Dose Index Registry (DIR®) Training
Webinar Series

Monitoring Performance with the DIR CT Administrative Aggregate Report
February 6, 2024
Presenters and Panelists

Maryam Bostani, PhD, DABR
Diagnostic Medical Physicist, Associate Clinical Professor, University of California, Los Angeles

Moiz Ahmad, PhD
Associate Professor of Imaging Physics, MD Anderson Cancer Center
Presenters and Panelists

Tom Fruscello, MBA
NRDR Tableau Report Developer, ACR

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Division Chief, Radiology Physics, Associate Professor, Division of Medical Physics, Department of Radiology, UC Davis Medical Center
Attendee Zoom Interface

- Type a question in Q&A (only seen by organizers)
- Type a comment in the chat (only seen by organizers)
- Questions can be entered in the Q&A field
Dose Index Registry (DIR®) Training Webinar Series

This webinar is the second and final in this series:
- Jan. 31 | Dose Optimization Using the DIR CT Facility Comparison Report
- Feb. 6 | Monitoring Performance with the DIR CT Administrative Aggregate Report

The webinars will be recorded and distributed afterwards.
- Recordings will be posted on https://nrdrsupport.acr.org/support/solutions/articles/11000114744-dir-training-webinar-series
Webinar Agenda

1. CT Administrative Aggregate Report Overview
   a. Access and Navigation
   b. New Report Structure as of December 2023
   c. Functionality
      a. Aggregate Comparisons, Trend Data, Short Name Lookups, Registry Statistics

2. CT Administrative Aggregate Report Use Cases
   a. CT QC Program – Protocol Review and Dose Optimization
   b. Implementation of a New Protocol – from Start to Finish

3. Recent DIR Improvements
   a. New Modality-Specific Registry Administrator Profiles
   b. New RPID/Text Search in Exam Name Mapping Tool
   c. Exam Name Mapping to Trauma Cases

4. Q&A

5. Wrap-up
American College of Radiology

DIR CT Administrative Aggregate Report

December 2023
Presenter: Tom Fruscello, MBA
Knowledge Base Articles

DIR CT Report Changes 2023

Modified on: Wed, 13 Dec, 2023 at 11:32 AM

Introduction
This article provides an overview of DIR CT report updates and new functionality that was added in December 2023 to make it more intuitive for you to review your facility's performance and identify opportunities for dose optimization. The changes also enhance visibility of variations in updated reports and clarification of previous reports where necessary.

Phase 1: A New CT Administrative Aggregate Report Consolidates the CT Facility Excel Report and Adds New Features
- Timeline: December 20, 2023
- User access: All NRDR user profiles have access to the report
- Major changes
  - The CT Administrative Aggregate Report replaces the Corporate Excel Report and provides new features, including:
    - Functionality to compare a single facility to a selected peer group and multiple registries
    - More flexible filters for selecting report timeframe
    - Filters to select the top 10 exams performed and comparison statistics.

DIR CT Administrative Aggregate Report

Modified on: Mon, 9 Jan, 2024 at 2:42 PM

Report Purpose
The CT Administrative Aggregate Report enables users to analyze performance and drive improvements. The aggregate report provides insights about:
- How a facility's performance compares with the entire registry and with various peer groups and location types, and census division
- Establishing site-specific radiation dose targets
- Opportunities for performance improvement
- Performance results after implementing changes.

The report is specially formatted for viewing and downloading aggregated dose performance data for report sharing.

Note: The DIR CT Administrative Aggregate Report released in December 2023 combines and replaces the CT Corporate Excel Report and CT Facility Excel Report plus adds new filters and functionality. View the video to learn what's new.

For information about other DIR CT report updates see the DIR CT Report Changes article.

How to Access
Log into the NRDR Portal and access the CT Administrative Aggregate Report in one of two ways:

DIR Available Reports

Modified on: Thu, 18 Jan, 2024 at 1:00 PM

The following types of reports are available for the DIR:
- DIR CT Published Aggregate Reports
- DIR CT Operational Reports
- DIR CT Interactive Reports
- DIR Fluoroscopy Interactive Reports
- DIR Digital Radiography Interactive Reports

To learn about navigating DIR report filters, parameters and other features, view the Knowledge Base article or video.

Click the link in the Report column to access a Knowledge Base article with more report details and examples.

