The radiologists at American Radiology Associates (ARA), a Dallas, Texas-based academic teleradiology and subspecialty radiology group, are confronting their many competitive challenges head-on. The need to rapidly provide the best clinical answer, as well as facilitate same-day consultations between their patient and referring physicians, drives their efforts to reduce turnaround time. This challenge is compounded by the fact the radiologists read by subspecialty across numerous facilities. Understanding where each study originates and ensuring the report is returned to the originating location and to the attention of the correct referring physician is critical to good customer service. The underlying workflow must be fast, automated, and reliable, particularly to support oncology reading that requires new and historical priors be read on advanced visualization workstations connected to their PACS.

Approximately five years ago, ARA began using the Compass™ workflow solution from Laurel Bridge Software to better control, organize, and identify image data coming from a wide range of modalities and many different locations. “Compass enabled us to add site-specific identification to every study coming into our system,” notes Josh Hammond, Director of IT at American Radiology Associates, “which enabled us to create site-specific worklists for our sub-specialty radiologists, and relieved technologists at the sending facilities from having to manually prefix a medical record number and accession number to every new study. These changes significantly improved the level of customer service we provided and enabled our customers to better focus on patient care.”

The need to read PET/CT studies from multiple sites on specialty PET/CT fusion workstations further burdened organizational productivity, requiring a unique solution. Because ARA has three years of studies online in their PACS, they had an employee manually transferring, from PACS to the specialty workstations, historical PET/CT studies, which the radiologists needed for comparison to the new studies. This manual process was time-consuming and could delay radiologist reading if the historical priors were not available when needed.
Laurel Bridge Software was eventually asked to automate this inefficient, unreliable, and costly manual process with their Navigator™ workflow solution. “Implementing Navigator enabled ARA to reassign the employee whose role was manually transferring historical studies from PACS,” notes Josh Hammond. “Automating the retrieval and movement of historical prior exams is saving us $50-$70K annually due to more efficient use of resources. Because prior exam retrieval is fast, reliable, and can be triggered by new incoming studies or placement of an imaging order, Navigator eliminated the need for our radiologists to manually query PACS from the specialty workstations. This enabled our radiologists to better meet the service-level turnaround time agreements we have with our customers.”

“Some of the sites serviced by American Radiology Associates do not have a Radiology Information System that can generate the necessary site and reading location information that helps automate workflow,” Josh explains, “We realized that we needed a solution that enabled us to build site-specific worklists that would ensure accurate and automated report delivery to our customers. Because we service many providers, at many locations, with the same modalities, it is critical that the right clinical report be returned to the appropriate originating location, and in a timely fashion. This may sound simple, but it is not a simple task. We even used Compass to help build a client portal that speeds and simplifies report delivery, making it easier to provide a consistently high level of customer service.”

ARA is now turning their attention to addressing other complex multi-site, cross-domain reading challenges that will further enhance their ability to provide new reading services. They are exploring opportunities to provide overnight reading services for local emergency departments as well as consolidate subspecialty workflows that require radiologists to read studies from different locations, on different PACS. Josh points out that “as patients insist upon having imaging where it is most convenient, and radiologists trend to be distributed among reading locations, it is critically important that we bring together all the moving parts. Tools like Compass and Navigator solve complex enterprise imaging workflow issues, enabling us to remain competitive in an increasingly challenging business environment.”

Workflow automation drove improvements on three fronts:

1. Greater focus on patient care by technologists
2. Enhanced radiologist efficiency, enabling greater focus on patient care and clinical quality
3. Improved radiologist quality of life through implementing a work-from-home option

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