

Archiving Patient Photographs in Dermatology

The Problem and The Opportunity:

Digital Photographs → Critical for Patient Care

Dermatologists rely on photos in order to identify surgical sites – being able to find the biopsy site at the time of surgery is critical for dermatologic care. Photographs provide the best documentation of biopsy sites. Dermatologists also use photography to track nevi (moles) for any changes.

Clinical digital photos were taken, printed, inserted into the chart and sent to dermatology surgery at the time of the patient visit. Having the photographs in our department was problematic – pictures could get lost within the chart and were inconsistently available at the time of follow up.

- This was time consuming for the medical assistants- with a minimum of 2 minutes of photo printing (with many patients requiring multiple photos), plus 30 seconds for taping/labeling.
- These photos were inconsistently available at the time of surgery or patient follow up. It was clear that the digital presence of clinical photographs in the electronic record would be better solution to this problem.

In order for patient photographs to be both secure and easily available to providers, they must be part of the electronic record (WebOMR).

Aims

To Increase Availability of Clinical Photographs and Improve Workflow

1. All clinical photographs taken at time of biopsy to be made available on WebOMR, increasing their availability at the time of surgery, eliminating any uncertainty of surgical site.
2. Improve workflow, reducing time needed by Medical Assistants to process/label the photographs

The Team

Department of Dermatology:

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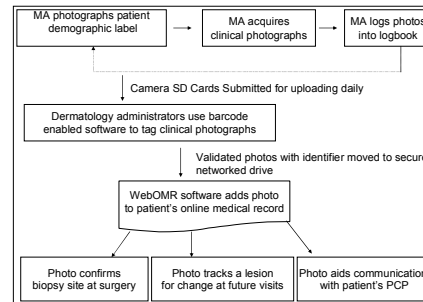
Information Systems:

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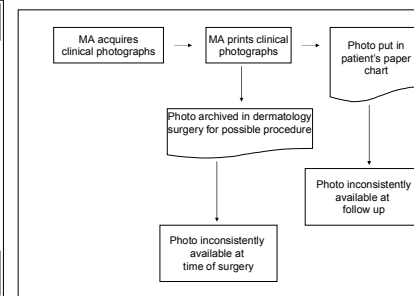
Ambulatory Operations:

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A New Workflow for Clinical Photographs

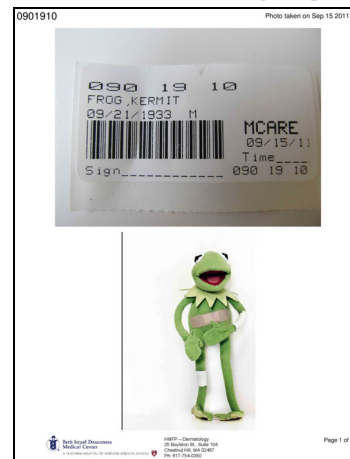


Current Clinical Photograph Workflow



Previous Clinical Photograph Workflow

Patient Photographs in OMR: Went Live 8/1/2011



Clinical photographs and reports are WebOMR accessible

Studying the Intervention/ Next Steps

Both the dermatologists and medical assistants have been enthusiastic about our intervention. We are beginning a before/after QI study to quantify the improvement in workflow and patient care. This includes measuring:

- 100 internal referrals to for Mohs Surgery to see if percentage of referral with photograph has changed following our intervention.
- Timing the medical assistants and administrative staff uploading and archiving photos to demonstrate a workflow improvement.
- Surveying Mohs Surgeons regarding their confidence identifying surgical sites before and after the system was implemented.



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