In histology, a faster diagnosis is a better diagnosis, or is it?

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Aim

To reduce turnaround times (TAT) of histopathology reports by implementing a digital dictation software with voice recognition (DDVR)

Background

The Histology department is under pressure to deliver significant savings whilst maintaining or improving quality. Now more than ever we need to look at ways to work smarter in order to achieve this. Pathologists need to wait significant time from when they have dictated a report until the report is typed and can be authorised. Recent improvement on DDVR software and interface with our pathology system – Telepath- allows reasonably fast dictation, enough to implement the change.

Objectives

• To avoid repetitive/unnecessary work that prolongs waiting times for results.
• To achieve faster TAT without compromising quality.
• To allow clinicians to make patient management decisions faster, benefiting patients.
• To release hospital beds faster.

Analysis

Histopathology reports comprise a number of sections (Clinical details, Macroscopic examination, Microscopic Examination, Diagnosis). The text for each of these sections is typed at different stages until the final text of the report is ready for authorisation by the consultant pathologist. Every step adds time to the TAT of a specimen which could be saved by implementation of DDVR, eliminating the need of a typist.

Pathway of a request from reception to authorisation

1) Reception/Booking in  2) Cut up  3) Secretaries (typing of macro)  4) Main lab (cutting)  5) Consultant (reporting)  6) Secretaries (typing)  7) Consultant (authorising)

Pathway after the implementation of the change

1) Reception/Booking in  2) Cut up  3) Main lab (cutting)  4) Consultant (reporting—dictating and typing, authorising)

Plan

• To reduce TAT by introducing DDVR software.
• Measured by audit of specimen pathway and TAT before and after implementation.
• Agreed by management and consultant colleagues within the department.
• Supported by divisional director, divisional manager, organisational sponsor.

Timescales

Research of suitable software + cost + business case: 3 months – ongoing
Involvement of HR prior to writing business case: 6 months
From business case approval to implementation: 6 months

Finance implication

Cost of software + equipment + training: ranges from £10k to £25k
(includes annual maintenance fee of £250)

Team involved with implementation

HOD, Manager, Deputy Manager (IT), Deputy Divisional Manager (IT), Divisional Director and Organisational sponsor supportive of the initiative

Stakeholder analysis

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<th>Low power</th>
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<td>High impact</td>
<td>Low impact</td>
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Consultant pathologists
Divisional director
Divisional manager
Secretaries

Divisional manager
Secretaries
BMS staff
Clerical staff
IT department

Challenges

1) Resistance
As this will mean significant culture change in the way we are currently working, resistance is expected. In particular this will fall within 2 groups

1.a) Consultants: moving from secretary/reliant of a less secretary/reliant status.
1.b) Secretaries: most of the work they currently undertake (typing of reports) will no longer be needed. Potential redundancies/redeployment

2) Potential difficulties
Learning curve for consultants and BMS staff dictating to the new system.
Speech recognition needs “training” of the individuals and the software Need to proof what is being dictated slows down the process.

HR consequences

Secretaries could be up-skilled to roles of PA and support to the department by activities such as keeping consultants diaries, organising meetings, taking minutes, producing letters, etc.