# Setting Up a Successful Global FAST Ultrasound Program AAFP 2018

Gregory Lisciandro, DVM, DABVP, DACVECC

### Introduction

Ultrasound is fast becoming part of the curriculum at medical schools throughout the United States including Harvard Medical School for the fact that the ultrasound probe is a more sensitive test than physical exam, blood and urine testing, and radiography for many soft tissue conditions of the abdomen, heart and lung. We look at the eyes, mouth, ears, eyes and skin, let's look at the abdomen, thorax including heart and lung. Stop listening and start looking! In fact the ultrasound probe is the new stethoscope, dubbed the "modern stethoscope" by Dr. Roy Filly, MD, ~30 years ago! And he was absolutely right!

The combination of AFAST®, TFAST® and Vet BLUE® are referred to as our 3rd veterinary ultrasound format called Global FAST®. Veterinarians now have a complete abdominal ultrasound, complete echocardiography and Global FAST. Global FAST is a global approach to the patient that answers different clinical questions and better ensures you have defined where the conditions exist, what the next best test is, and how to better treat to keep your patient alive for gold standard testing and treatment. We have been advocating the Global FAST approach for >13 years and very recently (Chest 2016) a similar ultrasound approach has been advocated in human medicine.

In order to have a successful Global FAST Ultrasound Program there are tenets that should be followed.

# TENETS FOR A SUCCESSFUL GLOBAL FAST PROGRAM

- Proper training
- Accessible ultrasound machine
- Easily understandable fee structure
- Goal-directed templates
- Saving images
- Establishing a program director
- Reviewing strengths and deficiencies in training
- Celebrating your victories

### **Proper Training**

Sonographers should be trained by credentialed instructors. Training should include proctoring and evaluation.

### **Accessibility of Ultrasound Machine**

Accessibility is multi-tiered. Accessibility means having your machine in the triage or treatment area where all the action is in your veterinary facility. Accessibility also means having a good service program including having loaner machines provided so there is <24-hour lapse in having ultrasound capabilities.

#### **Easily Understandable Fee Structure**

It's imperative to have easily understandable fee structures and coding. It is wise to have the upfront fee include a serial (repeat exam) for all admitted patients. In human medicine, it is advised by the American College of Emergency Physicians that **all** at-risk stable human patients have a mandated 4-hour post-admission FAST scan

(sooner if unstable). Once your staff is trained to do Global FAST, then consider adjusting your fee schedule. The problems that arise with not including the serial (repeat) exam in the upfront fee is that the fee is missed on the estimate, which creates problems among your veterinary staff as well as with clients when charges are then added. Another recommended approach is "bundle fees" so that if the client approves the bundled triage fee, the Global FAST is already and automatically included. Bundle in triage, preanesthetic workup, hospitalization, geriatric screening, etc. Finally and very importantly, don't apply the probe to a patient if you are not charging for the service. In the author's opinion, it's questionably ethical, and now you have unauthorized information that you must provide to the client.

# **Goal-directed Templates**

You must have data entry mandated in a systematic, standardized manner analogous to placing physical exam findings in your medical records. Goal-directed templates are available in our textbook *Focused Ultrasound Techniques for the Small Animal Practitioner*, Wiley © 2014 available in Spanish translation (www.intermedica.com.ar), in Chinese, Greek and soon Japanese and Polish, in proceedings over the past several years by the author, at <a href="mailto:Facebook.com/fastvet">Facebook.com/fastvet</a>, and by emailing the author at <a href="mailto:fastsaveslives@gmail.com">fastsaveslives@gmail.com</a>. By recording data in this manner, learning is accelerated, and the data entry carries value for you, your colleagues, and clients. Willy-nilly ultrasound patient application - in other words non-standardized point-of-care ultrasound - is a dangerous practice habit similar to doing a partial or random physical examination.

## **Saving Images**

Learning how to save images is important for presenting impactful cases to your staff, for reviewing your own studies once other imaging is acquired and diagnoses are made to improve your own skills, and for the program director reviewing studies (quality control).

# **Reviewing Strengths and Deficiencies**

By having codes that are retrievable in medical records, and having Goal-directed Templates medical records, Global FAST studies may be reviewed and strengths and deficiencies detected to improve skills among the staff and better ensuring quality control. A good example, several years ago, we reviewed all the medical records with pericardial effusion and realized that tenets were lacking for the accurate diagnosis of pericardial effusion the views, the strategies to avoid mistaking heart chambers for pericardial and pleural effusion.

### **Establishing a Program Director or Point Person**

It is important to have someone supervising and helping implement the Global FAST Program. This designated person also serves as a liaison between different services in large referral practices so that goals and objectives of the Global FAST Program are in agreement within the hospital. Goal-directed Templates also minimize friction between departments since clarity exists in what Global FAST sonographers are evaluating.

# **FURTHER READING**

- 1. Appendix I: Setting Up an Ultrasound Program. In: Lisciandro GR, ed. *Focused Ultrasound Techniques for the Small Animal Practitioner*. pp. 304–305. Wiley-Blackwell, Copyright 2014.
- 2. Appendix II: Goal-directed Templates for Medical Records. In: Lisciandro GR, ed. *Focused Ultrasound Techniques for the Small Animal Practitioner*. pp. 306–314. Wiley-Blackwell, Copyright 2014.

# **SPEAKER INFORMATION**

(click the speaker's name to view other papers and abstracts submitted by this speaker) **Gregory Lisciandro, DVM, DABVP, DACVECC**