

Patient safety at Risk

The fallout from disjointed hospital
systems and siloed knowledge



David M. Wright, CDH-E
Founder & CEO, Disruptive Innovations &
Disruptive Innovators Media Brand



INTRODUCTION





About Me

- Live in Brooklyn, NY
- Computer Nerd
- Husband + Girldad x2
- Serial Entrepreneur
- Active in HIMSS & CHIME Foundation Member
- CHIME Certified Digital Health Executive (CDH-E)

Some of Our Customers

EMORY
HEALTHCARE

RWJBarnabas
HEALTH



PennState Health

Summa
Health™

Kettering
HEALTH

capitahealth

OSF
HEALTHCARE



About Disruptive Innovations

- Founded in 2018 in NYC
- Digital Business & IT Consulting
- Heavy Healthcare Focus
- CX / Patient / Human Experience Advocacy





Join us as we uncover the approach and expertise needed to tackle such complex challenges and restore sanity and safety in healthcare.

Case study: The Lagwood Medical Institute PACS LATENCY Evaluation

Background:

Lagwood Medical Institute (LMI) is a sprawling academic health system with a storied history of providing exceptional care to the citizens of Lagwood and beyond. Despite its many accolades, LMI's Radiology division was struggling with a series of misadventures, primarily due to latency, interoperability challenges and image transfer issues.



key stakeholders



Dr. Ima Blinkmore
Chief
Radiologist



Dr. Hugh Mann
Chief Medical Officer



Penny Pincher
Chief Operating Officer



Wanda Workflow
Manager of Radiology
Operations



Chip Clicker
Chief Information Officer

LMI's BIG Problem

Slow System Performance of Picture Archiving and Communications Systems (PACS\CPACS Imaging Systems)



Client Background:

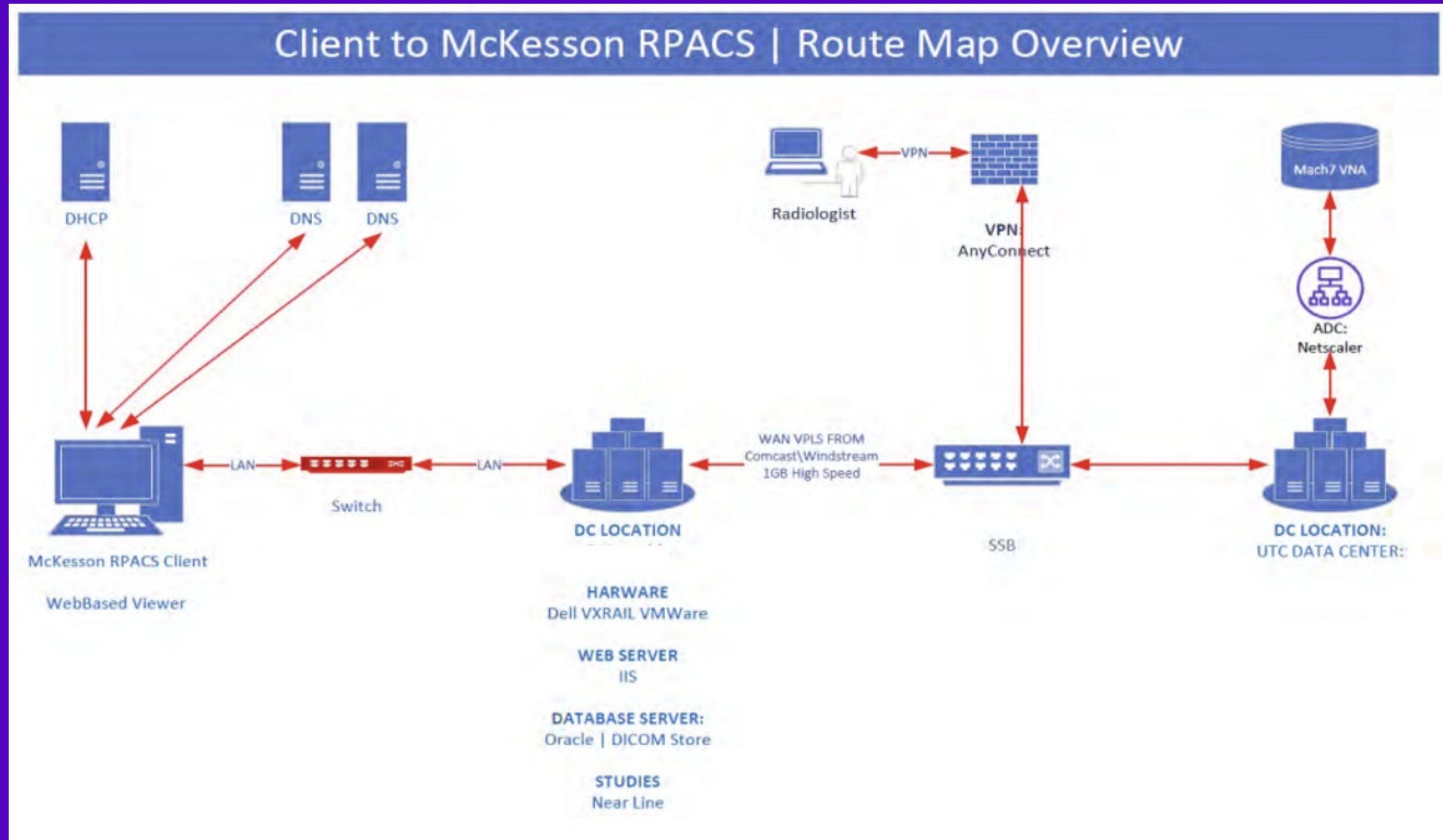
LMI , a multihospital academic health system serving a large patient population, reported significant latency in DICOM* imaging load times, impacting both radiology and cardiology workflows for internal and teleworkers.

