Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

FRANK J. LEXA, MD, MBA, DAVID FESSELL, MD

Leadership in the Aftermath of Coronavirus Disease 2019 (COVID-19): Next Steps Post Surge

You have looked at your local and regional data and it seems that you are past the initial peak for coronavirus disease 2019 (COVID-19) in your area. As you review what you and your leadership team did to get through the crisis, what are the three most important things that you are now going to do in the aftermath?

Jacob Kazam, MD, Cornell Weill

We are re-engineering our practice with a focus on safety through use of remote workflows, on-site efficiency, and the patient experience. We are aiming to take our patients directly in for their examinations immediately upon arrival. To accomplish this, our staff members are completing the registration process with our patients before arrival, even advising them on compatible attire. We are minimizing the use of oral contrast, substituting water when appropriate. For patients that require oral contrast, we are exploring ways to get it to them before their examination. Similarly, we are being judicious in our use of intravenous contrast. This is a great opportunity to optimize our protocols through a combination of real-time monitoring and new technology. These time savings will allow us to optimally clean and be ready for our next patient to arrive. We hope this results in a more personable, private, and seamless experience for our patients while optimizing safety for all.

Mahmud Mossa-Basha, MD, University of Washington

The University of Washington has now passed the institutional resource utilization peak for COVID-19, and we now look toward post-COVID-19 resumption of imaging operations. We are currently focusing on three key concepts. First, we are focused on preventing any potential exposures and causing outbreaks by maintaining patient and health care worker protective measures. This also requires a slow ramp-up of outpatient imaging to prevent crowded waiting rooms. Second, we are providing thorough patient communication of safety measures to regain patient trust in the health care system and our ability to protect their health. Communication of safety measures will be promoted through social media, mailers, and signage throughout the hospitals and outpatient imaging centers. Third, we will focus on fiscal responsibility to recover from the financial crisis while doing everything we can to protect the employment and salaries of our faculty and staff.

Daniel Ortiz, MD, Summit Radiology, Cartersville, Georgia

- Take the good with the bad: The first step is to catalogue positive changes resulting from our adaptation during the initial peak (ie, streamlined patient intake) that we would like to carry forward into an eventual return to normal and those we will leave behind.
- Improve standardization: The early outbreak provided a nidus for discussion about reporting and management heterogeneity. Because response to COVID-19 was a novel problem to all radiologists, rallying behind a uniform response in this instance should be an entry point to develop a culture of more standardization across the practice.
- Remain nimble: Our practice's ability to withstand the peak of COVID-19 was partly because of our IT, general practice, and small size, all of which allowed us to rapidly adapt. The course of this pandemic remains to be seen, and we must remain vigilant. Our staffing needs and procedure offerings will likely wax and wane with any subsequent waves of COVID-19.

Dana Smetherman, MD, Ochsner Medical Center

- Keep learning and stay nimble: We have quickly discovered how to treat COVID-19 in emergency departments and hospitals. We

1546-1440/20/$36.00 ■ https://doi.org/10.1016/j.jacr.2020.05.020

must maintain our vigilance in those settings while simultaneously adapting these lessons to outpatients. There is still much we do not know about this disease, and our processes will also need to shift quickly as management and treatment recommendations evolve.

- Understand patients' expectations: Retailers have already changed the way they do business in response to the COVID-19 pandemic. Radiology departments must similarly employ strategies that demonstrate our commitment to safety, including dedicated signage, temperature checks, masks, physical distancing, longer appointments and schedule gaps, abundant hand sanitizer, and visible cleaning of our facilities.
- Test, test, test! Identification of COVID-19 outbreaks and rapid intervention are crucial to disease containment as social distancing measures ease. Radiology departments can leverage their contact with patients to encourage and facilitate testing and disease detection.

Judy Yee, MD, Montefiore Medical Center

The first wave of the COVID-19 pandemic came, hit us hard, and is now ebbing. Our Post Pandemic Planning Task Force is focused on phased re-opening of imaging, ensuring safety, and expanding telehealth. We are working with clinicians to schedule patients by medical necessity, such as prioritizing cancer patients and urgent indications. Elective interventional cases that do not require anesthesia or inpatient bed usage will be the first to be performed. All patients will be screened with a questionnaire at the time of scheduling and again at the time of their appointment with a temperature check. Interventional procedures require polymerase chain reaction testing performed 48 hours before the case. Enhanced communications about safety are planned, including use of text messaging, multilingual videos, and social media. Social distancing, Plexiglass (Evonik, Essen, Germany) barriers, floor markers, and electronic forms will be used in waiting areas. Increased use of telehealth is being arranged for interventional and neuro-interventional radiology.

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The authors state that they have no conflict of interest related to the material discussed in this article. Dr Fessell is a nonpartner, non–partnership track employee. Dr Lexa is currently the Chief Medical Officer of the The Radiology Leadership Institute of the ACR and is the Chair of the Commission on Leadership and Practice Development of the ACR. He is a nonpartner, non-partnership track employee.

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