



New Imaging Center for Women Opening

The Imaging Center for Women (ICW) is moving to an expanded and improved facility. In July, the center will officially relocate from its current location, on the first and third floors of the Tompkins-Martin office building adjacent to Mary Washington Hospital, to the new Center for Women, also on the Mary Washington Healthcare Campus. The move will be marked by a ribbon cutting with staff on July 19 and an open house for physicians August 5.

The new facility fulfills a vision by the administrator and physicians of Radiologic Associates of Fredericksburg (RAF) to create a patient-focused center from the ground

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Radiologists Integral to Emergency and Trauma Treatment

When the overhead paging system at Mary Washington Hospital announces “Code Yellow,” emergency and trauma specialists spring into action. Radiologic Associates of Fredericksburg’s (RAF’s) on-site radiologist dedicated to emergency and trauma cases is critical to their response.

The radiologist supervises CT scans and other medical imaging studies required in urgent cases, providing fast, professional interpretation of results. Medical staff members rely on these findings to help diagnose and treat potentially life-threatening conditions, ranging from acute traumatic aortic injury to intracranial hemorrhages.

Locally, diagnostic radiologists at RAF provide 24/7 coverage for three emergency departments.

RAF staffs at least one board-certified diagnostic radiologist on site at Mary Washington Hospital (MWH) dedicated to emergency and trauma cases, “around-the-clock.” This coverage is one of many criteria that helped the hospital achieve Level II Trauma Center status in September 2008, noted Daryle L. Darden, MD, board-certified diagnostic radiologist and RAF’s physician director of trauma imaging studies.

Through its use of a Picture Archive Computer System, RAF’s highly trained physicians also interpret other emergent medical imaging studies at Stafford Hospital, and MWH’s freestanding Emergency & Outpatient Center

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Dr. Darden, RAF's physician director of trauma imaging studies

24/7 On-site Radiologists Surpass National Trend

When medical images must be interpreted on nights and weekends for urgent cases, many radiology practices in the United States outsource this responsibility. The American College of Radiology estimates that about half of all U.S. radiology practices use external, outsourced teleradiology services, which employ radiologists elsewhere in the U.S. and in foreign countries to read medical images online.

Radiologic Associates of Fredericksburg (RAF) is not one of these practices.

RAF provides on-site radiologists 24 hours a day, 7 days a week, 365 days a year at the Mary Washington Hospital Campus. The on-site radiologists, who have sub-specialist fellowship training, also cover after-hour needs at Stafford Hospital, and Mary Washington’s freestanding Emergency & Outpatient Center located at Lee’s Hill, accessing medical images through a Picture Archive Computer System.

In addition to after-hours coverage, RAF’s 29 physicians provide diagnostic radiology services during regular patient hours at the two hospitals, emergency center, and four outpatient imaging centers: Medical Imaging of Fredericksburg, the Imaging Center for Women, Medical Imaging at Lee’s Hill, and Medical Imaging of North Stafford. RAF’s interventional radiologists and vascular surgeon also serve patients at the acute care facilities and at their outpatient offices, Virginia Interventional & Vascular Associates.

David L. Glasser, MD, president of RAF and board-certified diagnostic

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Dr. Statler Honored

John D. Statler, MD, interventional radiologist at VIVA, was named Physician of the Quarter (1st Quarter) by Mary Washington Healthcare. Dr. Statler was acknowledged for his leadership in providing high-quality care; his continuous outreach in improving community health; and his personable interaction and sense of humor that help promote a positive work environment.

To make suggestions for future stories, contact Irene Valentino at (540) 361-1000 or ivalentino@rafadmin.com.

up, rather than trying to fit into existing space that could not be properly designed for women's imaging.

"The new ICW was our opportunity to design a facility around women's needs," said Ed Swager, CEO of RAF, who spearheaded business planning for the center. "The new center features larger waiting areas, more privacy, a more sophisticated environment, and improved patient flow. It houses all women's imaging services in a single location, designed with our patients in mind. The new center also offers room for future growth, as technologies such as dedicated breast MRI and scintimammography are evaluated for inclusion in our service components."

"We've simply outgrown our space," said Aye Min, MD, RAF radiologist and physician director of the center. "Having two floors in our previous location required splitting resources. In our new 11,000-square-foot office, all staff and services are together on one floor—bringing more efficiency and better-coordinated care."

The ICW, a partnership between RAF and Mary Washington Healthcare, provides a variety of diagnostics for women. Services include screening and diagnostic digital mammography, stereotactic breast biopsy, breast ultrasound and biopsy, pelvic sonography and bone densitometry. The new office will be staffed by 11 radiologists (four each shift) and 48 staff members working various shifts, including a nurse, medical imaging technologists, and administrative support.

