



Steven L. Mendelsohn, M.D., graduated from Jefferson Medical School in Philadelphia in 1979 shortly after his 23rd birthday. After completing his diagnostic radiology residency at North Shore University Hospital in 1983, he joined Zwanger-Pesiri Radiology as a staff radiologist. In 1992, he became managing partner of Zwanger-Pesiri Radiology – originally a small private practice group. Just five radiologists worked across two limited modality outpatient centers with a total office staff of 15 (including techs, receptionists, transcription, and billing).

From 1992 until 2002, Mendelsohn was chairman of radiology at Central General Hospital (renamed North Shore University Hospital at Plainview in 1995). At that time, Zwanger-Pesiri Radiology started to grow: Between 1992 and 2002, outpatient centers expanded from two to four, and later growing to eight between 2002 and 2011. Freed of the time pressure constraints of being the radiology chairman, Mendelsohn focused on expanding Zwanger-Pesiri Radiology even further. From 2012 until 2017, outpatient facilities increased to 24, each equipped with one or two MRIs, CT, mammography, X-ray, ultrasound, and DEXA systems. Five sites also have PET and nuclear radiology. All are located in New York, on Long Island and in Queens. Currently, six more facilities are under construction and several more are under architectural development.

Outside work, Mendelsohn enjoys skiing, snowboarding, hiking, biking, kayaking, sailing, and fitness. Of his six children, five already hold degrees from leading universities and have successful careers in various fields. The youngest is still at kindergarten – tracing letters and counting.

Zwanger-Pesiri Radiology snapshot

For over 60 years, Zwanger-Pesiri Radiology has focused on patient-centered care, research, education, and a strong commitment to the community. Led by Steven L. Mendelsohn, M.D., the team of 1,100 professionals with over 60 radiologists, 45 nurses, 300 receptionists, 75 MRI technologists, 15 nuclear technologists, 150 X-ray and CT technologists, 110 schedulers, 80 billers, and 30 IT staff members is dedicated to providing state-of-the-art radiology services. The radiologists specialize in areas such as neuroradiology, musculoskeletal imaging, body imaging, and breast imaging. They work closely with referring physicians to ensure optimal outcomes for patients. To support them in their clinical work, they use high-end imaging equipment including one Siemens Biograph mMR PET/MRI, 25 3T Siemens MRIs (22 MAGNETOM Skyra, one MAGNETOM Vida, and two MAGNETOM Verio), nine 1.5T Siemens MRIs (six MAGNETOM Aera, two MAGNETOM Espree, one MAGNETOM Amira), five Siemens PET/CTs, and a myriad of other units from 3D mammography, to open-sided MRIs as well as countless ultrasound, X-ray, DEXA and ABUS units.

Zwanger-Pesiri firsts:

- First outpatient Biograph mMR PET/MRI scanner in the USA
- First outpatient MAGNETOM Skyra 3T MRI scanner in the USA
- First outpatient Dual Source SOMATOM Definition 256 CT scanner in the USA
- First outpatient MAGNETOM Vida 3T MRI scanner in the USA
- First radiology practice to provide patient results online
- First radiology practice to provide imaging free of charge for the uninsured



New York, USA

Discover the Components of a Successful Radiology Practice

Dear colleagues, dear readers,

Not a high-powered academic, I may not be the right person to write this editorial comment. I am not the chairperson of a prestigious department, nor have I published any research articles – although our practice is involved in research.

The reason I was invited to write this editorial comment is because I grew a large, successful outpatient radiology practice while many others were downsizing, consolidating, selling or even closing. My comments are therefore drawn from my own personal experience, thoughts, and ideas over the past 35 years.

Before you read further, please consider what quality in radiology means to you:

- Is quality having the latest equipment?
- Is quality using the highest resolution MRI software?
- Is quality measured by the number of publications the radiologists have?
- Is quality creating an atmosphere of ease where patients can discuss openly with radiologists?
- Is quality having the friendliest, kindest, and most polite staff?
- Is quality having prominent locations?
- Is quality ensuring fast appointment availability?
- Is quality enabling patient access to reports via mobile devices?

And who defines, benchmarks, qualifies and quantifies quality: Legislators? Researchers? Facebook likes? Online reviews? In my opinion, everything outlined below shapes the overall patient experience and influences the level of quality at your institution. Decide which aspects you can best address and improve upon!

