RIS -REQUIREMENT

Version-II

Abstract

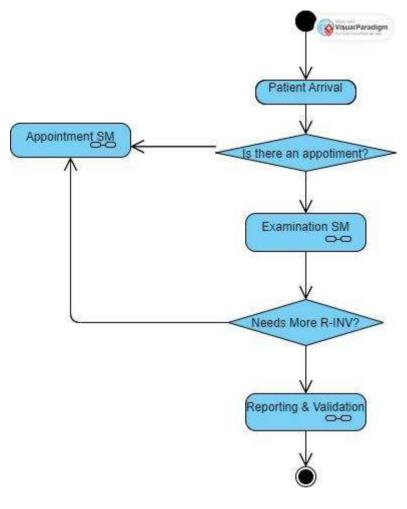
RIS is required for managing scheduling of RADIOLOGY department work load. The current version comprises of scheduling of appointment, examination and reporting.

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Overview

- 1. Patients in radiology department come with recommended radiological investigation (in short R-INV)
- 2. R-INVs are for identification of causes of physiological conditions from which a patient must be suffering. These investigations are performed on specific machines by radiologists who are qualified for particular investigation on specific machines.
- 3. Each patient R-INV has following features
- 3.1 Clinical notes written by doctors recommending these investigations
- 3.2 Pre-condition to be met for the investigation like full bladder or empty stomach etc.
- 3.3 Specific instructions for observing while carrying out investigation

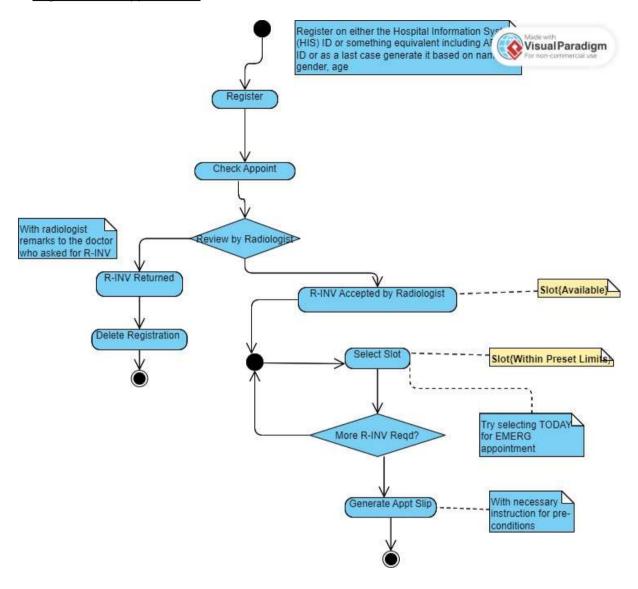


- 3.4 They have priorities i.e normal, urgent and emergency decided by the doctor asking for these investigations. Following factors influence priorities
 - (a) Age of the patient's i.e. below 6 years and above 75 years
 - (b) Service status of the patient
- 3.5 The investigation may or may not be carried out along with other R-INV. Thus, the patient's set of R-INV is editable wherein an R-INV may be deleted or added by doctors as deemed fit
- 3.6 The R-INV in certain situations may be returned to the recommending doctor with radiologist remarks
- 3.7 Each R-INV within patient's R-INV set will go transit under following states
- 3.7.1 Appointed
- 3.7.2 Dropped
- 3.7.3 Examination completed
- 3.7.4 Examined but waiting for report

- 4. A patient may undergo more than one R-INV i.e. X-Ray as well USG. It is also feasible that a particular investigation e.g. USG done under different situations i.e. wherein features stated above may vary. All R-INV mapped to a broad list of ASR.
- 5. R-INV are carried out in the radiology department which comprises various rooms wherein various radiology machines are installed. These machines may be single in number or multiple depending on their cost and complexity. These machines may have technical breakdown rendering them unavailable for a date and time duration.
- 6. The hospital or radiology department has following **OBJECTIVES**
- 6.1 To ensure all patients are accurately investigated without any delay i.e. without any waiting 6.2 No room or machine is overloaded or kept idle
- 7. In order to ensure the above mentioned objectives the department has to ensure highest feasible availability of
- 7.1 Radiology machines
- 7.2 Radiologists

