

The image shows the exterior of a modern hospital building with a glass entrance. The text is overlaid on the image in a blue, bold font. The text reads: PathSpeak, Voice Recognition Reporting, Dr Barrie Cottrell, Director of Pathology, and West Suffolk Hospital NHS Trust.

PathSpeak

Voice Recognition Reporting

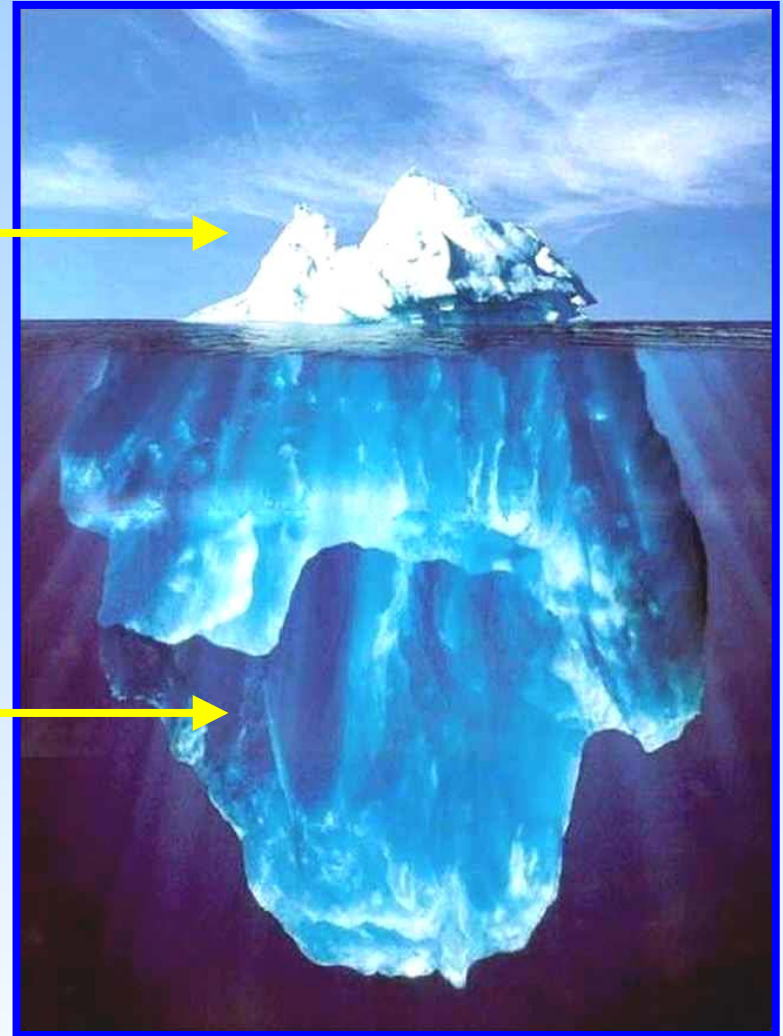
Dr Barrie Cottrell
Director of Pathology

West Suffolk Hospital NHS Trust

Pathology Services

- Outpatients & Wards
- Physicians, Nurses

Clinical Support, including
PATHOLOGY



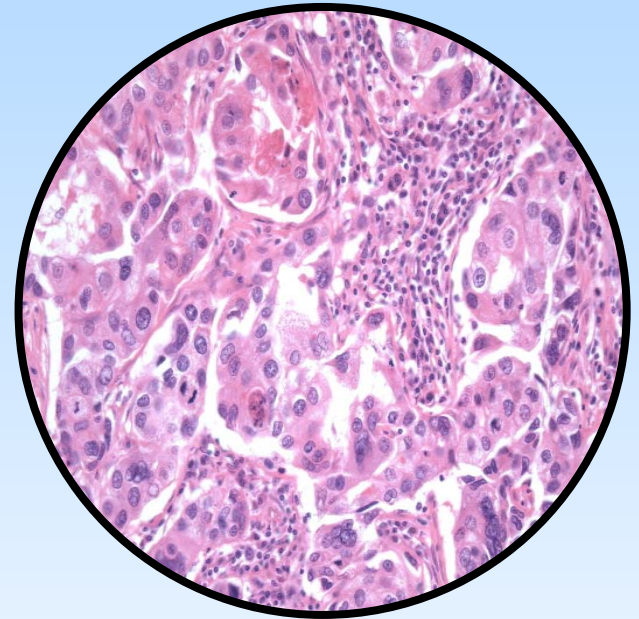
PathSpeak Voice Recognition Reporting

- Dept of Histopathology, West Suffolk Hospital
- 12,000 + specimens per annum

These range from small endoscopic biopsies
(e.g. stomach, lung, prostate).....

to large surgically excised specimens
(e.g. large bowel resections, hysterectomies etc).

