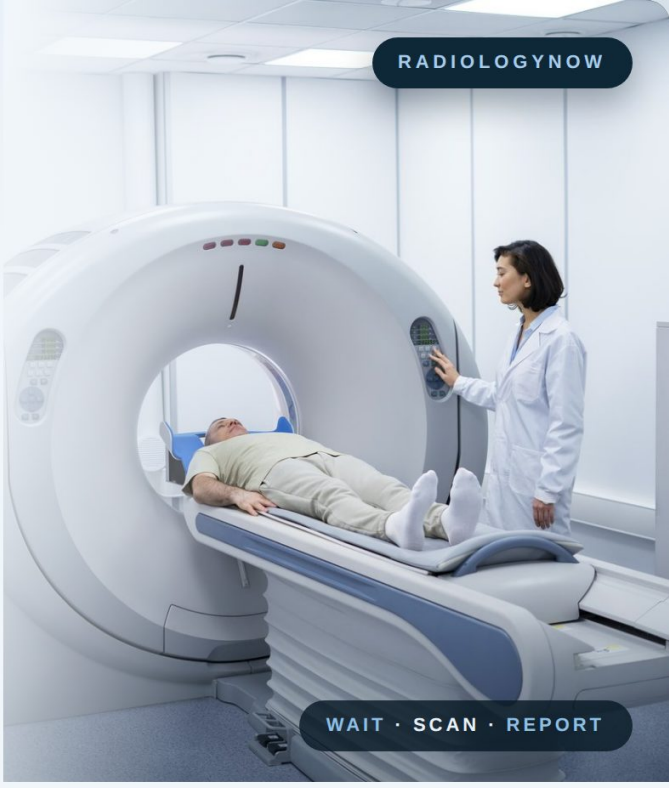
SOPEO NOW RADIOLOGY*NOW*

The scan takes minutes. The visit takes hours. RADIOLOGY NOW closes the gap.

Most of a radiology visit is waiting — to register, for the scanner, for the report. Radiology NOW clocks every step from order to handover, with one job: **shrink the wait.**

Book it. Run it live. Account for every wait.



LIVE
EVERY MODALITY, ONE LIVE WALL

Per modality or all

CLOCKED
WAITS & IDLE, MEASURED LIVE

Not at month-end

AUTO
REPORTS & ALERTS, BY EMAIL

Daily · monthly

HOW IT SHRINKS THE WAIT

Book every slot

Shifts and bookings reconciled — idle gone before day one.

Run the floor live

Who's waiting, who's scanning, what's idle — one wall, live.

Close every wait

Check-in to handover, clocked to a threshold — slips show early.

ONE VISIT · ORDER TO HANDOVER

ORDER → COMMITTED → BOOKED → CHECKED IN → IN SCAN → REPORTED → HANDED OVER

Visit time starts on the schedule.
So every modality hour is planned to be filled.

Define each modality's week once; utilization fills in as bookings land. Idle machines and clashing diaries get caught before a patient arrives.

THE WORK SCHEDULER

Shifts in, utilization out.

Set each modality's week once — **utilization computes per modality** as bookings land. An empty afternoon shows early; an overlapping shift is flagged before it saves.

