



What is IS?

By Shawn McKenzie, MPA

I was in a picture archiving and communication system (PACS) project meeting the other day, doing a little quality control and engaging in a pulse check of the project status. All the players were there: members of the client site team, the information system (IS) team, the vendor's team, and our consultative team. All was well, as the project was tracking with established timelines, milestones and goals. In a rare moment of weakness, I began to fade away into my existentialistic worm hole. The generally awe-inspiring topics requisite with a PACS implementation fell away as I focused more on the group dynamics and the chances of success based solely on the group synergy.

As I observed the interaction between the clinical side of the house and the information technology side of the house, the concept of "lost in translation" glared through. The glazed over look, eye shifting, and defensive body positions was an indication that what was being said was not being absorbed by at least half of the team. Watching the individuals around the table, I curiously took notice of the overzealous use of acronyms as a communication tool.

Network Engineer: "Editing the SPROCs on the DB2 server require client VPN access using PPTP or L2TP via T-1 connection to the ISP provided that IPSECv6 is installed on the DNS servers which are part of the WAN recently upgraded to OC-3. IF the VPN is not supported, the docs will get PO'd because the GUI will be as slow as native DICOM."

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Imaging Director: "FYI, all I know is that my COO is a friend of the CMO, and if he has trouble viewing a BE in the NICU for any reason I am SOL. I will be spending my life titrating valium PRN and I cannot tolerate looking like and idiot more than qd."

LOL (laughing out loud).

Perhaps we use acronyms as an extension of the modern working culture of doing things faster. Our microwave society of e-mail, instant messaging, and 15-minute abs is less tolerant of discussion requiring more than a 3- or 4-letter explanation. Maybe we use the acronym as a strategy to decoy members of the team into a sense that we really know what we are talking about. Whatever the reason, the use is pervasive, and it limits the ability for members of the team to fully engage the process when the subject matter is not of their expertise and foreign to the language commonly used in their area of specialty.

Implementation of a radiology information system/picture archiving and communication system (RIS/PACS) is by far the most impacting technology shift for the imaging sciences. It is not as simple as selecting and installing a modality acquisition device (a skill we know well). A RIS/PACS implementation requires skills, knowledge, and terminology that we, as imaging management, have not been required to master. Therefore, we tend to pass off engaging in the information technology piece of the system and, by doing so, trust that decisions made at the IS level will suffice for meeting the needs of the clinician.

All too often, I have been asked to engage in situations where the PACS vendor selection was solely based on IS recommendations where the configuration fits the IS strategy. The project tracked along only to be derailed at the end because the system did not function as the radiologist or imaging management

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staff anticipated. Because PACS requires attention to detail from both disciplines, an effective communication strategy throughout the project is a critical success factor. The communication strategy is not only applied to the act of sending messages to the end users, but it is more critical to those engaged in the project.

I have read multiple articles and communication threads on several PACS Web sites discussing the topic of who "owns" PACS. Is it the clinical department or the IS department?

It seems to me the question of ownership is far less important to ask than how the system will enhance or hinder the mission of delivering quality patient care. Instead of questioning ownership, we should be resolved to asking the question, "Who does the system serve?" If we speak of PACS in terms

of the goals and operations of systems functionality, the answer to this question seems clearly obvious. PACS is and always has been a clinical tool. As such, the system should be viewed and implemented as a clinical initiative, thus demanding the clinical staff to advance their understanding of the IS component.

RIS/PACS is dependent on a joint effort. I like to use the analogy that you cannot drive a Ferrari on a dirt road. If the system you have chosen has been selected for its clinical functionality, it must pass muster with the IS department and vice versa. Functionality is dependent on the vendor software and the network on which it moves about in your facility.

I encourage anybody on the clinical end of imaging services to step out and learn some basics about information technology. Buy a book like *Networking for Dummies* or *Curious George Builds a Network*. The technology associated with the imaging sciences is advancing exponentially. Data gathered at the imaging device is detailed, faster, and more automated than ever before. The days of "Nike Net" is drifting off into the sunset.

Expand yourself; you might enjoy it. You may find your IS department staff will start inviting you to those secret server room parties. Certainly, some knowledge about how your systems function in the grand scheme of things is valuable and provides that bridge of communication for your advanced applications

projects to come. I have provided a couple of Web sites of IS and network acronyms for your indulgence:

- <http://www.xs4all.nl/~jrme/>
- http://www.geocities.com/ikind_babel/babel/babel.html

Time to defrag my hard drive...
Alt-Control-Delete...
Shutdown...
Bye. ☹

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