WFPI meeting 1st December 2014
Online/RSNA

Mission Statement (2012): WFPI provides an international platform for pediatric radiology organizations united to address the challenges in global pediatric imaging training and the delivery of services.
In Memory of Guy Sebag
Are we talking to each other, working closer together?

Update - membership, bylaws, international governance and communications: Tim Cain, Ines Boechat, Sanjay Prabhu
Bylaws

Article II Section 1:
“WFPI membership is comprised of pediatric radiology societies or sections of societies (hereafter referred to as “organizations”) whose membership allows the WFPI to fulfil its purpose as set out above. These organizations hold membership for and on behalf of the individual practitioners belonging to them. No WFPI membership can be taken out on an individual basis. All members operate on a non-profit, non-political, inclusive and entirely non-discriminatory basis, and have a constitution or other formal document setting out their objectives and governance.”
Bylaws

Changes agreed at Annual Meeting June 2014

- Need to define new non-voting associate or affiliate classification to allow organisations that are not “pure Paediatric Radiology societies” to become members; e.g. Special Interest Groups of adult radiology societies, radiographers
- Council sets agenda for annual meetings
- Voting weights to change (everyone a single vote)
- Changes yet to be circulated for formal ratification
Bylaws

What are the priorities for 2015

- Expand membership and relax rules?
- Protect current members rights?
- Represent Pediatric Radiology and improve the health of children?
- Bylaws tied to long term aims of WFPI

- Requires ongoing discussion to understand all the issues.
International governance

Council

➢ Handicapped by lack of opportunities to meet in person & deepen engagement
➢ Reminder: AfSPI, AOSPR, ESPR, SLARP and SPR represent WFPI's national/supernational societies in their regions
➢ Eva Kis joined as ESPR Representative Director

Veronica Donoghue preparing to take over the Presidency, June 2015

Executive Committee

➢ Now meeting monthly (19 hr time difference….), handles core business
➢ All 5 Council-level societies represented
➢ Oversees budgetary approval for projects
Comunications & visibility 2014

WEBSITE, 1st Jan – 1st Dec 2014

- 4000 + sessions
- 12000 pages visited
- 130 countries reached
- Top events: newsletters, TB Corner, mini-symposium, events, radiologist education pages, outreach (tele-reading & education/training)
- Lower traffic: other healthcare professionals
- Regularly updated
NEWLETTERS
4 per year, generate significant web-traffic surges

Word/pdf format for onward web-posting (time-consuming)

FACEBOOK
730+ likes, average 2 posts/week
Best conduit for “info harbour “ and breaking news
Top 10 countries: Egypt, USA, India, Argentina, Brazil, Pakistan, Philippines, Algeria, Romania
Raising Awareness videos

- SPR-WFPI backed, Pfizer-sponsored
- Kara Lee-Poole
- Theme: Setting and advancing the research agenda in Africa to improve healthcare for children
- Film out soon

Nassissi Meizi
Research Counselor
Are we spreading the word, defending our corner?

Update – advocacy: Ines Boechat
With Image Gently, contacted by WHO for pediatric radiation safety meetings in
- Tanzania, Nov (for physicists): Dr. Ademola Adekanmi, Nigeria
- Tokoyo, Dec: Dr. Osamu Miyazaki, Japan

RSNA Regional Committee for Africa & the Middle East
- Represents the region, draws regional radiologists into RSNA
- Assists RSNA initiatives in Africa and the Middle East

WHO Pediatric Imaging Manual under the auspices of ISR – Agreement to be signed with ISR?
Advocacy: child Imaging safety

Aim: secure communication and collaboration between pediatric imaging practitioners via organizations advocating for appropriate practices and resource allocation for children.

How?
Partnership with the Alliance for Radiation Safety in Pediatric Imaging and active participant in the Image Gently campaign, helping to build a framework for addressing international child imaging safety needs.

Objectives
1/ support and enhance the IG Alliance and the work of other societies and agencies throughout the world in the goal of promoting radiation protection for children worldwide
2/ ensure WFPI’s international reach extends to the Alliance and secure the Alliance’s input into WFPI focus areas such as radiation safety and region-specific recommendations on radiation protection for children.
Advocacy 3

WFUMB – partner a WFPI ultrasound group?
This year: the brain

NEXT YEAR....

PEDIATRICS!

ALL SYSTEMS GO!!!!!
What are we sharing?

