# **WVU**Medicine

#### **BACKGROUND:**

Magnetic resonance imaging (MRI) is the gold standard for the diagnosis of musculoskeletal (MSK) infection, but it traditionally requires contrast and anesthesia for children, delaying management. A rapid MRI protocol involves MRI without anesthesia and with limited non-contrast sequences for fluid detection and diffusion-weighted images to identify abscesses. optimized

### **SMARTER OBJECTIVE:**

The primary goal of this project was to evaluate the current pediatric MRI process and develop an action plan to mitigate potential delays in care. A multidisciplinary team was formed, consisting of the Vice Chair of Clinical **Operations, Department of** Orthopedics, the ACMIO, the ACQO, managers, key emergency department personnel, the Children's Hospital Performance Excellence team, IT, and the imaging services team.

# **Rapid MRI Protocol** Tager D, Sell R, Rager D, and Grant D WVU Department or Orthopaedic Surgery and WVU Department of Radiology

# **IMPROVEMENT ACTION PLAN WITH ACTIONS TAKEN**

Awareness was raised regarding the delay in care for the pediatric population due to contrast and anesthesia requirements during the MRI. The team developed a new order set, MRI Rapid Scanning with 3 separate sections:

- Rapid upper extremity left w/o contrast
- Rapid upper non-joint left w/o contrast
- Rapid upper joint left w/o contrast



# **RESULTS:**

–In the first 3 months of the protocol's	
initiation 3 patients underwent the rapid	Dis
MRI protocol.	div
-All had successful studies. This was	COI
defined as not requiring a repeat full	exp
MRI series.	MI
-All patients avoided sedation for the	inf
MRI (They were all under 6 years of	
age and would have required a sedation	
for a typical MRI.)	
Each study sourd anound 20 minutes of	

-Each study saved around 20 minutes of scanner time.

To ensure the sustainability of the changes, permanent process improvements have been made, including the introduction of a new order set. These changes will reduce the likelihood of delayed care, and ongoing education will support longterm success.



# **SCALE UP PLAN:**

iscussion with other orthopaedic surgery visions regarding this protocol has been nducted. The Spine Division is ploring a similar protocol to reduce RI scanner time for patients with spine ections.

# **SUSTAINABILITY PLAN:**

# **LESSONS LEARNED:**

A multidisciplinary collaboration has proven essential in driving sustainable, permanent process improvements by aligning all team members toward common goals