Impact on Healthcare:

Slow imaging system performance can result in delayed diagnoses, heightened patient anxiety, and physician frustration, ultimately impacting the quality of patient care. In some situations, timely access to imaging can be crucial for patient outcomes.

*DICOM - Digital Imaging and Communications in Medicine

The international standard for the acquisition, storage, printing, and transmission of medical imaging data and information. DICOM files contain image data, such as X-rays, CT scans, MRI scans, and ultrasound images, as well as associated metadata like patient information and image acquisition details.



INITIAL ASSESSMENT AND ENGAGEMENT OVERVIEW



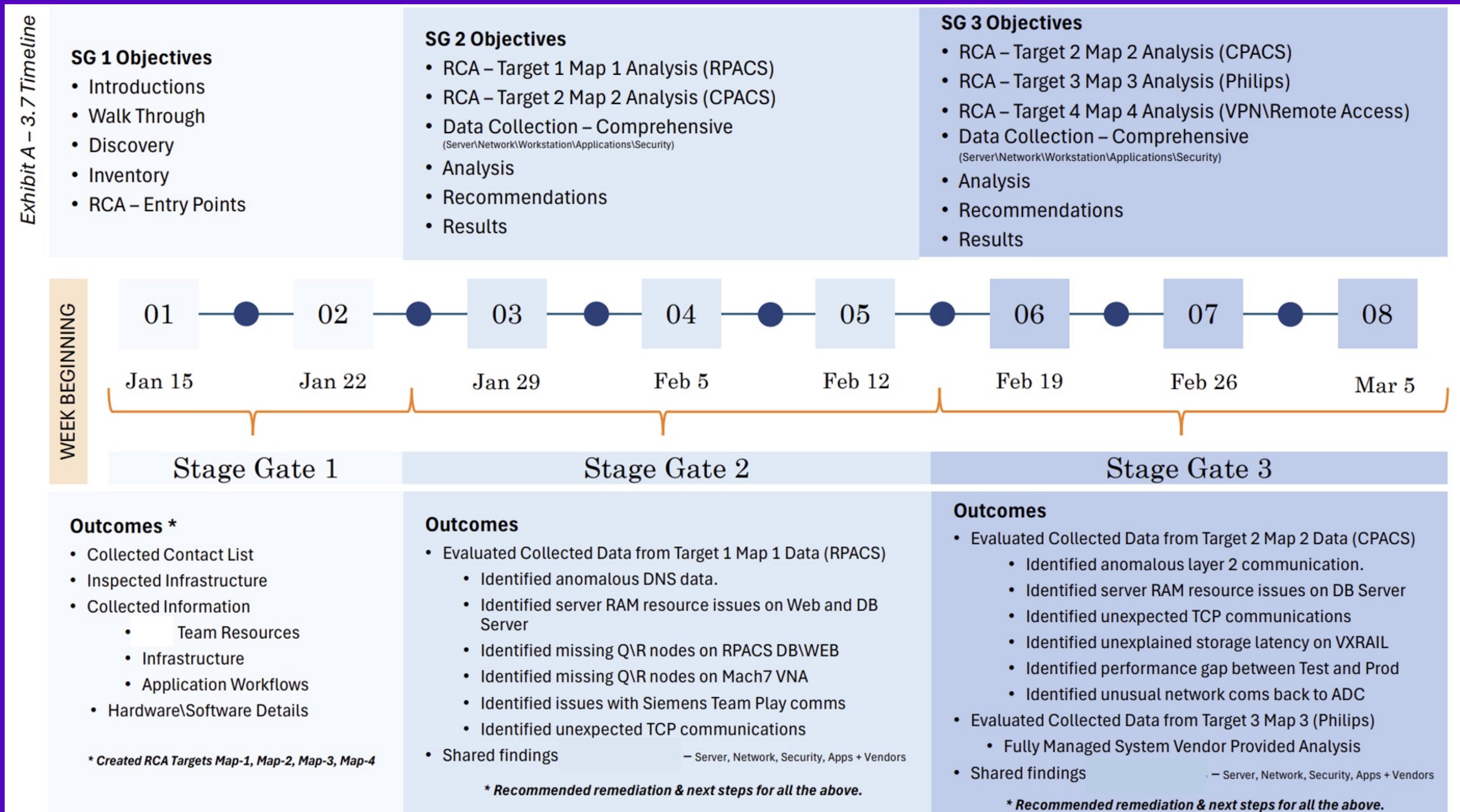
Engagement details



Our team was initially engaged for a 12 week period, including a multidisciplinary team of technical experts - a physician (ex-CIO), project manager, and system architects (ex-CIO), healthcare leadership, and the hospital's internal staff.

Engagement details

Exhibit A – 3.7 Timeline



discovery findings (Layer 3)



- Much of what we were told was wrong; bad data
- We expected 3 PACS systems - we found 5
- Acquisition after acquisition with expedience – barely any assimilation
- Fragmented IT groups / Ego / Politics
- Kept old systems... What's the priority?
Spin the wheel!
- IT not included in important conversations + initiatives
