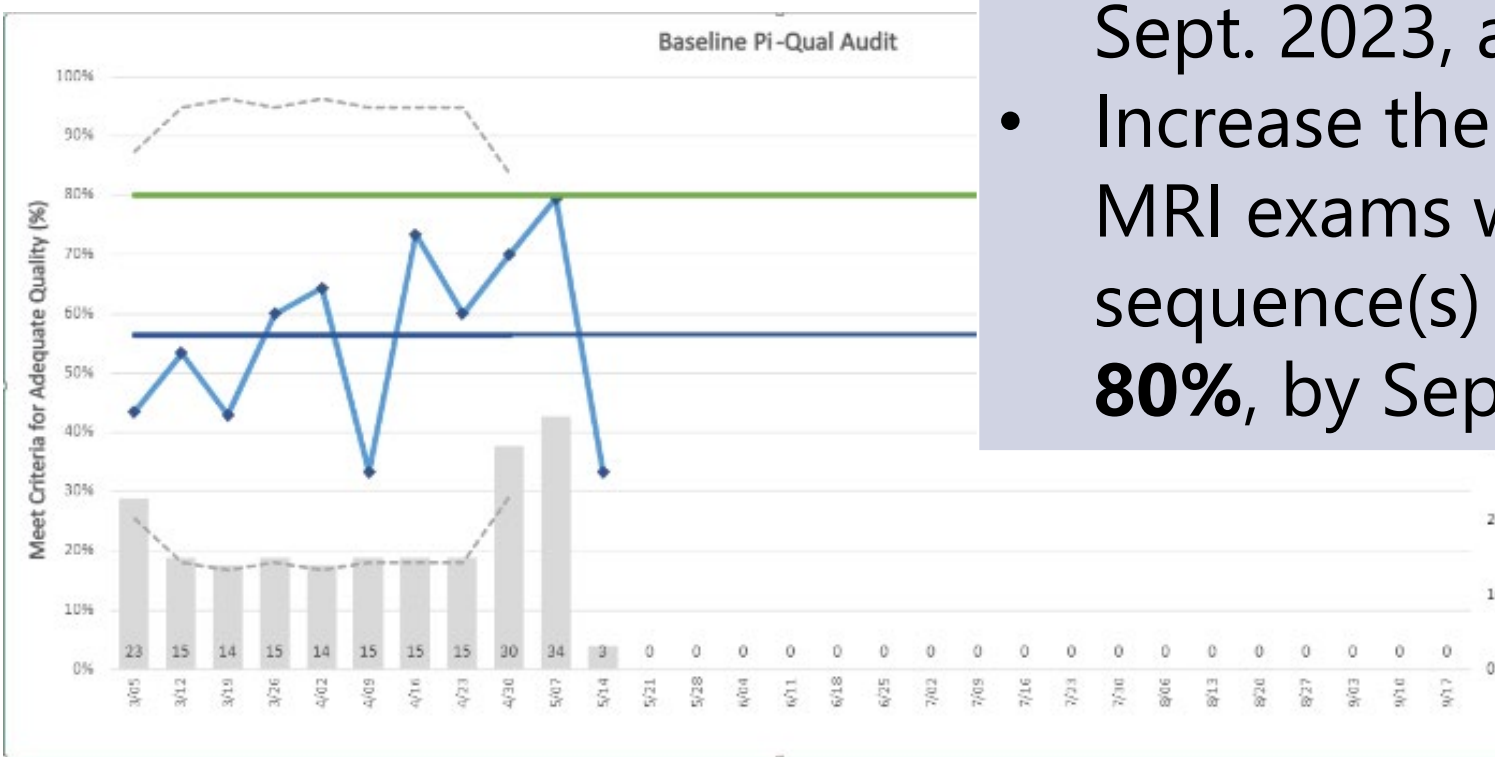


Baseline

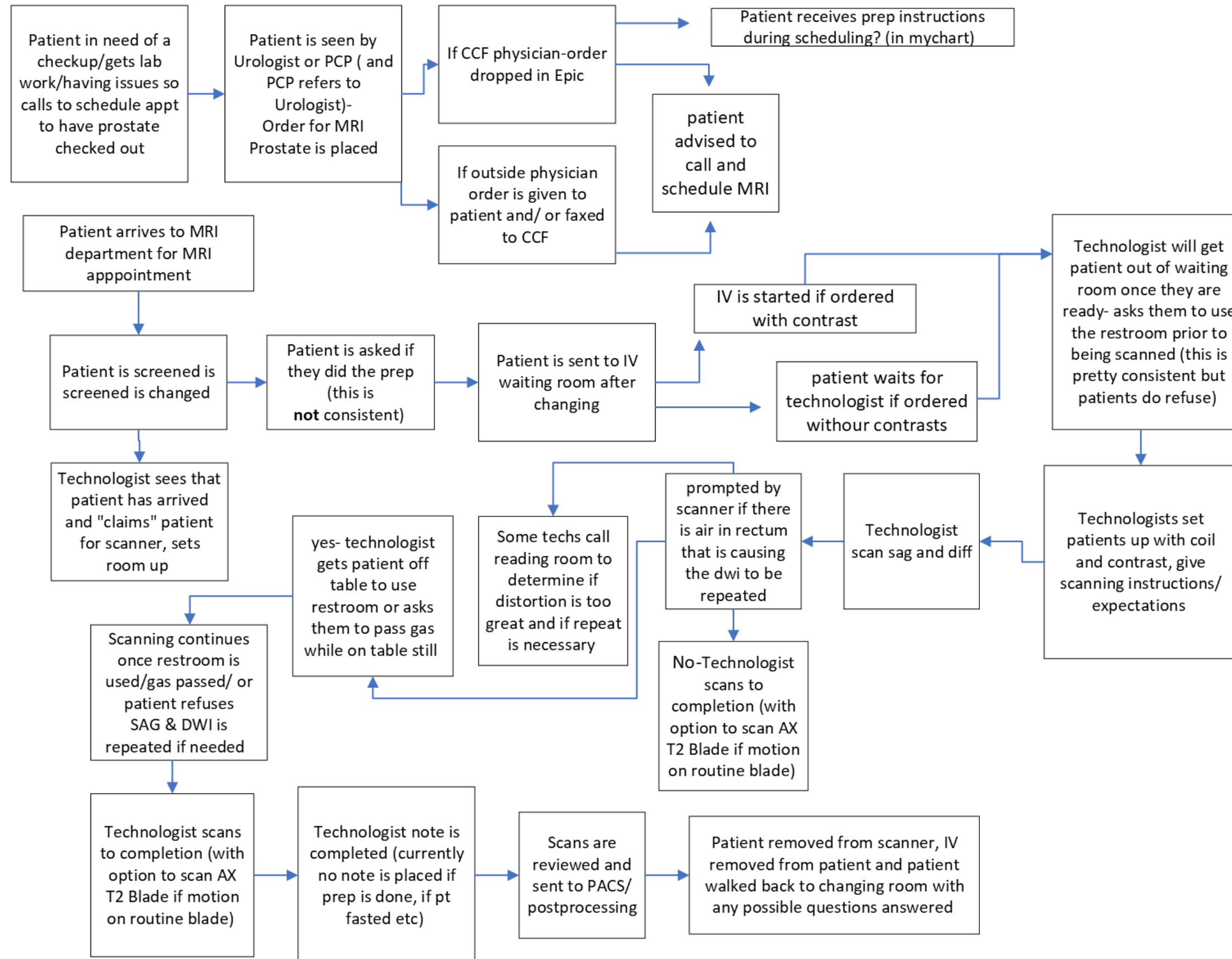
- Baseline scores show that approximately 55% of our MRI prostate scans reach a Pi-Qual score of 4 or 5
- Our baseline DWI prostate scans are

SMART Goal

- Increase the percentage of prostate MRI exams that receive a PI-QUAL score of ≥ 4 from of **55% to 80%**, by Sept. 2023, and
- Increase the percentage of prostate MRI exams with at least one DWI sequence(s) rated optimal from **60% to 80%**, by Sept. 2023