"Our goal was to make our new office the most comfortable, convenient, high-quality facility it could be, and we are confident we have achieved that," said Donald Allen, MD, RAF radiologist who served as the ICW's physician director from its founding in 1996 until 2009. "We are proud to couple our leading-edge imaging technology with an unparalleled patient experience."

The new office will provide a soothing atmosphere for patients, Dr. Min noted. "Instead of waiting in cubicles for their examinations, our patients can now enjoy a large, beautiful waiting room and relax with tea and coffee, if they like."

"We've focused on creating an environment that not only provides a pleasant ambiance for patients, but preserves privacy and confidentiality," said Jennifer Williams, manager of the ICW. The new facility includes a comfortably furnished consultation room for patients and their families to discuss breast biopsy results with medical staff. Although women make up most of the center's patient base, about 5 percent of patients are male, she noted. Male patients will have a separate changing and waiting area.

The ICW also is adding a key position to help facilitate the patient experience in the new space. This position, a breast care coordinator, is held by an experienced nurse in the breast care field. The coordinator serves as a patient liaison for the ICW, facilitating communication among the radiologist, patient, referring physician, and other health care providers. "In particular, our nurse coordinator will ensure that imaging and pathology results are effectively communicated to patients with abnormal breast findings," said Dr. Min. The coordinator also will facilitate breast education for outpatients who are receiving screening mammography, diagnostic mammography, breast ultrasound, breast MRI, and breast biopsies, he noted.

As an additional function, the breast care coordinator will serve as a liaison with the breast health navigator, who is part of Mary Washington Hospital. The navigator works with patients whose biopsies show a high-risk lesion or malignancy. Together, the nurse coordinator and nurse navigator will provide unprecedented levels of information, education, and support, Dr. Min said.

The ICW will be the first tenant to occupy the Center for Women, which is located at 1300 Hospital Drive. Free parking is available at the front of the building. ■

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radiologist, says the group's leadership has evaluated the pros and cons of outsourced teleradiology services. RAF concluded that local referring physicians and patients are best served by local radiologists.

"We were concerned that teleradiology companies were outsourcing to radiologists off site who may or may not be credentialed, may or may not have access to a patient's previous imaging studies, and may or may not provide easy access for the local medical community when consultations are needed quickly," Dr. Glasser said. "Unfortunately, many groups choose to outsource late night and overnight radiology studies purely for convenience."

RAF leaders believe outsourced teleradiology services should be considered only in remote locations, localities where too few radiologists are available to provide round-the-clock coverage, or situations where radiology groups cannot offer the same degree of sub-specialists available through practices like RAF.

Dr. Glasser said outsourced teleradiology services also were unappealing to RAF because the group's leadership felt it was difficult to separate the four components of radiology without sacrificing overall quality. Radiologists are responsible for:

- **Evaluation of appropriateness** – Determining that the correct study is being used to answer the clinical question. For example, would the patient benefit from an MRI versus a CT scan?
- **Oversight** – Ensuring that the correct equipment protocol is used, safeguards are in place, and imaging technologists are supervised as needed, thereby obtaining the best result while limiting radiation exposure.
- **Interpretation** – Providing state-of-the-art interpretation of results, which includes comparisons with previous imaging studies, when available, to aid diagnosis.
- **Consultation** – Conferring with referring physicians and, in some cases, directly with patients when questions arise about imaging results.

"Radiology is more than just image interpretation," Dr. Glasser explained.

The provision of 24/7 on-site radiology coverage for acute care centers is one important facet of RAF's services to the region, which covers Fredericksburg, Spotsylvania, Stafford, Southern Prince William, and adjacent counties.

"We believe our patients and referring clinicians can benefit the most when we provide radiologists, on site, who are sub-specialists, committed to state-of-the-art technology, and integrated with the local medical community," Dr. Glasser said.

Future issues of *Imaging Advances* will explore key sub-specialties, technology, and local medical initiatives. ■

For more information, please contact David L. Glasser, MD, at glasser@rafimaging.com or call (540) 361-1000 and leave a message.



at Lee's Hill. The radiologist helps ensure that the correct studies are being ordered and protocols are being followed for patient safety and diagnostic accuracy. Interpretation and reporting of results are performed

immediately, and physician to physician consultations are available at the convenience of the medical staff.

In the past year, RAF physicians provided support and services for more than 125,000 emergency department imaging procedures.

Dr. Darden commented, "Our trauma patients arrive in critical condition where seconds and minutes make a huge difference in outcome. We maintain an active role in the trauma service by having a radiologist in person to review images, categorize injuries, and facilitate rapid trauma care. Once the patient is stabilized, the trauma surgeons often find it helpful to sit down with the radiologist and complete a comprehensive review of all injuries before planning the treatment and rehabilitation plan. Reading written reports from a computer screen is no substitute for this face to face interaction."

