



In reply to the Letter to the Editor “Leadership to improve consistency in echocardiography date”

Mieko Marriner¹

Received: 16 May 2020 / Accepted: 26 May 2020 / Published online: 4 June 2020
© Japanese Society of Echocardiography 2020

Thank you very much for your comments on my article.

I believe the high quality data can offer high quality patient care.

All members of the echo lab are responsible for quality improvements. Discussions occur over the cases among cardiologists and/or sonographers. These discussions are very beneficial, especially to less experienced members. The Echo lab as a whole needs a check system for quality improvement and individual growth.

In our echo lab, the Medical director and technical director/lead sonographer work as the data collector, organizer and record keeper for the purpose of QI. Those records are shared with members at a QI meeting and are discussed for improvement. The variability measures are discussed individually using ASE guidelines [1–4]. I believe the feedback/education of techniques, pathology, explanation of ultrasound physics and cardiovascular physiology adds to each individual’s experience.

I agree that more senior and experienced members of the echocardiography team are more valuable members of the improvement committee.

In our small Echo Lab it was convenient for the existing medical director and technical director/lead sonographer to lead the QI committee. Yes, it was a struggle with time management for me with my daily workload. I needed to go to the echo lab on extra weekends to process and record QI measures. I think even in a small echo lab, it is beneficial to create a QI committee with several experienced members and share the responsibility and time.

A larger lab may find it beneficial to form a committee with several highly experienced members.

I retired recently but I will suggest to the medical director about forming a committee with several members instead of relying on the medical director and lead echo tech to handle so many duties.

Thank you for input and comments.

Lastly, please everybody stay safe and survive during this COVID-19 pandemic.

Compliance with ethical standards

Conflict of interest Mieko Marriner declares that she has no conflict of interest.

References

1. Lang RM, Badano LP, Mor-Avi V, et al. Recommendations for cardiac chamber quantification by echocardiography in adults: an Update from the American Society of Echocardiography and the European Association of Cardiovascular Imaging. *J Am Soc Echocardiogr.* 2015;28:1–39.
2. Nagueh SF, Smiseth OA, Appleton CP, et al. Recommendations for the evaluation of left ventricular diastolic function by echocardiography: an update from the American Society of Echocardiography and the European Association of Cardiovascular imaging. *J Am Soc Echocardiogr.* 2016;29:2777–3314.
3. Zoghbi WA, Adams D, Bonow RO, et al. Recommendations for noninvasive evaluation of native valvular regurgitation a report from the American Society of Echocardiography developed in collaboration with the Society for Cardiovascular Magnetic Resonance. *J Am Soc Echocardiogr.* 2017;30:303–71.
4. Baumgartner H, Hung J, Bermejo J, et al. Recommendations on the Echocardiographic assessment of aortic valve stenosis: a focused update from the European Association of Cardiovascular Imaging and the American Society of Echocardiography. *J Am Soc Echocardiogr.* 2017;30:372–92.

Publisher’s Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Mieko Marriner is retired and not affiliated with any institution.

This reply refers to the comment available at <https://doi.org/10.1007/s12574-020-00478-6>.

✉ Mieko Marriner
mmmarriner@sbcglobal.net

¹ 112 Kathryn Drive, Pleasant Hill, CA 94523, USA