Registration & Appointment

8. Registration & Appointment

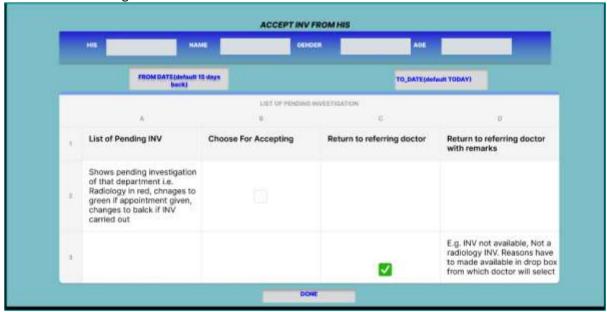


Note: If R-INV is not accepted then it is removed from the list of registered patients.

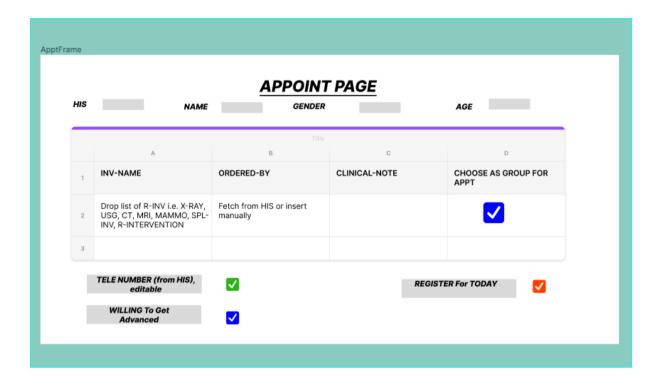
8.1 On patient's reporting to the department his/her basic data is either fetched from HIS (Hospital Information System) or inserted manually.



- 8.2 Based on the basic information, RIS will identify each patient uniquely with no dependency on HIS or equivalent Patient's ID. Though in case HIS was inserted, it will still be able to search the patient.
- 8.3 Post registration, the patient will figure under the following states. Based on which his appointment will be given/returned.
- 8.3.1 Appointed
- 8.3.2 Pending ie no slot was ever given
- 8.3.3 Missed ie slot given but missed for whatever reasons



Note: Once DONE is clicked, we move to Appt Page.



Notes

- INV-NAME, ORDERED-BY, CLINICAL-NOTE: If coming from HIS then auto populate with ability to edit.
- INV-NAME is entered in the next row, ORDERED-BY, CLINICAL-NOTE column should get automatically populated <u>from the previous row</u>.
- If chosen as group for appointment, appoint only if available on the same day.
- Editing telephone number is compulsory and will be updated in HIS (if feasible) when check box is clicked. Same goes for "Willing to Get Advanced".
- The appointment module should be able to limit the number of investigation of each type (X-Ray, USG etc.) on any day. But these number should be flexible with privileges to change limited person with authority.
- Ability to change appointment at the radiology department any number of times. Name of the person changing the appointment and remarks should be provided.

8.4 Slot Allocation

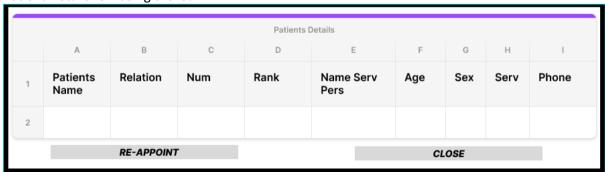
Appointment Slot page opens when date/today is selected. On Appointment Slot Page:

> Patient Details are

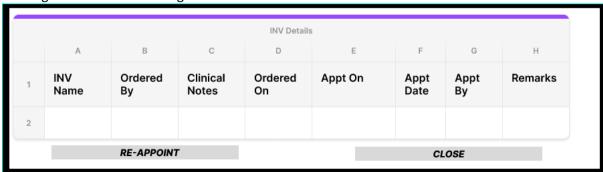


automatically populated on successful search on unique ID used for search.