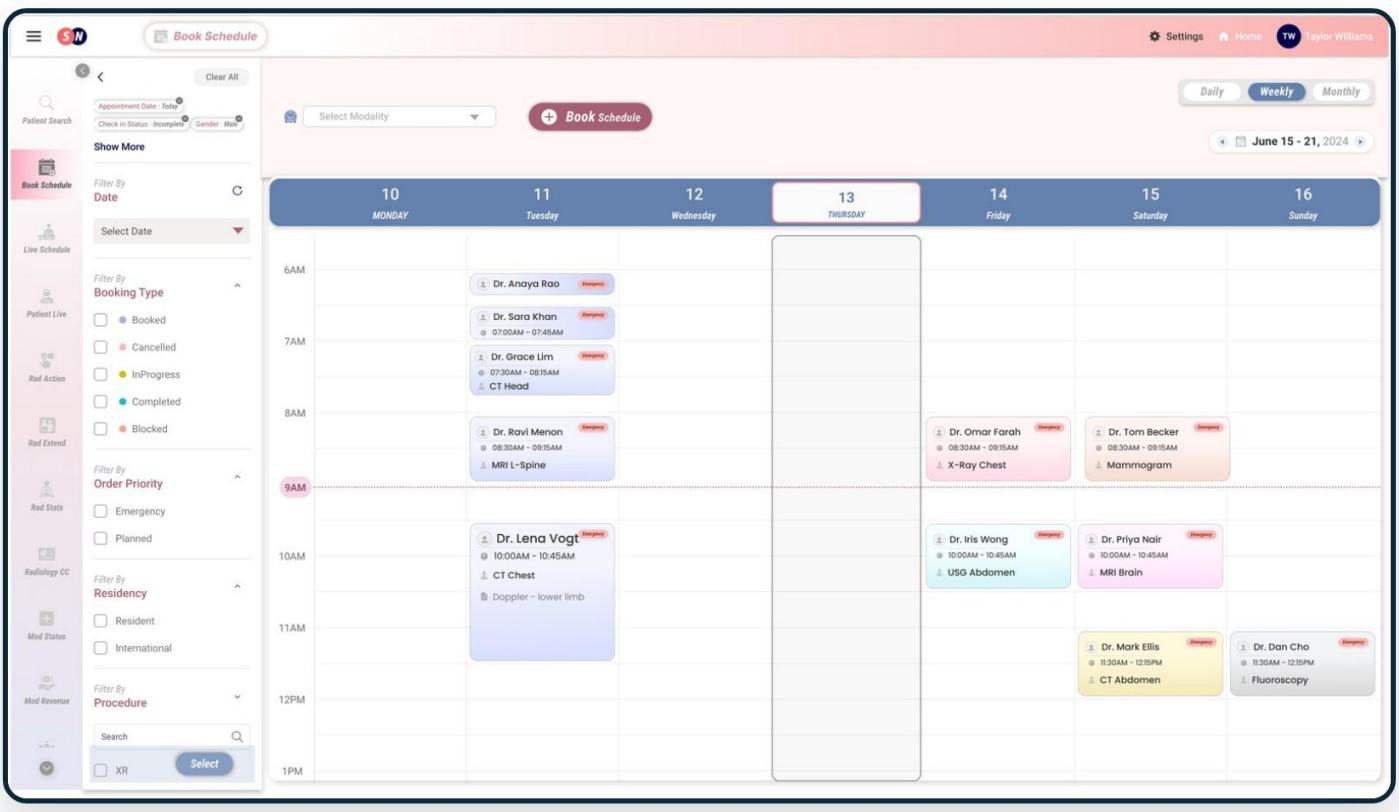
PER MOD
SHIFTS & UTILIZATION, AT EACH MODALITY

0
EMPTY SESSIONS DISCOVERED ON THE DAY

SCHEDULE BOOKING · MINIMISED IDLE TIME

Every modality's week, as space to fill.

Colour-coded blocks by booking type and priority — **unbooked capacity becomes space to fill,** not a gap found on the day. The white on the calendar is idle time you can still book.



The day's slots, at a glance.

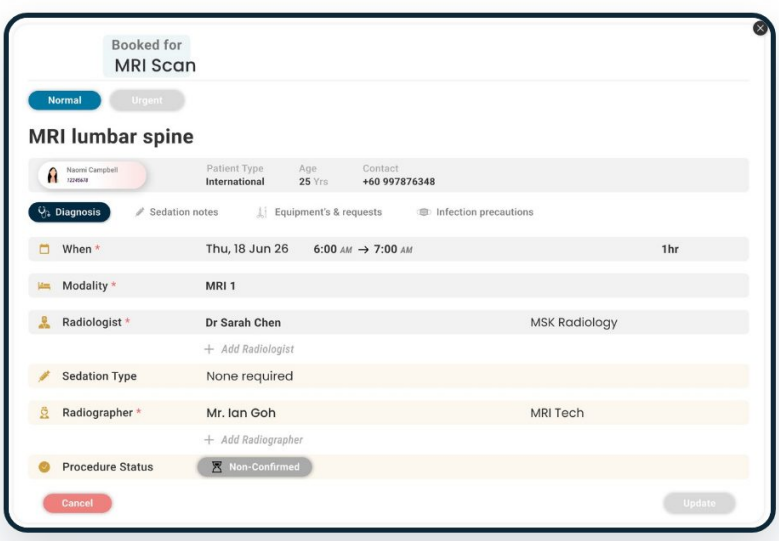
The day's confirmed bookings, hour by hour — **ready to drop the next order into any gap** the moment one opens.

SEAMLESS BOOKING

Five fields, and the slot is real.

Procedure, modality, slot, radiologist, radiographer — **reconciled before it confirms.** Sedation, equipment and infection precautions ride the same record.

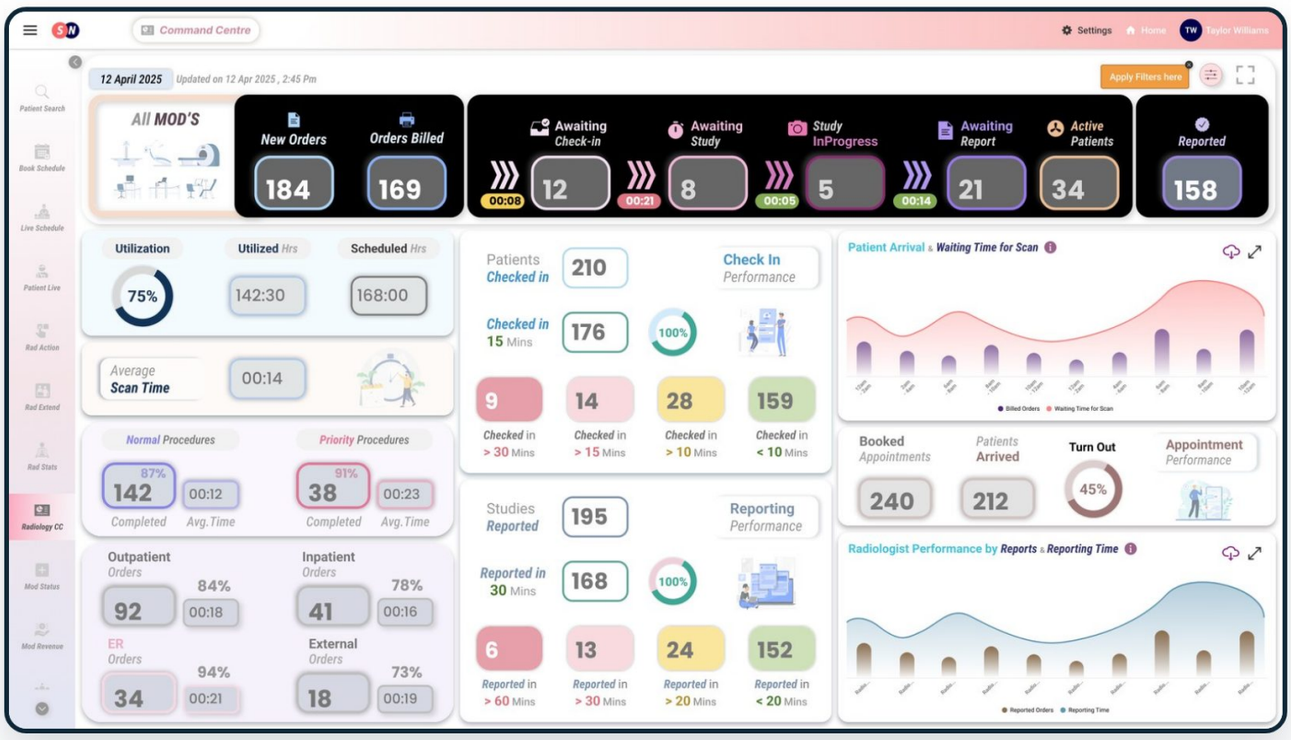
No calls to the desk. No double-booked radiographer at the console.



