



Reducing Quality Failure Rates of Portable Chest X-Ray Films Through a Multi-Step Educational Curriculum for Radiology Technologists

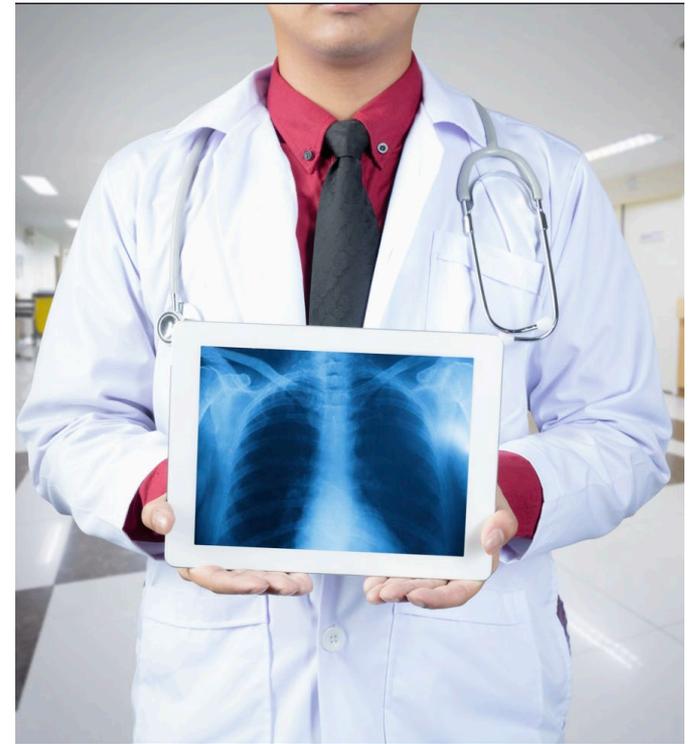
Collaborators: Michael X. Jin, MD, Kevin Gilotra, YouJin Choi BS,
Jonathan Mackow BS, Katherine Chung MD, Max Hao MD, Jolanta Norelli MD/PhD,
Farshid Faraji MD, James Kang MD, Kush Purohit MD, Agatha Lyczek PhD

November 30th, 2022



Background

- PCXRs used widely for patients with limited mobility and routine floor patients
- Easily detect pneumonia, pneumothorax (PTX), and acute thoracic trauma
- Poor image quality has been noted to affect radiologist's interpretation of PCXR films
- Proper patient positioning by radiology technologists of utmost importance





