Barking, Havering and Redbridge University Hospitals NHS Trust

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LEADING THROUGH CHANGE

Reporting Backlog Clearance Campaign

Department of Radiology, Barking Havering and Redbridge University Hospitals NHS Trust, United Kingdom

Dr. Pravin Ghadge
Dr. Bellam-Premnath Krishna Prasad
Dr. Sagar Maheshwari
Dr. Nameet hattangadi
Dr. Harish Nagraj

Corresponding Author:
Dr. Pravin Ghadge [MBBS, DNB, FRCR, EDiR]
Barking Havering and Redbridge University Hospitals NHS Trust, United Kingdom
Email - prawinda@gmail.com/pravin.ghadge@nhs.net

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Introduction

Learning Objectives

- To analyse a problem
- To engage colleagues to participate in solving the problem
- To demonstrate teamwork

Target Audience

- Practicing general and specialist radiologists
- All decision-makers

Content Organisation

- Background
- Methods
- Results
- Discussion
- Conclusion

Background

Compromised general reporting sessions in consultant job plans owing to increased demand from A&E and MDT commitments

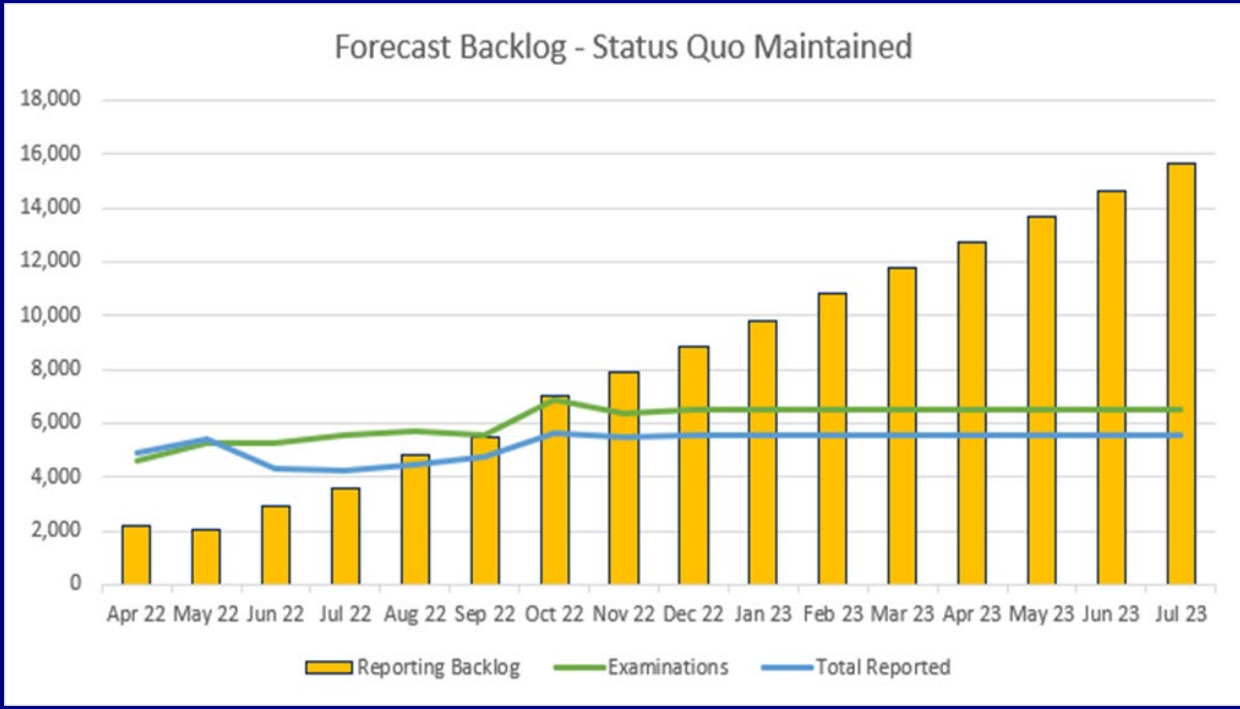
Post-pandemic surge in elective cross-sectional imaging requests

Technical challenges with IT and new RIS

Outdated arrangements for additional reporting (insourcing)