PathSpeak Voice Recognition Reporting



PathSpeak Voice Recognition Reporting

Traditional approach to reporting

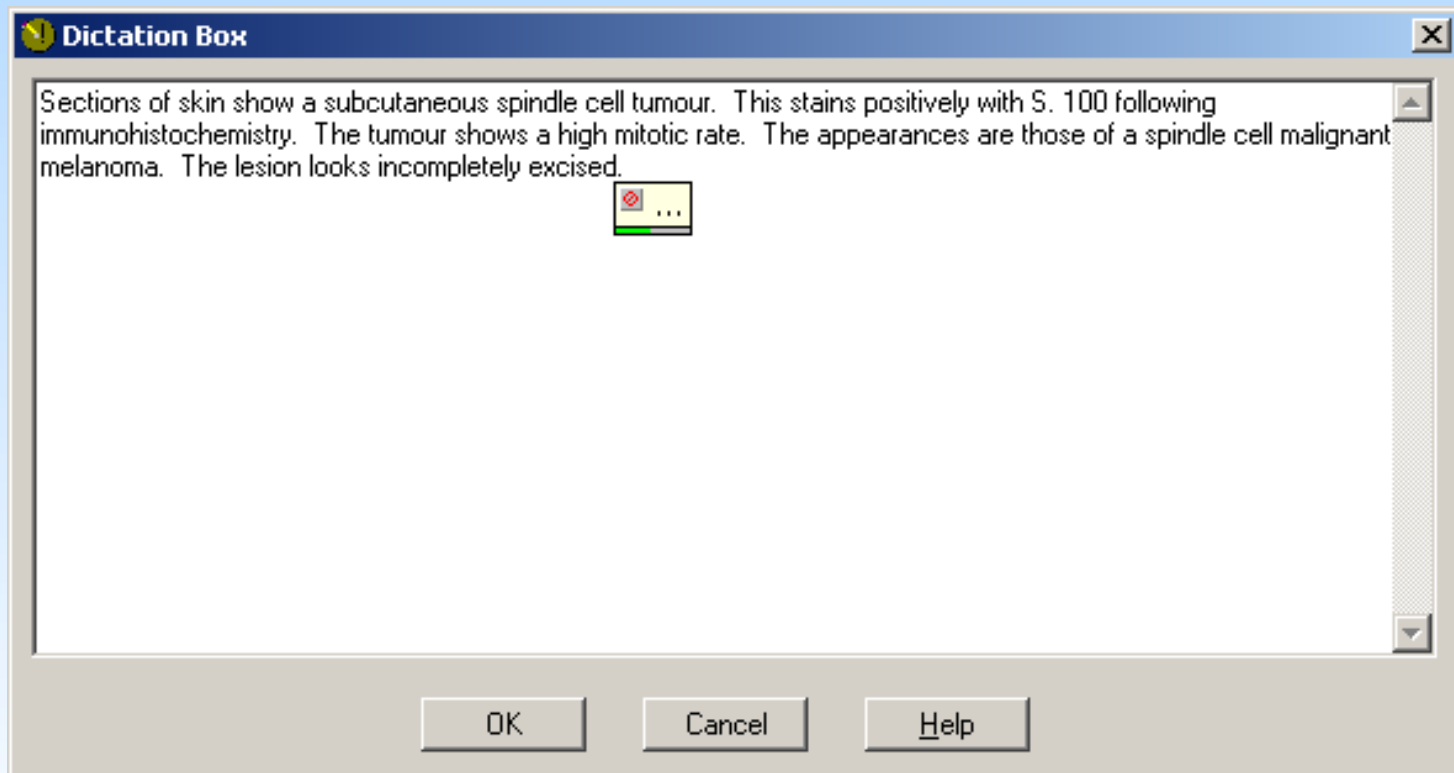
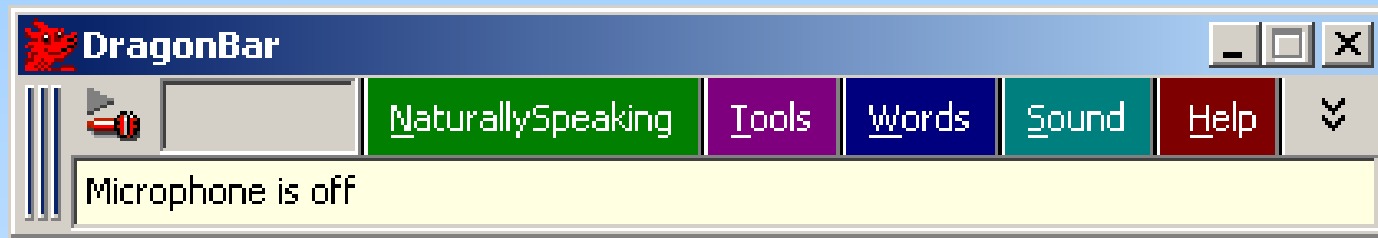
- Pathologist hand writes or dictates report on to tape
- Clerical staff transcribe report on to report form
- Pathologist accesses completed report to check
- Pathologist may need to request amendments
- Finally, pathologist authorises report

