

Use of a Referring Physician Survey to Direct Departmental-Wide Radiology Quality Improvement Efforts

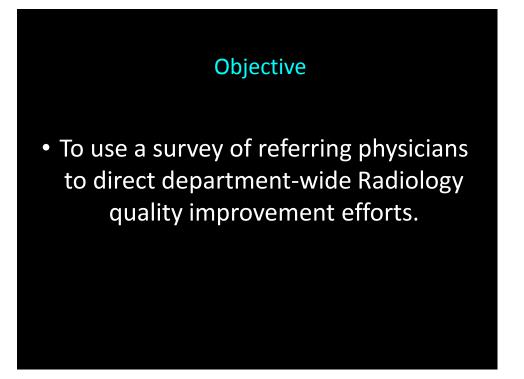


Andrew B Rosenkrantz, MD MPA John McMenamy, MD. Jill E Jacobs, MD. Danny Kim, MD. RNSA Abstract ID#: 14002298



Methods

- An important component of a Radiology department's patient care efforts is meeting the needs of its referring physicians.
- A Radiology department can actively seek out feedback and opinions from its referring physicians to ensure physician satisfaction.
- Such feedback informs radiologists regarding how they are perceived by their referrers and provides valuable information to guide the department's quality improvement efforts.



Methods

- Solicited referring clinicians of the Radiology department at a single large academic medical center to complete a multiple-choice question anonymous survey
- Questions pertained to the quality of service provided by the department and were scored using a 1-5 Likert scale
 - 5 indicated highest level of satisfaction
- Surveys could be completed by paper or electronically.

Methods

- Following survey collection, a departmental Quality Improvement committee, comprising members from all subspecialties, implemented a number of departmental initiatives in response to survey results.
- After one year, the survey was repeated.
- Survey responses compared between the two time-points using the Mann-Whitney U test.

Results: Overview

- Survey completed by:
 - 93 clinicians at baseline
 - 85 clinicians at follow-up
- Lowest reported quality at baseline related to:
 - Quality and consistency of reporting
 - Including management of incidental findingS
 - Accessibility of the radiologist
 - Immediate notification of emergent results
- In response, QI committee members worked with their respective subspecialty sections to implement departmental initiatives.

Results: Initiatives adopted

- (1) Developed structured reporting templates to replace standard prose text for the most commonly reported examinations for each section.
- (2) Created a standardized lexicon for consistently communicating the level of confidence in a provided diagnosis between radiologists and examinations.
- (3) Provided education regarding ACR Appropriateness Criteria and existing societal guidelines regarding consistent and optimal management recommendations.

Results: Initiatives adopted

- (4) Established embedded radiology reading rooms in a variety of clinical areas.
- (5) Expanded evening and weekend coverage.
- (6) Implemented a new policy for more rapid interpretation of "stat" examinations.
- (7) Crafted an enhanced policy for use of an electronic system for communicating and tracking important non-urgent findings.

Results: Follow-up survey findings

Agree that:	Baseline	Follow-up	р
"radiologists specifically answer the clinical question"	4.2±1.0	4.6±0.6	<0.001
"radiologists appropriately prioritize relevant and incidental findings in the report"	3.8±0.9	4.5±0.7	<0.001
"radiologists make relevant comparisons to prior examinations and correlations with other imaging examinations"	4.2±0.9	4.6±0.7	<0.001
"radiologists provide consistent imaging or management recommendations"	4.0±1.0	4.5±0.8	<0.001
"radiologists are accessible for consultations, examinations or procedures"	4.0±1.0	4.6±0.7	<0.001
"radiologists demonstrate professionalism in interactions"	4.6±0.7	4.8±0.4	0.024
"radiologists immediately provide notification of emergent findings"	4.3±1.0	4.6±0.7	0.007
willing "to recommend the center's Department of Radiology to others"	4.6±0.9	4.8±0.5	0.111

Discussion

- Simple survey of a Radiology practice's referring physicians can serve as an effective means of identifying areas to target for the practice's quality improvement efforts by highlighting those items that are most important or needing improvement in the eyes of its physician customers.
- Following specific actions taken in response to the survey results over the course of a year, we successfully demonstrated significant improvements in numerous performance areas, as judged by our referring physicians at the time of follow-up survey.

Discussion

- Future efforts can focus on the level of customer service provided to our patients and referring physicians in order to further improve clinicians' reported likelihood of referring our department to others.
- This survey-based initiative provides an easy and straightforward approach that other practices may apply to enhance their collaboration with referring physicians and improve the quality of care provided.

Conclusion

- We have demonstrated the use of a referring physician survey to direct department-wide Radiology quality improvement initiatives.
- Significantly improved physician satisfaction was documented at the time of annual follow-up.

References

 Nayak L, et al. A picture is worth a thousand words: needs assessment for multimedia radiology reports in a large tertiary care medical center. *Academic Radiology* 2012;20:1577-83.
 Akisik MF, et al. MRCP in patient care: a prospective survey of gastroenterologists. *AJR* 2013;201:573-7.

[3] Kumamaru KK, et al. Correlation between early direct communication of positive CT pulmonary angiography findings and improved clinical outcomes. *Chest* 2013;144:1546-54.
[4] Bosman JM, et al. How do referring clinicians want radiologists to report? Suggestions from the COVER survey. *Insights Imaging* 2011;2:577-584.

[5] MacDonald D, et al. Referring physicians' perceived benefits of PACS: a regional survey preand post-PACS implementation. *Radiol Manage* 2011;33:46-54.

[6] Lexa FJ, et al. The architecture of smart surveys: core issues in why and how to collect patient and referring physician satisfaction data. *J Am Coll Radiol* 2009;6:106-11.

[7] Lachter J, et al. Satisfaction of the referring physician: a quality control study focusing on EUS. *J Clin Gastroenterol* 2007;41:889-93.

[8] Johnson AK, et al. Improving the quality of radiology reporting: a physician survey to define the target. *J Am Coll Radiol* 2004;1:497-505.

[9] Kubik-Huch RA, et al. Referrer satisfaction as a quality criterion: developing an questionnaire for measuring the quality of services provided by a radiology department. *Rofo* 2005;177:119-23.
[10] Nielsen GA. Measuring physician satisfaction with radiology services. *Radiol Manage* 1992;14:43-9.

Correspondence

Andrew B Rosenkrantz Center for Biomedical Imaging 660 1st Avenue New York, NY 10016 212-263-0232 Andrew.Rosenkrantz@nyumc.org