

Image and Report Sharing

a clinical perspective

Nicola H Strickland

Consultant Radiologist

Imperial College Healthcare NHS Trust

Image and report sharing

- the nature of the problem
- the ideal solution
- problems with some “solutions”
- avenues to explore

The nature of the problem(s)

- **imaging study (images *AND* report) transfer**
- **MDTMs**
- **emergency opinion / patient transfer**
- **teleradiology outsourcing within UK**

The nature of the problem

There would be no problem if we all had:

- same PACS
- same RIS
- same patient numbering system as 1^o #
- and if the CRS spine were working!!

CfH vision



mirage /fairytale

Image and report sharing

- the nature of the problem
- the ideal solution
- problems with some “solutions”
- avenues to explore

The ideal solution

- use own PACS workstations
 - ∅ images and report (± RIS)
 - ∅ familiar software tools
 - ∅ powerful software
 - e.g. linking current and previous studies
 - multiplanar cross-linking
 - ∅ integrated speech rec



The ideal solution

- **choose to upload some studies to own PACS**
 - ∅ e.g. after MDTM
 - ∅ “temporary archive”
- **MDTM folders on PACS (+ permanent record)**
- **outside RIS report uploaded**
 - ∅ benefit from radiologist’s report
 - ∅ add addenda ® transmit back to referrer
 - ∅ audit trail and stats for work done
 - image reviews
 - addenda

The ideal solution

- whole process automatic
- no extra work
(no merges, manual uploads, manual sends etc.)
- no extra personnel
- no running costs
- people time = money

Problems generated by “solutions”

- housekeeping++ : merges
- no personnel, no money
- unreadable CDs
 - ∅ IHE removable media standards
 - ∅ encryption!
- radiological reports wasted

Problems generated by “solutions”

- **MDTM decisions not fed back**
 - ∅ up-staging, down-staging
 - ∅ no feedback, no learning loop
- **PCs / web browsers**
 - ∅ too slow
 - ∅ limited software
 - ∅ >1000 images
 - ∅ x3 comparative studies

Image and report sharing

- the nature of the problem
- the ideal solution
- problems with some “solutions”
- avenues to explore

Avenues to explore

A new system: XDS

∅ e.g. Mawell, Forcare, Mach7T

- truly XDS?
- expensive
- service and maintenance

The solution

- we need it now
- best care for the patient
- easiest solution for radiologists and imaging dept
- give credit to radiologists for work done
(review work and emergency assessments)

Priorities

- **fast, sophisticated display**
- **as automated as possible**
- **no extra housekeeping generated**
- **get away from the “make do” philosophy**