From the first order to the last report, the whole department is on one wall.

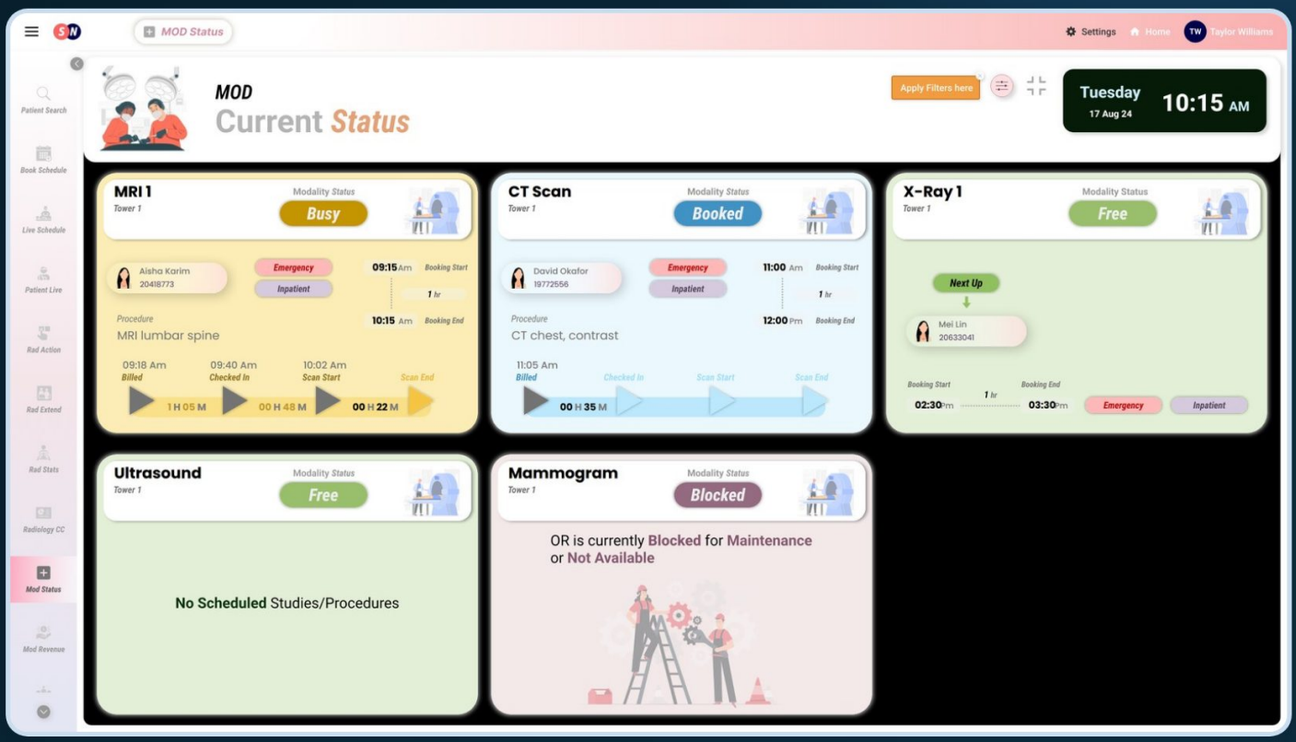
Every modality, patient and wait on one live view — whole-department or single-machine. A status wall shows what each modality is doing this minute.

THE RADIOLOGY COMMAND CENTRE



The whole department on one wall — **orders, waits for check-in, study and report, utilization, scan and waiting time, live** — for the suite or any one modality. The wall answers before anyone asks.

MODALITY STATUS · THE WHOLE FLOOR, ONE GLANCE



"What's MRI 1 doing right now?"

Busy, booked, free or blocked — each card with patient, study and timing, and the next study below. **No corridor walk, no mid-scan phone call.** Idle shows on the wall, in time to fill it.