Update: online education initiatives, Dorothy Bulas, Sanjay Prabhu
Regional Societies

Founding Societies

WFPI Education Committee

General objectives

1. To promote pediatric radiology educational needs globally for non-radiologists, radiologists and pediatric radiologists.

2. To collate materials and tools via the WFPI website, providing access to pediatric radiology education for targeted audiences worldwide.

3. To promote and develop international education opportunities

4. To support and promote educational efforts by pediatric radiology groups at regional and national levels

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Audience

- **Nonradiologists** – nurses, RT, sonographers, MDs (pediatricians, cardiologists, neonatologists)
- **Radiologists** – adult, trainees
- **Pediatric Radiologists** – fellows, attendings
Links continue to be added

Existing virtual forums

syllabus:

Educational links
Cleveland Clinics, Michael D’Alessandro’s sites, Stanford’s free lectures online
Partners in Health ultrasound manual for resource limited settings
WHO ultrasound guidelines
http://apps.who.int/bookorders/anglais/detart1.jsp?codlan=1&codcol=15&codcch=393
- Links to sources of grant application for international work
-- Radiology initiatives run by other organisations
- Information and links regarding imaging equipment/donations
? Question?

- How to handle links that have advertisements
- Example: Radiographics
Create material as needed? Gather it from other sources?

Radiology of Childhood Abuse: Nandish Shah, Egial Shalaby Rana, Prof. Dorothy Bulas


Through the eye of the suprasternal notch - searching For TB: Tsepo Moseme and Savvas Andronikou, Department of Radiology, Faculty of Health Sciences, University of the Witwatersrand

Imaging in Pediatric Epilepsy: Techniques, tips and traps: Sanjay P Prabhu (handout from webinar delivered to the Radiological Society of South Africa, June 2014)

WFPI Education library- PDFs, slide copies and handouts from talks by WFPI members- Pediatric Epilepsy
ISR’s online TB module
Plans to produce a new WHO pediatric imaging manual

- Through the auspices of ISR
WFPI Mini-Symposium
“Outreach in the Developing World”

32 articles
50+ authors
Issued May 2014

Click here
Education material can be geared for lower resource settings - different languages
Education: Video Library

Sanjay Prabhu – web master

- Organize existing content - (eg Savvas Snippets, Sonoview)
- Video creation guidelines & instructions
- YouTube channel for ease of access
? Create material if needed?

- Who determines what is needed
- Who vets the material
- What logo should it be under
- Who updates these resources
- Who selects presentations?
- Disclaimers
- Funding
Education - Webinars

➢ Sanjay Prabhu webinar on Imaging in Pediatric Epilepsy - Techniques, Tips, Tricks and Pitfalls.

➢ George Taylor - webinar Scoliosis Curveballs
Education – Live stream meetings

More planned at SPR 2015
Promote and develop international education opportunities

- Team up with RSNA/ AAP/ ACR international traveling grants - grants for fellows to come to a USA center (currently done with ESPR/ESR)
- Online free access to journals
- Online free access to books
- Language sites
- Flag meetings and courses of interest on the WFPI website
Challenges

- Uneven representation and participation among members
- Lack of intranet access
- Requires Coordination - Time, infrastructure
- Cost of live streaming
  - Lack of face to face interactions – questions may not get answered
- Requires Expertise on topic
- May not provide specific needed educational materials
  - Train the trainers
- Expanding representation from countries around the world
Action!

- Become a Member of the Education committee!!
- Give us your time, attention, and support
Are we crossing the resource divide?

Update: worldwide outreach and education initiatives - project leaders

Ramon Sanchez, Tracy Kilborn, Jaishree Naidoo, Savvas Andronikou, Ines Boechat, Cicero Silva, Veronica Donoghue, Kassa Darge, Hansel Otero
Latin America - Caribbean Tele-reporting
Ramon Sanchez

- Started summer ‘14
- Four countries, five sites
  - Guatemala: Hospital Regional de Cobán, Alta Verapaz
  - Perú:
    - Hospital Regional de Iquitos
    - Centro Salud Santa Clotilde
  - Jamaica: Bustamante Hospital
  - Trinidad: Wendy Fitzwilliam Paediatric Hospital
- Coordinator: Ramon Sanchez; 47 volunteers (8 Spanish speakers)