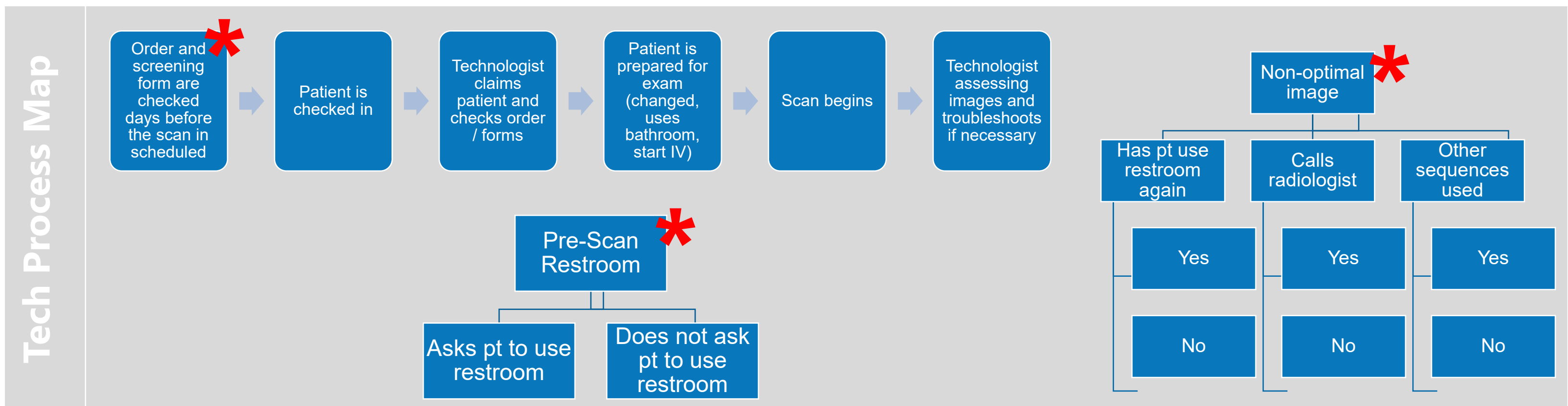
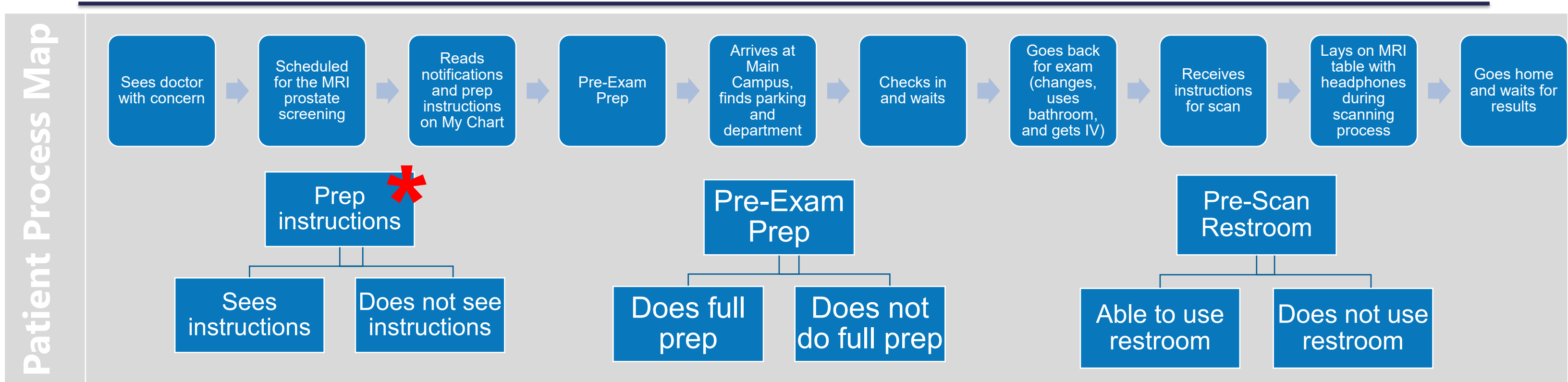


Analysis: Mapping the Process



Analysis: Post-Gemba Process Maps

*** Denotes points of variability and lack of standardization**



Analysis: Ca

Prostate Quality Patient Preparation Questionnaire

Hi, Kevin. When you submit this form, the owner will see your name and email address.

