

DIAGNOSTICS AND PHARMACY

Know where the work is, and where it stalls.

Laboratory, imaging and pharmacy measure themselves against targets your own leads set, and keep what people type from being lost.

Laboratory

Results	Specimens with barcodes, results against ranges, a second person verifies, critical alerts escalate until one acknowledgement closes them for everyone.
Turnaround	Median and 90th percentile minutes per priority, against targets the laboratory sets. With no target set, nothing is called late.
Delta checks	A verified result that differs from the same patient's previous result by more than your rule asks the verifier to look again. No rule ships.
Home collection	Visits with an address and window, an assigned collector, and a failed visit becomes a task to rebook. Collected specimens continue through the normal worklist.
Analysers	Results arrive through HL7 v2 or ASTM into a quarantine where unmatched messages wait for a person.

Imaging

Reading worklist	Most urgent first, longest waiting; a reader takes a study and can give it back. Report turnaround against department targets.
Scanners and dose	Scanners and their use; dose typed by the radiographer (header values are offered for copying, never summed automatically); medians against reference levels the department enters.
Critical findings	A critical note raises an urgent task for the ordering doctor, escalating, until someone acknowledges it. Recommended follow-up imaging stays listed until ordered or closed with a reason.

Pharmacy

Stock and fills	Expiry-first ledger, purchasing, returns. First fills, part fills with the balance owed, completions and refills, with an early-refill reason recorded. A controlled drug is never refilled; a prescription over a year old is not refilled.
Controlled drugs	Dispensing, return or adjustment needs a second person signed in as themselves, valid for 15 minutes and one use. The register shows a running balance and who witnessed each movement.

What it does not do. It reads no images and decides nothing clinical; no automatic phone or page for a critical finding (tasks and escalation are the mechanism); no DICOM C-FIND; no e-prescription transmission; no drug knowledge base, so interaction and dose checks say "unavailable". No real analyser has been connected.