- Only third level hospital in the region
- 180 beds
- 1 general radiologist
  - 1 U/S, x ray room, 1 portable x ray. Non digital
  - CT belongs to a large private group and cases are sent and read outside (external PACS)
- Site coordinator: Dr Jose Pineda
Perú. Hospital Regional Iquitos (Loreto)

- Public hospital that serves over 1 million patients
  - 93 pediatric beds including PICU-NICU
  - Patients transferred from here to Lima
- 2 general radiologists
- Equipment (non digital)
  - 2 x-ray machines
  - 2 U/S machines
  - 1 CT
- Site coordinator: Raul Seminario

- Slow- unreliable internet connection
- On strike for 152 days, back to work 6 weeks ago
Head of 12 health posts over 400 km of Napo river serving 20,000 and over 100 villages

3 doctors, 30 bed hospital with 1 O.R
  - 15,000 outpatient visits, 900 admissions, 61 deliveries and 71 surgeries

1 U/S machine

No x ray machine (work in progress)
  - Patients unable to be treated at the CSSC or in need for imaging other than 1 (approx. 25/month) are stabilized and transferred to Iquitos via a one day boat trip

Site coordinator: Brian Medernach
Wendy Fitzwilliam Paediatric Hospital, Trinidad

- 275 beds (4 ICU)
- 7 general radiologist and 7 trainees
- CT and US performed in main department
- Radiography unit in pediatric emergency department
- Robust internet connection and available PACS
- Site coordinator: Paramanand Maharaj
Bustamante Hospital, Jamaica

- Only dedicated children hospital in English speaking Caribbean
- 283 beds (5 ICU)
- 4000 radiography exams month
- 1 x ray unit, 2 portables and 1 U/S
  - CT- MRI (down temporarily)
- 2 pediatric radiologists (one leaving Feb. 15’)
  - Specific need: neuro and MSK
- Site coordinator: Marcia Lawrence
Malawi - Tracy Kilborn

July 2014: exploratory outreach mission to teach and determine pediatric radiology needs in different environments in Malawi.

Aimed to provide tele-reading support for pediatric imaging and pave the way for future teaching and training visits.
Teaching Hospitals – Blantyre and Lilongwe

- Lectures
- Consults
- Ultrasound technique
- X-Ray technique
Chiradzulu – MSF Outreach

- CXR Technique
- Ultrasound
- TB on CXR
Salima – Point of Care US
Malawi - What next?

Next steps:
- PoC US at all sites.
- Pilot project in Malawi in hospitals.
- Tie in with South Africa research.
- Follow up to Salima.
- Teleradiology viability?

In partnership with Imaging the World and Dr. Kay North, of Kansas University Children’s Hospital
Doctors without Borders/MSF
Jaishree Naidoo (on behalf of Savvas Andronikou)

- Tele-reading continues though at low ebb
- Networking needed within MSF to boost tele-radiology, address underdiagnosis (see Tracy Kilborn’s MSF-Malawi site visit: 39k patients initiated on ARVs, 3.4k of them children. Incongruous so few affected with TB.)

Publishing more open-access tele-medicine articles with Collegium Telemedicus platform, raising awareness.
Teleradiology usage and user satisfaction with the teleradiology system operated by Médecins Sans Frontières

Jared Hacock, Cara Kovack, Saskia Spüler, Elizabeth Jonker, Savvas Antidepress, Karen Cherezul, William E. Brandt, Laurent Bonnafelt and Richard Reznick

Médecins Sans Frontières began a pilot trial of telemedical teleradiology in 2013, initially operating separate networks in English, French, and Spanish, which were merged into a single, multilingual platform in 2015. In this period, 10 radiologists were from 22 different countries. A total of 1,116 teleconsults were performed, mostly within the MPF’s own countries. The median file size was 300 kbyte. Two districts were available, but most (98%) were reported by 4 districts. The median radiology response time was 6.1 days (QR 3.0-17.2). A user satisfaction survey was sent to 10% of the teleconsults. There was a 96% response rate. Most respondents found the radiologist’s advice helpful, and all of them stated that the service was essential in the evaluation of a diagnosis. Although some MSF sites made substantial use of the system for teleradiology, there is considerable potential for expansion. More promotion of teleconsults may be needed at different levels of the organization to increase engagement of staff.

