

Enterprise Imaging



Electronic medical records (EMRs) are an important tool for clinicians in the diagnosis and treatment of patients. EMRs contain plenty of text but do not include pictures, hence these records don't tell the whole story.

It is estimated that some 70 million computed tomography and 30 million magnetic resonance imaging procedures are performed annually, each generating hundreds or even thousands of images. The sad thing is that all of these images are likely to be missing from EMRs. This may soon change as efforts are under way to have such images incorporated into EMRs.

"Before, when providers were using many disparate systems where the data was scattered all over the place, it was not practical to concentrate on imaging. But now it makes sense to add imaging as a diagnostic piece that can greatly supplement the information that is currently in EMRs," says Monique Rasband, senior director of research at KLAS, a Salt Lake City-based research firm.

As a result, providers are moving toward enterprise imaging – which is defined by the HIMSS-SIIM Enterprise Imaging Workgroup as a "set of strategies, initiatives and workflows implemented across a healthcare enterprise to consistently and optimally capture, index, manage, store, distribute, view, exchange and analyse all clinical imaging and multimedia content to enhance the electronic health record."

Many stakeholders, however, seem to be confused about what enterprise imaging is all about. Some leaders consider just storing radiological images in a vendor neutral archiving (VNA) system as enterprise imaging, while others contend that other types of images such as cardiology, dermatology, ophthalmology, pathology and wound care need to be included as well. Still others might contend that enterprise-imaging initiatives should also incorporate workflow, image exchange and universal viewer technologies.

What healthcare organisations need to do is to define enterprise imaging based on their unique situations and goals. More specifically, organisations need to define the functional requirements of users across the enterprise. As Rasband points out: "The definition should depend on the goals of the organisation. Are you operating a cardiac facility? A cancer centre? A children's hospital? There is not one single way to do enterprise imaging."

To truly support an enterprise-imaging initiative, providers need to have "a really good plan in place so all of those images are stored correctly and can be matched to the patient," according to Rasband. "If images are going in and don't match up to the patient, then they are not as valuable," she added. "In the United States, this is especially challenging because of the lack of the patient identification number."

To move toward this more robust enterprise imaging, organisations should work with vendors that bring context, accessibility and relevance to clinical data by offering:

- VNAs capable of storing a variety of images including radiological, cardiological, lab reports and others
- Common workflow across multiple locations
- A single point of access to patient information, allowing information to be shared easily
- An image viewer that does not require software download, providing broad access to patient images

Source: [HIMSS Media](#)

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