* Required

1. Accession Number *

Enter your answer

2. Technologist Initials (CCF provided) *

Enter your answer

3. Which patient preparation measures were completed? Check all that apply: *

Enema used before exam

Clear liquid diet 12 hours before exam

Bathroom right before the exam

None

Other

4. Did you attempt any measure to improve image quality? Check all that apply: *

I did not encounter any issues

I encountered issues but I did not try any solutions

Asked the patient to try to pass gas while on the table

Asked the patient to use the restroom to pass gas

Tried using BLADE

Tried using RESOLVE

Tried using Zoomit

Other

5. If you used any of the measure, do you think it improved image quality? *

Yes

No

Not applicable

Assessed with questionnaire

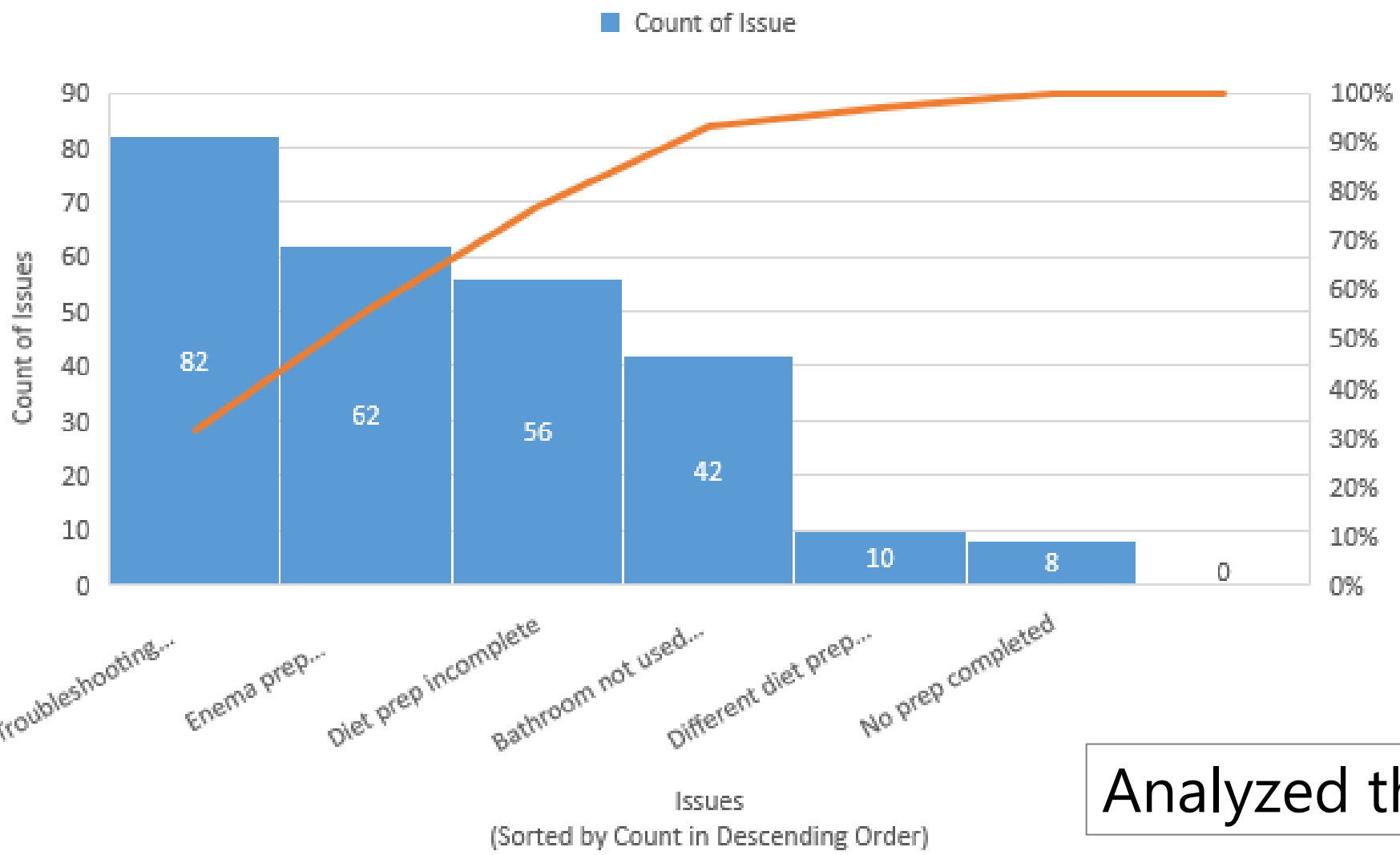
METHODS

Inconsistent prep instructions

Inconsistent troubleshooting for image quality

Technologist coaching availability

Pareto Analysis



- Lack of consistency in troubleshooting
 - **29%** of patients are not completing enema prep
 - **34%** of patients are not completing diet (including wrong prep / no prep)
 - **19.5%** of patients are not using the restroom before an exam
- Non-Optimal MRI Image Quality

Analyzed the data

Root Causes and Key Drivers

Root Causes

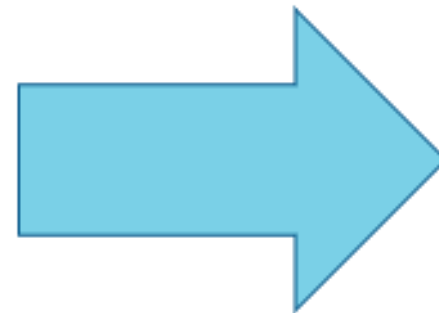
Bowel gas and motion artifacts

No / incorrect enema or diet prep

Inconsistent troubleshooting process

Lack of standards on image quality

Scanner protocol variability



Key Drivers

Standardized troubleshooting process

Consistent and timely, and effective prep instructions

Standardized protocols across scanners

Have an ongoing QC process

Example intervention

Patient instructions (BEFORE)

Blobs of text
Generic instructions

Patient instructions (AFTER)

Clear, concise
Specific
Bolded

BEFORE YOUR EXAM

1. If you were given an implanted medical device identification card, please bring it with you to your appointment.
2. Do not eat for 12 hours prior to your exam, unless instructed otherwise. You may drink clear liquids. Do not drink beverages that contain caffeine or carbonation, such as coffee, tea, or colas.
3. If you have diabetes, contact the health care provider taking care of your diabetes or your primary care provider to ask how to manage your blood sugar.
4. If you have diabetes and wear an insulin pump, you will be required to remove it for your exam.
5. Give yourself a Fleet enema to cleanse your bowel 4 hours prior to your exam. Follow the directions on the package labeling and never exceed the recommended dose. If your exam is before 10 AM, you may give yourself the Fleet enema the evening before your exam.
6. Please make child and/or dependent care arrangements. Patients 17 years old and under do not have parental/guardian permission documented in their electronic medical record exam:

1. Written consent/permission from the parent/guardian
2. Phone number of parent/guardian to verify or gather information at time of visit

ARRIVAL INSTRUCTIONS:

1. Arrive 30 minutes before the start of your exam.
2. If you are signed up for MyChart, there is a safety screening form can be filled out prior to your visit. Filling this out prior to your visit is recommended as it will minimize any form upon arrival.
3. If you use reading glasses, bring them with you to your appointment.
4. Bring with you any assistive devices you use to help you move around (cane, walker, etc.).
5. Wear comfortable clothing that is easily removed. You will be required to remove your shoes and socks.
6. For your safety, assistance will be provided if you need help changing.

Hello,

I am reaching out from the MRI team to remind you that the MRI appointment you are scheduled for requires some prep. See below for specific details. If you have any questions please call 216-444-8215.

ENEMA:

You will need to use a Fleet saline enema to cleanse your bowel **4 hours prior to your exam**. If your exam is before 10 AM, you may give yourself the Fleet enema the evening before your exam.

Follow the directions on the package labeling and never exceed the recommended dose. Consult your pharmacist with specific questions.

You will be asked to use the restroom once again in the MRI department to help expel any additional gas or stool in your rectum.

DIET:

Do not eat for 12 hours prior to your exam, unless instructed otherwise.

You may drink clear liquids prior to MRI

water
juices (no pulp)
broth

Do **NOT** drink beverages that contain caffeine or carbonation (at least 12 hours).

NO coffee
NO tea
NO colas/sparkling beverages

Due to the importance of the prep, if prep is not completed fully or accurately there is a chance that the MRI appointment will need to be rescheduled. This is at the discretion of the supervising radiologist.

