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Predictive Al

helps radiologists meet the challenges of radiology

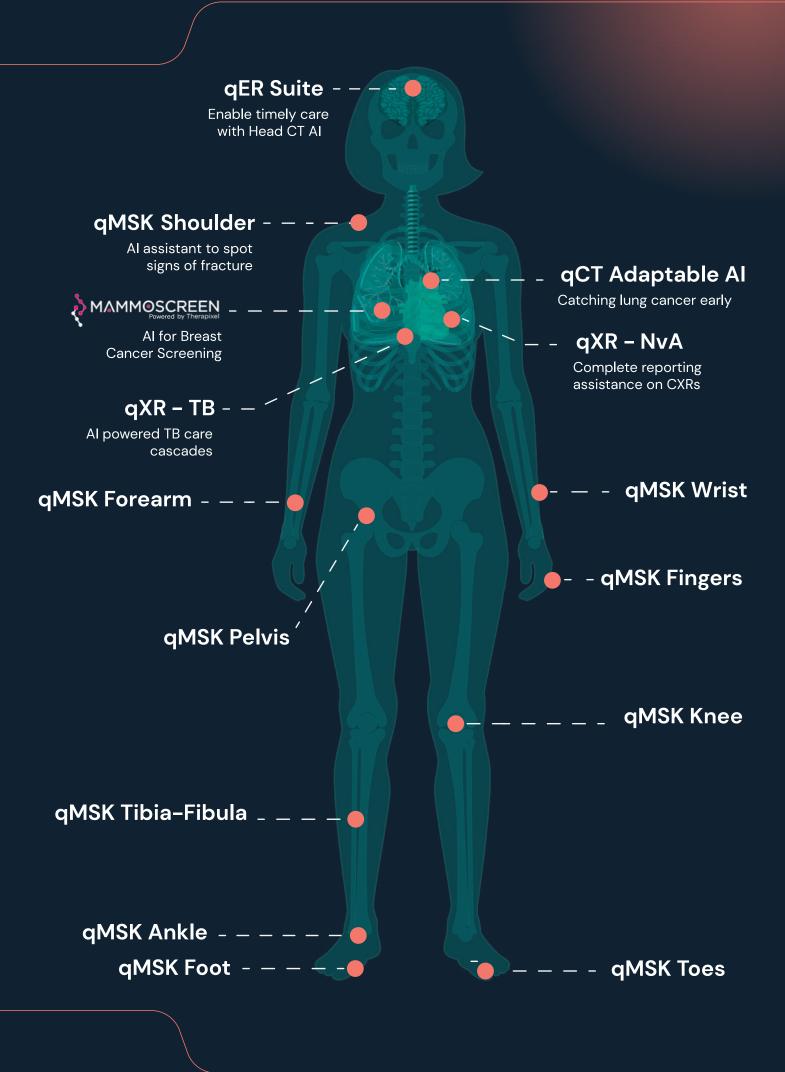


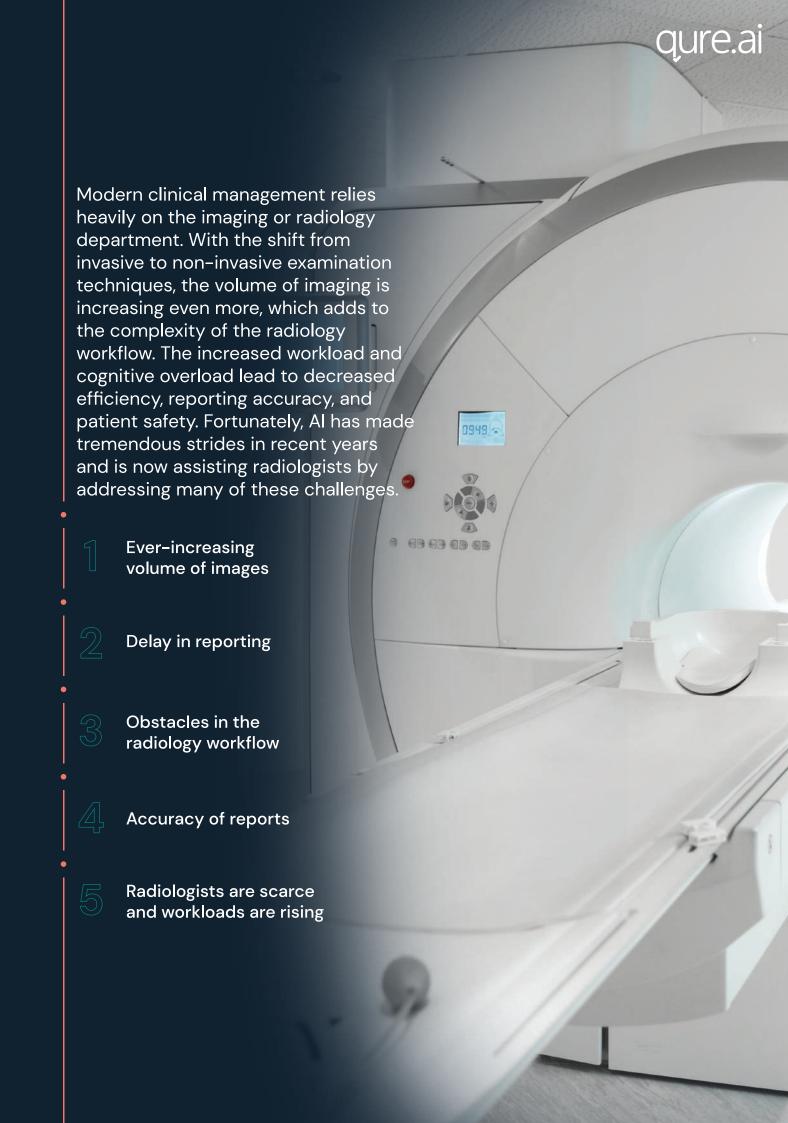
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The ever-increasing volume of images

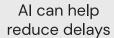
requires proper time management to ensure timely reporting. Many redundant processes, such as inefficient case allocation, consume valuable clinical time.