Lack of motivation to help with additional/ extracontractual work

Drivers influencing backlog in cross-sectional reporting



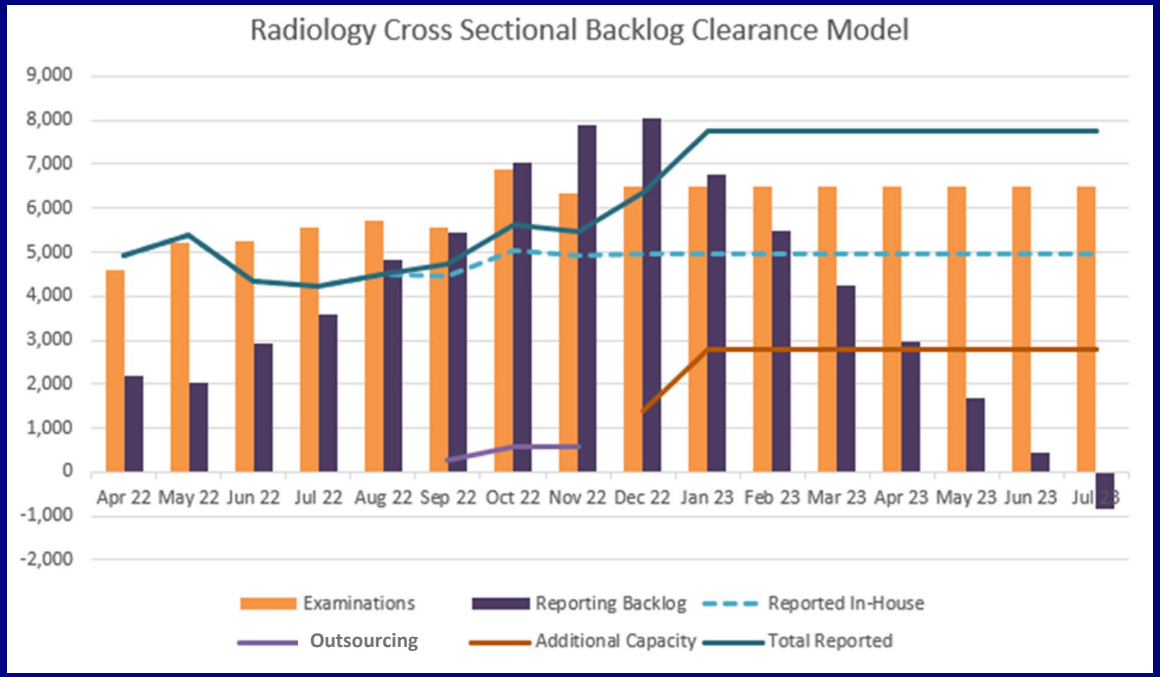
Methods

Traditional additional reporting system (insourcing): radiologists to pick and choose scans to report outside contractual hours

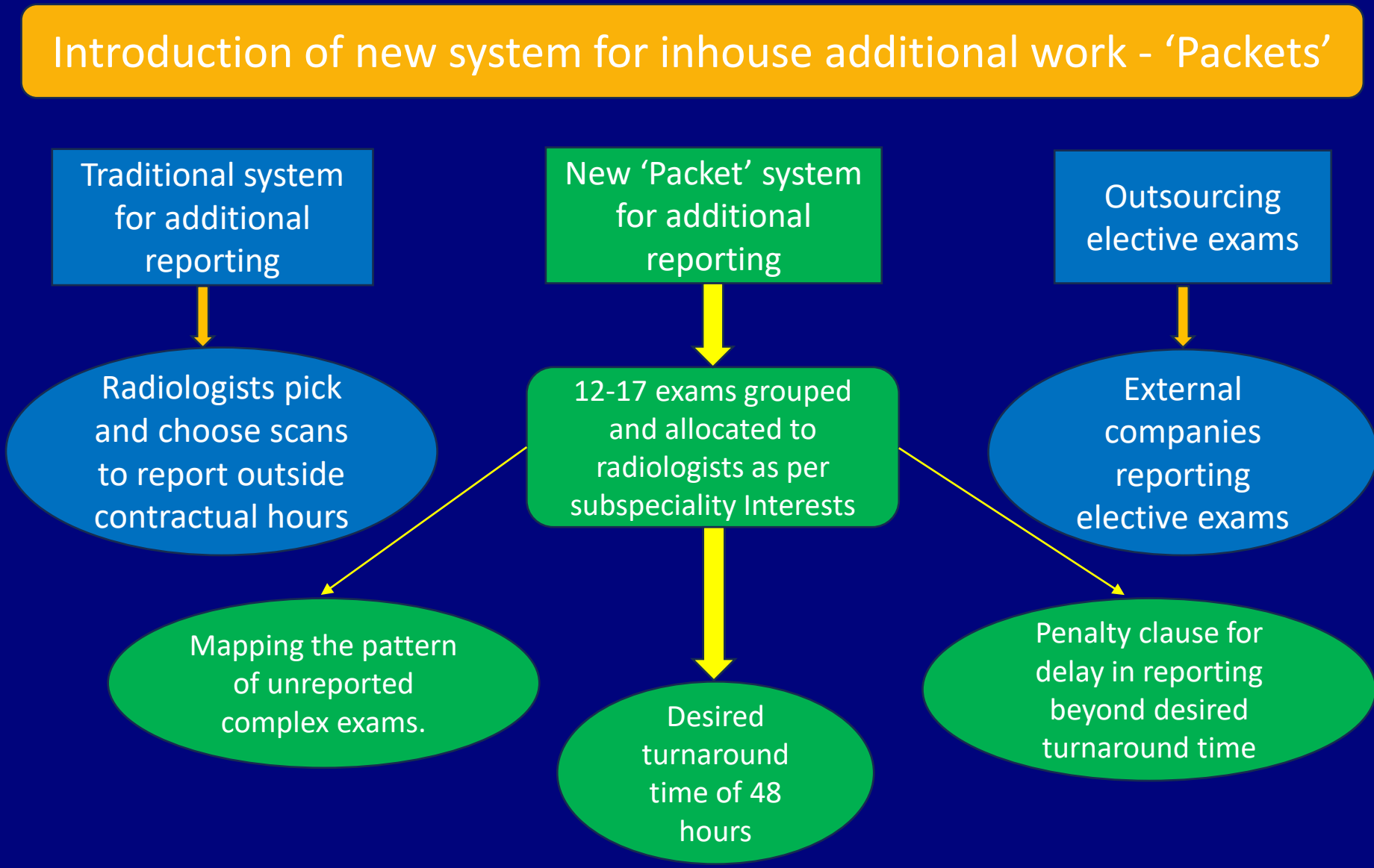
New insourcing system - 'Packets': radiologists paid for reporting a group of 12-17 scans based on subspecialty interests, at a set rate and complexity level.

