

## Khorasani, Chang call for IT for better quality, safety

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CHICAGO, Nov. 29—Ramin Khorasani, MD, Brigham & Women's Hospital in Boston, discussed critical test results and the challenges of creating an optimized infrastructure so those results are communicated efficiently during a session Wednesday morning at the 93rd annual meeting of the Radiological Society of North America (RSNA).

Payors, especially the government, are starting to not pay hospitals if they make errors. "We're getting to the point where errors are real and hurting patients, so they won't pay," he said.

**Critical test results reporting requires useful requisition and results stratification.** Computerized physician order entry and an EMR digest for radiology integrated into PACS can really help. That digest should cut down on the digging required to find the critical test result. And to report results, "each needs different levels of communication and methods for closing the information loop."

**Timeliness is another concern.** How do physicians consume abnormal flags, Khorasani questioned. Since referring physicians have their own systems, integration is required to communicate results. Communication of results needs to be a shared responsibility between the referring physician and the radiologist, with clear follow-up and documentation. **Communication hand-off is a major source of patient errors, he said.**

Current IT systems do not meet these needs, Khorasani said. But, "we can't wait for optimal IT solutions. This is not a radiology-only problem and we must act now."

Paul Chang, MD, medical director of enterprise imaging at the University of Chicago Medical Center, said radiology needs to shift from cranking out work to adding value and contributing quality—a message that has been made consistently this week at RSNA by thought-leaders.

**"We have to admit our ignorance when it comes to solving integration issues," he said. However, healthcare can borrow, even steal, from other industries. "Every other industry has their systems built to their own specifications." Healthcare, however, bends to the will of the software rather than vice versa.** "One size fits all doesn't work," Chang said. He questioned why he can't have tools as flexible and service-oriented at work as he does when he shops online at home.

Service-oriented architecture (SOA) transitions from hard-linked data and presentation state to loosely coupled services. Services are orchestrated to create the optimal composite user experience.

Right now, quality is peripheral to the daily tasks of radiologists, but "it's inevitable that we have to deal with quality and we should want to," Chang said. "If Amazon can do it, why can't we?"

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