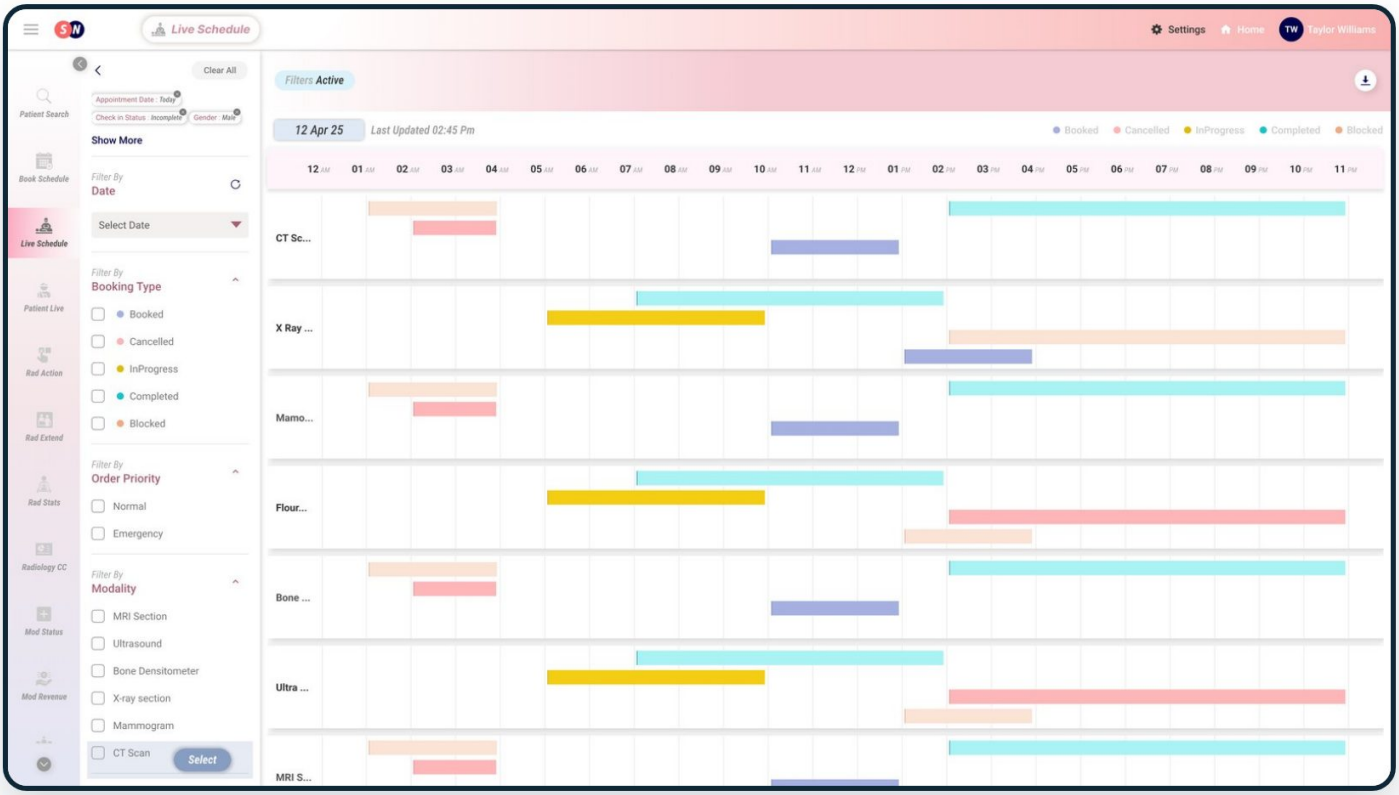
A scan is minutes of work wrapped in hours of waiting. Radiology NOW watches the wait.

It starts on one wall: every study, every modality, on a single live timeline — booked, in progress and completed, with every empty slot visible in time to fill it.

LIVE SCHEDULE BOARD · ALL MODALITIES

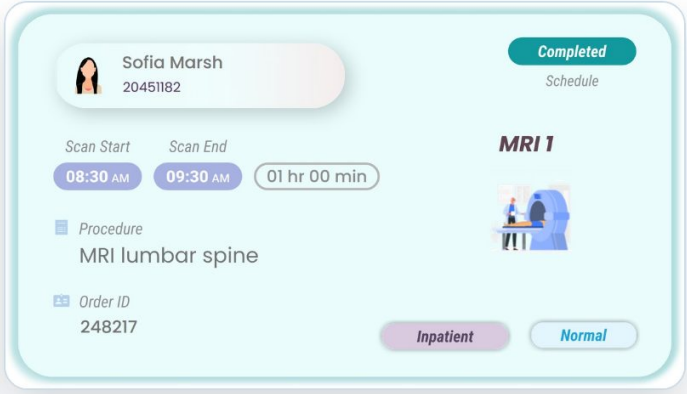
Every modality's day, on one timeline.

Booked, in progress, completed, cancelled, blocked — **colour-coded against the clock,** live. An empty slot is white space on the wall — **visible in time to fill it.**



Tap any block for the live card — patient, study and clock:

In progress — scan-start clocked, the slot goes live everywhere.



Completed — scan-end and duration logged; the slot frees up.