DIR CT Published Aggregate Reports

<table>
<thead>
<tr>
<th>Report</th>
<th>What does the Report Show?</th>
<th>Frequency</th>
<th>Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIR Executive Summary Report and QCDR Preview</td>
<td>Aggregated statistics for adult and pediatric exams for facility compared to the entire registry, for selected high-volume exams.</td>
<td>Quarterly</td>
<td>All</td>
</tr>
<tr>
<td>A sample Facility report is available here.</td>
<td>A sample Corporate report is available here.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

https://nrdrsupport.acr.org
CT Administrative Aggregate Report

Combined from two previously existing reports
  • Corporate Excel Report
  • Facility Excel report

Intended Users
  • Administrative staff (Managers and Lead CT QC Technologists)

Minimal download capabilities
  • Individual exams CANNOT be downloaded
Navigating to the CT Administrative Aggregate Report

Accessible via the NRDR webpage and DIR menu
Use Case: CT QC Program – Protocol Review and Dose Optimization

As part of the CT QC program, the CT committee periodically reviews protocols and identifies dose reduction opportunities.

Opportunities are evaluated and changes are approved and implemented.

After implementation, dose is tracked over time to illustrate and present dose reduction efforts back to the committee.
Part 1

One aspect of protocol review is to compare your routine CT protocols’ median CTDI$_{vol}$ values to DIR and ACR CTAP Reference Values.
## Use Case: CT QC Program – Protocol Review and Dose Optimization

<table>
<thead>
<tr>
<th>Examination</th>
<th>Reference Value CTDI\textsubscript{vol} (mGy)</th>
<th>Pass/Fail Criteria CTDI\textsubscript{vol} (mGy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Head</td>
<td>75</td>
<td>80</td>
</tr>
<tr>
<td>Adult Abdomen</td>
<td>25</td>
<td>30</td>
</tr>
<tr>
<td>Pediatric Head (1-year-old)</td>
<td>35</td>
<td>40</td>
</tr>
<tr>
<td>Pediatric Abdomen (40-50 lb.) - 16 cm phantom</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>Pediatric Abdomen (40-50 lb.) - 32 cm phantom</td>
<td>7.5</td>
<td>10</td>
</tr>
</tbody>
</table>
Use Case: CT QC Program – Protocol Review and Dose Optimization
Use Case: CT QC Program – Protocol Review and Dose Optimization

<table>
<thead>
<tr>
<th>Body Area</th>
<th>Exam Short Name</th>
<th>Age Group</th>
<th>DIR Exam Count</th>
<th>DIR - 25th Percentile</th>
<th>DIR - Median</th>
<th>DIR - 75th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABDOMEN PELVIS</td>
<td>CT ABDOMEN PELVIS W IV/CON</td>
<td>Adult (Over 18)</td>
<td>3,031,421</td>
<td>9.4</td>
<td>11.7</td>
<td>14.4</td>
</tr>
<tr>
<td>HEAD</td>
<td>CT HEAD BRAIN WO IV/CON</td>
<td>Adult (Over 18)</td>
<td>6,383,884</td>
<td>41.6</td>
<td>48.1</td>
<td>54.7</td>
</tr>
</tbody>
</table>

Table: CT Dose Max across Scans
Age Group(s): Adult (Over 18)
Scanner(s): All
Facility Data Time Period: 28-Oct-22 thru 22-Jan-24
Comparison Data Time Period: 2022 Q1 - Q4
Part 1 Summary

• Aggregate Comparison dashboard can be used to review the performance of a particular protocol and age group based on a user-selected dose index.

  • Performance can be compared with the entire DIR or a selected peer group.

• Both protocols have a comparison standing of 50, i.e., median dose index is between both the DIR and peer group’s 25th and 75th percentile values.

• Median dose indices for both protocols are below the ACR CTAP Reference Values of 25 and 75mGy for routine abdomen/pelvis and head, respectively.
Use Case: CT QC Program – Protocol Review and Dose Optimization

Part 2

The committee frequently reviews exams above the 75th percentile as part of the CT QC Program.