Keywords: teleradiology, telehealth, telemedicine, MSF

Abstract

Médecins Sans Frontières (MSF) is a humanitarian organisation which provides emergency medical aid in challenging settings; field staff often diagnose and treat patients using limited resources and without the expertise of specialists. Teleradiology is available for MSF sites which use digital computed radiography (CR) imaging or conventional film imaging. We conducted a retrospective study of the quality of X-rays utilised by MSF for radiology diagnosis over a one-year period. All plain X-ray examinations performed for interpretation using two MSF teleradiology platforms in 2012 were assessed against 15 image criteria and further evaluated as being either diagnostic or non-diagnostic. The studies included a total of 115 images (range 10-450). Images were a mixture of chest, skeletal and abdominal radiographs. The majority of the images were CR (n = 109, 74%). Three sites were MSF/Epicentre installed and operated (Epicentre is a research facility affiliated with MSF); five sites were operated by the ministry of health, imaging patients referred by MSF. The sites performing poorest for quality were all facilities which used film and chemistry (53% non-diagnostic images). The sites performing better for quality were facilities which used CR digital imaging (12% non-diagnostic images), two of which had also undergone radiographer training. Our study suggests that transitioning to CR digital imaging has the potential to improve image quality compared to film and chemistry. Radiography training should be a priority for all sites with X-ray services. The continued utilization of X-ray services by MSF where images have proven to be consistently poor should be re-considered.

PMID: 24516026 [PubMed - as supplied by publisher]
SCOPE AND RATIONALE OF THE OUTREACH

- TB infection control in Swaziland is a health concern as a high rate of people living with HIV/AIDS is co-infected with TB (85% in adults and 60% in children).
- SASPI/ICAP collaboration to develop skills for radiology use to diagnose and manage TB in children in different referral health sites.
- Team for 3 days to conduct on-site radiology sessions with radiology technicians and clinicians.
- Team support a QI exercise on the radiology department with the technicians and to also facilitate an on-site session with physicians to strengthen their reading skills of X-rays and with sonographers in point of care ultrasound when diagnosing TB in children.
- The Number 43 Trelawney Park Foundation and African Financial Group made this Paediatric Imaging TB Outreach project possible due to their generous donation and sponsorship.
HOSPITAL AND EQUIPMENT INFORMATION

Day 1 Good Shepard
- This is the current regional referral hospital of the Lubombo Region
- 250 beds and provides adult and paediatric services
- One X-ray machine Toshiba, processed in the dark room.
- One Ultrasound machine: Siemens Acuson X150 model, 1 curvilinear probe, no linear probe, no paediatric probes.
- No CT, MRI or Fluoroscopy.

Day 2 Piggs Peak
- The current regional referral hospital of the Hhohho region. It covers a region with mainly rural population of around 200,000 inhabitants.
- HIV care and treatment services
- The outpatient department provides services to an average of 2600 patients per month.
- There is only 1 paediatrician in the hospital. No radiologist.
- One X-ray machine, processed in the dark room. There is no digital or CR machine and no mobile units.
- One Ultrasound machine: 1 curvilinear probe, and 1 transvaginal probe. No linear probe and no paediatric probes.
- No CT, MRI or Fluoroscopy.

Day 3 Mbabane Govt Hospital
- This is the current national referral hospital of the Lubombo region.
- There are 440 beds.
- MGH hospital /ART clinic provides mentorship and supervisions for 12 baby clinics with a catchment population of 63,726 people.
- There is 1 radiologist, Dr Chen from Taiwan who is an adult chest specialist. Dr Chen reports on the plain films, and CT’s.
- There is 1 paediatrician in the hospital.
- One X-ray machine, processed in the dark room. There is no digital or CR machine and no mobile units.
- One Ultrasound machine: 1 curvilinear probe, 1 linear probe and no paediatric probes.
- One 64-slice CT scanner, this is the only CT scanner in all of the state hospitals. Only non-contrast CT’s are done.
- No MRI or Fluoroscopy available.
Founding Societies

- AOSPR
- European Society of Paediatric Radiology
- AfSPR
- the Society for Pediatric Radiology
Morning Session: Presentation of Approach to the Paediatric Chest x-ray. Assessment of the technical factors, interpretation and pattern recognition.

Presentation of Imaging of Paediatric Pulmonary and Extrapulmonary TB with interactive session on challenging x-rays.

Midmorning session: At the radiology department, working hands-on with the radiographers on X-ray technique with paediatric patients and assessing the exposure settings and technical factors before passing the film.

Demonstration and training the sonographer and medical officers, point of care ultrasound technique in imaging of TB.

