

Reducing Exposure to Radiology Lawsuits

A New Role for Radiology Information Systems

By: Randall Swearingen

It is an unfortunate fact that we live in a world where lawsuits (frivolous or not) are all too common. In years past, radiology departments purchased a radiology information system (RIS) to help them increase productivity, to become more efficient and to better manage their department. Today, a good RIS is not just a management tool but rather a line of defense to prevent or minimize the impact of potential lawsuits. Consider these four real world examples.

Case 1 (RE: critical results): A patient is referred for a routine chest xray as part of a physical. The radiologist is inspecting the digital image of the chest xray and notices a mass in the patient's left lung that was not there in prior xrays.

Good Scenario: The RIS has the ability to track critical results so the radiologist flags the result as critical with a single mouse click. The RIS immediately begins tracking the elapsed time and moves that result to the top of the radiologist worklist until the referring physician is notified. Thus, the RIS ensures that the critical result will not fall through the cracks. Once the referring physician has been notified, the RIS documents who made the contact and at what time.

Bad Scenario: There is no RIS or it does not have the ability to track critical results. The radiologist is enjoying a fresh cup of coffee when he sees the mass. He reaches to pick up the phone to call the referring physician and tips over his cup and it spills all over his lap. In pain from the hot coffee, he immediately gets up to head to the restroom but he leaves the xray up on the monitor to remind him to call the referring physician as soon as he returns. While he is gone, the PACS Administrator happens to walk by, sees the confidential patient data displayed and unattended so to avoid potential HIPAA issues, he logs the workstation out. The radiologist returns to his workstation but is still frustrated from his little accident. He logs back in and goes about his normal business forgetting that he had a critical result to attend to. Needless to say, when the referring physician is eventually informed about the mass, he/she is furious that the notification did not occur sooner. Now the patient is off on a month long vacation to Africa. A lawsuit results.

Case 2 (RE: confidential patient data): A highly famous actress is on vacation at the Grand Canyon. She slips and falls and breaks her leg and is rushed to a local hospital.

Good Scenario: The RIS has the ability to designate a patient as a VIP and thus hide all patient information from all staff members except those with administrative rights. The patient's confidential data is protected and invisible to all except those who need to access it. The actress is treated and resumes her vacation uneventful.

Bad Scenario: There is no RIS or it does not have any VIP designations. One of the xray techs happens to be a huge fan of the famous actress so he discretely accesses the actress' patient information and learns that she indicated that she is six weeks pregnant (which the actress was keeping confidential). The tech, out of excitement, posts the big news on his facebook page about his favorite actress. A lawsuit results.

Case 3 (RE: patient allergies): A 48 year old female patient had a near death experience one year ago from a reaction to contrast media during a CT exam. She got married 3 months ago and has a new last name on her driver's license, credit cards, etc. She is now unconscious in ER and the ER physician is requesting a CT of the Head with Contrast.

Good Scenario: The radiology staff tries to create a new patient record in the RIS but it rejects because of a duplicate SSN. They look up the SSN and find the patient (under a different last name). The RIS has the ability to store patient allergies so as they access the patient record, an allergy alert pops up and notifies the staff of the pending disaster and an alternative exam is ordered by the ER physician.

Bad Scenario: There is no RIS or it does not have the ability to store and pop-up patient allergies. If there is no RIS, the odds are that the patient's original index card, with any allergy notations, will not be found because it's under a different name. If there is a RIS, but it does not automatically pop up allergy alerts, the staff is totally unaware of the pending disaster. Thus, the patient is given contrast media and has another life threatening reaction. A lawsuit results.

Case 4 (RE: patient radiation dosage): The radiology department at a local hospital gets a call from an attorney who is preparing to file a lawsuit against the facility. Mrs. Jones, a 25 year old pregnant female, has just been diagnosed with cancer. The attorney claims that the facility has administered multiple radiology exams to Mrs. Jones over the past twelve months and is suggesting that the amount of radiation dosage that she has been exposed to is the cause for her cancer.

Good Scenario: The radiology department has a RIS that tracks patient radiation dosage and is able to quickly produce a detailed report on the radiation dosage that Mrs. Jones has received in the past twelve months. The dosage is considered insignificant and the lawsuit is dropped.

Bad Scenario: There is no RIS or the existing RIS does not have the ability to track radiation dosage. The radiology manager then has to determine which exams Mrs. Jones has had in the past 12 months, research the radiation dosage for each exam and then produce a report of the findings. Unfortunately, this process can take days if not weeks. Meanwhile the threat of the lawsuit looms.

These are just a few of the many legal risks involved in the day-to-day business activities of a radiology department. Fighting a legal battle and beating it can cost hundreds of thousands of dollars. Losing a legal battle can cost millions. In recent years, RIS systems have come to be thought of as commodities and that they all have pretty much the same features and functionality. That belief is similar to believing that physicians are also commodities. Obviously, there are good ones and not-so-good ones and the difference between the two can be astounding. Similarly, a good RIS can protect and ensure the successful future of a radiology department.

Randall Swearingen, M.B.A. is the President and CEO of Swearingen Software, a developer of Radiology Information Systems since 1984. He's authored numerous articles in radiology publications. Medical Imaging Magazine once labeled him as "A Thought Leader in the field of RIS".



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www.swearingensoftware.com
(800) 992-1767

