

Case Study: When the Radiologist Becomes the Patient



After her personal battle with cancer, one radiologist has become a valued leader in the ongoing mission to improve patient care.

By Amena Hassan

Key Takeaways:

- Chairperson for two radiology departments, Sabiha Raouf, MD, has built a dedicated team at Jamaica and Flushing Hospitals in Queens, NY, that is committed to being a visible part of patient care.
- Both radiology departments, under Raouf's guidance, have hired high-level radiologists, acquired advanced equipment, accredited all facilities through the ACR, and established a radiology consultation service for referring clinicians.
- After her own struggle with cancer, Raouf and her colleagues launched the "Make a Difference" rounds to visit patients and let them know someone is always available to address their immediate concerns.

View the related [video](#) and [blog](#) post.

When chairperson Sabiha Raouf, MD, first began heading the radiology department at Jamaica Hospital Medical Center and Flushing Hospital Medical Center in Queens, NY, in 2001, she prepared herself for inevitable hurdles. As her initial staff of five radiologists grew into a group of 20 board-certified and subspecialty-trained radiologists, she knew she needed to maintain a strong relationship with hospital administration. This rapport would also allow swifter changes and access to additional funding for her department.

Raouf also made sure she was part of any committees or meetings that were relevant to her department. "It isn't just about reading images," she says. "Any time there was a clinical decision or problem, I always wanted to make sure I was a part of that process." Now overseeing a staff of nearly 200 people, Raouf has succeeded in getting all of her department's facilities ACR accredited, and has built a robust IT presence with PACS and EMR, high-end CT and MR scanners, and much-needed software, including dose monitoring software. ACR's Dose Index Registry® (DIR) is currently in the implementation stage to compare against national benchmarks, in addition to ACR Select™ to enhance the appropriateness of image ordering.

A Cancer Diagnosis

The one hurdle Raouf did not expect to confront, however, was her own breast cancer diagnosis. She began regular screenings when she turned 40, and performed a mammogram between seeing patients. Her diagnosis was life changing. "I see so many patients with cancers, but when it is your own film you're seeing, it is a whole different experience," she explains. "At that moment, I felt everything had been taken away from me in one split second."

Despite being a radiologist and belonging to a family of physicians, Raouf quickly began to experience the first-hand challenges of being a patient. She observed how those battling cancer were under enormous pressure to make timely choices for their health, choose the right physicians, and deal with complicated



Sabiha Raouf, MD

insurance issues. After her final surgery, for example, Raouf was shocked when she was asked to pay \$50,000 for the procedure. The surgeon did not accept health insurance. "That was the last thing I wanted to think about at that point," she says.

However, she also recalls examples of physicians who kept her on course, and the experience enabled Raouf to see things from the patient's perspective. "One of my physicians was outstanding," she recalls. "There was always a smile on her face, and that encouragement was enough for me to keep going. Some were excellent in what they did, but had little interaction with the patient; and that made me wonder what we were doing wrong in our department."

"Make a Difference" Rounds

In 2012, after finishing chemotherapy, Raouf noticed the hospital was finding new ways to prioritize patient satisfaction. With the administration's approval, Raouf began visiting patients on one of the more challenging floors of the hospital: post-surgical. "I started talking to patients," she says. "I was having a five-minute interaction and helping them solve issues such as 'My breakfast was cold today,' or 'I need an extra pillow,' or 'I need the doctor to visit.' When you're a patient, every single thing, no matter how small, becomes significant."

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Raof and James E. Villavicencio, administrator, Department of Family Medicine and Ambulatory Care Network at Jamaica Hospital, visit a patient during MAD rounds.

When the CEO mentioned her visits during a meeting, senior staff members from emergency care, family medicine, and public affairs joined Raof in the weekly visits, which was the genesis of the “Make a Difference” or MAD rounds. The rounds began with managers and directors of services and then expanded to include other non-clinical staff members who were not always aware of what happened in the life of a patient.

Raof explains that the program is wholly designed to help patients, so there are no data tracking or survey tools utilized by staff. The hospital’s philosophy focuses on communication with the patient, which takes precedence over measurement and tracking. “After having done this for the last three or four years, I can name many patients who have expressed how appreciative they are about the help,” she states. “We are really trying to solve their issues while they are still here.” [View a typical MAD rounds schedule.](#)

The diversity within the patient population makes the presence of MAD rounds even more vital. The staff is equally diverse, and Raof explains how the hospitals provide resources that allow all patients to express their concerns more comfortably. “It can’t get any more diverse than what we have in Queens, New York,” Raof comments. “But we have a great mix of people in the department, where even our technical staff is frequently bilingual.” The hospitals also provide a language bank to translate numerous languages, such as Spanish, Hindi, Urdu, Tagalog, Chinese, and Polish.

Looking Ahead

While other areas in the hospitals have had regular staff cuts, the radiology department has been exempt. “Dr. Raof has proven her dedication to improving both the department of radiology and Jamaica Hospital as a whole since she joined our team 18 years ago,” says CEO of Jamaica Hospital Medical Center, Bruce Flanz. “Through her unwavering focus, she has transformed

her departments into state-of-the-art facilities, which is helping us transition into the Imaging 3.0™ era. Her departments are staffed with competent, well-trained, and dedicated physicians, as well as a professional, patient-focused technical staff. Her departments are fully ACR accredited and provide value-based, high-quality care that has earned the respect and trust of patients and everyone within the institution, including me. I am proud to work with such a dedicated leader, and it is easy for me to continue to support her tireless efforts on behalf of our patients.”

Additionally, radiologists maintain strong relationships with other departments that now advocate for them. A radiology consultation service established by Raof and her team has helped direct referring physicians to the correct subspecialty radiologist and opens communication between her departments and other clinicians. She feels this service is in line with the goals set by ACR’s Imaging 3.0. “I feel Imaging 3.0 reflects everything I’ve been trying to do over the years, and I am now seeing all of the pieces coming together,” she states.

Raof says she also benefits from being a member of the Radiology Leadership Institute (RLI). “There’s a lot that medical schools don’t teach you. The RLI seminars teach you to look at the budget process and really focus on the financial piece,” Raof observes. “It is enlightening to understand the terminology and how and why decisions are made.” Raof is currently working with the administration to review the ordering practices of physicians to assess what images are being ordered and how radiologists can help steer physicians in the right direction during the ordering process. [ACR Select](#) is an important part of helping the department reach these goals.

What is Raof’s advice for other radiologists who want to stay relevant in the future, while keeping patients at the forefront? “In this day and age you have to get out there and be visible, because the reading might be done by a computer tomorrow, and our field could disappear,” she stresses. “The only way we can survive is if we show other clinicians that we can contribute to patient care, and can show patients we are an important part of their clinical team.”

NEXT STEPS

- Maintain strong relationships with hospital administration to access funding for your department. Stay visible, and let others in the department and in the hospital know about new initiatives and how they can participate.
- Find creative ways to interact with hospital patients on a regular basis. Encourage other staff members to let patients know (preferably in

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person) that they are available to answer any of the patients' immediate concerns.

- Seek out information and take advantage of ACR's myriad tools, including DIR and ACR Select, as well as resources provided by Imaging 3.0 and RLI.

Join the Discussion

Want to join the discussion about how one radiologist has become a valued leader in the ongoing mission to improve patient care? Let us know your thoughts on Twitter at #imaging3.

Have a case study idea you'd like to share with the radiology community? Please submit your idea to <http://bit.ly/CaseStudyForm>.



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