



MIDCENTRAL HEALTH

General Department Opening Hours

**8.30am till 4.00pm
Mon, Tues & Fri.**

**9.30am till 4.00pm
Wed & Thurs.**

One of the busiest parts of our department, this service is open to all GP general radiography referrals including ACC work. No appointment is necessary.

There are two well equipped x-ray rooms specifically for GP patients and access to more if we're really busy! One was refurbished in 2005 with plain film equipment. The other is our pride and joy... the new DR Diagnost by Philips. In this digital room, images can be assessed for diagnostic quality within seconds of being taken.

5 MINUTE PROFILE

Nuclear Medicine Scintigraphy

MidCentral Health has a small and efficient Nuclear Medicine department. Referrals can be faxed direct to 350 8453 or posted.

WAITING TIMES:

*Rest/Stress Cardiac scans (routine): 6-7 wks
All other routine scans:
1 ½ to 2 wks
Urgent: ASAP*

REPORTS:

Under normal circumstances reports are done within 12-24 hrs of the scan. They are sent straight to referrer's HL7 Healthlink address or faxed. Internal referrers can find reports on Éclair. Urgent reports are both faxed & sent on Healthlink immediately.

Two new faces...

We would like to introduce Howard Nicholson and Nadia de Castro.

Howard is our new Project Manager RIS/PACS and is responsible for the overview and co-ordination of the implementation of the RIS/PACS system. His part of the project is expected to take a full year. He comes from a science research background and is experienced in large scale IT and communication projects.

Howard says this is a major project for MidCentral Health. The biggest change for medical imaging will be the replacement of hard copy film with digital images. This will be a vast improvement in how the department works and will give improved, timely access to information. Not only will the imaging be quicker to acquire, but there will be several steps eliminated in the process of getting x-rays to the radiologists for reporting.

For such a large project, success depends on the involvement and commitment of those involved – as we say – buy-in of staff. He knows that change can be disruptive and the work stream leaders are working hard to minimise that disruption.

First up is the implementation of RIS in early October. This is the IT part of the project. Information Systems already have the hardware in place for this. Howard is being helped by a workstream team who are all leaders in their fields – so called "workstreams". The leaders help by driving each work stream towards implementation. Amongst others, these include reporting, facilities, training and testing.

Nadia de Castro joined the Medical Imaging team in March as the RIS/PACS Administrator. This new permanent position is integral to the project. Her role is to assist with co-ordinating the RIS/PACS implementation and then ensure its ongoing reliability and performance. She has been busy getting the user interface of RIS customised to our needs. Nadia has been consulting with all departments of our service to understand work processes and combine the multiple everyday administrative tasks that will be integrated into the RIS system.

We welcome both Nadia and Howard to the Team.



The Ultrasound Service...

WHO ARE WE?

The Ultrasound Service is a multidisciplinary team of Radiologists, Sonographers, clerical staff and Consulting Specialists.

The team is lead by Lucy McKinnon who is supported by four sonographers: Marion Lane (echocardiograms); Rebecca Witteman; Susan Donald (currently on maternity leave); and trainee Bridgette Yule, who is studying hard for her final exams later this year.

Our doctors include Radiologists: Drs Goulden, Dixon, Jackson and Thomas who also work with locum radiologists; and Obstetrician & Gynaecologist Consultant, Dr Steven Grant.

We provide training programmes for sonographers (two new trainees to begin this month) and for Radiology and O&G registrars.

EQUIPMENT:

We use three high grade ultrasound machines. Our two main ultrasound units are a Toshiba Aplio and a GE logiq which is due for replacement in this financial year and a Philips HDI 4000 for obstetric and gynaecology scanning, which lives in Women's Health.

WAITING TIMES:

Waiting times are always a challenge for the service which receives around 12,000 referrals per year. Referrers are encouraged to keep in close contact with Lucy should they have concerns about the waiting times, as a limited number of appointments are left weekly to ensure that there is space for those in the most need. These spaces do full quickly and most days the acute need from within the hospital increases sessions beyond capacity. Waiting times are a leading priority for Medical Imaging and continued strategies are used to minimise the inconvenience for referrers and patients. All scans are overseen by our radiologists and as a result, waiting times are directly related to international radiologist shortages.

Current waiting times are:

- Semi-urgent: 4-6 wks
- Routine abdomen/renal/pelvis/thyroid: 8 mths
- Routine carotids: 9 mths
- Renal artery Doppler studies (outpatient clinic referral only): 8 mths
- Peripheral vascular Doppler studies (outpatient clinic referral only): 3 mths.

REPORTS:

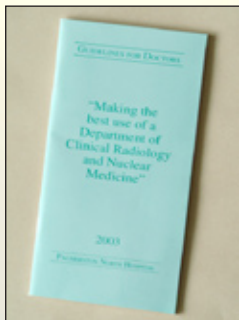
Under normal circumstances, reports are dictated within 12-24 hrs of the scan. They are sent straight to the referrer's HL7 Healthlink address or faxed. Internal referrers can find reports on Éclair or PIMS.