Thanks,

Rachel Harris (RT)(R)(MR), MRI Imaging Education Specialist

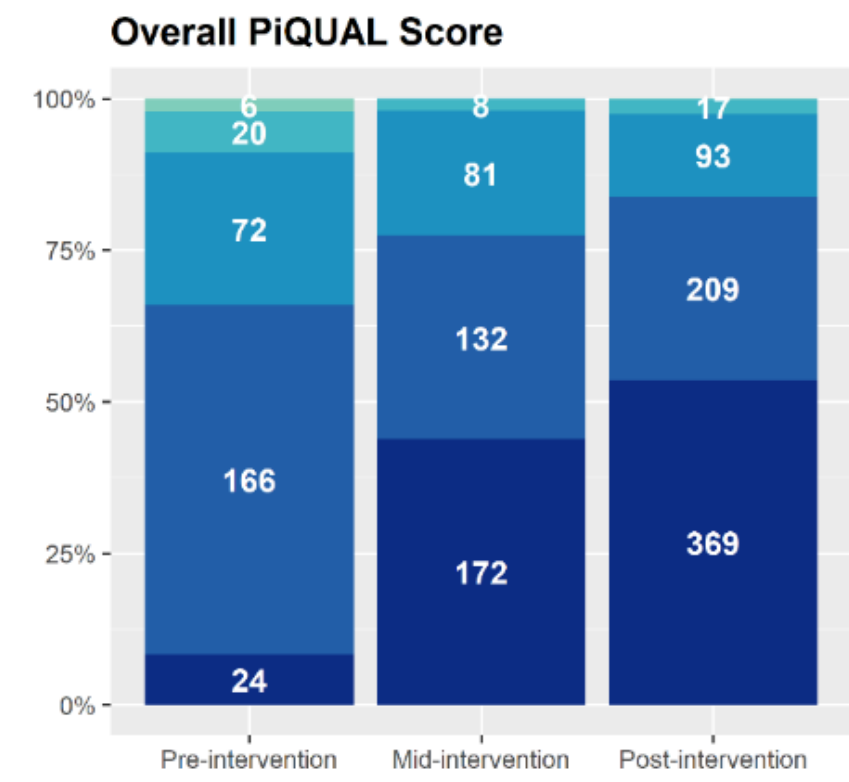
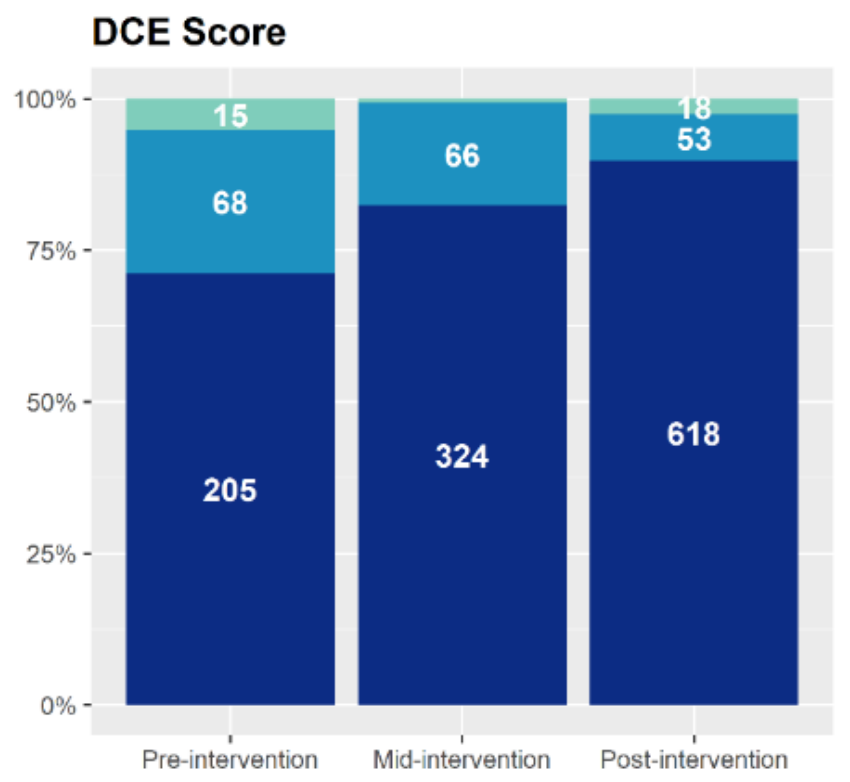