In the development of the trauma center, RAF radiologists worked with trauma surgeons to create a comprehensive imaging process. This system of streamlined and standardized imaging protocols ensures rapid patient care and eliminates potential errors or delays that may arise.

"Our number one goal is high-level patient care and rapid turnaround of image interpretation," Dr. Darden added.

The facilities and imaging studies performed at MWH are state of the art and equivalent to any metropolitan tertiary care center, Dr. Darden noted. Ultrasound, radiography, CT, and magnetic resonance imaging equipment are well utilized by the staff to facilitate care of trauma patients.

Radiologists at RAF are all board-certified physicians with a minimum of six years of specialized training specific to medical imaging. They have trained at top academic centers around the country, including Harvard and Mayo Clinic. The imaging techniques and methods used by RAF are a combination of practices brought to Fredericksburg from these programs. "We are current with the scientific publications in our field and always stay abreast of any new trends through communications with academic colleagues from our training programs," added Dr. Darden.

RAF's staff also includes vascular sub-specialists including interventional radiologists as well as the community's only board-certified, fellowship-trained vascular surgeon. The interventional radiologists use minimally invasive image guided therapeutic techniques to treat patients urgently as they arrive from the field.

These specialists at RAF's vascular and interventional radiology practice, Virginia Interventional & Vascular Associates, are on call 24/7 for treating a variety of emergency and trauma cases such as solid organ lacerations, pelvic hemorrhages, and peripheral vascular injuries. ■

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Ed Swager, Chief Executive Officer

Radiologic Associates of Fredericksburg (RAF) is the largest provider of medical imaging services in the Fredericksburg, Stafford and Spotsylvania area. RAF's interventional radiology and vascular services group, Virginia Interventional & Vascular Associates (VIVA), performs minimally invasive procedures, vascular lab studies and vascular surgery.

RAF publishes *Imaging Advances* periodically for referring physicians and the greater medical community. For more information, please contact Irene Valentino, RAF Project Manager, ivalentino@rafadmin.com, (540) 361-1000.

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Radiologist Spotlight: David W. Scott III, MD



For Dr. David W. Scott III, medicine is all in the family. His father, Dr. David W. Scott, Jr., practiced internal medicine in Fredericksburg for 35 years. His mother was a nurse. His great-uncle, Dr. Sidney L. Scott, had a practice in Fredericksburg for many years.

A career in medicine, then, was no doubt “in the genes,” yet his selection of radiology as a specialty area was serendipitous. “One summer while I was in medical school at the University of Virginia, I did an externship in the hospital’s radiology department,” Dr.

Scott said. “They took me under their wing. I was fascinated by what I experienced, and knew I’d found my calling.”

After graduating from the University of Virginia School of Medicine, Dr. Scott completed his internship at Norfolk General Hospital. For two years, he served in the U.S. Army, stationed at the Walter Reed Army Institute of Research in Washington, DC, and at Fort Hood, Texas. He then completed his residency in diagnostic radiology at the University of Virginia Hospital, where he also served as an instructor.

Board certified, Dr. Scott has practiced with Radiologic Associates of Fredericksburg (RAF) for 36 years. Initially specializing in barium tests and plain film studies, he has grown his practice through emerging technologies and online learning programs that have “revolutionized continuing medical education,” he noted.

Dr. Scott also appreciates that the practice of medicine has become more flexible in accommodating the balance of work and life. In July

2009, he moved to a part-time schedule with RAF. “I wanted more time to pursue my interests beyond medicine,” he said, “but being a radiologist is too much a part of me to retire completely.”

Born in Baltimore and raised in Fredericksburg, Dr. Scott has delighted in spending his adult life on familiar turf. Today, Dr. Scott lives in Fredericksburg’s historic section in a three-story brick house built in 1824. The home was purchased by his great-great-grandfather in 1872 and has been in the family ever since. The property served as a Civil War hospital after Union soldiers crossed the Rappahannock River and set up camp in Fredericksburg. “Shell holes are still visible in the roof,” he noted.

Along with Civil War history, leading his list of interests is boating. It may be another inherited family trait. Dr. Scott’s father renovated an old lifeboat as a family cruising craft, the “Yachett,” upon which his namesake learned his nautical skills on the Potomac River.

Dr. Scott and his family have extended their boating destinations to include most of the East Coast and beyond. Beginning in 2009, they have cruised with kindred spirits through America’s Great Loop Cruisers’ Association. On various legs of the journey, he has been accompanied by his wife, Anne; his daughter, Jennifer, who lives in New York state; his son, Will, who resides in Denver, Colorado; and friends throughout the U.S. and Canada, including RAF colleague Tom Medsker, MD.

“We began the Great Loop trip on the Potomac River last year, traveling north to Canada, and then to the Great Lakes,” Dr. Scott said. “The next portion will take us from Michigan, going west and then south, toward the Gulf of Mexico. It’s a great adventure, enhanced by the many new friends we have met.” ■

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