

Health Imaging & IT

Images, information & knowledge across the enterprise

PRACTICE MANAGEMENT

By Beth Walsh

RIS Rights Efficiency & Productivity Wrongs

A good RIS is almost essential to running and managing a radiology business today—with imaging practices and departments often operating in more than one location and with a premium on everyone's time, from report turn-around to scheduling efficiency.



【 Roger S. Eng, MD, MPH, chief of radiology at Chinese Hospital, San Francisco, dictates a report using the integrated voice recognition feature on Carestream RIS/PACS. Left: Exterior shot of Chinese Hospital. 】

Roger S. Eng, MD, MPH, chief of radiology at Chinese Hospital in San Francisco, has some interesting challenges to overcome: with 54 beds, it is the smallest hospital in the city, and there is no space to expand, but volume is increasing 10 to 15 percent a year.

The hospital completed its digital conversion with the Carestream Health RIS/PACS last spring. Since the implementation, radiologist interruptions dropped from about 70 per day to the 20s, the number of steps for a chest x-ray went from 72 to about 30 and overall waiting time for patients has dropped significantly. Drop-in x-ray exams used to take up to three hours partly because the technologists working in back rooms had no

idea how many people were waiting. Now, a color-coded screen tracks waiting time.

Chinese Hospital spent half its annual capital budget on the RIS, Eng says, but the administration recognized the need. “Without the ability to physically expand, but with an increasing number of patients, we needed to be more efficient. RIS was a critical component.”

Online Radiology, a teleradiology company in Riverside, Calif., has been using TeleRIS from Thinair Data since its inception 10 years ago. The complexity of being a teleradiology company, covering call and overflow for customers across the country, and prioritizing studies and reports and then distributing them back to the right

facilities, requires a RIS, says Jesse Salen, vice president of sales and technology. “We would go out of business without it.”

The software helps the organization track report turn-around times, which is the most important metric to its customers. If turn-around time starts to increase, they alter staffing accordingly.

Medical Specialties Managers (MSM), in Orange County, Calif., provides practice management to specialty practices, with 80 percent of its business being radiology groups. Randy Brooks, senior vice president, also serves as director of operations for radiology group, Moran, Rowen & Dorsey, also in Orange County. The practice owns and operates two free-standing imaging centers, and services two large hospitals.

When the group decided to replace its RIS/PACS two years ago, it sought a system specifically designed for radiology practices. That led them to DR Systems.

Today, the front office is almost paperless. Reports go to referring physicians within 2 to 4 hours, down from about 24 hours with the old system. Referring physicians and their staffs appreciate the online images and reports. Another plus is the ability to look at all the sites for the next available appointment time that's best for the patient.

Lessons learned

If you're considering implementing a new or replacement RIS, consider the following advice:

- » Look at your workflow, recommends Salen. “Vendors might have interesting ideas, but ultimately you know your business better than your vendors do. Don't change your workflow to take on a RIS.”
- » Brooks recommends budgeting 10 to 15 percent extra for unforeseen hardware, software, or increased archival space within the first year; and for new features not included in your original contract.
- » Size your servers appropriately and order adequate archival space for about two years, Brooks says. Don't order too much server space because as technology improves, you will be able to get more capacity at a lower price. 



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