- Columns can be sorted. Default sorting is per time.
- The slot count is the count of R-INV with same time slot (as preset by authorized radiologist)
- On any day (EXCEPT for TODAY), if the SUM of the slot count of the given slot in appointed
 patients and slot count of the same slot(check marked as well) in proposed patients is more
 than preset limit for the slot, and insist on clicking the "Beyond Preset Limits-Confirm"
- In such cases on Confirm-Appt would put the appointment in ORANGE colour. When putting appointment beyond preset limit, RIS seeks authentication through password.
- When clicking for TODAY's appointment, it should be placed in RED.
- The radiologist should have the ability to authorize certain persons to put additional names for appointment (but the name of the person entering should be saved and option for remarks should be available)
- Patient Details: On being clicked

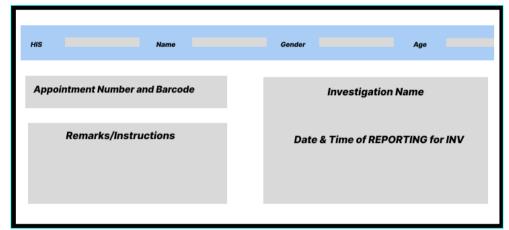


• Investigation Details: On being clicked



• Re-Appoint takes back one step.

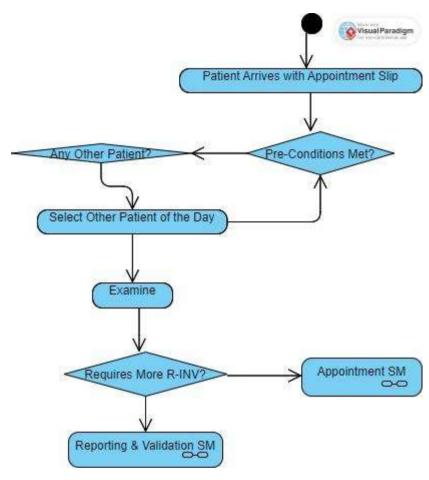
- Registration for TODAY: automatically generated appointment number and then redirects to and fills in the details on the registration module.
- All types of Confirm i.e. Confirm Appointment, Beyond Preset Limits-Confirm, Confirm and Register for Today... generates an Appointment Number (for each INV)
- Appoint Slip:



- o If feasible this information may be sent on patient's phone on WhatsApp/Email ID.
- <u>Antenatal Scan (Specific to USG)</u> Separate click box for Antenatal scan in USG. For pregnant ladies the system should be able to take into account her LMP date and use that for:
 - Dating scan (6 to 10 weeks)
 - NT/NB Scan (11 to 14 weeks)
 - Anomaly scan (20 to 22 weeks)
 - Third trimester scan (32 to 34 weeks)
 - o However, the appointing person should be able to override the dates given.

Examination

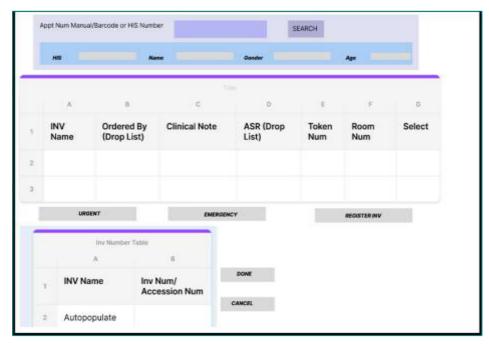
9. Examination



- 9.1 An appointed patient has another state related to examination which will have multiple sub-states
- 9.1.1 Examination completed in all aspects including reporting
- 9.1.2 Examination dropped for whatever reasons
- 9.1.3 Examination pending ie waiting to be examined
- 9.1.4 Examination done but reports pending for validation by a qualified and authorised radiologist
- 9.1.5 Need to be reappointed. In this case, appointment form will reappear

