

Save Time with IT

Working connected with the RIS from the Company medavis Enhances Quality of both Reports and Life

At the heart of Siegerland, the St. Marien Hospital Siegen opened in 2014 the Outpatient Centrum Albertus Magnus with a new imaging center, integrated in a Medical Service Center (MVZ). The patients from the region are therefore offered a special medical care quality from one provider due to a strong collaboration between all parties involved in the treatment and a joint communication over the course of disease, treatment goal and therapy. In order to have a smooth flow of information, the Radiology Information System (RIS) of the company medavis has been introduced both in the hospital and the medical service center. Reports, images, work lists as well as appointments can be edited location-independent but with reference to site and patient. Private lecturer for physics with diploma Dr. med. Christian Hohl is the medical chief of the imaging center. He is convinced that RIS enhances his work qualitatively both for him and for his patients.



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Dr. med. Christian Hohl,
Medical Leader of MVZ
Imaging Center in
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More Flexibility and smoother Processes

"Today, we have the lucky situation of using an expert system for radiology at our sites" rejoices Dr. Hohl over the digitalisation of the radiological processes. "For me as a doctor this means high flexibility, because the report can be dictated at another time at another site of our MVZ once the examination has been executed. In the morning I looked after inpatients at the St. Marien Hospital. Now I am in the imaging center. As soon as I have time in the afternoon, I'll report the examinations of this morning." To this, Dr. Hohl calls up the client of the hospital in RIS while sitting in his office in the MVZ. At once he has his usual settings within the hospital-specific masks and uses the respective document templates. "In addition to the flexibility, the easy access on the patient information is a huge advantage for us. Via the DPC I can even view previous reports of the patient in the hospital that have been created during an examination in the medical service center and vice versa," explains Dr. Hohl. "This is done with a simple click, eases my work - and this is what I expected of RIS. From the IT I want to have maximal work facilitation so that I am able to focus on my medical work." Dr. Hohl perceives not only that he has access to information on his patients at each site anytime but also that he can control all work via his work list in the RIS as supportive. "Once configured to meet my needs, I can work at any workplace - at the hospital or in the imaging center - with the settings I am used to. I click on the patient and everything I need is started.

The system writes the text immediately in the report mask via Speech Recognition, I read through it and finish the report. The report is sent via fax to the referrer, who already has the report before the patient is coming back to him. This is my expectation of the process and it simply works."

Connected Systems enhance Life Quality

For the radiologist, networked work means more than just connecting the sites: "Even the single functions that I need in the course of my work and that originate from different systems are combined in my RIS workstation. For example, the dictation together with Speech Recognition is an extremely important core function. Just as the defined text modules and, of course, the images in the PACS. Both speeds up my documentation." Whereas in the St. Marien Hospital the report is made with Speech Recognition but then still sent to the typing pool whilst applying the right template, the report process runs without interruptions in the MVZ. The process in the hospital is at the moment inconvenient and surely expendable in the long run. The physicians there can only release the report with a time-wise distance to the case and it just takes a long time. I am glad that it works simpler in the outpatient environment, because a prompt reporting is an important service factor for the requisitioning referrer. The whole process of the report creation, from reading the images till finishing the report, has shortened in the last year to one third of the time. Time for the

whole process from the referrer's view, meaning from the registration of a patient till a follow-up visit, has decreased drastically even more. In former times the report arrived two or three days later. Today the patient comes at 9.00 o'clock, is examined at 9.12 and at 9.30 the referrer has the report on the desk." He sees RIS as a reason for this, providing a structured workflow as well as Speech Recognition and automatic fax transmission. "The effect on the referrer cannot be valued high enough," is he convinced. "And also my work has improved positively. On most days I finish my work alongside with switching off the devices after the examination of the last patient. Nothing piles up, nothing has to be done at the weekends like before. For the physician who does not work on a collective bargaining agreement this is a relief and an improvement in life quality, when the technique works so well that an early evening is possible.

Appointment Management is a big plus for the Patient

In addition to working across sites and the easy reporting the radiologist praise the appointment process: Our scheduling was done before with a big appointment book. Today we send SMS and e-mail as appointment reminder to the patient. What a quantum leap." While the patient calls up the reception discussing the details, he gets automatically a message from the system to the saved phone number or mail address. Dr. Hohl is convinced that this is perceived as very professional and is well-received. "The central scheduler is a huge relief for our team, because we have an overview at any time, where and what happens and what is planned next. I can react therefore much better to the call-up from a colleague from the hospital, giving him a new appointment already during the phone call and entering it into the system, without having to consult the colleagues at the registration. Appointments in the out-patient setting are a big issue as regards to availability - when you call up today, your appointment will be in six or seven months - hence it is important to fill gaps when moving appointments and to schedule devices, technicians and physicians optimally.

The central RIS Solution has proved itself

The medavis RIS has been introduced in two steps in the two facilities MVZ and St. Marien Hospital. The first part of the installations went live with the opening of the new rooms of the MVZ in July 2014, the go-live for the St. Marien Hospital was in February 2015. The imaging center in the hospital has in the past documented in the Hospital Information System (HIS), but it has not provided enough functionality for the doctors. For medavis was well known from previous jobs, the persons responsible has decided after a short selection process for the known and established system. "Regardless on which site a person does his work, the data of the central RIS installation shall be available - of course depending on the permission configured in the systems," explains Dr. Hohl the requirements before system launch. "In January 2017 we will connect a third site digitally with medavis." In the hospital, the implementation was challenging whereas it went smoothly in the MVZ. The reason as Dr. Hohl sees it, was fear of changes. Even if the HIS did not provide what was needed, it was a known system in the end. Furthermore, the known processes and structures are rigid and there has been resistance in giving them up. It ran smoother in the MVZ because everything could be defined anew. Doctors like Dr. Hohl who work at both sites get along well in the system after accommodations in the beginning. "Obviously not everything worked well on the first day. But we received a good support during the early stage, both via phone and on site, which had a positive effect on the acceptance. The chemistry simply was right between medavis and our employees." Not every wish the doctors have had in the beginning was implemented, one had to comply with the possibilities of the system here and there. Dr. Hohl values this positively in retrospect. "My work today is so pleasant, I do not ponder on how I work with RIS. It simply does not spite me and has become an obviousness in my daily life."

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