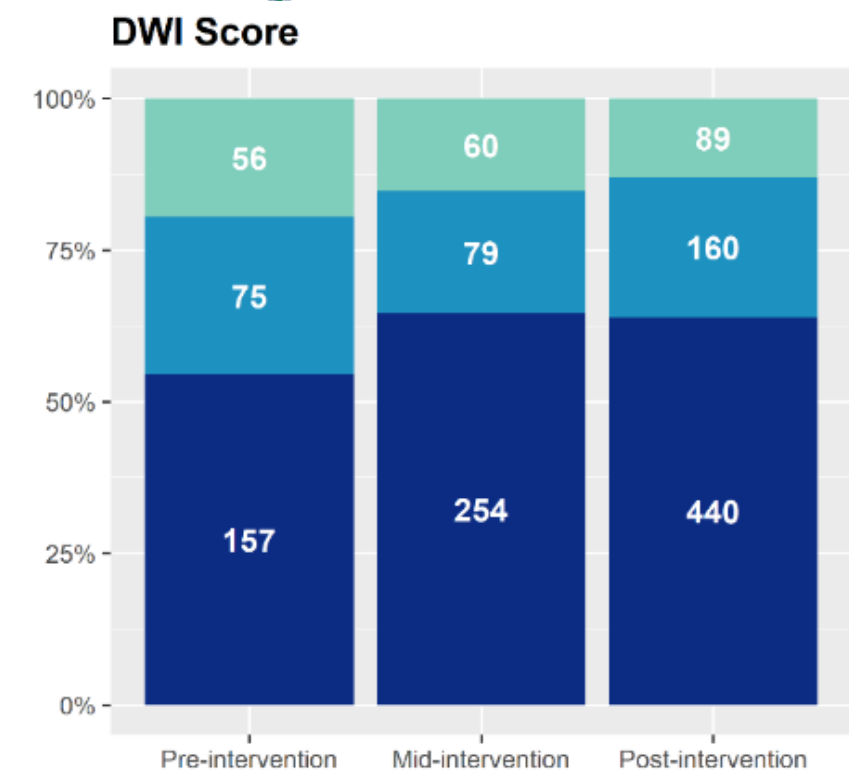
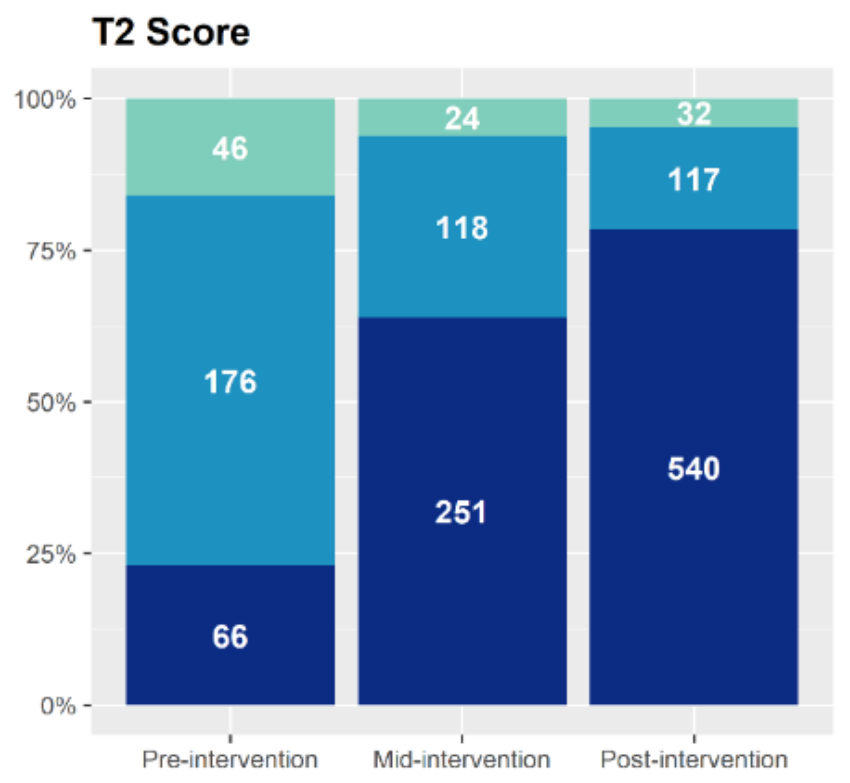
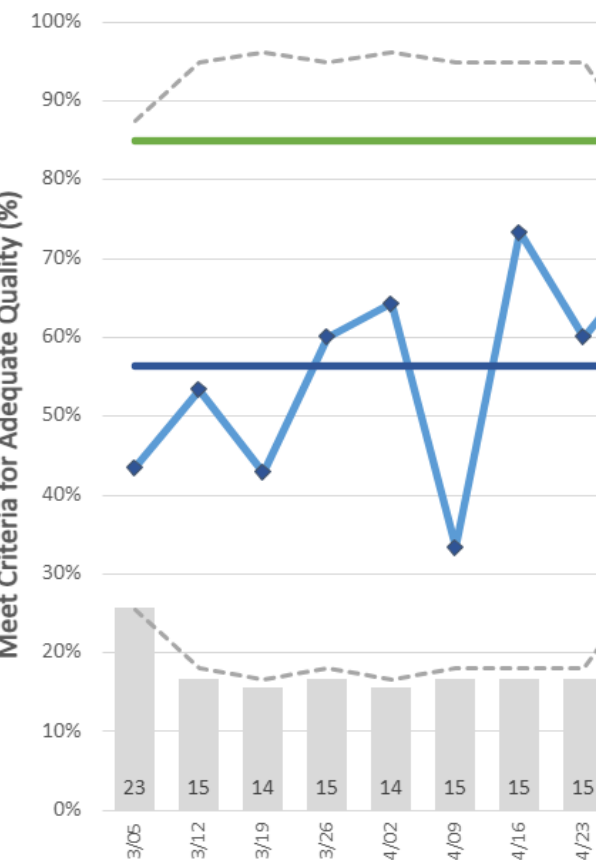
Have an ongoing QC process