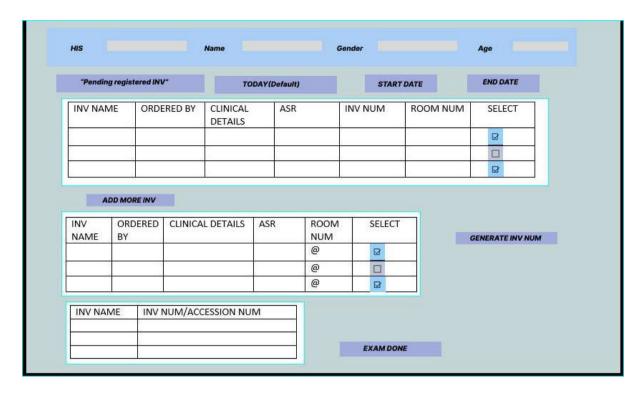
9.1 Reporting For Investigation

Name,
Ordered
By,
Clinical
Note
columns
appear



automatically on being searched. However, they can be edited and add more to describe the study e.g. MRI of Multiple sclerosis can include Non-Contrast MRI Brain, Non-Contrast Brain Spline, CEMRI Brain, CEMRI Spine, MR Angiogram. Each will generate separate ASR and INV Number.

- All INV appointed for the day will be shown.
- Default check is YES
- INV Number will appear after register tab is clicked. INV Number is to be generated once register INV is clicked yes, ASR Entered and Register is clicked.
- Each R-INV will have separate INV Number. The INV Number is to be generated once register INV is clicked. Token number entered manually after INV number is generated.
- R = Room Number (Can room number/name/INV e.g. USG, ANC, Doppler, FNAC, CT, MRI as per the choice of the radiologist and selected from Drop Down.
- Same token number for all rooms. Therefore each person has only one Token number for a day. The token number is not deposited in any room.

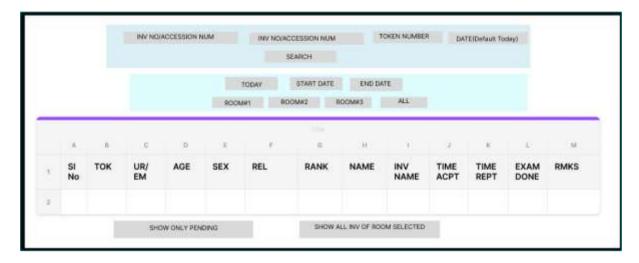


Notes:

• On click of EXAM DONE, the system switches to REPORTING module.

10. Room Dashboard

- 10.1 Each room will have following dashboard displaying
- 10.1.1 List of patients who had appointment of the day as per slot
- 10.1.2 List of patients who have reported as per their slots with pre-conditions met
- 10.1.3 List of patients of the day who have completed their investigation