Al can help make things more efficient and save time. It can perform a preliminary triage of normal and abnormal scans¹. This creates two batches; one of normal images for faster reporting and another with some abnormalities that can be reported in focused hours. Al can also flag technical shortcomings before the image is opened and automatically order repeat imaging for the patient.



Delay in reporting is influenced by many factors

These can be as trivial as a disorganised workspace where systems are lacking or SOPs are not followed. Inefficient and arbitrary allocation of cases also contributes to the delay in reporting which leads to backlogs and sometimes backdated reporting. All these issues can be caused by factors outside the department's control, such as changing priorities, urgent firefighting issues taking precedence over tasks, interrupted meetings, visitors, etc.



Al can help in smart allocation of cases

FOR EXAMPLE



A radiologist can schedule a certain number of hours in the afternoon to go through complicated cases and schedule a time to go through easy ones. Al can help organise the reporting of these cases according to their preferences. Al can also help to adhere to SOPs and perform intelligent scheduling based on radiologist availability and workload. Al can formulate the first draft report for the radiologist's sign-off with the flexibility if the radiologist wants to make some changes, thus easing the workload and avoiding delays in reporting complicated and normal cases.

There are many obstacles in the radiology workflow

with the ever-increasing role of radiologists in various clinical areas such as multidisciplinary meetings, tumour boards, precision medicine, etc. complexity increases at each step.

Al can be used to automate or optimise many time-consuming steps. It can help with 'personalised standardisation' for each radiologist. It can personalise the selection of cases, the type of cases, the time of reporting, and the pre-populated template for reporting, thus optimising many steps in the radiological workflow¹.



Radiologists are in short supply, and workloads

are increasing so each radiologist's working time should be optimised. Given the increasing workload complexity, this is not easy to achieve manually.

Al can help reduce scanning time by optimising the use of scanning equipment. Al facilitates the optimisation of imaging protocols while reducing radiation doses, which also benefits patients. Al can estimate the pattern of cases on certain days of the week and thus automatically schedule radiologists to report those cases. Al can generate charts and graphs showing workload distribution over weeks or months, helping to optimise staff utilisation. Al can also predict no-shows, reducing wasted resources¹.



Conclusion

With the increasing workload and complexity of the radiology profession, there is an urgent need for modern technologies such as AI to provide additional support. This support can take many forms, such as staff and/or worklist optimisation, reduction of routine work, measurement automation⁴, etc. This will help the department achieve higher levels of efficiency. Al can also assist healthcare decision-makers by optimising resource allocation, such as recruitment and remuneration. All insights can also be used to make strategic decisions such as partnerships, thereby helping to manage resources. The foundation of a leaner, smarter, and faster organisation will depend on the level of optimisation it can achieve through AI. AI is transforming radiology from a subjective skill into an objective science. Various elements of radiology are changing with the introduction of Al. Al helps to improve both workflow and thought processes⁵. There is a need to understand the multiple steps involved in introducing AI for better assimilation in the current workflow⁶. New types of leaders are emerging, taking this momentum forward⁷. With the increasing role of AI in radiology, it will soon change from 'artificial intelligence' to 'automated intelligence'.



ABOUT OUR AUTHORS



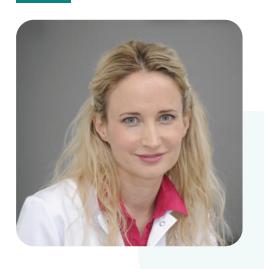
Professor Dirk Pickuth

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Professor Dirk Pickuth is the Head of the Department of Radiology and former longstanding Medical Director at the CaritasKlinikum, Saarbrücken, Germany. He is the founding Director of the Digital Innovation and Strategy Hub (DISH), responsible for driving digital transformation across all radiological, clinical, operational, and corporate environments. He also established the International Department of Artificial Intelligence in Medicine and Imaging (id:ai:mi). Professor Pickuth is the Lead for the Faculty of Medical Leadership and Management in Europe. As a digital leader with an impressive track record of driving successful technology and business transformation programmes, Professor Pickuth advises on digital transformation, including information governance, in many countries. He has authored several textbooks, including 'Clinical Radiology' and 'Healthcare Executives – The Essentials for Excellence in Leadership and Management'. Professor Pickuth was awarded numerous visiting and honorary professorships at distinguished European universities. His work has also been independently recognised with Honorary Doctorates epitomising the significance and lasting impact of his accomplishments.

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Dr. Susanne Ohlmann-Knafo is the Deputy Head of the Department of Radiology at the CaritasKlinikum, Saarbrücken, Germany. She is an extremely experienced radiologist and internationally renowned specialist in the field of Artificial Intelligence. Dr. Ohlmann-Knafo champions radiology IT and clinical workflow improvements, along with transforming ways of working by embedding digital technologies into radiological processes. She shares knowledge, supports development, facilitates effective implementation, and addresses professional issues.

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Dr. Rohitashva Agrawal is a physician with over a decade of healthcare experience in clinical medicine, digital health & oncology research. He has worked in patient care, clinical research, pharma consulting, and global health in corporate, government, academic, and non-profit settings across the globe. Dr. Agrawal completed his Master of Public Health degree from Boston University and trained in Global Health Informatics at MIT, followed by a User-Centered Design in Health Innovations Fellowship from Harvard Medical School. He is passionate about access to medicine and good quality healthcare for all through impactful innovations.



A guide to maximising radiology efficiency using Al



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