PHILIPS

Interactive
multimedia reporting

Interactive.
Image-rich.
Insightful.

Put more power in your reports

Take your reports to a **new level**

Quality and efficiency of reporting have emerged as major factors in the success of radiology practices. In order to send a growing number of patients your way, today's referring physicians, oncologists and other clinicians will be looking at your reports for several key benefits.

Sure, they want fast turnaround times, but more important, these referrings want reports with greater clinical value and insight. The Interactive Multimedia Reporting Module, a native part of the Clinical Collaboration Platform, delivers both of these advantages. It's a tool that will help you position yourself as a radiologist of choice.

Advantages at a glance

- Enables reporting from anywhere images can be viewed
- Delivers true multimedia reports, with key images and charts
- Offers voice recognition and structured fields to accelerate reporting time
- Contains hyperlinks for immediate access to key findings

> "Reporting is really crucial to us – it's become a major driver for our business."
>
> Dr. Andrew Deutsch, President, Renaissance Imaging Medical Associates, Northridge, CA

Clinical insight, delivered

"Text-only" reports will soon go the way of the dinosaurs – they simply can't provide the insight and value that referring doctors need. Even in reports that include structured findings and current measurements, the physician must still find the prior report and manually compare the images.

No longer. With Interactive Multimedia Reporting, you can offer a seamless follow-up approach for oncology and other high-value modalities. With advanced clinical tools such as our PowerViewer or Lesion Management capabilities, your reports can offer referring physicians embedded key images for side-by-side comparison, modality measurements, exam dosage information, tumor trending information in charts and graphs, and quantitative data from advanced post-processing, such as vessel analysis.

Hyperlinks to clinical finding

Automated graphs to monitor the status of the patient

Digital table of the lesion

Interactive multimedia report increases quality, service and clinician and patient engagement without adding cost

Key image

Digital signature available

Chicago Medical Center — Department of Radiology — PHILIPS

Name:	Davis, Dorothy	**ID:**	201201061940
Accesion Number:	9275100123456	**Report Date:**	02/02/2016
Referring Phisician:	David Evans, MD	713-213-5479	davide@practice.com

PROCEDURE: CT Chest.

CLINICAL INDICATION: Follow-up of a known left-sided squamous cell carcinoma of the lung post-surgery with suspected lung metastasis

TECHNIQUE: CT scan of the chest without contrast was performed on the GE volumetric 64-slice CT scanner. 3-D coronal reformatted images were obtained from the axial source images.

COMPARISON: CT 28/09/2017 ; CT 23/06/2017 ; CT 31/03/2017

FINDINGS: Status post left upper lobectomy. Several nodules are seen in the left lower lobe: in the upper posterior with a diameter of 1.4 cm (series 1, image 53), another upper anterior nodule measuring 0.9 cm (series 1, image 68) (larger than in the previous scan) and mid-posterior nodule measuring 1.2 cm (series 1, image 99) (not larger than in the previous scan). There is a very small nodule in the right upper lobe with no change compared with the previous study. Some emphysematic bulbs are seen in the right lung. There is no acute infiltrate.

IMPRESSION:
1. S/P LUL lobectomy
2. Several lung nodules in the LLL are can be detected two of them are larger than in previous study.
3. Small nodule in the RUL (no change).
4. Several emphysematic bulbs in the right lung (no change).

Target Lesions (diameter - RECIST)

F02 (Lesion Lung) — F03 (Lesion Lung) — F01 (Lesion Lung)