Good is not just good enough: Attitude sets the tone for the entire organization

Hospitality and customer service industries have already learned something that medicine is just beginning to grasp: There is only one chance to make a great first impression! What matters most here is kindness. It should be of #1 importance in corporate culture. For our staff, it may seem like merely another routine day but patients are often scared. This is why our entire corporate culture is driven by our motto: **Smile. Be Kind. Be Nice.** And start by being kind to each and every one of your coworkers! Most people work 40-plus hours a week and also spend time socializing in the evenings and at weekends. A happy work environment starts with the staff themselves. Kindness is catching: When staff are kind to each other, this spreads to patients, their families, referring physicians, and their staff. Naturally, managers must lead by example:

- Demonstrate a calm relaxed demeanor
- Focus on the patient in front of you – this person is your only priority
- Keep the patient informed
- Never say no; always go higher to find the person who can make it happen

Finally, walk through the facility in the shoes of a patient and consider how friendly you find the environment: Is there a clear sign on the building showing where the radiology practice is? Is it well illuminated at night? Then check the floors, walls, furnishing, ceilings, bathrooms, and the general office space. Look up from inside the CT gantry and the MRI bore. Remember, there is only one chance to make a great first impression – miss it and it's gone forever!

*“In radiology,
change is constant.
Stop fighting it.
Embrace it!”*

Steven L. Mendelsohn

Strive to eliminate waiting

Patients' #1 complaint is about waiting times. In no other industry, would this level of customer service be even marginally acceptable! And radiology is even more of a service industry than other medical practices:

- We know how long each examination takes
- We know there sometimes will be emergencies and additional examinations
- We know some patients will arrive late, and a few early ...

Nevertheless, waiting continues to be part of daily life. Any delay should be explained to the patient. We all have the right to be kept informed of how long a wait will be. Ideally, no one should wait any longer than five minutes. Anything beyond 15 minutes becomes annoying. But how can we actually control waiting times? Find the foot on the hose: Are you overscheduled? Too many patients? Too few radiologists? Are people distracted by other tasks or waiting on paperwork? So, fix the delay.

Moreover, we should not decide what the patient's priority is but rather:

- Offer to perform the examination whenever the patient wants it
- Enable appointments outside standard working hours
- Make exceptions the rule

Make contact easier

It should be possible to contact a radiology practice using various methods including: Walk-in visits in person or by phone, text, fax, or email. Try to make the path to the relevant contact person as direct as possible. Staff members should develop a rapport with every patient who visits the facility. Receptionists, aids, techs, nurses and even radiologists should explain the examination procedure and answer questions before the study is initiated. Technologists should guide the patient throughout the examination. Always tell the patient when the results will be available. Everyone wants to know, whether they ask or not! Once results are released, the reading radiologist should be available to the patient or the referring physician immediately.

Make simple and straightforward reports

A patient should not need to resort to Google or consult their own doctor when reading a report. Avoid abbreviations, drop the jargon, skip the flowery prose! Proofread anything that is created by articulation and voice recognition. The impressions and conclusions should be relevant, appropriate, and to the point. Stop equivocating and remove phrases such as: “Probably”, “Consistent with”, “Cannot rule out”, “Could represent” or “Should be considered”. Structured reporting may help to avoid errors.

Clarity and simplicity rule. Just a few seconds are needed for report clarity but it could:

- save a coder 5–10 minutes of time
- save a patient an anxiety filled weekend
- save unnecessary calls from the patient or referring physician

Complaints drive improvements

Feedback including complaints provides the best ingredients, ideas, and opportunities for improvement: Turn lemons into lemonade, and perhaps even a lemon meringue tart. Listen closely to any complaints from patients, staff, referring doctors, management, and administrators. Respond to every single point. Thank them for taking their time to make the complaint (rather than simply go to another radiology facility ...).

The statements by Siemens' customers presented here are based on results that were achieved in the customer's unique setting. Since there is no 'typical' hospital and many variables exist (e.g., hospital size, case mix, level of IT adoption), there can be no guarantee that other customers will achieve the same results.

Apologize openly, but never argue, defend or justify. Accept complaints as valid and act on the information. Finally, follow up by letting the person know what actions have been taken and thank them again for their valuable feedback.

Use marketing to educate the public

Develop personal relationships and educate physicians and their staff about the latest developments in radiology, about your most recent features, staff additions, new facilities or new equipment. Some people prefer educational information, articles, publications, whereas others prefer to know what is latest and greatest – some people will focus on the differentiators. Some people are on their computers, smartphones, some watch TV or listen to the radio, and others read newspapers or mailed brochures. Consider all media and methods to suit different tastes – each one is effective.

Stop fighting change. Embrace it!

Maintaining the status quo may be one of the strongest forces on earth but radiology must continually evolve with the times. If you are still doing things the same way as three years ago, then complacency may have set in. In my opinion, every single process should be re-evaluated and adapted every few years: Some changes may be major, others minor – but some sort of change nevertheless! Parse every minute the patient spends from the moment the physician tells the patient a radiological study is needed until the moment follow-up treatment is initiated. Direct or indirect activities or actions that benefit the patient are at the heart of absolutely everything we do. In radiology, change is constant. Stop fighting it. Embrace it!



Steven L. Mendelsohn, M.D.

Visit us at www.siemens.com/magnetom-world to read Steven L. Mendelsohn's comprehensive thoughts on numerous aspects that shape a large, successful outpatient radiology practice.

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