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Project Description

Over 12 months, our large, subspecialized practice took on the challenge of integrating our largest hospital partner into our teleradiology platform and creating a cohesive reading solution for the 200+ radiologists and >2 million examinations annually that effectively touched all aspects of their current and future practice. This project brought together two disparate reading environments into a unified workflow for radiologists the goals of enhancing patient care, system standardization, and overall clinical operations.

At the beginning there were effectively two environments that operated in parallel, with one half of the organization relying heavily on local radiologists to provide 24/7 high-quality care in a busy, tertiary-care environment. As the chair of our Clinical Leadership Committee (CLC), I was tasked with coordinating this project while working with the radiology practice section chiefs, our distributed radiology (DR) information technology department, our decision support (DS) clinical analytics team, and our hospital partners.

Participating in the RLI Maximize Your Influence and Impact Course gave me the crucial foundational leadership knowledge and the skills to lead this project. I was able to draw on the many hands-on discussions during various points throughout the project. The course also highlighted for me the importance of both formal and informal communication as critical to the success of such major initiatives and ways that building and strengthening relationships would help the program succeed. A few of the specific details from the project included:

1) Recognizing the critical relationship between radiology and hospital operations.

Prior to the integration, this institution noted that outpatient turnaround times were regularly outside of target despite sufficient local staff to provide timely emergency, inpatient, and urgent care. By combining a robust remote reading solution and optimizing clinical staffing, the practice was able to improve outpatient TATs by over 35% within just 3 weeks. During the first month of the project, several members of hospital leadership called to note how they or a friend or family member had an imaging study that was performed that morning with results ready by the afternoon. Moreover, we have demonstrated sustained improvements despite staffing challenges due to the recent COVID omicron variant that in the past would have been difficult to manage.

2) Create the right organizational structure to navigate radiology and hospital operations.

Our CLC was organized a few years prior to this project, with the purpose of improving clinical operations at the level section chiefs and reporting to the practice board and leadership. This

project allowed those section leaders to come together and work with IT and DS to map out all the practice volume across 14 different hospitals according to detailed historical data and build future staffing using a robust capacity analysis tool that to optimize scheduling on a per hour basis. The result is improved clinical efficiency, great subspecialized patient care, and enhanced work-life balance for our radiologists. This tool is now adapted to model future growth and hiring needs and can be adapted to provide crucial information for multiple areas of the practice.

3) Address the challenges physicians face when working in teams and how to align members with diverse perspectives and backgrounds around performance goals.

Our project involved major changes to both the daily schedules of all radiologists and the distribution of cases across the entire enterprise. During initial discussions, it became clear that the need to address “turf” concerns and the need to create equity across different jobs would be vital to program implementation and success. Fortunately, these topics were thoroughly discussed during the RLI webinars and in the breakout group sessions, helping me to build a supportive environment for all stakeholders as we debated and agreed on the needed changes.

4) Using basic financial statements and financial analysis to assess financial health and develop improvement strategies.

While improving patient care and clinical operations were always the key goals of the project, the team made sure to pay specific attention to how the changes would also improve operational finances while also supporting radiologist well-being. This involved a deep look at the scale and flexibility our large organization provided, polling members on their career goals and perspective for work-life balance, and analyzing areas of operational support to radiologists. As mentioned earlier, several of the tools and processes developed during this project have been adapted to provide important ongoing business analytics support to the practice leadership and operational committees.