PathSpeak Voice Recognition Reporting

PathSpeak System

- Barcode on request form brings up case on screen
- Pathologist dictates report in Microscopy Section
- Pathologist speaks SNOMED codes
- Pathologist authorises report

PathSpeak Voice Recognition Reporting



PathSpeak Voice Recognition Reporting

070712 LARGENT, BERTIE A - CP Result Entry

File Edit Options General Flags Help

Specimen Number PS009446L/04 Add Comments

! 1 New

Report Description [] Printable Yes [v]
Reporting Pathologist COTT Reporting Screener 3000

COLORECTAL CANCER HISTOPATHOLOGY REPORT

Sections of large bowel show fully excised, moderately differentiated adenocarcinoma. This penetrates the muscularis propria but is 0.5mm from the peritoneal surface. Lymph nodes are free of metastasis.

GROSS DESCRIPTION
Site of tumour: sigmoid colon
Maximum tumour diameter: 32mm
Distance of tumour to nearer margin (cut end): 70mm
Presence of tumour perforation (pT4): yes [] no [**XX**]

For rectal tumours
This form is applicable to the anterior resection of rectal tumours.

Medical Codes
T67000 - COLON
CR - CANCER REGISTRY
M80103 - CARCINOMA

S - Clinically Approved [v]
Authorise Reject

On file HIST / PATH / LAB CAPS INS NUM

PathSpeak Voice Recognition Reporting

- Some reports are very simple and repetitive.
- Such reports can be placed in canned text
- E.g. “This is a section of skin showing a benign epidermal cyst. The lesion appears fully excised.”

PathSpeak Voice Recognition Reporting

- More complex reports require free text
- For example, excision of breast carcinoma with associated lymph nodes
- This text can also be added to Minimum Data Sets

PathSpeak Voice Recognition Reporting

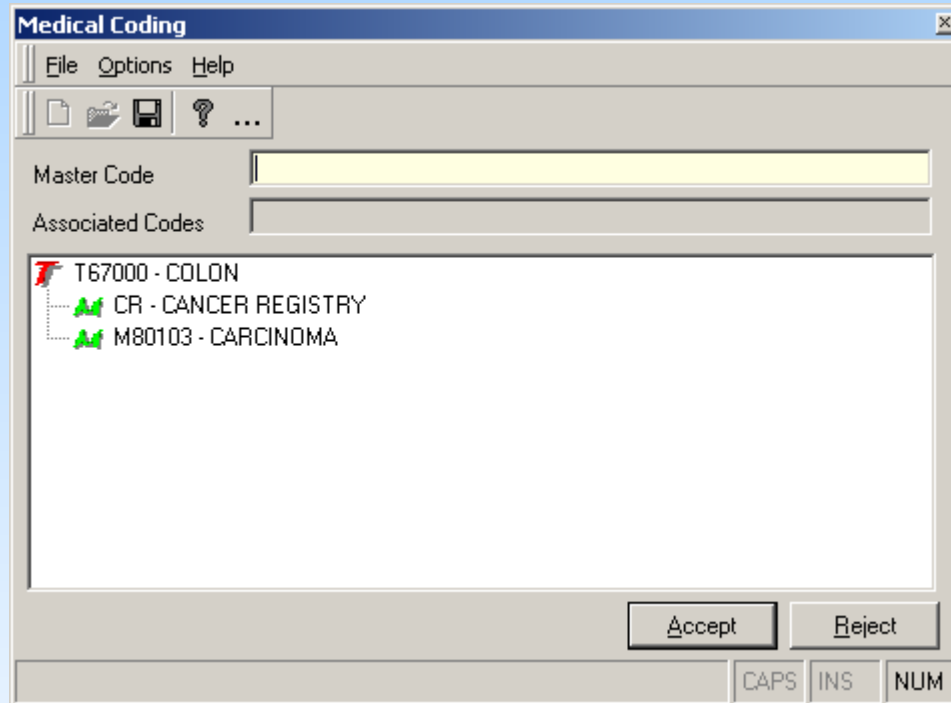
All pathological diagnoses are allocated SNOMED codes at the end of the report