Based on this review, the committee decides if dose reduction opportunities are feasible.
### Use Case: CT QC Program – Protocol Review and Dose Optimization

#### Table: CTDiVol Max across Scans
**Age Group(s):** Adult (Over 18)  
**Scanner(s):** All  
**Facility Data Time Period:** 01-Mar-21 thru 21-Jan-24  
**Comparison Data Time Period:** 2022 Q1 - Q4

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ABDOMEN</td>
<td>CT ABDOMEN BIOPSY GUIDANCE W...</td>
<td>Adult (Over 18)</td>
<td>650</td>
<td>8.6</td>
<td>12.8</td>
<td>15.4</td>
<td>75</td>
<td>1,042</td>
<td>12.6</td>
<td>19.4</td>
<td>25.2</td>
<td>650</td>
<td>75</td>
<td>8.6</td>
<td>12.8</td>
<td>15.4</td>
</tr>
<tr>
<td>ABDOMEN PELVIS</td>
<td>CT ABDOMEN PELVIS ENTERO W IVC...</td>
<td>Adult (Over 18)</td>
<td>14,206</td>
<td>8.2</td>
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<td>12.9</td>
<td>75</td>
<td>465</td>
<td>10.6</td>
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<td>18.2</td>
<td>8,800</td>
<td>50</td>
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<td>10.9</td>
<td>14.1</td>
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<tr>
<td>CERVICAL SPINE</td>
<td>CT C SPINE WO IVCON</td>
<td>Adult (Over 18)</td>
<td>820,617</td>
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<td>9,658</td>
<td>42.9</td>
<td>49.4</td>
<td>54.5</td>
<td>421,309</td>
<td>75</td>
<td>15.1</td>
<td>19.4</td>
<td>27.4</td>
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<td>268,282</td>
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<td>3.3</td>
<td>8.9</td>
<td>75</td>
<td>5,285</td>
<td>10.4</td>
<td>13.5</td>
<td>17.3</td>
<td>123,723</td>
<td>75</td>
<td>2.2</td>
<td>3.1</td>
<td>9.7</td>
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<td>CHEST HEART ANGIO WO THEN...</td>
<td>CT CHEST HEART ANGIO WO THEN...</td>
<td>Adult (Over 18)</td>
<td>71,618</td>
<td>11.3</td>
<td>24.3</td>
<td>49.0</td>
<td>75</td>
<td>1,386</td>
<td>36.5</td>
<td>62.9</td>
<td>79.2</td>
<td>35,809</td>
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<td>15.5</td>
<td>27.2</td>
<td>43.2</td>
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<tr>
<td>CHEST LUNG BIOPSY GUIDANCE</td>
<td>CT CHEST LUNG BIOPSY GUIDANCE</td>
<td>Adult (Over 18)</td>
<td>7,909</td>
<td>8.9</td>
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<td>920</td>
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<td>5,982</td>
<td>75</td>
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<td>CHEST W IVCON</td>
<td>CT CHEST W IVCON</td>
<td>Adult (Over 18)</td>
<td>741,751</td>
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<td>9.4</td>
<td>12.0</td>
<td>75</td>
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<td>17.3</td>
<td>414,103</td>
<td>75</td>
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<td>9.6</td>
<td>11.8</td>
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<tr>
<td>CHEST WO IVCON</td>
<td>CT CHEST WO IVCON</td>
<td>Adult (Over 18)</td>
<td>1,624,217</td>
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<td>7.5</td>
<td>10.6</td>
<td>75</td>
<td>18,762</td>
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<td>18.2</td>
<td>807,447</td>
<td>75</td>
<td>5.5</td>
<td>8.0</td>
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<tr>
<td>FACE</td>
<td>CT FACE W IVCON</td>
<td>Adult (Over 18)</td>
<td>123,601</td>
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<td>25.2</td>
<td>37.4</td>
<td>75</td>
<td>2,436</td>
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<td>50.2</td>
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<td>75</td>
<td>15.1</td>
<td>25.9</td>
<td>38.6</td>
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<tr>
<td>NECK</td>
<td>CT NECK W IVCON</td>
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<td>12.9</td>
<td>16.5</td>
<td>75</td>
<td>3,679</td>
<td>16.0</td>
<td>17.5</td>
<td>18.8</td>
<td>144,652</td>
<td>75</td>
<td>10.4</td>
<td>13.5</td>
<td>16.9</td>
</tr>
</tbody>
</table>
Use Case: CT QC Program – Protocol Review and Dose Optimization

Part 2 Summary

The Aggregate Comparison dashboard can be used to identify opportunities for performance improvement using the Exam Limit filter and Comparison Standing filter (above 95th percentile will be added).

Chest Wo and Chest W were identified as high-volume protocols that can be presented to the committee as dose optimization opportunities.
Use Case: CT QC Program – Protocol Review and Dose Optimization

Part 3

High-dose exams and dose reduction opportunities were identified.