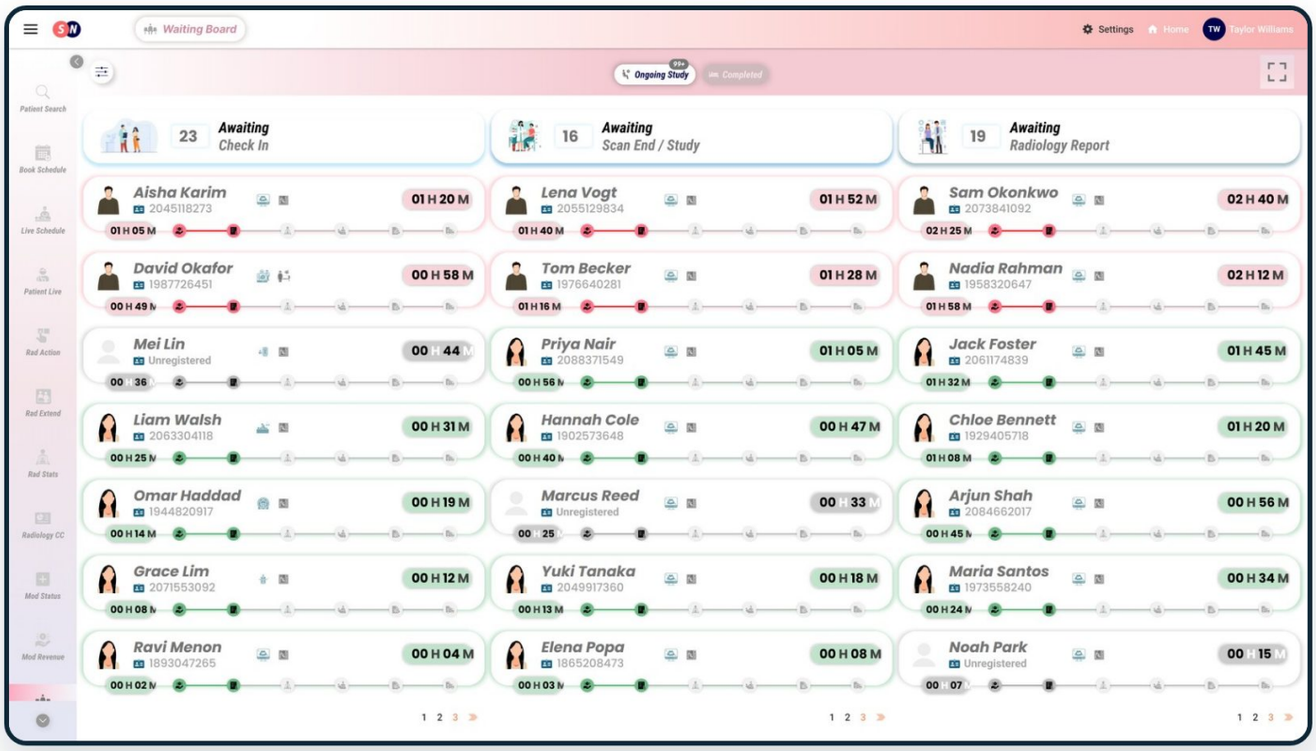
You can't shrink a wait you can't see. So the board surfaces every one — longest first.

Three queues on one board — awaiting check-in, awaiting study, awaiting report — each timed against its own threshold. A wait about to breach turns colour while there's still time to act, and whoever has waited longest sits at the top.

LIVE WAITING BOARD · AGAINST THRESHOLD

Awaiting check-in, study, report — each on the clock.

Three queues, one board — **awaiting check-in, study and report delivery,** each on its own threshold. A wait about to breach turns colour while you can still act on it.



Awaiting check-in

Booked, not yet arrived — the clock starts at the appointment.

Awaiting study

Checked in, waiting on the modality to be called through.

Awaiting report

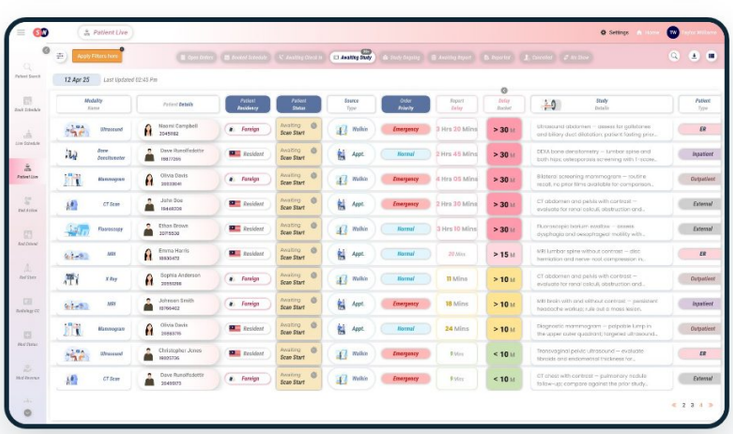
Scanned, waiting on the report and handover to close out.

THE PATIENT WORKLIST · SORTABLE BY WAIT

The longest wait, surfaced first.

Every waiting patient is a row — sortable by wait, so the person who has waited longest sits at the top. **Triage by time, not by who asks.**

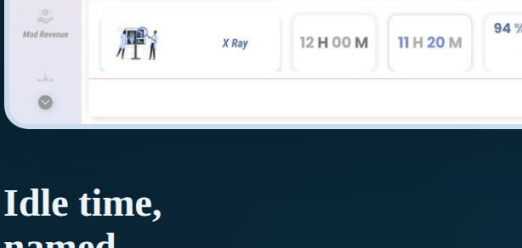
One list, the whole floor: nothing slips because no one was watching that queue.



The two events that frame the visit: arrival in, report out — both on the record.

Two moments bound the visit — when the patient arrives, and when the report reaches their hand. Radiology NOW captures both with a tap and turns the gap into a number you manage.

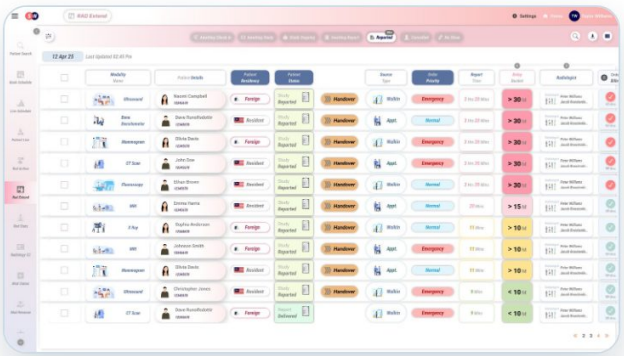
CHECK-IN RECORD · LOG THE ARRIVAL



Arrival, logged the moment it happens.

