

CRDAMC earns Army Medicine's 2015 Wolf Pack Award for improvements to MRI referral process

FORT HOOD, Texas—A Carl R. Darnall Army Medical Center multi-disciplinary team earned Army Medicine's coveted 2015 Wolf Pack Award for their successes in improving the MRI referral process.

CRDAMC had received the fourth quarter Wolf Pack Award as well just two weeks ago, and competed with teams from Eisenhower Army Medical Center, Western Regional Medical Command and Evans Army Community Hospital for the annual award.

The Wolf Pack Award recognizes an integrated team of military and civilian members whose accomplishments demonstrate excellence and effective teamwork resulting in significant products or services with the potential for broad impact in support of Army Medicine.

The Army Surgeon General, Lt. Gen. Patricia Horoho, presented the annual award in a ceremony here Sept. 30 and congratulated the team for the significant impact they made on patient quality of care and safety. In just 10 months, the team's efforts resulted in a savings of \$847,000; a 34 percent decrease in the total of MRI referrals; a 90 percent decrease in referrals deferred to the network and a 69 percent increase in referrals with complete narrative information.

"When we make system changes, it's not just done for efficiency or resources. Everything we do has a direct relation to the quality of care and safety of our patients. You could have easily kept your routine, but instead, you pulled together to look at how to improve the system and to bring that care back into your facility," Horoho said. "Not only did you have an efficiency piece, you had a huge resource implication which allowed you to expand your capabilities. By implementing and sharing your successes, you have driven great change that will make the entire command stronger.

"While we're proud of the money you saved, and that you did this as a multi-disciplinary team, I am more proud that you changed the lives of individuals. We may not be able to quantify it, but I have no doubt in my mind that you improved quality and safety, and positively changed the lives of those that deserved it," Horoho added.

The team knew they faced a challenge in improving the MRI referral system. The initial baseline review showed there was a substantial difference between the number of MRIs being requested and the number that could be performed. The volume of excess or inappropriate referrals clogged the system causing long wait times. A persistently high number of MRI referrals were deferred to the network at an approximate cost to the hospital of \$1,000 per scan.

“The problem was that the number of referrals for MRIs was overwhelming, and the majority of them were excess or inappropriate MRI referrals,” said Lt. Col. Michel Courtines, former chief of CRDAMC’s Radiology. “Our goal was not just to reduce the number of referrals, but to improve the process by ensuring referrals were based on proper clinical evaluation so those who truly needed an MRI received it, and received it at the appropriate time.

“A whole series of appropriate medical care, and other interventions such as physical therapy, need to occur before advanced imaging is ordered. At the end of the day, an imaging study doesn’t treat any disease. It should be reserved for when it’s going to make a difference in the patient’s treatment,” Courtines explained.

The team, comprised of staff members from Radiology, Referral Management and Clinical Outcomes and Resource Evaluation (C.O.R.E.) plus staff members from Orthopedics, Physical Medicine, Physical Therapy, Sports Medicine and Family Medicine clinics, determined that educating providers on best-practices for advanced imaging ordering played a critical role in the project’s success.

Lt. Col. Douglas Mathis, the current chief of Radiology, developed a certified continuing medical education presentation for primary care providers on the multi-skeletal practice guidelines and recommendations for completing conservative treatment options before ordering an MRI.

“We also developed informational material for both providers and patients that helped enforce the referral process guidelines and addressed any misconceptions and expectations about advanced imaging,” said Cathy Whitehead, nurse consultant from C.O.R.E. and team member. “The goal is to give providers and patients as much knowledge as possible, thereby facilitating better discussions and decision-making to effectively manage patient care.”

Another process put in place as a result of the project was that all referrals are to be thoroughly reviewed and must meet the requirements of published guidelines before being approved. Radiology staff stays in constant communication with providers to assist them with creating appropriate referrals.

Courtines attributed the success of the project to the primary care providers, and how well they responded to help reduce the quagmire of referrals for MRIs.

“It’s amazing how much of an improvement there is once everyone is on board and follows the best practices,” he added. “Without the burden of excess MRIs, we’ve saved money and improved our quality of care. We’re able to see more patients, see them sooner and ensure the best possible outcome for them.”