

source is placed on a small table directly between the patient and the detector.”

The sentence should read “. . . the transmission source is placed on a small table directly *beneath* the patient and the detector.”

I am glad that a fellow technologist called us to question this inconsistency and I hope that this letter will clarify the exact position of the transmission source.

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IMPROVING PATIENT SCHEDULING

In the article entitled “Systematic and Efficient Method of Performing Scintiscans in a Large Volume Nuclear Medicine Department,” *JNMT*, September 1977, methods are described that are similar to the ones that have been utilized at Temple University Hospital for at least five years, and at Crozer-Chester Medical Center, where I am at present. They have proven to be very effective; however, there are additional mechanisms for increasing efficiency.

Regardless of how many patients are added to the schedule on the morning of the day the study is performed, it is imperative that a list of all patients scheduled prior to this time be sent to each nursing station the day before. This list should include the type of study, the approximate time it is to be done, and a notation if a prep is required. This applies to outpatients, as well as inpatients, since an outpatient may be admitted in the interim. It also enables a nurse to perform any necessary nursing functions before the patient leaves the floor. It allows the patients time to prepare himself, as well.

The schedule is also sent to those ancillary departments where a high probability of conflict exists. This enables us to resolve most problems before they develop.

As far as the mode of transportation is concerned, it is the responsibility of the physician to indicate this. It can be most easily accomplished by having the appropriate mode of transportation, along with a check-off box, printed on the requisition.

Adoption of these methods should prove beneficial to all concerned.

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REPLY

There are several reasons why we have not attempted to send a listing of patients to the various nursing units the day before the procedure is to be performed. First and foremost, there are seldom more than six inpatients

scheduled for the following day; the remaining requisitions are sent to us without advance notice. With our present technical staff and equipment, we are able to perform 45-55 imaging procedures per day, two-thirds of which are performed on inpatients. The nursing units are notified well in advance by our department concerning those few inpatients that are to have imaging procedures performed either the following day or later in the week. The charge nurse and/or unit secretary will then correlate all other patient items along with the requested imaging procedure on their daily work-sheet. If a previously scheduled outpatient is admitted to the hospital prior to the day that the procedure is to be performed, the referring physician's office notifies our department and the appropriate clerical work is taken care of. Secondly, there are approximately 40 nursing stations located throughout our institution. At present we have neither the clerical personnel nor the time to perform this task.

At our institution, the bulk of our daily schedule is seldom known prior to midmorning of each day. Also, it is not unlikely for us to receive at any point during the course of the day additional requisitions from various nursing units requesting that procedures be performed that same day. At the present time we do not have any difficulty meeting such demands. Mr. Capuzzi's suggestion is well taken and if our inpatient schedule becomes overwhelming to the point where scheduling problems do exist, a listing such as described may be advantageous.

Since we are located on the same floor as the diagnostic radiology department, we decided several months ago to formulate a coordinated listing of patients and scheduled procedures. This has been fairly successful for both departments and for the patient as well. However, both departments find it difficult to approximate the time that the patient is to have the requested procedure.

Finally, I cannot agree more that it is the responsibility of the physician to indicate how the patient is to travel. Even though we do have a designated area on our requisition forms for the physician and/or unit to indicate the mode of transportation for each patient, we find that this may not always be reliable. Whether or not the mode of transportation is indicated, we feel that it is the responsibility of each technologist to inquire concerning this matter. At the same time it gives the technologist the opportunity to inquire about such matters as to the need for portable oxygen, precautions to be taken, etc. All this information may be obtained in a few minutes by phone and we feel that it is well worth the effort.

In conclusion, let me state that a particular system may work very efficiently in one nuclear medicine department but not as well in another. In my original article, the suggestions were offered to serve merely as guidelines to other nuclear medicine departments.

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