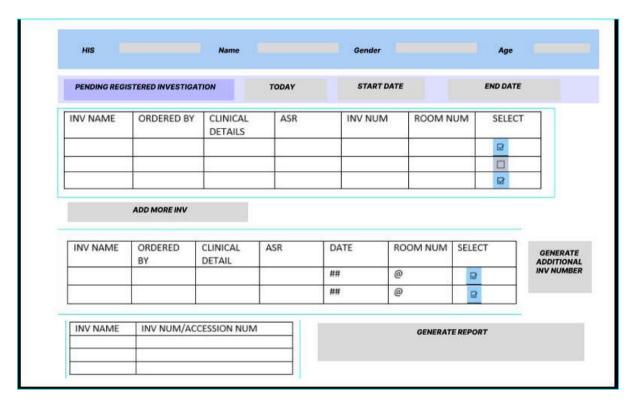
Notes

- Once HIS number, Token number (for same date), INV number or Accession Number is entered, the same INV is selected in the table and can be clicked. If the same INV is not present in the filtered table—error message "Name Not in the Filtered Table, please select correct Room Number" is displayed.
- Serial Number is updated every time the list is renewed / filtered. If filtered i.e. number is always from 1,2, 3 etc.
- Room column is hidden but the table is filtered by room number selected at the top.
- UR/EM: If UR i.e. Urgent column is ORANGE else for EM i.e. EMERG it is RED.
- AGE Column: Orange if patient age is < 6 years or > 69 years. (list of all officer rank) is in ORANGE.
- 59 Min < TIME ACPT < 119 Min the column turns ORANGE, if 120 Min < TIME ACPT the column turns RED.
- Once EXAM is done, i.e. column EXAM DONE is clicked, the entire row is turned to GREY.
- RMKS like Absent at ..., Bladder Not Full etc.
- EXAM DONE is filterable and in default shows only PENDING investigation of the day.
- If the table headers are frozen and can be scrolled down, show at least 15 rows at a time.
- Default Sort Sequence: EM, UR, < 6 Years , >120 Min, > 69 years, time reported. Otherwise sort can be applied on any column

11. Reporting

11.1 Reporting-Individual

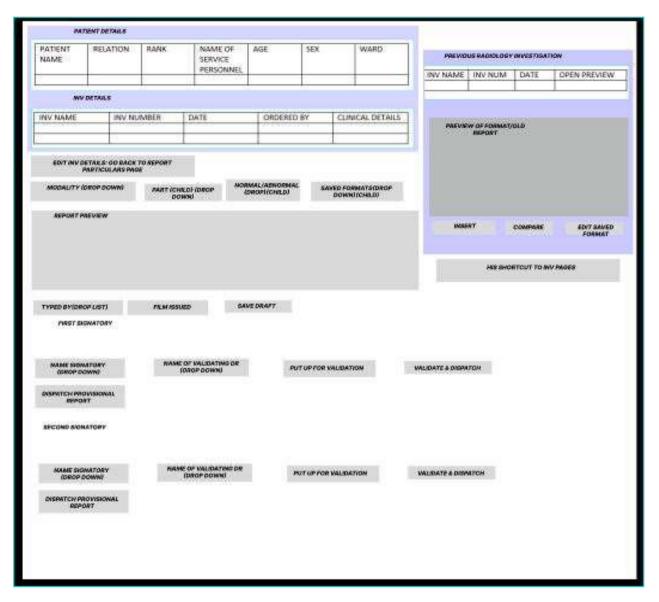
Once Accession Number/HIS Number is clicked, or particular INV Number is clicked following Report Particular page appears



Notes

- Lower Table below button Add More INV
 - INV NAME is editable
 - o Room Number to be the same as above
 - o INV Number to be generated once button Generate Additional INV Number is clicked.
 - ## The additional INV are to be registered on the date of the initial exam. The date is editable till report is validated.
 - o Ordered-By and Clinical Details are options.

11.2 Reporting-Page



Notes:

- TYPED BY: auto filled according to sign-in or editable (drop-down).
- FILM ISSUED: Provisional report dispatched "Urgent Film Issued, please return film/contact radiology reporting required"
- DISPATCH PROVISIONAL REPORT: confirm with password.
- Provisional report: watermarked oblique "Provisional Report". In Footer, "This is an urgent provisional report only, requires further evaluation. Please contact Radiology for Final-Report"
- Printing of provisional report is to be disabled.



• The first signatory is auto populated according to login.

- The Validation Box: either any or multiple options of names (each cell a drop list) has to be selected for validation. Any is checked by default.
- Clicking the "Put Up for validation" brings up the secondary box..., and if the second puts for validation third signatory box comes up.