The doctors and support staff expressed their gratitude for the presentations and our hands-on approach. They were eager for follow up visits and more workshops.
In all 3 hospitals that we visited, no lateral chest x-rays were done. During the teaching and training sessions at the different centers, the critical importance of lateral chest x-rays in assisting with the diagnosis of TB was emphasized.

The ultrasound equipment at these centers was suboptimal. There was no linear, high frequency ultrasound probe, essential for better detection and assessment of splenic micro abscess/lymphadenopathy in TB.

There is only 1 radiologist in the country and he is based at Mbabane Government Hospital.

Due to the shortage of specialists, paediatric x-rays are interpreted by the medical officers and interns.

These doctors need support in interpretation of difficult cases. However, there is no digital x-ray machine and therefore images would have to be photographed and sent via email. SASPI has offered to assist the doctors in the interim but a more sustainable solution needs to be found.
NEW TB CLINIC AT BAYLOR

- Dr Pilar Ustero Alonso, the global TB program associate director of the Baylor College of Medicine took us through a tour of the clinic and showed us the new TB Clinic due to open in 2 months.
- This TB clinic will be freely available to the public. Patients will have access to investigations like gene expert and the necessary radiological investigations for adequate diagnosis of TB.
- There will be a digital x-ray and ultrasound machine.
- We discussed the opportunity for SASPI to get involved with the training of the new staff in Paediatric X-ray and ultrasound technique and interpretation of pulmonary and extra pulmonary manifestations of TB.
- We also discussed the opportunity for telereading assistance.
CONCLUSION AND LINKS TO WFPI

- Telereading assistance, however challenges without digital x-ray. Access to WFPI online tools.
- The new TB clinic at the Baylor Center is hope, as patients will now have access to pathology and radiological investigations in one center.
- I have offered SASPI’s assistance with the training of the new staff in paediatric x-ray and ultrasound technique and interpretation of pulmonary and extra pulmonary manifestations of TB.
- Follow up visits. WFPI to promote buddy system for projects and member societies.
- MOH success: The Number 43 Trelawney Park Foundation and African Financial Group is keen to sponsor more Outreach.
- The South African Society of Paediatric Imaging has expanded its mission to include outreach support to other centers in South Africa and neighboring countries lacking paediatric radiology expertise.
- SASPI demonstrating what can be done by a national society re regional outreach (also done by the French society in Rwanda)
Khayelitsha, South Africa, update
Jaishree Naidoo (on behalf of Savvas Andronikou/Stanford University)

- Tele-reading continues, also low volume
- Under the stewardship of Stanford University
- 27 cases referred since 22 Oct 2013
- Type of cases mainly TB and HIV chests
- Reporters: Ben Johnson and Richard Barth
- Number of referrers: 12

Needs transfer onto the Collegium Telemedicus platform – but Khayelitsha staff have no access to internet onsite
Most recent referral 25 Nov 2014
Khayelitsha Hospital Radiology Report Request

Folder no: 

DOB: 14/03/2011
Age: 3 y 8 m old girl
Date and type of image: CXR AP LAT (presentation at EC in Oct, repeat CXR in Nov)
Clinical information:
# Prev MDR TB completed 1 y treatment October 2013
# Now recurring TB symptoms
  > Cough, haemoptysis 1 episode, FTT, Nightsweats never resolved from last TB episode
  > Possibly New adult TB contact, neighbour (visits regularly at her friend’s house)
  > CXR sugg., poss. just CLD?
# Growth plateau for last month

TB investigations done: 2x MCS, AFB neg, cult pending, Gene xpert to be done on 27/11/2014
Bloods done on 21/11/2014: FBC normal, CRP <1.0, ESR 28


Thank you for assisting with report of xrays

Kind Regards
Dr R Croucamp

Founding Societies
Mozambique
Ines Boechat/Ricardo Faingold

- In partnership with UCLA Center for World Health
- Pediatric rotation UCLA
- Connecting Maputo Central Hospital with Brazilian teaching facilities

- 2 referrals via the tele-platform
- Portuguese-speaking group ready to tele-read, includes Richard Faingold (Montreal), Carolina Guimaraes (Orlando)
36 referrals to date: mostly chest CTs, a few abdominal CTs, a few head CTs

Time range from request to report: 0 to 4d, mean 2d, median 2d
- excluding w/ends - i.e requested Saturday, reported Monday: = 2 days