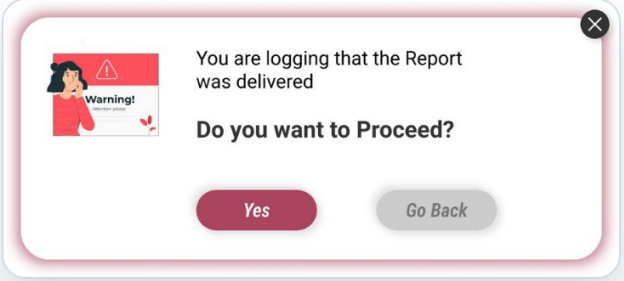
One tap logs the **physical arrival time** — the clock every wait is measured from. A confirmation keeps it deliberate: arrived means arrived.

Report handover, on the record.



One tap logs the **report handed to the patient** — the event that closes the visit. Visit time is real the minute it's tapped, not reconstructed.

Confirmed, not assumed.



Marking a report delivered opens a confirmation — **signed and timestamped** — so handover is a record, not a guess.

LIVE MODALITY STATS · UTILIZATION & IDLE

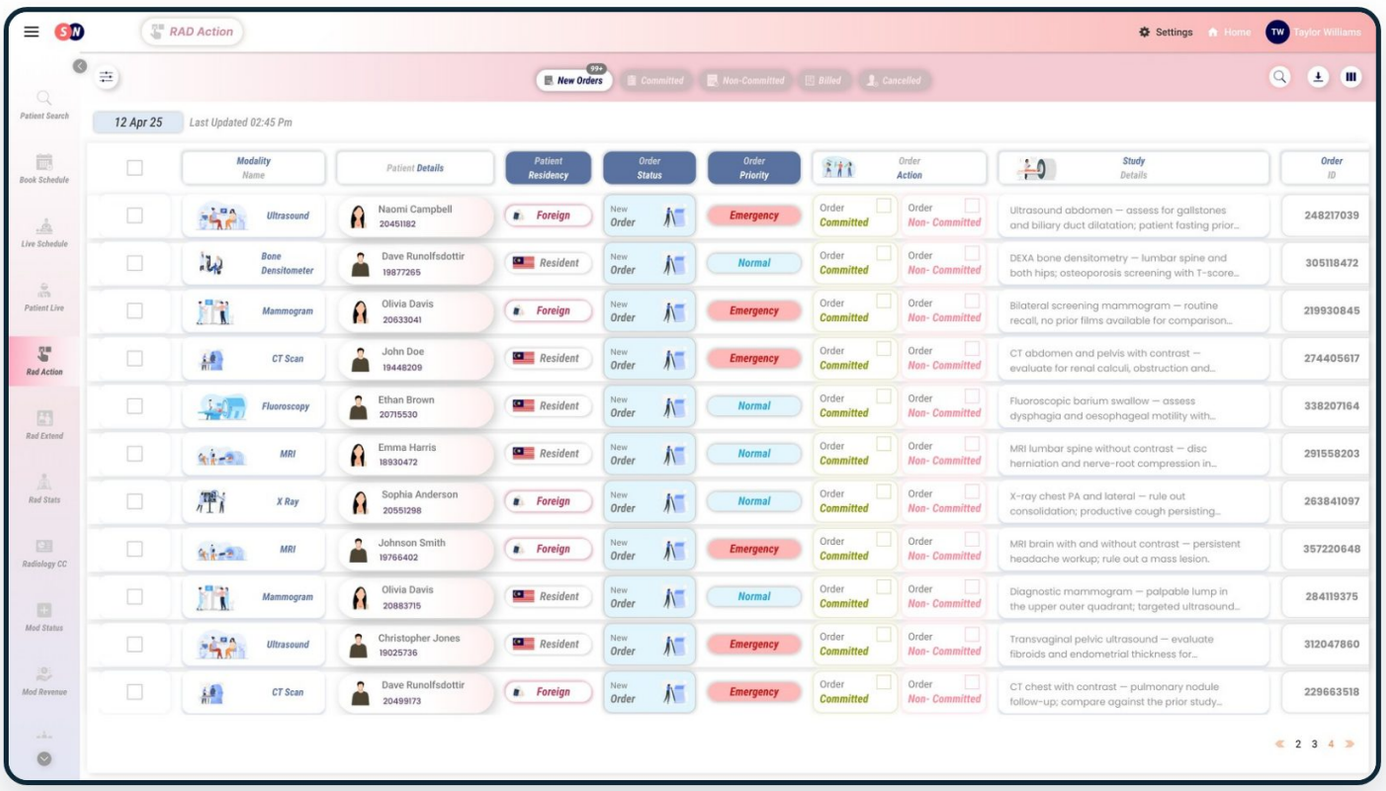
Idle time, named.