T codes = organ/body site

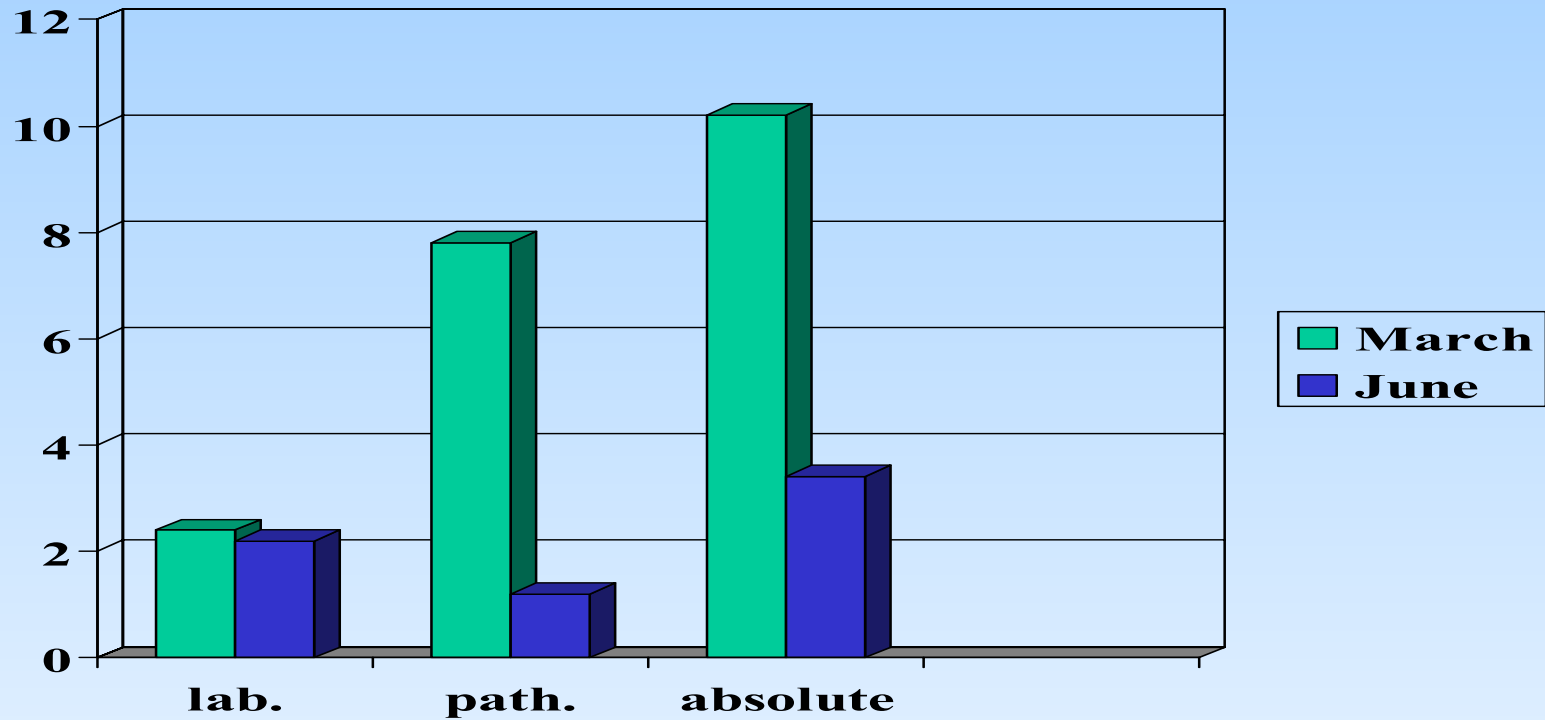
M codes = disease

The report cannot be authorised without this coding

PathSpeak Voice Recognition Reporting



Comparison of conventional dictation against PathSpeak



	Total cases	Laboratory phase	Pathologist phase (Range)	Absolute turnaround time
March	487	2.4days	7.8 days (0-15)	10.2 days
June	373	2.2 days	1.2 days (0-9)	3.4 days

Pathology Services