Most patients: findings suspicious for tuberculosis or fungal disease

Referring radiologist, IGICH: Dr. Ramesh Nayak

Active WFPI volunteer readers: Drs. Aadil Ahmed (South Africa), Jon Brandon (USA), Preeyacha Pacharn (Thailand), Cicero Silva (USA)

Recently joined the WFPI volunteer team: Dr. Goran Djuricic (Serbia)
IGICH - Bangalore 2
IGICH - Bangalore 3

Drs. Ramesh and Silva at ISPR in Vellore, India Sep/2014

Regional Societies

Founding Societies
Cambodia (Angkor)- Rutger-Jan Nievelstein on behalf of E. Kis & V. Donoghue

- 1 case per week received for opinion
- To date no accompanying report
- Opinion usually given within 24 hours
- Radiographs are good quality
- Ultrasound images limited by the on site equipment
- Following last leaders meeting V Donoghue wrote to Dr. David Stringer (stringer@singnet.com.sg) as per AOSPR website re his previous experience in Cambodia – awaiting reply
Ethiopia
Dorothy Bulas (on behalf of Kassa Darge)

- 4th Annual Pediatric Radiology CME August 2014
- 140 attendees - largest number ever
- Primarily radiology residents and radiology consultants, also pediatricians and pediatric surgeons. Included 80%-90% of the country’s radiologists.
Ethiopia 2

- Program developed through a partnership between the Dept. Of Radiology/Addis Ababa University, the Ethiopian Radiology Society and CHOP
- Run under the auspices of WFPI
- International faculty, lead by Prof. Kassa Darge, mainly from USA, included Prof. Hirsch from Germany.
Funded 2008 to increase access to imaging in resource-limited regions and communities
Now have more than 2,700 contributors
45,000 web visitors per year
25 chapters
On-site programs in >10 countries.
Rad-Readiness

- A cornerstone of RAD-AID’s strategy
- Endorsed by the WHO in 2011
- A systematic data collection tool for assessing health care imaging technology
- Assists in effective planning and implementation for long-term sustainability and measurable outcomes
Rad-Aid: Children's Health

Most countries have no pediatric radiologists to care for a billion children. We can change that.
Hansel Otero, MD

Pediatric Radiology Program Manager for Latin America and Africa

Dr. Hansel Otero is a pediatric radiologist at Children’s National Medical Center in Washington, D.C. He earned his medical degree (MD) from the Universidad Central de Venezuela, completed internal medicine internship at Hurley Medical Center in Flint, MI and residency at Tufts Medical Center in Boston, MA. His pediatric radiology fellowship was completed at the Children’s Hospital of Philadelphia. Dr. Otero has prior experience in Doctors without Borders and served in the RAD-AID Haiti team in addition to serving as RAD-AID’s Liaison to the World Federation of Pediatric Imaging (WFPI). If you are interested in joining or contributing to the RAD-AID Children’s Health Pediatric Radiology programs in Latin America, Africa or the Caribbean, please contact Dr. Otero at hanselotero@rad-aid.org.

Michael Reiter, MD

Pediatric Radiology Program Manager for Asia and Europe

Dr. Reiter is a pediatric radiologist at Carle Foundation Hospital in Illinois. Dr. Reiter received his medical degree from Rush Medical College and completed internal medicine internship and diagnostic radiology residency at Naval Medical Center San Diego. He completed fellowship training in pediatric radiology at Cincinnati Children’s Hospital. Dr. Reiter carried out multiple clinical and leadership roles during his service in US Naval health institutions in the US and internationally. If you are interested in joining or contributing to RAD-AID's Pediatric Radiology and Children’s Health program in Asia or Europe, you can contact Dr. Reiter at mreiter@rad-aid.org.
Future Projects

• Pediatric radiology awareness
• RAD-AID-WFPI: Rad-Readiness
  PEDS addendum and PEDs specific option
• Educational resources consolidation
• Increased local/regional connections
• Promote a partnership/sister hospital model
Tele-platform - Cicero Silva/Erich Sorantin

SUSTSOL
SUSTAINABLE IT SOLUTIONS

Collegium Telemedicus

Regional Societies

Founding Societies
Tele-platform 2

Pros

- Supposedly resilient to low bandwidth transfers and unstable internet connections
- Transparent interface with DICOM and native JPEG viewer
Regional Societies