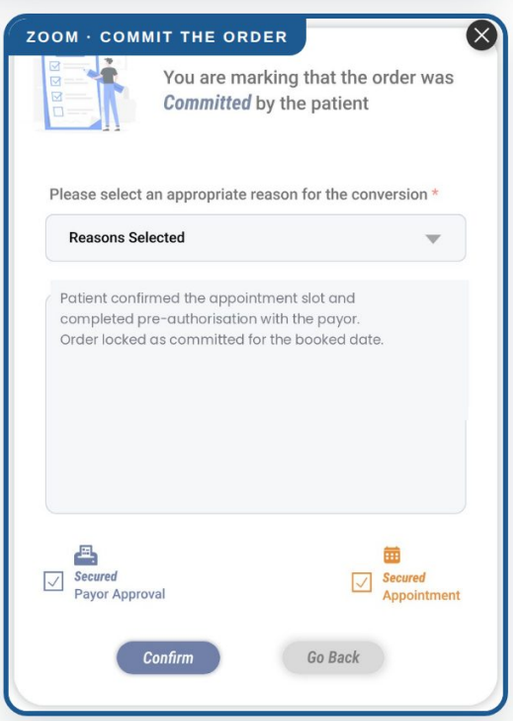
Every modality's utilization and idle time, live — so **booked-vs-used** is a number on the wall, not a month-end surprise. Spare afternoons get defended in the morning.

A modality is only as full as the orders that convert — and the patients who arrive.

Visit time is won upstream too: an order that won't convert is an empty slot; a stalled approval is a no-show in waiting. Radiology NOW locks committed orders, tracks revenue by modality, and shows the whole patient on one screen.

COMMITTED ORDER FORECAST





Every order, committed or chased.

Mark an order **committed and log the appointment** — payor approval and a booked date — so the slot is real and **leakage shows before it empties a machine.**

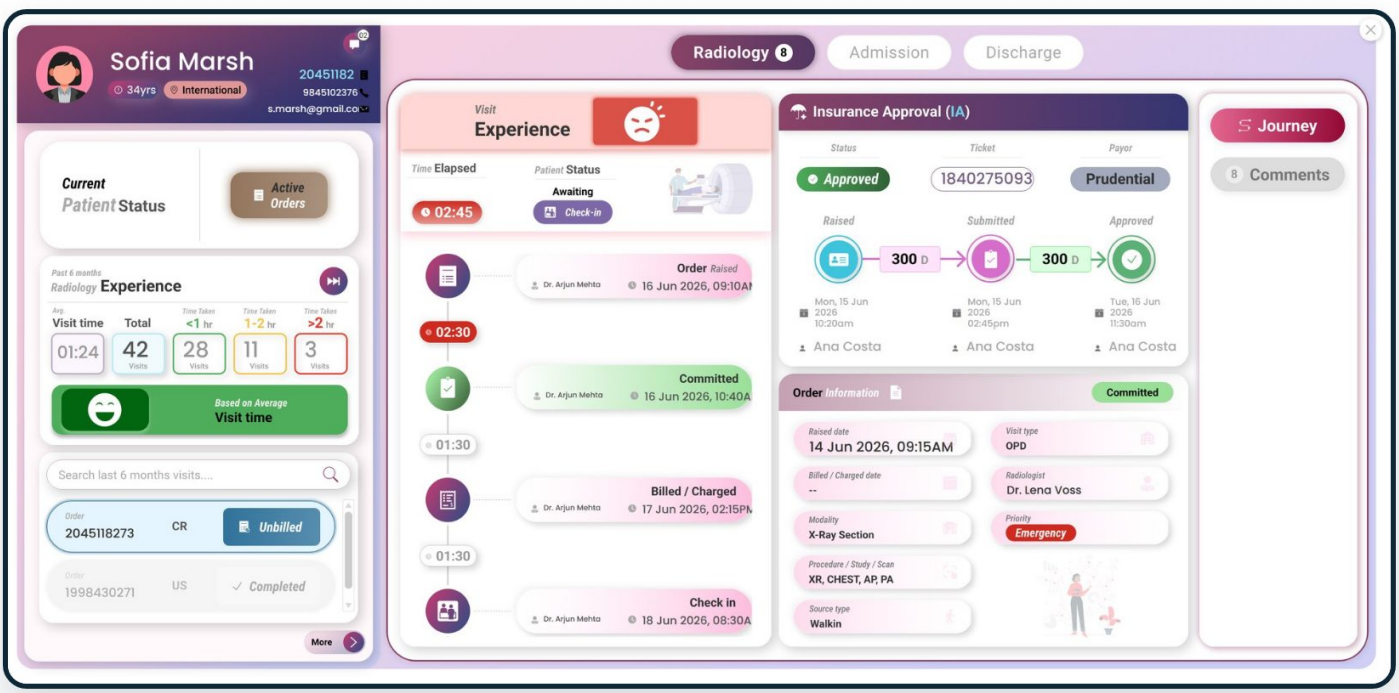
The whole patient
— history, live journey and insurance, on one screen.

When the desk can see everything about a patient at once — six months of visits, the live timeline of today's study, and the insurance approval in flight — they answer the payor and move the patient without opening a second system or making a call.

REALTIME PATIENT CENTRAL · ONE SCREEN, WHOLE PATIENT

Everything about the patient, in one place.

Status and contact, a six-month visit aggregate, the live experience timeline, and **insurance approval embedded live** — no tab-hopping, no chasing, no guesswork at the desk.



Six months, aggregated.

Total visits and average visit time, bucketed under and over an hour — the patient's whole history at a glance.

The live journey.

Order raised → committed → billed → check-in, each timestamped — so today's visit is a timeline, not a guess.

Insurance, embedded.

Approval status, payor and ticket in the same view — the desk answers the payor without leaving the screen.

The business behind every scan — orders, billing and revenue, by modality, live.

