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Message from the Chair

Saskatchewan continues to lead the country in health care management innovations, through Canada's first Diagnostic Imaging Network (DIN).

Building upon the experience and successes of the Saskatchewan Surgical Care Network (SSCN), the DI Network has been working since the spring of 2005 to develop and implement a long-term strategy for improved delivery of diagnostic imaging services.

That strategy will result in the creation of a diagnostic imaging Web site, a multi-year diagnostic imaging capital equipment plan, and a wait list review. It also includes development of a common patient wait time definition and urgency classification for MRI and CT wait time benchmarks. These initiatives will streamline diagnostic imaging services, and ultimately provide Saskatchewan people with high-quality, efficient, and timely diagnostic services.

Many more landmarks are ahead.

As you will see in this first edition of the DIN's E-News, significant progress has already been made, notably on the implementation of a Radiology Information System and Picture Archiving and Communication System (RIS/PACS) – the first major step in transforming our diagnostic imaging system to meet the future needs of our patients and health care professionals.

Much more can be done to improve diagnostic imaging services provided by the current public health system. Saskatchewan is leading other provinces in making those changes.

Peter Glynn, Ph.D.
Chair,
Diagnostic Imaging Network

Introducing... Saskatchewan's DI Network!

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DIN Sub-Committees

Operations Information Technology Subcommittee

This Subcommittee (OITS) is a working committee of the DIN. It replaces the RIS/PACS Steering Committee and shall continue to be a partner between Saskatchewan Health and regional health authorities. The Subcommittee's mandate is to provide strategic leadership. It is responsible for various DIN initiatives including (but not limited to) implementation of the provincial RIS/PACS system, recommendation for process improvement, and standardization of data reporting.

The Subcommittee is composed of Diagnostic Imaging Managers and Information Technology Managers from various Regional Health Authorities and representatives from Saskatchewan Health.

Advisory Committee on Medical Imaging

This Committee (ACMI) of the College of Physicians and Surgeons of Saskatchewan (COPSS) has now assumed additional responsibilities as a working subcommittee of the DIN. It provides advice on clinical matters pertaining to the delivery of diagnostic imaging services. Its main mandate is to examine the delivery of diagnostic imaging services across the province and develop provincial practice standards and benchmarks to improve outcomes, access, equity and efficiency.

The Chair and members of the committee are appointed by the Council of the COPSS and endorsed by the Diagnostic Imaging Network. Membership includes medical representatives from Radiology, Nuclear Medicine, regional health authority representations (from regions with provincial hospitals and those with regional hospitals), Saskatchewan Labour's Radiation Safety Unit, Medical Radiation Technologists Association and representatives from Saskatchewan Health's Acute and Emergency Services and Medical Services branches.

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What's New?

Radiology Information System and Picture Archiving and Communication System Introduced

In October 2006, Saskatchewan's new Radiology Information System (RIS) and Picture Archiving Communication System (PACS) were unveiled in Saskatoon. These secure systems will transform diagnostic imaging services by making diagnostic images available electronically to health providers across the province – "Any Study, Anywhere, Anytime".

The RIS captures and reports management information and has the ability to schedule patients. The PACS stores and transmits images in a digital format. The combination of the two systems will save time and money and reduce duplication. Saskatoon is scheduled to be completely on line by the end of 2007 with Regina following in early 2008. The province's six regional hospitals have scheduled completion dates throughout the first half of 2008.

<http://www.gov.sk.ca/newsrel/releases/2006/10/16-744.html>

Regional Health Authorities Save Money on Equipment Purchases

Over the past year, health regions have collaborated on bulk purchase agreements aimed at upgrading equipment to improve diagnostic imaging services.

In 2005-06, Saskatchewan Health provided \$4 million to purchase three general and two mobile radiology units, two fixed and two mobile c-arms, one nuclear medicine camera, and various CR components. These purchases will prepare Regina Qu'Appelle and Saskatoon health regions for RIS/PACS implementation. The bulk purchasing contracts in 2005/06 saved \$310,000.

In 2006/07, a further \$4.8 million, plus the savings from the previous year, is being invested in capital equipment related to diagnostic imaging.

The first priority in this year's purchase is to prepare various RIS/PACS sites for implementation by making them DICOM compliant – ensuring that diagnostic imaging equipment is capable of capturing images in digital format.

The focus of the bulk purchase contract will be on Fluoroscopy, Nuclear Medicine Gamma camera, mammography and digital radiography.

Approximately \$3.5 million is being spent to meet those standards. The remaining \$1.5 million is being utilized to replace the following outdated equipment: six general radiology units, four mammography units, one ultrasound and one c-arm.

In 2007/08, targeted funding will again be prioritized to replace outdated equipment. The focus of the bulk purchasing contract is currently under review with various health regions.

CAR Guidelines Being Adopted

During its October 2006 meeting, the DI Network recommended that Saskatchewan adopt the latest (2005) version of the **Canadian Association of Radiologists' diagnostic imaging referral guidelines**.

The adoption of these guidelines has been communicated to all regional health authorities and implementation is underway. Saskatchewan is the first province to formally implement these guidelines, which will help physicians order the right diagnostic imaging test the first time for their patients.

Wait Time Definition and Urgency Classifications for Diagnostic Imaging

Work has been completed on a **Provincial Wait Time Definition and Urgency Classification System** for CT and MRI. The urgency classifications are divided into four levels. Level 1 is equivalent to Emergent, Level 2 to urgent, Level 3 to semi-urgent and Level 4 to elective.

Work is currently underway on the definition of wait time benchmarks and the associated resource requirements. We look forward to providing further details in our next newsletter.

What's Next?

Simpler Selection of Diagnostic Tests

A **Decision Support Tool** is being developed to assist referring physicians in ordering the right test the first time for patients, by incorporating approved radiology guidelines into a user-friendly electronic order entry tool.

This tool will also enable an electronic transfer of diagnostic imaging requisitions from referring physicians to hospital medical imaging departments – automatically adding patients to hospital workloads.

The plan is to pilot the tool in Five Hills and Regina Qu'Appelle health regions for three to six months. An evaluation process will be incorporated into the pilot project before a decision is made on full implementation.

Keeping you informed

Implementation of a **Diagnostic Imaging Website** is planned in 2007. The website will be designed to help patients understand how to access the care they need, and to increase transparency of the DI system for patients, the public, and health sector partners. The website will include a wide range of information about diagnostic imaging services in Saskatchewan, including information on how the system works, physician location and specialty, wait times, the number of patients waiting, and urgency classifications being used.

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