

Volume 9 - Issue 3, 2009 - Editorial

Scheduling & Appointment Management in the Medical Imaging Department

Dear readers,

More and more medical imaging department managers are scrutinising the process by which appointments with patients are being made, for the simple reason that it represents one clear method of increasing productivity and optimising patient flow in the department.

So, what are the first steps to generating an overview of the potential for improvement? Firstly, each department must monitor ongoing levels of demand, and try to predict the unpredictable: the influx of emergency patients requiring urgent imaging examinations. Secondly, existing patients within the hospital structure, that core group of radiology customers, must be prioritised, since they represent the 'bread and butter' of the department's earning power.

Thirdly, the exponential increase in demand for certain medical imaging exams has undoubtedly placed an increased burden on the administrative side of life in the department. Over the past 30 years, MRI has earned its reputation as one of the safest imaging modalities available. Without ionising radiation, concerns with repeat imaging studies, even for high-risk patients, are largely absent – as patients and referring physicians become more aware of these non-invasive and highly accurate imaging options, demand has shot up in both Europe and the US, where it is practically the first line of medical enquiry for a wide range of conditions.

In this edition's cover story, on the topic of "Scheduling & Appointment Management in the Medical Imaging Department", we round up a number of expert authors who have each closely examined the process by which each patient contacts the department to use its services – from looking closely at how long the average call lasts, to how long, on average, each call centre operator spends with each potential patient, no detail is too small for closer examination.

Even in those departments already implementing centralised call centre services, and paying close attention to the information available on the RIS/PACS system concerning demand peaks and troughs, there is always room for improvement, by encouraging call centre staff to be more productive, rewarding that productivity and cutting service costs, for example. As well as thinking of this bottom line, the department manager must guarantee that patients initiate contact with the department, in the most positive and efficient manner.

Thus one must employ a multi-faceted approach: it is not simply a question of purchasing larger number of scanners and employing new imaging professionals to take care of e.g. the increased demand for these exams, but of scheduling the influx of patients in the most efficient and organised way.

As usual, we welcome your thoughts and feedback. Please send your comments to editorial@imagingmanagement.org

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