11.2 Reporting-Validate & Dispatch



11.3 Reporting-Confirm & Dispatch

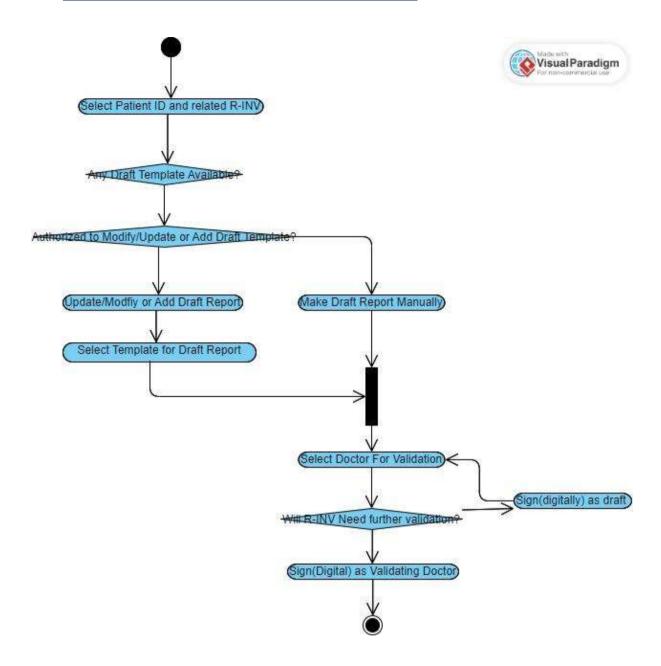
Once password for provisional / final report is entered correctly and verified by RIS then the PDF preview of the report in generated with following options



Notes:

Only if signatory has privileges to validate the INV with all the ASR codes of the report, the validate and dispatch go forward, else an error is displayed "You do not have privileges to validate this report"

11.2 Adding/Modifying/Updating: Draft Report Templates

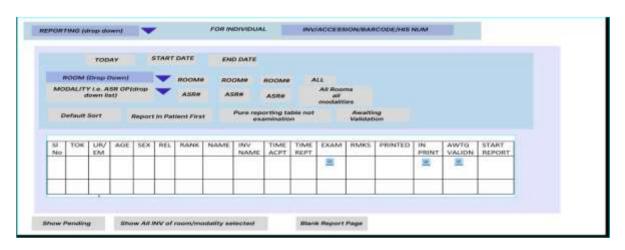


MODALITY	PARTICULAR	NORMAL	SAVED FORMAT
(DROP DOWN)	(CHILD)(DROP DOWN)	/ABNORMAL	(DROP DOWN) (CHILD)
	Į.	1.	-
SAVED FORMAT C	FREPORT (EDITABLE)		

MODALITY (DROP DOWN)	PARTICULAR (CHILD)(DROP DOWN)	NORMAL /ABNORMAL	SAVED FORMAT (DROP DOWN) (CHILD)
			20
SAVE CH	ANGES	CANCE	•

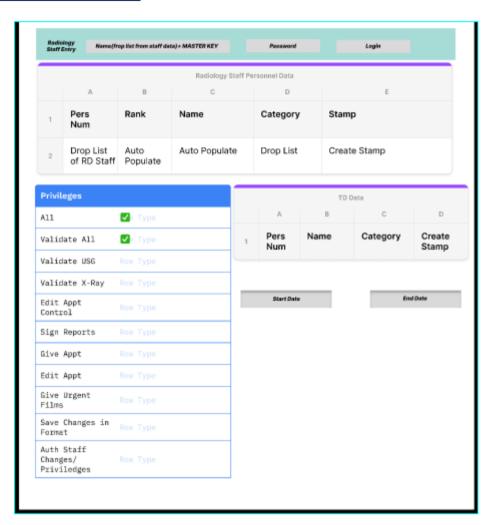
Save Changes		
Password	Save Changes	

11.2 Reporting Dashboard



Radiology Staff Management

12. Radiology Staff Dashboard



Rules & General Information

- 13. Radiology Investigations
- 13.1 X-Ray
- 13.2 Ultrasound/Doppler
- 13.3 CDFI
- 13.4 CT
- 13.5 MRI
- 13.6 Mammography
- 13.7 Interventional Radiology
- 13.8 Special Procedure