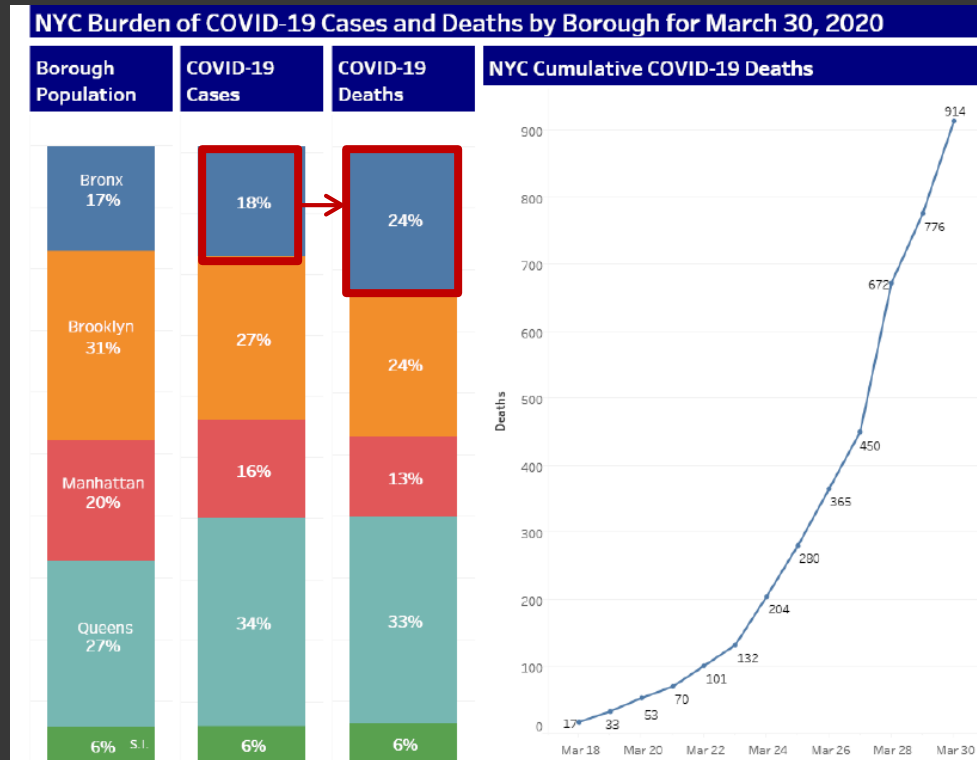


MONTEFIORE RADIOLOGY

Judy Yee, MD
Chair of Radiology



Montefiore: COVID + Admitted

3/11: 5 cases

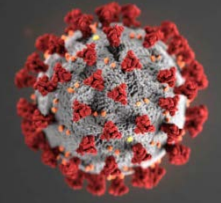
3/31: 1,212 cases



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COVID 19 Pandemic: Lessons Learned



- Need aggressive measures instituted **EARLY**
 - Quarantine the symptomatic- track nidus and their contacts to contain them
 - New Rochelle cluster – multiple Montefiore faculty
 - Strictly enforce social distancing strategies
 - Hand hygiene
- Need to increase testing capability: NY State lab, NYC lab, Labcorp, Viracor, Quest (not enough tests)
 - Develop on-site (24 hr) and off-site testing (2-5 days)
 - Not having enough testing forced us to quarantine anyone who was asx and had contact with a COVID + individual or anyone who had mild symptoms (initially 14 days, now 7 days)

Stock PPE

- goggles (Amazon)
- N95 masks (75% from China)
- surgical masks
- face shields (3D Print them)
- gowns / gloves

- borrow from closed research labs

Kooraki et al. J Am Coll Radiol 2020

- Mask patients to / from Radiology
- Portable X-ray units - (ask vendors for demo/trial units)
- Designate COVID + CT Scanner(s)
- Triage all inpt portable US

ACR Recommendations:

- CT should not be used to screen for or as a first-line test to diagnose COVID-19
- 3/33/20: Locally constrained resources (availability of COVID-19 testing) may be a factor in decision making -some medical practices are requesting chest CT to inform decisions
- Centers for Disease Control (CDC) does not currently recommend CXR or CT to diagnose COVID-19

Remote reading

- Two teams: 1 off-site/ 1 on-site
- 30% remote, 70% on-site except IR/ NIR
- About 1/3 already had home work stations
- Distancing of on-site radiologists
- Residents: continued reading remotely paired with an attending, E-learning instituted successfully.

<https://www.acr.org/Advocacy-and-Economics/ACR-Position-Statements/Recommendations-for-Chest-Radiography-and-CT-for-Suspected-COVID19-Infection>



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Personnel Considerations

- Volumes have plummeted about 40-50% within 3 weeks.
- Many Divisions (except IR/NIR/ Chest) not enough work
- Provided options of reasonable accommodation, FMLA, voluntary vacation
- Current re-deployment of staff including:
 - Residents /fellows
 - Faculty
 - PA's/RN's
 - Administrators/clerks

Site considerations

- Rapid bed expansion: radiology needs to parallel availability
 - ICU beds (conversion of CCU, PACU, MIU, cardiac cath labs, GI suites, also built new)
 - Inpatient medicine beds (cohort COVID + patients, convert pediatric wards, anywhere you can)
 - ED beds (convert pediatrics ED)
 - Command centers (on-site and remote)
- Need ventilators, extra meds!