- Culture of Distrust and Fear



- Problem #1: Clinicians using the PACS/CPACS
 - Cardiology system: PACS component: doppler ultrasound cine loops
 - OAD worklist: thumbnails weren't populating – couldn't see them.
 - Loading like on dialup modem
 - Click: screen supposed to go full screen; Cine loop not loading; super slow
- Problem #2: Images from PACS not available to clinicians when they're doing rounds (and other places remotely)
 - Why that morning: took 2-3 minutes, 10m to open a case; reduces number of cases they can handle each day



- QoS: SMB Dell Storage: Windows Server; EMC; thumbnails sometimes being served on MRI, sent to SMB server
- The point: someone had to go to each one of these places, instrument it, and figure out what was actually going wrong

Discovery Findings (Technical)



- Outdated documentation
- Insufficient vendor support and accountability
- Lack of application performance monitoring tools
- Hardware w/ inadequate capacity
- Misconfigured system settings
- Outdated system requirements
- Network inefficiencies stem from legacy configurations.

Technical Evaluation Methodology: A systematic troubleshooting approach



Central to Peripheral
Approach



Daily Huddles / Agile
Methodology



- Root Cause Analysis (RCA)
- Performance Monitoring Tools
- Hardware and Network Assessment
- Vendor Collaboration

