## Kodak's Project Management Team Solves Challenges of Shared PACS at Nonprofit Hospital, For-Profit Clinic



Kodak's Project Management team adeptly handles PACS installations of all sizes and complexities. A Kodak team recently coordinated the implementation of a shared PACS that involved a nonprofit hospital and a for-profit clinic. This project involved resolving issues related to separate medical records, patient registration and billing systems—as well as interfacing the PACS equipment with image-capture systems at each facility.

This project began when Marion General Hospital, a 125-bed facility in Marion, Ohio, decided to share a PACS with Marion Area Health Center, a large independent outpatient clinic across the street.

While sharing radiology services and PACS made fiscal sense, it created challenges in terms of project management. In addition to separate medical record numbers and systems, each facility had its own board of directors, its own radiology director and its own Information Systems staff. And each was focused on a different type of service: inpatient radiology at the hospital vs. outpatient radiology in the clinic.

To bring the various parties together, the Kodak project manager established a PACS implementation team, then held biweekly PACS project meetings. "We used those meetings as an opportunity to work through complex issues and come up with resolutions that met the needs of both facilities and all users," says Kodak's Cal Jones.

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## MANAGEMENT RESPONSIBILITIES

As project manager, Jones took responsibility for several aspects of the PACS implementation:

- Coordinating the biweekly PACS team meetings
- Communicating with all systems users—from radiologists to IT staff and technologists
- Resolving networking issues
- Supervising the interface between the PACS and the hospital's HIS system; and
- Training

He was careful to recruit a balance of radiology and IS professionals, both of whom are critical to a successful PACS implementation. "Without that balance, you end up with a poorly designed or undersized image transmission structure," he says. "That can lead to delays in network traffic. And when the network doesn't function, no one is satisfied with the performance of the PACS."

Kodak's team validated the interfaces to imaging modalities and the hospital's IDX information system. "The team helped both IT staffs work out interfaces with patient registration systems and billing systems, and played an integral role in facilitating everything from where to run the network drops to determining the best locations for the diagnostic workstations," notes Michael Greeley, Marion General Hospital's vice president of operations.

## "EXCELLENT ADVICE"

"Kodak's project management team provided excellent advice regarding the IS challenges associated with the PACS and helped us avoid potential pitfalls," adds Chuck Tudor, Marion Hospital's IS manager.

Today the PACS is a model of efficiency. It provides instant access to radiology exams performed at either location. Prior exams are fetched automatically by the system when a patient checks in, and are transmitted with the current study for reading. Images and radiologists' reports from both facilities are available throughout the network. Manual data entry by technologists is minimal since patient demographic information for each exam is downloaded from the hospital information system.

## IMPLEMENTATION IN PHASES

Implementation of the shared PACS was completed in phases. Digital modalities were connected first: CT, then ultrasound, MRI and nuclear medicine, since physicians were already used to looking at images from them on computer screens. Learning to use the PACS interface with such images minimizes the impact of the change. "We finished up by bringing computed radiography on board, because that has the biggest impact on radiologists," says Jones.

When CR images first became available on Kodak diagnostic workstations, they were also printed to film using KODAK DRYVIEW™ laser imagers. "There was a short period when users had access to images both ways. We used that transition period to educate the users about the differences between film and soft-copy display," Jones explains.

"What we bring to the table is the experience of working with many different hospitals in implementing PACS," Jones says. "Every installation is basically a custom implementation. The workflow is always different. A facility that doesn't have experience in transitioning from analog to a digital system will spend a lot of time and resources solving issues that can be avoided—if you have been there before."

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