# Current Working Practice Overview

This section gathers information based on current working practices, this can help Wellbeing Software advise or highlight system functions which can help the department and also allow the training to be tailored to the customer.

VETTING

This section enables Wellbeing Software to assess the current approach to vetting according to IRMER guidelines, and whether this is likely to change with the new system.

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| Are request cards / Orders vetted via the current RIS, or is this still a mostly paper based exercise? |  |
| Does vetting only occur in certain modalities – i.e. CT / MR etc. or for all modalities? |  |
| Do Radiologists undertake Vetting, or is this undertaken by Radiographer working to Departmental RCR guidelines? |  |
| Are protocols specified for procedures via request cards, or electronically? |  |
| Any additional comments? |  |

APPOINTMENTS

This section asks generic appointment questions and allows Customers to describe how they work / envisage working on CRIS. Its main use is to help the Trainers focus on your working practice but can also encourage customers into thinking about current working practice and system use, ahead of defining future state workflows .

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| Are Request cards booked onto Waiting Lists / Pending Lists or do you use a Partial Booking system? |  |
| Are Request cards entered into the system upon receipt, or are they vetted on paper first? |  |
| Are appointments booked for all modalities? |  |
| Are they put on the system? |  |
| Do you book appointments centrally or do patients call to book upon receipt of a letter? |  |
| Are appointments allocated to a specific resource / person via the current RIS? |  |
| How are DNA’s handled? |  |
| Are appointments pre-registered prior to the patient’s arrival? This is not recommended in CRIS. |  |
| Any additional comments? |  |

RECEPTION

It is assumed that the CRIS solution will be interfaced to PAS / HIS / PMI. How do you currently maintain patient information?

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| Are new patients currently registered via the RIS or via the PAS/HIS/PMI? Please describe the process. |  |
| Are demographic updates applied to the RIS, or via the PAS/HIS/PMI |  |
| How do staff predominantly search for Patients (Hospital No, Surname, Forename, DOB, Other Identifier) |  |
| Is an Order Communications/Electronic Requesting system already in use via the current PAS/HIS?  If ‘YES’ please specify existing if requests are currently processed electronically, or printed and processed manually?  Please also advise if exams can be modified / added on RIS and OCS will be correctly updated, or whether requests have to be cancelled and reordered via OCS? |  |
| If OCS is not currently in place - does Order Comms form part of this project? |  |
| Any additional comments? |  |

POST PROCESSING

The Post Examination (or Radiographer’s module) is used to capture information about the Examination.

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| Is relevant processing information about examinations performed entered onto the system, or handled on paper? |  |
| What information is currently recorded? For example:   * Examination Room * Radiographer(s) Details * Start Time/End Time of Exam * Contrast Details (Drug): including Batch id, Injected by, Quantity/Concentration, and Contrast Reaction etc. * Screening time * Examination Dose - Individual views (KVp, mAs) or overall dose? * Type of Film used, number used/rejected, and reject reasons * Stock - such as catheters, stents etc. * CT specific info such as Slices/Disk etc. |  |
| Is this information predominantly entered by radiographers or sonographers, or more often by radiographic aides? |  |
| Any additional comments? |  |

NUCLEAR MEDICINE

This section is only applicable if the CRIS Nuclear Medicine Module will be implemented at go-live.

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| Does the department work from Vials, or are individual syringes delivered on a daily basis? |  |
| Does the department make appointments for patients electronically, or is this still via paper diaries? |  |
| Does the department allocate one appointment time for the injection/blood sample, and then a separate appointment time for the examination/procedure itself?  Or alternatively does the department just send out an appointment asking the patient to arrive for the blood test/injection, then verbally advise the patient when to return for the examination/procedure? |  |
| Any additional comments? |  |

CLINICAL REPORTING

This section should only be completed if Clinical Reporting will be undertaken via the RIS System.

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| Are Clinical Reports dictated using Digital Dictation or Voice Recognition or a mixture of the two in operation? |  |
| If a Digital Dictation/Voice Recognition system is in place:   * What type of system is it? * Who is the supplier? * How long has the system been in operation? * Is this a Organisational wide system, or is it only in operation at certain sites? |  |
| What patient identifier does the reporting consulting use when dictating (i.e. Attendance number, Computer/X-ray Number, Hospital Number etc.)? |  |
| Alternatively, if PACS Worklists are in use:   * Is the process RIS or PACS driven? * Are requests/exams allocated to individuals, or reporting groups? |  |
| Are auto text phrases or coded phrases in use, and if so, are these phrases consultant specific? |  |
| Are diagnostic or museum coding structures in use (i.e. ACR, READ, Site-specific etc.)? |  |
| Are reports dictated, typed and verified using specific batch codes? |  |
| Do secretaries print reports one at a time as they are generated, or in a batch at the end, and or following verification? |  |
| Are reports verified electronically or manually verified by consultants? |  |
| Can unverified reports be printed via the existing system? |  |
| Is the customer operating a paper lite process with most results being transmitted via downstream results (3rd party interfaces to systems such as PACS, OCS, EPR, GP results etc.) |  |
| Is an Obstetrics Ultrasound module in place on the RIS system? Alternatively, is a separate Maternity ultrasound system in use, and if what information is cross-referenced between RIS and the 3rd party system? |  |
| Do Sonographers produce their own reports on the RIS system, or are they typed by secretaries? Alternatively, are reports generated on paper not the system? |  |
| Any additional comments? |  |

RIS System Administration

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| Is the current RIS System Managed by the Radiology Department, or the IT department (or a 3rd Party Provider) or a mixture of the two? |  |
| If the system is managed by a mixture of Radiology and IT what functions are managed internally vs. externally (i.e. Patient Correction and Diary Set-up vs. User Accounts and Password resets) |  |
| Is the RIS currently deployed at a customer level, or part of a consortium / datacentre? |  |
| Any additional comments? |  |

Statistical Reporting

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| Is statistical reporting undertaken by the Radiology Department, or by IT / Finance departments, or a mixture of the two? |  |
| If the system is managed by a mixture of Radiology and IT / Finance what types of reports are generated internally vs. externally? |  |
| Does the Customer have a current ODBC connection to extract statistical information into a central repository? |  |
| Any additional comments? |  |

GENERAL COMMENTS

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| Are there any general comments regarding working practice which may be relevant to the CRIS deployments – i.e. current workarounds which are required, and may need to be assessed against new CRIS processes?? |  |

CURRENT RESOURCES

For training purposes please state the numbers of current resources as follows:

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| --- | --- |
| Radiographers |  |
| Sonographers |  |
| Radiologists |  |
| Reporting Radiographers |  |
| Reporting Sonographers |  |
| Clerical Staff |  |
| Radiographic Assistants (RDA’s) |  |
| RIS System Managers / System Administrators |  |
| Any other Clinical / Clerical Users as applicable – i.e. Other Departments such as Cardiology, Radiotherapy etc. |  |

# Document Control

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