DETAILED FINDINGS & SOLUTIONS



Issues Found & solutionS Offered

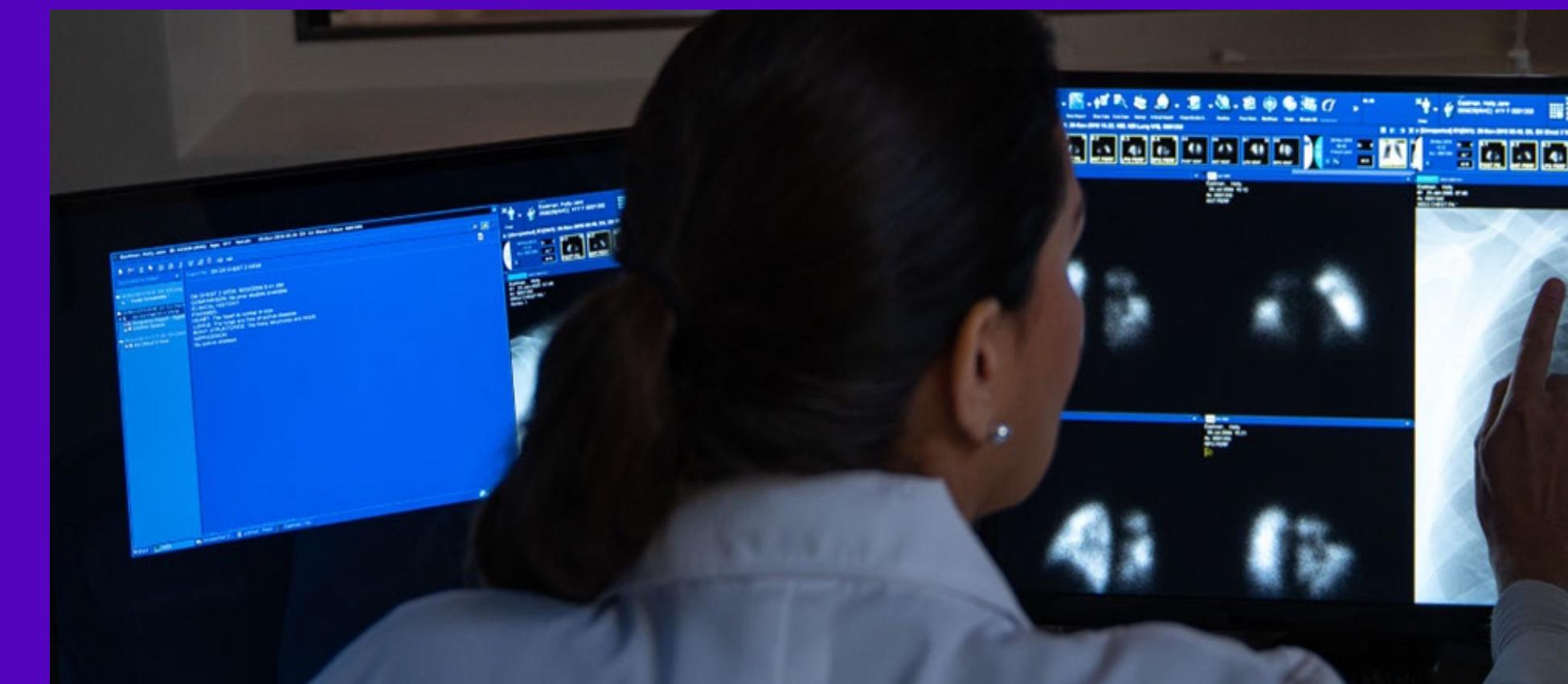
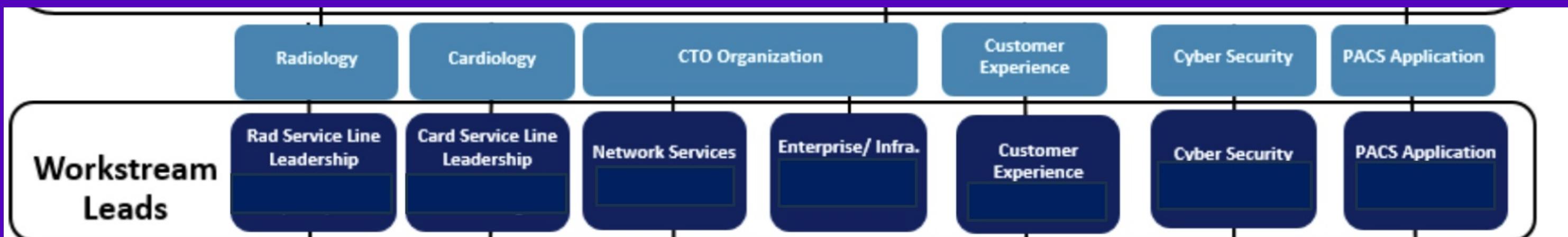
McKesson PACS

Issues:

- Hyperconverged Hardware underestimation
- Resource contention
- Configuration inaccuracies
- Out of date configuration to archive server
- Database servers were inadequately provisioned

Solution:

- Comprehensive system review, reconfiguration, workload assessment and resize, and hardware upgrade recommendations.



Issues Found & solutionS Offered

McKesson Cardiology PACS

Issues:

- Suboptimal configuration of web and repository SMB storage servers
- Recent changes to architecture (centralized to distributed) have led to inefficient system communication and extra WAN calls over slow links
- Database servers were inadequately provisioned

Solution:

- Redesign deployment architecture to centralized model and collaborate with vendor for optimal network vs SMB storage settings.
- Recommended system upgrade to latest version to take advantage of SMB vs WEB download capabilities.



Issues Found & solutionS offered

Philips Radiology Remote Access:



Issues:

Suboptimal network performance over VPN.

Solution:

Enhance network collaboration, optimize routing configurations, optimize load-balancers, and implement WAN optimization technologies. Identified misconfiguration with carrier.

