

CANADIAN Healthcare Technology

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DI departments can improve workflow by tracking and measuring

BY THOMAS HOUGH, CMC

There is an old management axiom, which states, “If you can’t measure it, you can’t manage it”. In today’s world of technology, repetitive processes and evidence-based decision-making, this has never been more true. Imagine trying to launch the space shuttle or erecting a building like China’s National Stadium (a.k.a. the “Bird’s Nest”) without measuring and managing the numbers.

The Bird’s Nest was completed 112 days prior to the Olympics, in spite of the fact that construction was suspended twice – once for 14 weeks. So the question becomes, how can we improve our management of the Diagnostic Imaging department by measuring it better than we do?

For many of us, we often manage large parts of our personal lives by the “gut feel” or “by the seat of our pants” approach. We have a feeling; we just know when things are going well and when they are not. Our antennas are up and we are in tune with our environment around us.

This is good and we should listen to our guts, but what happens when our antennas go out of tune, when we have been away on vacation or for other reasons? It takes us a while to get back into the swing of things and to get the feel back. We need

a backup. We need a system to measure what is going on around us and report when things are varying outside of the normal limits; so that when we are distracted, we can, at a glance, see where problems are arising and put in place corrective measures before things get too far off the norm.

This is where decision support systems can help us make better quality decisions. When we start to manage by the numbers, we can sustain a higher level of quality and performance.

So what does this look like in Diagnostic Imaging? Decision Support departments within hospitals are turning toward Clinical Intelligence Applications and Business Intelligence Applications to help provide the right information to the right decision maker at the right time.

Using Clinical Intelligence Applications, referring physicians are aided in selecting and ordering the most appropriate exam for the patient’s symptoms in order to arrive at the correct diagnosis, with the least possible cost in time and money. Often, these are a part of Computerized Physician Order Entry

(CPOE) systems. The benefits are the shortest possible route for the patient to the desired patient outcome and the least possible time and cost to the healthcare system.

Having a specific problem that needs to be addressed is the best way to understand BI’s benefits. So let’s take a current challenge facing most hospitals today – CT and MRI wait times. How do you get more productivity from units you believe are going flat out?

One of the key tools in solving and monitoring the outcomes of this type of problem can be found in BI. Establishing key performance indicators for CT and MRI that measure: effective utilization of the unit; the workload units generated; and the real times to complete exams, from patient registry to report distribution, is the first step.

Monitoring and tracking the outputs of these KPIs over a period of time, to identify trends, is the next step. This will provide information such as the amount of time between patient cross over, the types of exams that are taking longer than allotted workloads, and where there are process bottlenecks.

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