

PACS Challenges at a Rural Hospital

Hardtner Medical Center

Administrative Perspective:

- Louisiana established hospital districts and built Hardtner clinic
- 41 beds initially, now Critical Access Hospital
- Critical Access Hospitals are established to take care of Prospective Payment System issues
- Cost reimbursed for Medicare

Why PACS?

- Radiologist gave notice; was covering only few times a week anyway
- PACS is affordable for PPS hospital
- ROI:
 - Reduced cost of film
 - Quality of care enhanced: 24/7 coverage
 - Added admissions, because immediate interpretation
- Patients don't like to transfer in rural settings

Why PACS? (cont):

- Quality of equipment is universal and/or better
- Improvement in quality in reading because of image quality
- Physicians were excited because of the access and can read images themselves
- Radiologists are reading images 80 miles from this facility, one in New Orleans

Why PACS? (cont):

- Rural hospitals are small: recruiting and retaining is hard
- State of the art modalities are needed
- Credibility: care might not be as good?
- Staff has gotten same training; except for capital equipment, quality should be same
- PACS can be a major facilitator

Radiology Perspective:

- PACS critical to alleviate radiologist shortage
- Two radiologists cover 12 hospitals
- Hundred's of miles driving
- Central server in New Orleans
- Within an hour reports back
- Discharge 25% sooner than before PACS

Radiologist Perspective:

- PACS is the way of the future
- Within next ten years every institution would be on PACS
- Many rural hospitals are joining
- Also helps in recruiting physicians

Physician Perspective:

- Office ext to hospital
- 50 miles from referring times
- Full time is NOT every day
- Films would not be returned with patients
- In emergency cases, esp. CT, might have to transport patients
- Communication with radiologist is improved

PACS Changes Practice:

- Physicians can pull up films in office
- Patients can bring disk (CD)
- Radiologist can look at images and discuss simultaneously
- Head injury and stroke CT's can be read immediately
- Patient care impact: can stay local
- After hours coverage is available

Recommendations for Rural Areas:

- There is already DICOM compatible equipment
- Better turn-around; radiologist back-up
- Barium swallows and BE's can be done by some one else and radiologists can monitor from distance
- Increase safety for patients: eliminate transports
- Easier to get reads back
- Conferencing is possible

PACS on Family Practice:

- Pull films and reports: time savings
- Quality is significantly improved
- Zoom allows better views
- Interfacing with specialists, especially when trauma
- Time is of the essence: more thorough assessment quicker
- Patient care is better