Founding Societies

Tele-platform 3

**Cons**

- Windows-based; software needs to be downloaded and installed in users’ computers
- Software generally not user-friendly
- Glitches / bugs often need to be troubleshooting within users’ computer
- Will soon need to pay 1 €/case
Tele-platform 4
Tele-platform 5
Tele-platform 6

Pros

- Web-based, no software installation
- User-friendly web interface
- No bugs or glitches detected so far
- Once a month summary statistics
  - Number of cases, response time average
- Possibility of random once a month QA case for panel review
- Offered free of charge
Regional Societies

Founding Societies

Cons

- Upload of a single file at a time - cumbersome for CTs with hundreds of images - circumvented by zipping images
- File transfer depending on stable internet connection
  - zipped CT file: 50~150MB
- Referrer currently only being able to export JPEGs (not DICOM)
- No JPEG or DICOM viewer - readers open study on their own
All messages for case no 13 (WFPI)

This listing shows the newest message at the top initially. You can change the order by clicking on the arrows at the head of each column. You can read the messages by clicking on the appropriate link at the right hand side. A paperclip symbol indicates that the message has attached files. Click on the Read message link to view them. You can send a response about this case by clicking on the Respond icon at the bottom of the page.

Patient name: Muddula
Sex: Female
Hospital: Indira Gandhi Institute of Child Health (IGICH)
Date of referral: 21-Nov-2014
No of queries: 2
Follow-up data: (none)

Age: 1 yr
Referer: Dr Ramesh Nayak
City, country: Bangalore, India
No of messages: 4
Referral type: Patient-related clinical query (relating to a specific patient)
Time to first reply: 2.5 day(s)

Messages:
- Status  Query  Date  Sender  Message type
- 2  23-Nov-2014 22:30:29  Dr Aalil Ahmed  Response - to Dr Ramesh Nayak
- 2  21-Nov-2014 06:54:32  Ms Amanda Dahaye  Re-allocation - to Dr Aalil Ahmed
- 1  21-Nov-2014 03:38:11  Ms Amanda Dahaye  Allocation - to Dr Cicero Silva
- 0  21-Nov-2014 02:54:08  Dr Ramesh Nayak  New referral - patient Muddula

Read all messages
Legal issues: addressed with CT

1. Anyone, anywhere, can ask a colleague for a second opinion. This is WFPI’s role.
2. The issues begin when data is transferred:
   - Patient consent (referral has to tick a box)
   - Data security (secure web server)
   - Patient confidentiality (in platform Conditions of Use)
   - Reciprocal agreement – permission and recognition – for any research and publication using platform data
WFPI’s caveat:
1. sent to/discussed with referring institutions
2. posted on WFPI’s website and
3. posted on the platform

The WFPI only gives advice via its tele-reporting work. We offer medical colleagues working at the patient's bedside an opinion which he/she can use (or not) as he/she thinks fit. The legal responsibility for the patient remains with the onsite colleague.
Outreach leadership
Wrap up
Have our first few years defined our niche?

- Bring physicians together globally (a united network/platform)

- Use our collective strength to BOLT-ON (complement) existing initiatives with pediatric input. Partnerships at all levels must be the way forward. Existing partnerships (e.g. ACR, ESR) to not provide a barrier – on the contrary – and new ones have been/must be developed.

We complement, we do not compete.

Do you agree?

See/hear you on June 5th (online/ESPR-Graz)
THANK YOU
Meeting attendance

WFPI Meeting Dec 1st 2014

RSNA Attendance

1. Ines Boechat
2. Tim Cai
3. Dorothy Bulas
4. Sanjoy Poduri
5. Beth McCordale
6. Wendy Sam
7. Ron Cohen
8. Jim Donaldson
9. Dan Fush
10. Kimberly Applegate
11. Yogesh Iha
12. Michael D'Alessandri
13. Rebecca Stein-Wexler
14. Alexandra Monti
15. Aline Santos Pezanga
16. Constantino
17. Quentin Moore
18. Jose Barr
19. Gloeis Soto
20. Michael Reiter
21. Hansel Otero
22. Ike Panch
Meeting attendance

Aadhil Ahmed, Saxena Akshay, Goran Djuricic, Ricardo Faingold, Tracy Kilborn, Bernard Laya, Jaishree Naidoo, Rutger-Jan Nievelstein, Tracy Kilborn, Cicero Silva, Amanda Dehaye

Online attendees (via GoTo Meeting)