The committee approved protocol changes and a new protocol was implemented.

The committee is now asked to present data on its dose optimization efforts.
Use Case: CT QC Program – Protocol Review and Dose Optimization

Table: CTDIvol Max across Scans
Facility: 58300076; Facility 4#
Age Group(s): All
Scanner(s): All

<table>
<thead>
<tr>
<th>Body Area</th>
<th>Exam Short Name</th>
<th>Age Group</th>
<th>Facility - Median</th>
<th>Facility - 75th Percentile</th>
<th>Facility - 25th Percentile</th>
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</thead>
<tbody>
<tr>
<td>CHEST</td>
<td>CT CHEST W IVCON</td>
<td>Adult (Over 18)</td>
<td>9.5</td>
<td>16.8</td>
<td>698</td>
</tr>
<tr>
<td></td>
<td>CT CHEST WO IVCON</td>
<td>Adult (Over 18)</td>
<td>9.3</td>
<td>13.1</td>
<td>1,961</td>
</tr>
</tbody>
</table>
Use Case: CT QC Program – Protocol Review and Dose Optimization
# Use Case: CT QC Program – Protocol Review and Dose Optimization

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**Table: CTDivol Max across Scans**

**Age Group(s):** Adult (Over 18)

**Scanner(s):** All

**Facility Data Time Period:** 01-Jan-23 thru 31-Mar-23

**Comparison Data Time Period:** 2022 Q1 - Q4

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</thead>
<tbody>
<tr>
<td>CHEST</td>
<td>CT CHEST W IVCON</td>
<td>Adult (Over 18)</td>
<td>739.691</td>
<td>7.3</td>
<td>9.4</td>
<td>12.1</td>
<td>50</td>
<td>243</td>
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<td>9.5</td>
<td>16.8</td>
<td>232,362</td>
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<td></td>
<td>CT CHEST WO IVCON</td>
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<td>7.1</td>
<td>10.9</td>
<td>50</td>
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<td>13.1</td>
<td>610,788</td>
<td>50</td>
<td>5.5</td>
<td>7.6</td>
<td>10.3</td>
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</tbody>
</table>

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Use Case: CT QC Program – Protocol Review and Dose Optimization

Part 3 Summary

The Trend Data dashboard can be used to monitor performance over time after implementing changes.

Data can be downloaded for users to create their own trend charts.

Changes to Chest Wo and Chest W protocols resulted in the facility’s DIR Standing going down to 50 from 75.
Use Case: Implementation of a New Protocol – from Start to Finish

Part 1

Your institution has a new Liver Transplant program.

The leading physician has asked Radiology to create a CT multiphase liver protocol.

The CT QC Committee wants to know if ACR DIR has any dose index data on this protocol to help implement it at their facility.
Use Case: Implementation of a New Protocol – from Start to Finish

DIRECT Registry Statistics
Using Exams from 1-Jan-2022 to 31-Dec-2022

To download data:
- click on the row(s) desired, using the index column
- right-click on the highlighted row(s)
- select Export, then the desired format, e.g., Excel
Use Case: Implementation of a New Protocol – from Start to Finish
Use Case: Implementation of a New Protocol – from Start to Finish
## Use Case: Implementation of a New Protocol – from Start to Finish