Issues Found & solutionS Offered

VPN/Remote Access:



Issues: Network congestion and misconfiguration. Identified misconfiguration with carrier causing loops with cyber equipment and internal/external routing leading to lost packets, and retransmissions.



Solution: Comprehensive network review, traffic prioritization, routing clean-up, and capacity planning.

IMPACT & RESOLUTION



Immediate outcomes



Memory and Configuration Fixes: Addressed memory deficiencies and inaccurate configurations, leading to improved performance.



Network Optimizations: Reduced latency and improved remote access experience through network reconfiguration.



Vendor Neutral Medical Archive Configuration Fixes: Addressed configuration issues with multiple vendors, leading to immediate improvement in prior image retrieval for radiologist.

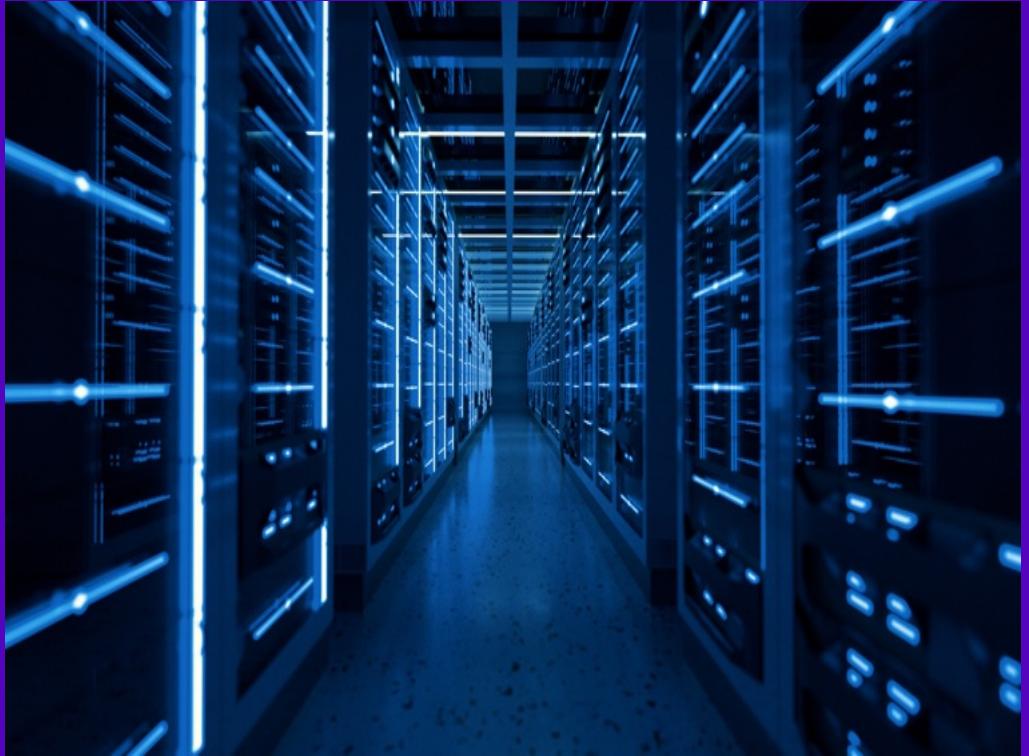
LONG-TERM RECOMMENDATIONS



Performance Monitoring
Framework



Storage and Network
Enhancements



Collaborative Planning

SUMMARY & CONCLUSION



How we helped



Collaborative Effort



Systematic Approach



Complexity of Issues

storytime



Testimonials



Chip Clicker
Chief Information Officer



Dr. Hugh Mann
Chief Medical Officer

"We were experiencing latency issues moving and viewing PACS images. Disruptive Innovations brought us a team of radiology and networking experts who provided both immediate and sustained improvements."



Dr. Ima Blinkmore
Chief Radiologist

"We still have some work ahead of us, but this exercise helped us get clear on some of the changes we need to make technically and operationally to facilitate better patient outcomes, and to create a better working environment for our clinicians."



Penny Pincher
Chief Operating Officer

"...Lag time has decreased, and so has my stress."

"I know we're doing something right because I've stopped getting calls from our CEO and our doctors."

This dramatic improvement highlights the critical importance and impact of a trusted partner in resolving complex multi-system performance issues in large multi-center healthcare settings.



Help I'm Looking for...

IF YOU'RE PART OF A HEALTH SYSTEM, A
HEALTH INSURANCE COMPANY, OR A
CUSTOMER EXPERIENCE ENTHUSIAST AND/OR
ANY OF THIS IS INTERESTING TO YOU,

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