Developing consensus on image quality

Maintain technologist skill

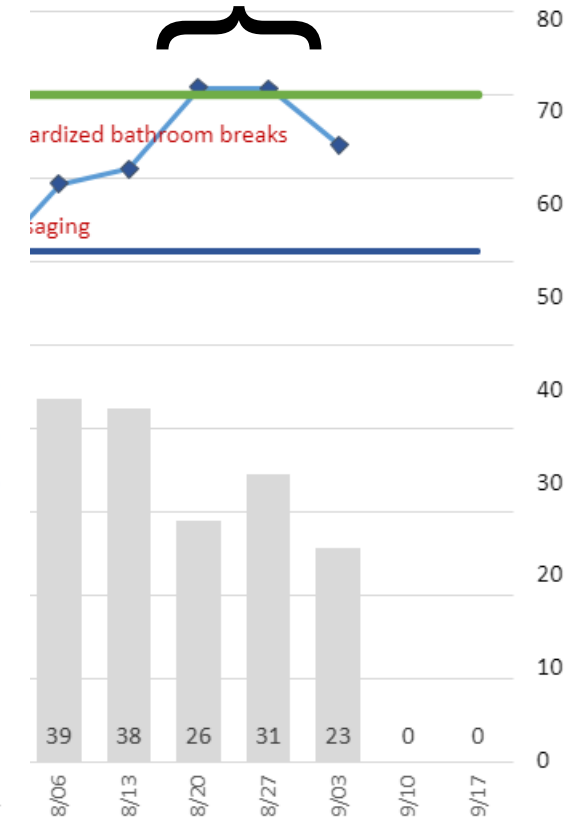
Results

Distribution of image quality scores pre-, mid-, and post-intervention.