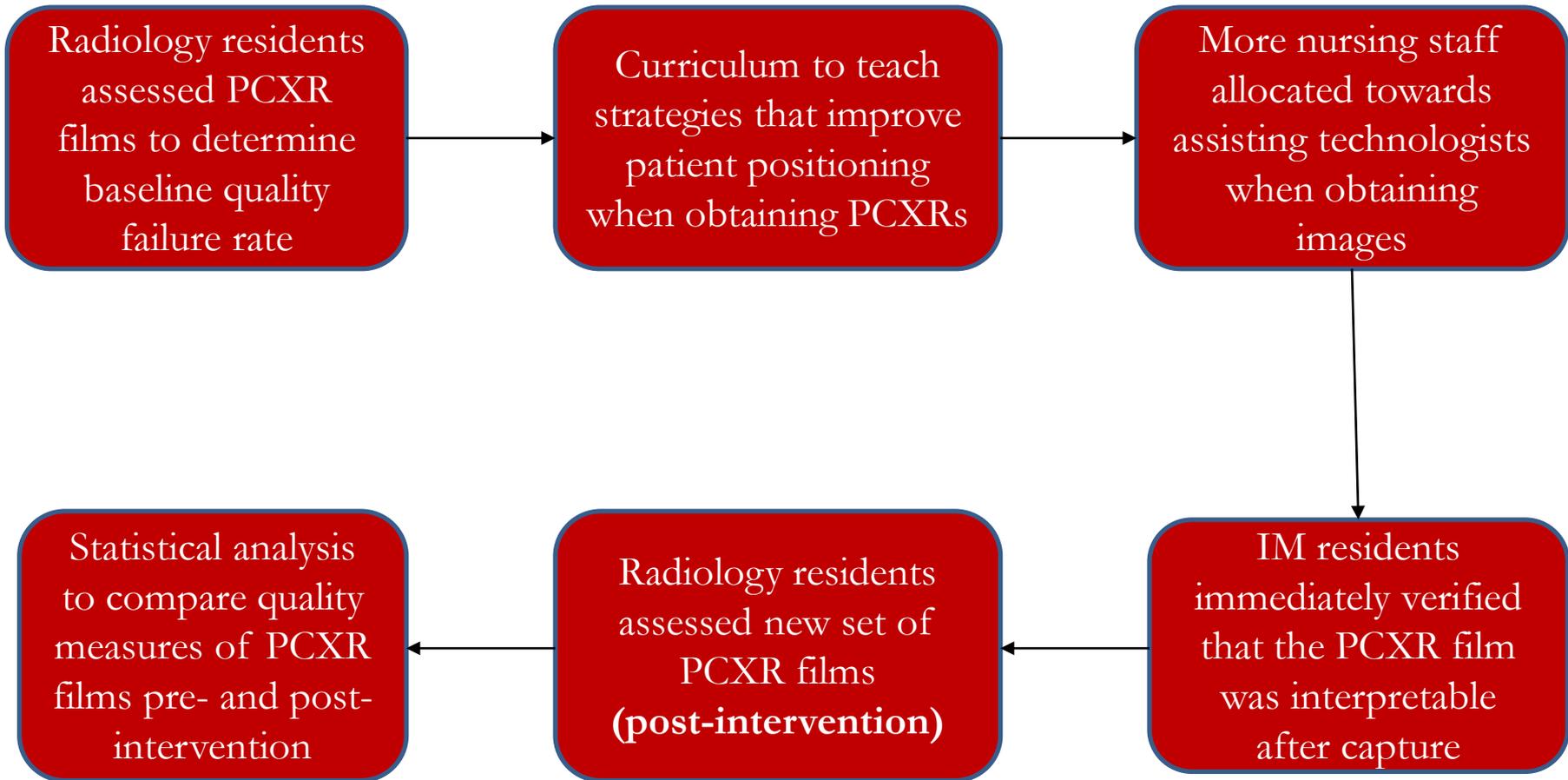
Rationale

- Understanding of the various **factors** associated with patient rotation, obstructed anatomy and misinterpreting pathology in PCXRs is crucial for ensuring future patients are diagnosed timely and accurately
- There is currently a gap in the literature about whether assisting radiology technologists with capturing PCXR films can lower image quality failure rates
- In general, literature surrounding efficacy and usage of PCXRs is very limited



Purpose

1. Identify a baseline in PCXR quality failure rates and subsequently generate interventions directed at radiology technologists.
2. Determine whether interventions that target these underlying causes can lower PCXR quality failure rates.





Question	Range of Responses
1.Does the anatomy of the image suggest there is patient rotation?	0: Almost none 1: Mild rotation 2: Subjective rotation 3: Severe rotation
2.Does the anatomy of the image suggest there is vertical or up/down rotation?	0: No 1: Yes
3.Are there any foreign or external objects overlying the chest that either obscure significant amounts of anatomy or obscure critical areas?	0: No 1: Yes
4.Any portion of chest anatomy cut-off or obscured? Please specify.	0: No 1: Yes (specify: costophrenic angle, first ribs, lateral ribs, lateral lung, lung apices, lung bases)

Question	Range of Responses
5.Does this study appear subjectively underpenetrated?	0: No 1: Yes
6.Did the technical problem impact ability to detect finding when compared with a prior study or future study?	0: No 1: Yes
7.During what shift was this image acquired?	1: Morning Shift (8:00 AM to 3:59 PM) 2: Evening Shift (4:00 PM to 11:59 PM) 3: Night Shift (12:00 AM to 7:59 AM)



Stony Brook Medicine

	Pre-Intervention	Post-Intervention
Number of total PCXRs (Number of problematic PCXRs Assessed)	500 (231)	287 (188)
Mean Patient Rotation Score (Range of 0 to 3)	1.3 ± 1.0	0.67 ± 0.49
No Rotation (0/3):	60 (25.9%)	100 (53.2%)
Mild Rotation (1/3):	69 (29.9%)	56 (29.8%)
Subjective Rotation (2/3):	71 (30.7%)	26 (13.8%)
Severe Rotation (3/3):	31 (13.4%)	6 (3.2%)
P-Value for Difference in Mean Patient Rotation Score Pre and Post Intervention	P < 0.005	
Number of PCXRs with Up/Down Rotation	100 (43.2%)	76 (40.4%)
Number of PCXRs with External or Foreign Objects Obscuring Anatomy	116 (50.2%)	55 (29.3%)
Number of PCXRs with Partial or Complete Anatomy Absent	115 (49.8%)	73 (38.8%)
Number of Studies Available for Comparison (within one week of PCXR)	168	172
Technical Problem Impacted Ability to Detect Pathology When Compared with Previous Study	73 (31.6%)	21 (12.2%)
Percentage of Problematic Films per Shift		
Morning Shift:	28%	32.6%
Evening Shift:	24%	13.6%
Night Shift:	48%	53.8%



Anticipated Results

- Reduced patient rotation
- Numerous strengths and weaknesses
- Difficult to compare results due to lack of previous studies
- Night shift image capture remains a major concern

Conclusion

- Intervention successful for:
 - Lowering mean patient rotation scores
 - Improving ability to detect pathology
 - Less films with obstructed anatomy due to foreign objects
- Implement measures to reduce quality failures associated with PCXRs captured during night shifts.
- Hospitals can implement various measures to benefit PCXR films from night shifts:
 - Allocate more experienced workers to night shifts to assist technologists with patient positioning
 - Future studies to assess the benefits of similar interventions to reduce image quality failure rates.