Every order that converts is revenue; every one that stalls is an empty slot. Revenue by Modality follows the whole funnel — new, committed and billed orders — and turns it into current, accrued and total revenue for each modality, trended over time.

REVENUE BY MODALITY · ORDERS → BILLED → REVENUE

Every modality's revenue, on one board.

New, committed and non-committed orders, the share billed, and **current, accrued and total revenue per modality** — each row carrying its own live trend line.

The funnel, counted.

New → committed → billed, per modality — so leakage shows as a number before it empties a machine.

Revenue, three ways.

Current, accrued and total — earned, pending and the full picture, side by side for every modality.

Trend on every row.

A live sparkline per modality — momentum you can see at a glance instead of digging for it.

Visit time, in writing.
Every modality. Every day. Every month.

What the boards show live becomes the record you run on: automated daily and monthly reports — procedures, utilization, waits, billed-vs-scanned — in every inbox before anyone asks.

REPORTS · DELIVERED, NOT REQUESTED

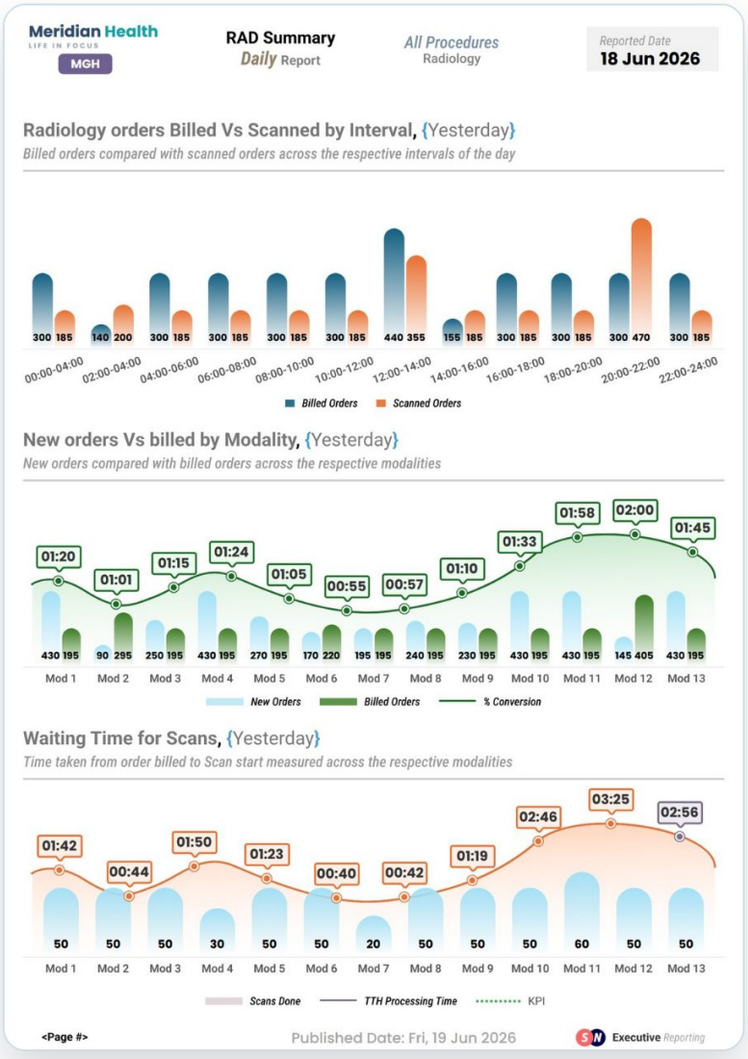
The numbers arrive before the questions do.

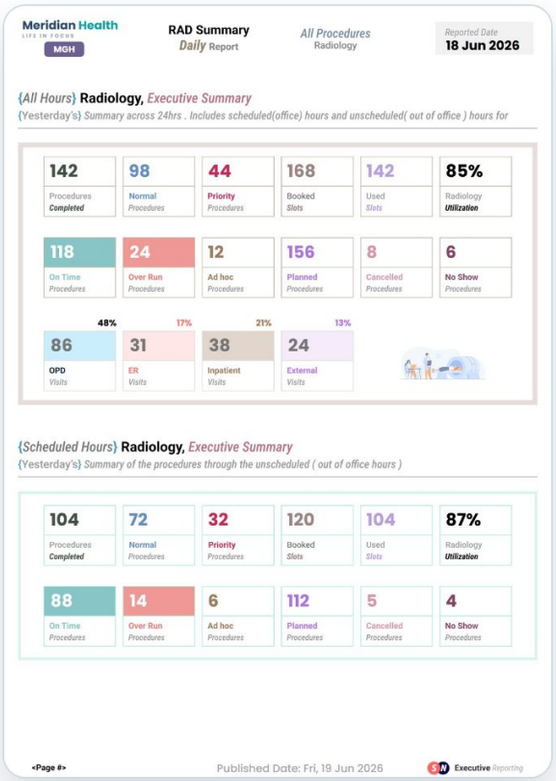
A **daily summary** every evening, a **monthly roll-up** every month — procedures, on-time and over-runs, slots, utilization, no-shows, and billed-vs-scanned by interval and modality.

DAILY
EXEC SUMMARY, EVERY EVENING

MONTHLY
ROLL-UP, EVERY MONTH

EMAIL
STRAIGHT TO STAKEHOLDERS





One objective — the average visit time.
Fifteen features pulling the same way.

Same SOPEONOW platform as **OR NOW, ER NOW and Patient Connect** — one system, nothing new to maintain. Book a walkthrough and watch your waits shrink.

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