

Supporting Rural Health In Alaska, an Admin Grows into Her New PACS

By Mary C. Tierney, MS

imagingBiz.com

The Alaska Native Medical Center (ANMC) is a 173-bed hospital located in Anchorage, Ala., working in close partnership with Alaska's rural health facilities to support a broad range of healthcare and related services. ANMC serves more than 175,000 Alaska Native and American Indian people in Alaska, through its specialty care clinics at ANMC, via telemedicine specialty clinic visits and specialty care field clinics in rural Alaskan communities.

About 720 miles north of Anchorage, Samuel Simmonds Memorial Hospital, a 20-bed Tribal facility in Utqiagvik—the northernmost U.S. city, situated on Alaska's north coast on the Arctic Ocean—sends all of its imaging exams to ANMC's 11 radiologists for reading.

That's a telling detail, as modern imaging plays a central role in ANMC's care capabilities. The organization is averaging 115,000 imaging procedures of its own per year. These include studies from CT, MRI, mammography, ultrasound and digital radiography. Another 1,000 or so X-rays come in for interpretation from the remote regions.

To learn how ANMC is keeping up with these unique demands on its radiology operations, imagingBiz spoke with PACS Administrator Bobbyjo Edwardsen a few months after her department had installed Sectra PACS in May 2019. Here are key excerpts from the conversation.



imagingBiz: Why did you need a new PACS?

Edwardsen: We had a very old one. The ANMC building we're in now was built in 1997, and the PACS was from then. It had some patches and small updates here and there, but it couldn't handle what we were trying to do. With all these different sites, we have situations where one patient has multiple medical record numbers or records in different EMRs. Our old PACS just wasn't up-to-date and smart.

Whose idea was it to consider looking for a new PACS?

My supervisor, the director of imaging, suggested it was time. So we started shopping around. We tried to go with the newest system from our PACS vendor at the time, and that failed twice. We shopped around one more time, and that was the first time we'd ever heard of Sectra. We saw their

Best in KLAS ranking and reached out to get more information.

That would make sense. Sectra PACS has won Best in KLAS seven consecutive years. Tell me about the process you went through before making a final decision.

It was last summer that we first spoke with Sectra. We did some research and then went on a site visit to a hospital in Gulfport, Mississippi. They had Cerner for their EMR and Sectra PACS, and we wanted to see both because we have a Cerner EMR. The trip was mostly for our radiologists to see how the Mississippi radiologists use the bridge between Cerner and Sectra.

Along with the radiologists, we had the administrative director of radiology, our director of biomedical engineering, our lead technologist and myself on the Mississippi site visit. We got a pretty intensive tour, where we got to see their workflows and how the radiologists and technologists work with their PACS and EMR. We also went to another clinic.

So you wanted a new PACS to upgrade functionality, service, support and basically everything since you had gotten so far behind with your old system.

Yes. We also looked into a VNA, but we felt we weren't ready for it yet. We wanted to replace our PACS and then work through any follow-up moves in phases. So we now have a few things in our future plans with Sectra, like information life cycle management, Sectra Image Exchange Portal, Sectra Dose Track and possibly VNA.

It's a little challenging with our network of clinics. As a Tribal health system, we can't make every site use the same PACS. We all have the same goals, but everyone chooses their own products and services.

So you've got Sectra PACS in ANMC, and these remote clinics are sending you images for your radiologists to read and for you to store. Are there

other organizations whose imaging data you manage?

Yes. The hospital in Utqiagvik, Samuel Simmonds Memorial, is also using Sectra. We have a lot of different scenarios in how we associate with the clinics. The Utqiagvik Sectra installation went pretty smoothly. We did supervisor training with [Cisco] WebEx, and anyone who was able to join did so. Any questions go through me right now, and a lot of people are using Sectra UniView (universal viewer), which simplifies things.

You had to integrate your new PACS with your EMR, and there are always technicalities you have to work through with changes like that. How has all of that gone?

Any time Cerner was mentioned, my coworker who manages the EMR stepped in. And then I was there for the Sectra questions. For a while I was wondering when I was going to get busy, but I understand these projects roll out in phases. When I started getting busy, I realized that we are a very complicated health network even though we are small and in a very rural place.

I know there are other organizations with, say, 11 different hospitals. That sounds difficult. I don't know how they operate; I just know that we are really complex. We saw a lot of variation here in how people here needed or wanted things set up. That included how our radiologists prefer to view images. They all have their own set of preferences.

It's been challenging. But the PACS project, beginning with the planning, went pretty well. For our Sectra go-live, for example, we had IT directors and physicians all across the hospital saying it was the smoothest go-live they'd ever experienced. I planned a vacation the Friday after the go-live to attend my niece's graduation, and I actually got to go!

So I would say the go-live was stressful while it was underway—but, looking back, it actually went pretty

smoothly for everyone.

Did you have onsite support for the training and go-live?

Sectra did come onsite. I did all of the PACS admin training, and I was in on the training for the biomedical engineering technicians. That was a little out of my normal area, but it was good to learn more about the role of our BMETs. Sectra helped us a lot with training. They offered training for everyone, a session for each type of user. And they were there at go-live for anyone who needed assistance. Having Sectra onsite really helped our team get comfortable with the technology pretty quickly.

How did you handle the migration of archived image data from your old PACS?

We started late. There were some issues with Cerner orders. Something was holding things up. We couldn't start the migration on the planned date. And it just kept getting pushed further and further back, to where we were risking the go-live date.

But we decided we wanted to stick with our planned go-live date. We had put a lot into it to get the radiologists to all be there and available. We went live with about two years of studies migrated. That was not ideal, but it was alright for a start.

Let's fast-forward to the present. What kind of feedback have you been getting from your radiologists on the new PACS?

I hear a lot of things like, "Oh, well that's cool." And "That's something new." They think there's a lot of cool tools that they're not used to.

But the display protocols — that is everybody's challenge. We're all working on that. We'll get there.

In what way?

I went to a session at a Sectra user meeting and learned quite a bit about the display protocols that I

had not ever heard before. I was excited about that. I'm excited to make everything we have better.

I think Sectra is pretty smart and it can do a lot with display protocols but there are so many variances between sites, rooms, and studies that it takes a lot to get them right.

The product or the people?

Both. I've been told from the beginning that Sectra works with you.

One of the big things is, a lot of our clinicians, like our orthopedic physicians, didn't like using our mobile app. So we stressed to Sectra that that is something we need. And then I heard it announced for release at the user meeting. So we'll get it soon. You can see that Sectra listens to the customer.

In my reporting I've heard lot of people talk about the people of Sectra being a real differentiator for the company.

Yes. I love that, especially if it's a quick, simple thing that they maybe have been asked about before, the reply is instant. The people answering the phone at Sectra can help me right away. That's already happened many times.

Sometimes we have some challenging issues that take a little more time for Sectra to help us with. But I kind of understand that. I've heard there will be more staff hired and trained to help alleviate these wait times.

Is there any advice you could pass on to other PACS admins who may be looking for a new PACS?

I don't really have any general advice but know our system has improved so much because of Sectra. I would never go back. We were able to get rid of something like 40 servers. That simplifies things a lot. I would be happy to be a reference for anyone looking into buying Sectra.