Change overtime

Name	Target		Baseline	06/23/2016		09/28/2016		02/02/2017	
F02	Target	Volume (mm³)	406 (–)	428 (+6%)	⇧	404 (0%)	⇧	362 (+1%)	⇧
(Lesion Lung)		Diameter – RECIST (mm)	14 (–)	13 (-2%)	⇩	13 (-4%)	⇩	12 (-14%)	⇩
		DT (Days)		1084		-25382			
F03	Target	Volume (mm³)	109 (–)	165 (51%)	⇧	228 (+109%)	⇧	311 (+184%)	⇧
(Lesion Lung)		Diameter – RECIST (mm)	7 (–)	7 (+4%)	⇧	8 (+12%)	⇧	9 (+28%)	⇧
		DT (Days)		140		170		204	
F01	Target	Volume (mm³)	368 (–)	470 (+28%)	⇧	438 (+19%)	⇧	413 (+16%)	⇧
(Lesion Lung)		Diameter – RECIST (mm)	13 (–)	14 (+5%)	⇧	13 (-1%)	⇩	14 (+6%)	⇧
		DT (Days)		239		724		1470	
Target Sum		Diameter – RECIST (mm)	34 (–)	34 (+2%)		34 (+1%)		34 (+2%)	

Signed by
John Jennings, MD

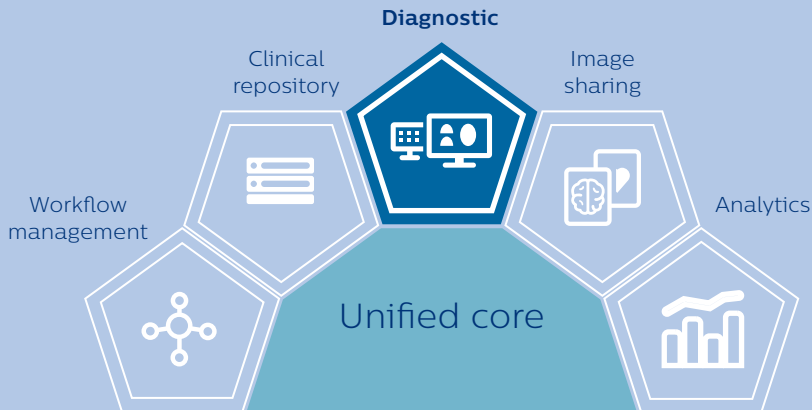## The speed of embedded voice recognition

Like every imaging department, you're under pressure to decrease your report turnaround times – because your referring doctors' priorities are rapid diagnosis and the start of treatment. This challenge is magnified in multi-site or multi-system environments, where radiologists must master multiple interfaces and systems.

Here's the answer. The Interactive Multimedia Reporting Module, with embedded voice-recognition capability, can help cut your turnaround time. It entirely eliminates the need for typing and entry of patient or clinical context. Exam data can be inserted directly into reports. This allows radiologists to quickly review and approve final reports, while adding clinical context for referring physicians.

Relevant report template is automatically selected

Diagnostic monitor

Voice commands to navigate between functions

Rich, multimedia reports including hyperlinks, analysis results and key images

Connecting people and data. Virtually anywhere.

Philips Clinical Collaboration Platform establishes an interoperable clinical data ecosystem – connecting professionals with the imaging data they need across the continuum of care. This modular, multi-site, multi-domain standards-based Enterprise Imaging solution enables real-time, on-demand access to holistic clinical data for those involved in the care journey, including the patients.

Diagnostic

Clinical repository

Image sharing

Workflow management

Analytics

Unified core

Clinical **knowledge** throughout the enterprise

Radiologists

A single reading + reporting workspace

- Reporting from anyplace where images can be viewed
- Less work and fewer errors with simple, structured reports
- Fast evaluation and quality reporting via access to priors with hyperlinks

Information technology

Simplified deployment in single or multi-site environments

- No need for special drivers or third-party software
- Less integration
- Simpler deployment and upgrades

Referring physicians

Clinically rich content with smart navigation

- Multimedia reports, including key images and charts
- Smart and intuitive hyperlink navigation
- Value-added communication with patients

Patients

Empowered and included in the process

- Reduced need for CDs or DVDs
- Secure access to and management of their own data
- Value added through innovative patient services

Administrators

Reduced costs and improved outcomes

- Elimination of third-party dictation system costs
- Quicker report turnaround, to improve service to referring physicians and clinicians
- Single system for ease of administration and training

> " Voice recognition has been a revelation. It was easy to implement and it adapted well to our voices. In one of our sites, Vue Reporting has brought reporting time down from a week to about three hours. "
>
> Radiology Director, University Medical Imaging

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