

↓ Downtime

New IP/ED
Orders Form



Scheduler
Exam Tracking Form
with DT sticker

Radiology - RIS Downtime Exam Tracking form			
SCHEDULER		Name: ALICE DOE	
MRN	U6999999	Name: Last ZZBUBBA First TESTPT	
STAT	YES / NO	Pt. Type	InPt / OutPt ER Patient Location ED RM1
DT Number	HM250	RIS ACC Number 5138467	Exam Code CABDWW

Radiologist
Protocol (optional)

RADIOLOGIST	Contributing/Responsible Provider Name(s) Dr. LANE
Protocol Code	BCTA01
Protocol Short Description	
Protocol Comments	

Technologist
Scan Patient

TECHnologist(s)		Performing Provider Name(s) JOHN D.	
Medications / Contrast with Strength/Dosage NO Contrast			
Begin Time	8:30 PM	Complete Time	8:42 PM
Resource	HMCT3		
Technologist / Transport Comments Patient refused Contrast			

Confirm images are all good in PACS – images will not Have an associated order in PACS.



Epic RIS is down ↓
Radiology PACS & PS360 are up ↑
Epic is read only

Radiologist
Dictate, Print & send
Report outbound

Reading RADIOLOGIST (s)		Contributing/Responsible Provider Name(s) Dr. KENT	
Preliminary Downtime Report Delivered by			
Via (Circle one)	fax	printer	phone Hand deliver

Completed pile

Dictated
ER, stats

4 Later
in patients

Scheduler
To grab when RIS comes back up

EPIC is UP time

Prioritize ED patients

Scheduler/Tech

Anc Order schedule
Add On

Radiology - RIS Downtime Exam Tracking form					
SCHEDULER	Scheduler Name: ALICE DOE				
MRN	U6999999	Name: Last	ZZBUBBA	First	TESTPT
STAT	YES / NO	Pt. Type	InPt / OutPt	ER	Patient Location
					ED RM1
DT Number	HM250	RIS ACC Number	5138467	Exam Code	CABDWW

ADD Real ACC

Technologist

In Epic RIS
Begin Exam
End Exam

Exams Must be in
"END Exam"
Status in Epic

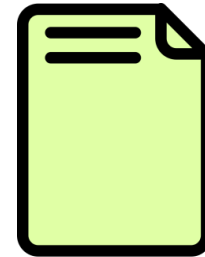
(Prioritize ED patients)

In Quality Assurance,
Merge the
Order to the
Study images
in PACS.



RADIT

Marry PS360 report
to completed exam
with the RIS ACC



Run PS360 report

- Find temp reports
 - UM000
 - NH000
 - HM000

Exam Tracking form

Radiology - RIS Downtime Exam Tracking form

SCHEDuler Scheduler Name			
MRN	Name: Last First DOB		
Ordering Provider	Name Phone Number Fax Number		
STAT YES / NO	Pt. Type InPt / OutPt / ER Patient Location		
DT Number	Exam Code		
RIS ACC Number(s)			
RADiologist Contributing/Responsible Provider Name(s)			
Protocol			
TECHnologist(s) Performing Provider Name(s)			
Medications / Contrast with Strength/Dosage			
Begin Time	Complete Time Resource		
Technologist Comments			
Reading RADiologist (s) Contributing/Responsible Provider Name(s)			
RUNNER (s) Front Desk/Scheduler/Technologist Name(s)			
Preliminary Downtime Report Delivered through:			
(Circle one)	fax phone Hand deliver		
Exam Post entered into RIS system CHECKLIST:	SCHEDuler Name	TECHnologist Name	RADIT Name
	<input type="checkbox"/> Anc Order (RIS)	<input type="checkbox"/> Exam Protocoled (RIS)	<input type="checkbox"/> PS360 Report Attached
	<input type="checkbox"/> Add On (RIS)	<input type="checkbox"/> Enter Meds/Contrast (RIS)	<input type="checkbox"/> Verify Report in RIS
		<input type="checkbox"/> Exam Begin/End (RIS)	
	<input type="checkbox"/> Unspecified Merges (PACS)		

Radiology - RIS Downtime Exam Tracking form

SCHEDuler Scheduler Name ALICE DOE			
MRN U69999999	Name: Last ZZBUBBA First TEST DOB 5/1/85		
Ordering Provider Jane Fellner	Name Jane Fellner Phone Number 744-1234 Fax Number 744-5678		
STAT YES / NO	Pt. Type InPt / OutPt / ER ER Patient Location ED RM1		
DT Number HM250	Exam Code CABDWW		
RIS ACC Number(s) 5138467			
RADiologist Contributing/Responsible Provider Name(s) Dr. LANE			
Protocol BCTA01			
TECHnologist(s) Performing Provider Name(s) MIKE BROWN			
Medications / Contrast with Strength/Dosage No Contrast			
Begin Time 8:30 PM	Complete Time 8:42 PM Resource HMCT3		
Technologist Comments Patient refused Contrast			
Reading RADiologist (s) Contributing/Responsible Provider Name(s) Dr. KENT			
RUNNER (s) Front Desk/Scheduler/Technologist Name(s)			
Preliminary Downtime Report Delivered through:			
(Circle one)	fax phone Hand deliver		
Exam Post entered into RIS system CHECKLIST:	SCHEDuler Name ELVIS P.	TECHnologist Name SEAN W.	RADIT Name JEFF M.
	<input checked="" type="checkbox"/> Anc Order (RIS)	<input checked="" type="checkbox"/> Exam Protocoled (RIS)	<input checked="" type="checkbox"/> PS360 Report Attached
	<input checked="" type="checkbox"/> Add On (RIS)	<input checked="" type="checkbox"/> Enter Meds/Contrast (RIS)	<input checked="" type="checkbox"/> Verify Report in RIS
		<input checked="" type="checkbox"/> Exam Begin/End (RIS)	
	<input checked="" type="checkbox"/> Unspecified Merges (PACS)		