

Teleradiology: A Growing Trend

Did you know if you or a member of your family is taken to the emergency room between 11pm and 7am, the radiologist reading your films could be in Australia or Switzerland? There are approximately 150 radiologists, called "nighthawks" in Sydney and Zurich providing this service for US hospitals. Due to the time difference, our night shift would be their day shift. These physicians are scanning hundreds of images from hospitals worldwide and transmitting their reports over the Internet.



Teleradiology is the process of sending radiologic images from one point to another through digital, computer-assisted transmission, typically over standard telephone lines, wide area network (WAN), or over a local area network (LAN). Through teleradiology, images can be sent to another part of the hospital, or around the world.

The advantages of teleradiology are: maximizing efficiencies, increasing productivity, and increasing coverage for acute care facilities, urgent care centers, emergency departments and physician's offices, especially in rural areas. The end result is better access to care.

The main reason this outsourcing has occurred is because of a severe shortage of radiologists. Advances in computer technology and increasing reliance on high tech scanners has also contributed to this trend.

Since it is so important to use equipment that will prevent loss of significant information during transmission, standards for equipment used in the teleradiology have been set by a task force with members from the American College of Radiology (ACR), the National Electrical Manufacturers Association, and Digital Imaging and Communication in Medicine. Another standard involves the capacity to provide adequate error checking ability. "Data compression may be useful for transmission speed and

reduction in storage requirements, but it must also provide the standard so as to not significantly reduce the diagnostic image quality." The radiologist is responsible for the image quality maintained. The images also should be archived at the location that transmits the images. ACR guidelines also require quality control, documented policies and procedures for monitoring and testing of equipment, safety and proper system performance. Joint Commission on Hospital Accreditation (JCAHO) also has medical staff standards that specifically address credentialing issues of teleradiology and telemedicine, as well as the use of Licensed Independent Practitioners.

Part of the controversy involving teleradiology pertains to those who provide services across state lines. State licensing laws should be checked to see if radiologists need to be licensed in the state they are providing service in, even if not physically present at the facility they are providing service for.

ACR's Task Force on International Teleradiology has issued guidelines that state physicians "who interpret images by teleradiology should meet the same standards as those physicians practicing in the US, including licensure in the state where the diagnostic study was performed, credentialed in the hospital where the patient is located, and willingness to be accountable to US laws."

Source: LNC Resource, Vol. 2, No. 9

Are Jurors Listening to Expert Witnesses?

I recently read an article on Law.com written by California attorney, G. Christopher Ritter, on this subject and thought you may be interested in the key points of this article.

In a recent Vioxx trial, jurors who voted against Merck said that much of the science went over their heads. They likened Merck's experts to the Charlie Brown cartoons, where the listeners only heard the teacher say "wah, wah, wah". To avoid this, the following six strategies may help to increase your expert's effectiveness.

- **Don't hesitate to tell the jurors what your expert did, what they found and why it matters.** The author of this article posted on Law.com found it discouraging how often trial attorneys will either fail to provide this basic information or will do so in an ineffective manner. This information should be presented early in the expert's testimony. You and your expert should work together to break down this information into no more than three or four bullet points.
- **Your jurors need to feel that what your expert did seems fair and that the procedure they followed generally makes sense.**
- **Don't forget that it is almost impossible to learn something new unless you start with something familiar.** Go back to the basics and don't worry about talking down to the jury.
- **Always help your jurors answer the question, "Compared to what?"** Instead of saying that a person has a "one in a million chance of dying from cancer, remind the jury that the same hypothetical person has a 95 times greater chance of drowning in the bathtub, 197 times greater chance of freezing to death or a 20 times greater chance of dying from a rattlesnake bite."
- **Help the expert explain technical terms and whenever possible use analogies.**
- **Keep your expert focused.** Experts who fail to stay focused on the message can miss a crucial point or bury that point among unnecessary information. If you have such a witness, you may want to use a trial graphic that lists or illustrates point-by-point the expert's testimony. *Source: Law.com, In-house Counsel*

Goal for JCAHO: Improved Communication

Faulty communication is cited as one of the root causes in over 60% of the sentinel events reported to the Joint Commission. Breakdowns in the communication process, particularly during information hand-off from one health care professional to another, can cause a wide range of medical errors. There are a myriad of different hand-off points in which flawless communication is critical to patient safety, including nursing shift changes, physicians transferring responsibility to other physicians, lab tests to physicians, and transfers from hospitals to nursing homes and home care. JCAHO had made improved communication one of its priority goals for 2005/2006.

Source: www.jacho.org ♦

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