of
s ≥

ieve goal of 80% of
RI exams with DWI
cored as optimal
of the study period

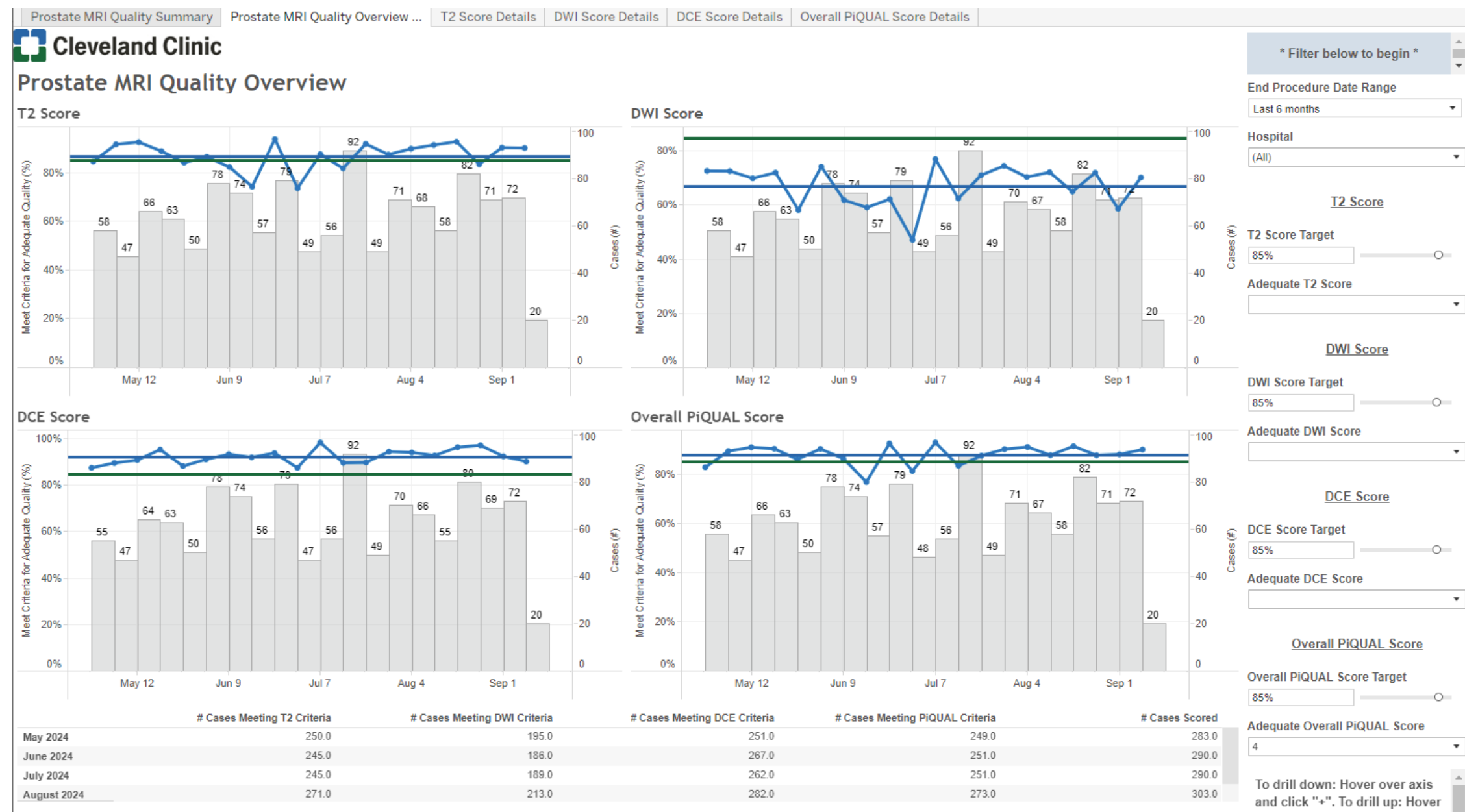


Discussion

- Most important interventions to improve image quality, particularly on the diffusion weighted images, related to removing rectal gas.
- Main challenge was the effort required to score each exam. Key to develop methodologies to automate steps in the process, where possible.
- Critical to understand when and how patients are receiving information to better understand how to reach them.
- Discussing the importance of prep compliance with patients and referring clinicians improved the effectiveness of the intervention.
- Creating a shared mental model on image quality is paramount in helping technologists understand what makes a quality image.

Discussion

- The project has also facilitated a sustainable quality control process through the development of tools to automate quality reporting.
- To date, over 3000 prostate MRIs have been scored using the PI-QUAL scoring system with results available in a real-time dashboard.



Conclusion and Next Steps

- Quality improvement is a process that requires concerted effort.
- Using a team-based approach, our organization was able to achieve sustainable performance improvement.
- We will continue to monitor image quality and adjust protocols and workflows where necessary.
- Given the initial intervention was at our main hospital, these efforts can be scaled and reproduced at other hospitals and imaging centers in our enterprise.
- Continue to build tools and techniques to reduce effort needed to capture important quality data.