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Critical test result workflow management and notification to patients and healthcare providers – Key challenges and ways to overcome

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The medical profession and hospital industry both recognize that failures and delays in communicating a critical test result is a serious problem and a weak link in the delivery of patient care. For some healthcare providers, such as radiologists, communication breakdowns are a major generator of medical malpractice lawsuits. Approximately 12 billion radiology, laboratory and cardiology tests are performed every year - most are negative and don't require follow-up by the referring clinician. But a handful of test results, about 1 to 5 percent of a hospital's test volume, are abnormal or critical. Hospitals have a legal, ethical and moral obligation to ensure that these results are communicated to the responsible physician or patient care team and in some scenarios directly to the patient. Every day, radiologists, cardiologists and lab techs make two to three million calls to communicate test results, which can gobble an hour out of the work day for some highly paid specialists. Hospitals and clinicians are increasingly relying on IT systems and Telecommunication to improve efficiency in delivering patient care. Efficiency can be further achieved by adopting intelligent automation and integration. In the case of critical test results, it is absolutely essential that hospitals engineer a workflow that communicates this important finding to a provider who can seek further action. It's been our experience that there are five key challenges to achieving this goal for inpatient providers. In my presentation we will highlight these challenges and ways to overcome them.

Biography

Rabih Vincent Alali is a seasoned Healthcare IT consultant with over 17 years of experience managing complex Health IT implementations worldwide; over 40 successful implementation projects at Hospitals, medical centers and health insurance companies. He has an executive MBA and numerous professional certifications in Project Management and Health Information Management. He lived in 7 countries and is currently running a Health IT consulting practice out of New York City. He is a technical advisor for several Health IT startups and a frequent guest speaker for universities and PMI regional chapters.

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