



*And verily,
verily, I say
unto you, thy
TAT will be
diminishing
or you will be
cast into the
pit of fire.*

Turnaround times

C. Douglas Phillips, MD, FACR

*"You have to go slow to go fast."
—Unattributed old saying*

Metrics are the new world, and high among the metrics, perhaps even sitting at the right hand of whatever passes for God in this system, is the TAT. Turnaround time. I've never seen a metric I can't cast aspersions on. Let's look at this, shall we?

Somewhere, in the void, a study is ordered. The machine is turned on, or a table is cleared, or hydrogen atoms are asked to realign, a patient is inserted, and we get images. Our wonderful technologists work the knobs and produce the first half of our work. Then, a radiologist, floating in the multiverse (I'm stuck in this 4th dimension-speak; stick with me), drawn by the patterns of dots, alights and ponders their meaning. It comes to them (or maybe it doesn't). They generate more patterns of dots, insuring an increase in entropy in the system, and their production is viewed by the clinician who makes sense of it all, knowing full well the entirety of the clinical issues (or not). The circle is closed.

I smell another metric. Several choices there. From study order to report viewing by the clinician could be useful. Or maybe from image production to image viewing and report sign off—the classic TAT! We keep those numbers, they are viewed by the keepers of the gold stores, and you are scored. A mark is placed against your name. And verily, verily, I say unto you, thy TAT

will be diminishing or you will be cast into the pit of fire.

OK. Enough of that.

Here's what I have against this particular metric: I read at a pace that is safe. I look the exam over. I look it over again. And maybe again. And then I think. I look it over again. I think of what it means. I look at the old studies, if they exist (or someone didn't give the patient a second MRN). I do my routine (start to dictate, think again, key the mike but stop, key it again, look at the study again, and then dictate), and I proofread my report. Then I sign off on it. I read it again after signing it so I can quickly pull it back up on recognizing a stupid missed typo.

Many things can alter my routine. Complicated old studies. Many, many old studies. An odd question. Spilling my coffee. Taking a phone call.

BUT, I read at a SAFE speed.

So, you want my turnaround time lower? Let me tell you what's non-negotiable: my speed. I can read faster, but that's unsafe. And you don't want me there. I don't want me there. And patients don't want me there. You want to help me? Give me fewer phone calls. A better PACS. Better voice transcription (I want one that types out my THOUGHTS).

If you think for a minute you're not getting the time to read a study the way you know best, the system is way broke. That's an event horizon I hope we never approach. Take your time.

Keep doing that good work. Mahalo.

Dr. Phillips is a Professor of Radiology, Director of Head and Neck Imaging, at Weill Cornell Medical College, NewYork-Presbyterian Hospital, New York, NY. He is a member of the Applied Radiology Editorial Advisory Board.