Works Cited



1. Rubinowitz AN, Siegel MD, Tocino I. Thoracic Imaging in the ICU. *Critical Care Clinics* 2007; 23: 539–573.
2. Drummond N, Laizner AM. Exploring the Necessity of Routine Daily Chest X-rays for Mechanically Ventilated Patients in the Pediatric Intensive Care Unit: An Integrative Review. *Journal of Pediatric Nursing* 2021; 61: 176–184.
3. Ganapathy A, Adhikari NK, Spiegelman J, et al. Routine chest x-rays in intensive care units: a systematic review and meta-analysis. *Crit Care* 2012; 16: R68.
4. Ioos V, Galbois A, Chalumeau-Lemoine L, et al. An integrated approach for prescribing fewer chest x-rays in the ICU. *Ann Intensive Care* 2011; 1: 4.
5. Bekemeyer WB, Crapo RO, Calhoun S, et al. Efficacy of Chest Radiography in a Respiratory Intensive Care Unit. *Chest* 1985; 88: 691–696.
6. Jardon ML, Pomykala KL, Desai I, et al. The Use of Mobile Chest X-Rays for Tuberculosis Telemedicine. In: *Revolutionizing Tropical Medicine*. Hoboken, NJ, USA: John Wiley & Sons, Inc., pp. 531–548.
7. Story A, Aldridge RW, Abubakar I, et al. Active case finding for pulmonary tuberculosis using mobile digital chest radiography: an observational study. 8.
8. Devasia J, Goswami H, Lakshminarayanan S, et al. *Deep Learning Classification of Active Tuberculosis Using Chest X-Rays: Efficacy of Transfer Learning and Generalization Performance of Cross-Population Datasets*. Preprint, In Review. Epub ahead of print 14 January 2022. DOI: 10.21203/rs.3.rs-1235165/v1.
9. Clec'h C, Simon P, Hamdi A, et al. Are daily routine chest radiographs useful in critically ill, mechanically ventilated patients? A randomized study. *Intensive Care Med* 2008; 34: 264–270.
10. Krivopal M, Shlobin OA, Schwartzstein RM. Utility of Daily Routine Portable Chest Radiographs in Mechanically Ventilated Patients in the Medical ICU. *Chest* 2003; 123: 1607–1614.
11. Jensen L, Meyer C. Reducing errors in portable chest radiography. 2015; 9.
12. Wong HYF, Lam HYS, Fong AH-T, et al. Frequency and Distribution of Chest Radiographic Findings in Patients Positive for COVID-19. *Radiology* 2020; 296: E72–E78.
13. Jacobi A, Chung M, Bernheim A, et al. Portable chest X-ray in coronavirus disease-19 (COVID-19): A pictorial review. *Clinical Imaging* 2020; 64: 35–42.
14. Cohen MD, Cooper ML, Piersall K, et al. Quality assurance: using the exposure index and the deviation index to monitor radiation exposure for portable chest radiographs in neonates. *Pediatr Radiol* 2011; 41: 592–601.
15. Brady Z, Scoullar H, Grinsted B, et al. Technique, radiation safety and image quality for chest X-ray imaging through glass and in mobile settings during the COVID-19 pandemic. *Phys Eng Sci Med* 2020; 43: 765–779.
16. Ries AL, Clausen JL, Friedman PJ. Measurement of lung volumes from supine portable chest radiographs. *Journal of Applied Physiology* 1979; 47: 1332–1335.
17. Lefcoe MS, Fox GA, Leasa DJ, et al. Accuracy of Portable Chest Radiography in the Critical Care Setting. *Chest* 1994; 105: 885–887.
18. Turkington PM. Misinterpretation of the chest x ray as a factor in the delayed diagnosis of lung cancer. *Postgraduate Medical Journal* 2002; 78: 158–160.
19. Bruno MA, Walker EA, Abujudeh HH. Understanding and Confronting Our Mistakes: The Epidemiology of Error in Radiology and Strategies for Error Reduction. *RadioGraphics* 2015; 35: 1668–1676.
20. Beydon L, Saada M, Liu N, et al. Can Portable Chest X-ray Examination Accurately Diagnose Lung Consolidation After Major Abdominal Surgery? *Chest* 1992; 102: 1697–1703.