### DIR CT Registry Statistics
Using Exams from 1-Jan-2022 to 31-Dec-2022

<table>
<thead>
<tr>
<th>Comparison Time Period</th>
<th>Body Area</th>
<th>Exam Short Name</th>
<th>Age Group</th>
<th>Dose Index</th>
<th>Exams</th>
<th>Facilities</th>
<th>DIR 25th Percentile</th>
<th>DIR Median</th>
<th>DIR 75th Percentile</th>
<th>DIR 95th Percentile</th>
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</thead>
<tbody>
<tr>
<td>1-Jan-2022 to 31-Dec-2022</td>
<td>ABDOMEN</td>
<td>CT ABDOMEN LIVER MULTIPHASE WO THEN W/IVCON</td>
<td>Adult (Over 18)</td>
<td>CTDIvol Max across Scans</td>
<td>14,776</td>
<td>189</td>
<td>10.7</td>
<td>13.7</td>
<td>17.4</td>
<td>21.51</td>
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<tr>
<td>1-Jan-2022 to 31-Dec-2022</td>
<td>ABDOMEN PELVIS</td>
<td>CT ABDOMEN PELVIS LIVER MULTIPHASE WO THEN W/IVCON</td>
<td>Adult (Over 18)</td>
<td>CTDIvol Max across Scans</td>
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<td>13.7</td>
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<td>CHEST ABDOMEN PELVIS</td>
<td>CT CHEST ABDOMEN PELVIS LIVER MULTIPHASE WO THEN W/IVCON</td>
<td>Adult (Over 18)</td>
<td>CTDIvol Max across Scans</td>
<td>4,326</td>
<td>10</td>
<td>13.9</td>
<td>17.9</td>
<td>20.1</td>
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<table>
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<tr>
<th>Comparison Time Period</th>
<th>Body Area</th>
<th>Exam Short Name</th>
<th>Age Group</th>
<th>Dose Index</th>
<th>Exams</th>
<th>Facilities</th>
<th>DLP Total for Exam</th>
<th>DIR Median</th>
<th>DLP Total for Exam</th>
<th>DIR 75th Percentile</th>
<th>DLP Total for Exam</th>
<th>DIR 95th Percentile</th>
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</thead>
<tbody>
<tr>
<td>1-Jan-2022 to 31-Dec-2022</td>
<td>ABDOMEN</td>
<td>CT ABDOMEN LIVER MULTIPHASE WO THEN W/IVCON</td>
<td>Adult (Over 18)</td>
<td>DLP Total for Exam</td>
<td>14,776</td>
<td>189</td>
<td>1,448.4</td>
<td>1,882.1</td>
<td>2,655.06</td>
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<tr>
<td>1-Jan-2022 to 31-Dec-2022</td>
<td>ABDOMEN PELVIS</td>
<td>CT ABDOMEN PELVIS LIVER MULTIPHASE WO THEN W/IVCON</td>
<td>Adult (Over 18)</td>
<td>DLP Total for Exam</td>
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<td>1,334.6</td>
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<td>1-Jan-2022 to 31-Dec-2022</td>
<td>CHEST ABDOMEN PELVIS</td>
<td>CT CHEST ABDOMEN PELVIS LIVER MULTIPHASE WO THEN W/IVCON</td>
<td>Adult (Over 18)</td>
<td>DLP Total for Exam</td>
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<td>1,628.0</td>
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<td>2,445.7</td>
<td>3,325.29</td>
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Use Case: Implementation of a New Protocol – from Start to Finish

Part 1 Summary

The Registry Statistics dashboard provides facilities with dose index target values for new CT protocols.

These target values can be used as a starting point to craft new protocols and modify them as needed.
Use Case: Implementation of a New Protocol – from Start to Finish

Part 2

Based on clinical requirements and ACR DIR data, the CT QC Committee created and implemented a multiphase liver CT protocol.

A few months after implementation, the committee wants to ensure mapping of this new protocol to the appropriate RPID.
Use Case: Implementation of a New Protocol – from Start to Finish

### Short Name-to-RPID-to-Study Description Lookup

#### Facility RPID Mappings

<table>
<thead>
<tr>
<th>Facility ID</th>
<th>Study Description</th>
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<tbody>
<tr>
<td>Facility 1</td>
<td>1Triple_Phase_Liver(Adult)</td>
</tr>
</tbody>
</table>

Study Description `1Triple_Phase_Liver(Adult)` is mapped to RPID406 · CT ABD MULTIPH LIVER WO & W IVCON for this facility and appears in the report as Exam Short Name CT ABDOMEN LIVER MULTIPHASE WO THEN W IVCON.

The following RPIIDs are used for comparison peer group statistics for CT ABDOMEN LIVER MULTIPHASE WO THEN W IVCON, Adult (Over 18).

<table>
<thead>
<tr>
<th>RPID</th>
<th>Study Description</th>
</tr>
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<tbody>
<tr>
<td>RPID401</td>
<td>CT ABD MULTIPH LIVER POSTOP WO &amp; W IVCON</td>
</tr>
<tr>
<td>RPID406</td>
<td>CT ABD MULTIPH LIVER WO &amp; W IVCON</td>
</tr>
<tr>
<td>RPID1091</td>
<td>CT ABD MULTIPH LIVER DUAL ENG CT WO &amp; W IVCON</td>
</tr>
</tbody>
</table>
Part 2 Summary

Mapping can be verified using the Short Name Lookups dashboard.

For a selected Facility Study Description, the RPID used to map to the study can be verified.