Helpful publication

Guidelines for Doctors

"Making the best use of a Department Of Clinical Radiology and Nuclear Medicine"

This slim teal coloured booklet helps the doctor choose the correct exam for the patient. Whether Radiographic, CT or ultrasound. It is an excellent introduction to the service we offer and is meant to help in the decision making process. We recommend all referrers have one. If you do not already have one it is available on request from the department.



New website

www.midcentraldnhb.govt.nz

The new MDHB website is up and running. Medical Imaging is accessible through Patients and Visitors: and then Palmerston North Hospital link.

As it develops we will have information about our services, links to each department and information for patients.

You will have the ability to download procedure information sheets.

Healthlink electronic mail boxes

Already most practices have Healthlink electronic mail boxes to which x-ray and scan reports are sent electronically. We are aware that the current system has its imperfections but with your feedback we can work to improve on these. If you have a new Healthlink address or a new doctor please let our database administrator know so we can update our records. You may contact Sharon Piggott at 350 8589 or email her at sharon.piggott@midcentraldnhb.govt.nz

Back pain, red flags and the six week rule...



Did you know that we have a six week rule regarding patients referred with acute back/neck pain. Refer "**Guidelines for Doctors.**"

SIX WEEK RULE:

Your patient may be referred back to you if their referral does not justify the examination. For people with acute pain but no history of major trauma, X-rays seldom show relevant findings. Exceptions may be older people with possible vertebral collapse or those on long term steroids.

This is backed up by the New Zealand Guidelines group and ACC, who say:

"Investigations in the first 4-6 weeks do not provide clinical benefit unless there are Red Flags present. Radiological investigations (X-ray and CT scans) carry the risk of potential harm from radiation-related effects and should be avoided if not required for diagnosis or management. Red flag pathology may lie outside the lumbar region and so may not be detected with radiology"

Acute Low back Pain Guide, New Zealand Guidelines group and ACC October 2004. p.6

RED FLAGS

Red Flags are clinical signs and symptoms that help identify potentially serious conditions, such as cancer or Cauda Equina syndrome. Some Red Flags are listed on pg 20 of our guideline booklet. Others are accessible through the guidelines group website at www.nzgg.org.nz/

Remember an average Lumbar spine X-ray series delivers the equivalent of more than one year's background radiation.

RIS/PACS project...

The RIS/PACs project in Medical imaging is well under way.

WHAT DOES RIS/PACS MEAN?

RIS stands for **R**adiology **I**nformation **S**ystem. Its core function is to store text information on patients and their medical imaging examinations/reports. It also includes its own scheduling system. The aim is for an integrated information and imaging system.

PACS stands for **P**icture **A**rchiving and **C**ommunications **S**ystem. It includes data storage devices, image display hardware and database management software. Leading to all medical imaging being stored electronically and accessible for radiologists and in house referrers from outpatient clinics, operating theatres and wards.

CR stands for **C**omputed **R**adiography which enables plain film radiographs to be acquired and stored digitally on the PACS system. The aim is towards a filmless chemical-free system.

There have been a number of tasks and activities taking place over the last few months.

- The business case has been approved by the Minister of Health.
- Carestream Health has been signed.
- Howard Nicholson and Nadia de Castro have been appointed.
- Penny O'Leary, Group Manager and John Goulden, Radiologist, have been confirmed as Project Sponsors.
- Meeting of the Steering Committee and Project Team.
- After the week long workshop with Carestream in May, analysis of future workflow processes are being identified and the RIS computer screens are being developed.

If you have any comments or questions about the project, please contact Di Orange, Team Leader, Medical Imaging or Howard Nicholson on ph 350 8700.

Medical Imaging contacts...

Have you got a problem or need some help with our service.

These people can assist:

- Kevin Smidt – Clinical Director/Nuclear Medicine Physician, ph 350 8454 or email kevin.smidt@midcentraldnhb.govt.nz
- Di Orange – Team Leader, ph 350 8704 or email diane.orange@midcentraldnhb.govt.nz
- Mandy Smith – Radiology Coordinator
- Donna Rose – Admin Coordinator
- Janine Hall – Bariums/Angiography
- Jacqui Cook – CT
- Gayll Rasmussen – Mammography
- Lucy McKinnon – Ultrasound
- Fiona Burleigh – Newsletter Editor.

These people are all contactable on ph 350 8700.

We also invite comment from referring doctors, either directly to us or via your representatives on the Medical Imaging User Group which meets six monthly (next meeting to be confirmed).

The user group consists of:

- Kevin Smidt – Chair
- John Goulden – Radiologist
- Jeff Brown – Paediatrics
- Helen Cosgrove – Emergency
- Steven Grant – Women's Health
- Andrew Herbert – Gastroenterology
- Jerry Varghese – Mental Health
- John Bourke – Geriatrics
- Juriaan de Groot – Rehabilitation
- Michael Hodges – Anaesthetics
- Mike Young – Surgical
- Richard Lander – Orthopaedics
- Warren Nicholls and Andy Greenway – General practitioner representatives.