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EDITORIAL

Ownership

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Whatever happened to the pride of ownership? You know – being proud of taking responsibility for a child's care and having the best outcome possible. In radiology, there are rules of communication, that is, situations where you must call the referring physician for critical values – the more severe or new conditions that the referring physician may not expect. In general, these rules were put in place because patients were getting lost in the bureaucracy. Too often, no one took responsibility for making sure an ordered test was completed or for following up on an abnormal result. Radiologists are consultants and help referring physicians decide what to order and when to order it. When we reach a negotiated settlement on the necessary imaging, whose responsibility is it to make sure it gets done in a timely manner? I maintain that we must take joint ownership of that. The order is placed, the time slot is secured and the exam must get done. With kids, this is a problem because a no-show or delayed appointment because of a parent who cannot or will not navigate through the system hurts the child. It is a no-brainer to say that these are quality-of-care issues. If we are consultants, we should follow up with the referring physician concerning the results.

It goes beyond quality of care, however. It goes to the intellectual curiosity of how the case turns out. What was the final diagnosis? Do we make an effort to talk to the surgeon or pathologist or even follow up on the electronic medical record? Learning the outcome of a case may help us alter our differential diagnosis of similar cases in the future.

How often do you call a physician to get better information about a patient *before* you actually read the case? Has the onslaught of mindless rules, bureaucracy and daily frustrations made us forget what we're here for? Doing no harm, advocating for your patient, being involved and continuing to be intellectually curious are all examples of ownership.

Trying to get the best outcome leads us to ownership of the education process for our referring physicians. We complain about their ordering patterns, but what have we done to change them? Most, if not all, pediatric radiologists do not want more exams for financial benefit but desire appropriate, safe imaging that, whether positive or negative, makes an impact on the case. Yet, we bear the burden of excess CTs in the ER because we made it available 24/7 and didn't make US available. Hopefully, this is now changing.

I hear some of you saying "But we're busy; this should be the clinician's responsibility," or "They have the patients and are responsible." As with most complex things, there is some truth here. The clinicians *do* have the responsibility to follow up with their patients and learn what to order; however, in today's world of subspecialty expertise, *our value* is in teaching our referring physicians and assisting the patients in navigating the system, as well as interpreting studies. Others have said we (radiologists) are becoming a commodity. The piece that is a commodity is the interpretation based on price. We maintain our value in decision-making, consulting and continuing education. We must have joint ownership of the process.

Imaging is a 24/7 endeavor (availability to consult, to perform an appropriate examination and to interpret results) and constant attention to detail for achieving patient safety and quality diagnostic results leading to optimal patient outcome.

Pediatric radiologists need to feel ownership of their patients!

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