For multi-facility accounts, it can be verified if mapping is consistent across facilities.
Part 3

A year after the implementation of the multiphase liver protocol, the CT QC Committee wants to review dose indices and compare their facility’s performance with the DIR.
Use Case: Implementation of a New Protocol – from Start to Finish

Table: CTDivol Max across Scans
Age Group(s): Adult (Over 18)
Scanner(s): All
Facility Data Time Period: 25-Oct-22 thru 22-Jan-24
Comparison Data Time Period: 2022 Q1 - Q4

<table>
<thead>
<tr>
<th>Body Area</th>
<th>Exam Short Name</th>
<th>Age Group</th>
<th>DIR Exam Count</th>
<th>DIR - 25th Percentile</th>
<th>DIR - Median</th>
<th>DIR - 75th Percentile</th>
<th>Peer Group - Location type Metropolitan (&gt; 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABDOMEN</td>
<td>CT ABDOMEN LIVER MULTIPHASE W.. Adult (Over 18)</td>
<td>14,016</td>
<td>10.7</td>
<td>13.0</td>
<td>17.4</td>
<td>50</td>
<td>551 11.0 15.3 19.0 10,997 50 10.3 13.4 17.1</td>
</tr>
</tbody>
</table>
Use Case: Implementation of a New Protocol – from Start to Finish

Part 3 Summary

The Aggregate Comparison dashboard can be used to evaluate performance.

As compared to DIR and the selected peer group, the facility’s standing for the newly implemented multiphase liver is at 50, i.e., median dose index is between both the DIR and Peer Group’s 25th and 75th percentiles values.
New Modality-Specific Registry Administrator Profiles

Step 1: select “Registry Administrator” for User Type

Step 2: select “DIR” for Registries

Step 3: select desired DIR Modalities
New RPID/Text Search in Exam Name Mapping Tool

![RPID/Text Search in Exam Name Mapping Tool]

- **Population**: select
- **Laterality**: select
- **Body Region**: select options
- **Reason for Exam**: select
- **Modality Modifier**: select
- **Technique**: select
- **Procedure Modifier**: select
- **IV Contrast**: select
- **PlayBook Type**: select
- **Modality**: select
- **Anatomic Focus**: select

**RPIDCode/Shortname**

<table>
<thead>
<tr>
<th>RPIDCode</th>
<th>Short Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>RPID1</td>
<td>CT ABD PELVIS LE ANGIO WO &amp; W IVCON</td>
</tr>
<tr>
<td>RPID10</td>
<td>CT LE ANGIO RT WO &amp; W NCON</td>
</tr>
<tr>
<td>RPID100</td>
<td>CT CHST ANGIO HEART CONG DX WO &amp; W IVCON</td>
</tr>
<tr>
<td>RPID101</td>
<td>CT CHST COR ARTS CALC SCORE WO IVCON</td>
</tr>
<tr>
<td>RPID102</td>
<td>CT CHST ANGIO HEART STRUC MORPH WO &amp; W IVCON</td>
</tr>
<tr>
<td>RPID103</td>
<td>CT RECON BLAT PREOP</td>
</tr>
<tr>
<td>RPID104</td>
<td>CT RECON BLAT POSTOP</td>
</tr>
<tr>
<td>RPID105</td>
<td>CT HEAD SELLA W IVCON</td>
</tr>
<tr>
<td>RPID106</td>
<td>CT HEAD SELLA WO IVCON</td>
</tr>
<tr>
<td>RPID107</td>
<td>CT UE WO &amp; W IVCON</td>
</tr>
<tr>
<td>RPID108</td>
<td>CT NEW IVCON</td>
</tr>
</tbody>
</table>
Exam Name Mapping to Trauma Cases

The highest-level trauma IDs are below. The complete list of trauma IDs is available in the NRDR Knowledge Base Mapping Guide.

- **Radlex Playbook ID:** RPID1261 – Short Name: CT Trauma
- **ACR Common ID:** 4012963 – Name: RAD, trauma series, unspecified
Webinar Recordings and Slides

View recordings and slides for the Jan 31 and Feb 6 webinars here:

https://nrdrsupport.acr.org/support/solutions/articles/11000114744-dir-training-webinar-series

The Jan 31 webinar is available on demand now. Today’s webinar will be available later this week.
NRDR Help Desk

- Email: NRDRSupport@acr.org
- Phone: 1-800-227-5463 x3535
- Web: https://nrdrsupport.acr.org

WHEN YOU GET TO THE END OF YOUR ROPE