Outsourcing elective scans to external teleradiology companies

Proposed model for reporting backlog clearance



Methods


Introduction of new system for inhouse additional work - 'Packets'
Traditional system for additional reporting
New 'Packet' system for additional reporting
Outsourcing elective exams
Radiologists pick and choose scans to report outside contractual hours
12-17 exams grouped and allocated to radiologists as per subspeciality Interests
External companies reporting elective exams
Mapping the pattern of unreported complex exams.
Desired turnaround time of 48 hours
Penalty clause for delay in reporting beyond desired turnaround time

Results

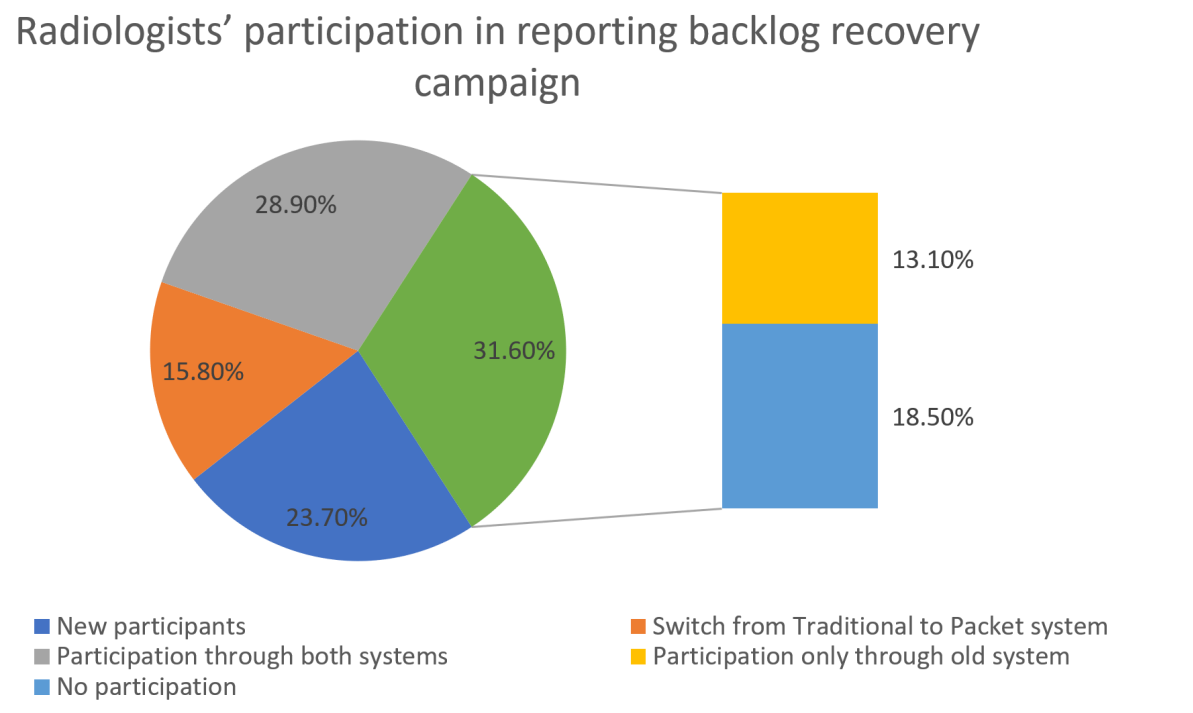
9 out of 38 (23.7%) radiologists were new participants using the packet system

6 out of 38 (15.8%) radiologists moved from traditional to packet system

11 out of 38 (28.9%) radiologists participated through both traditional and packet systems

5 out of 38 (13.1%) radiologists preferred only traditional system

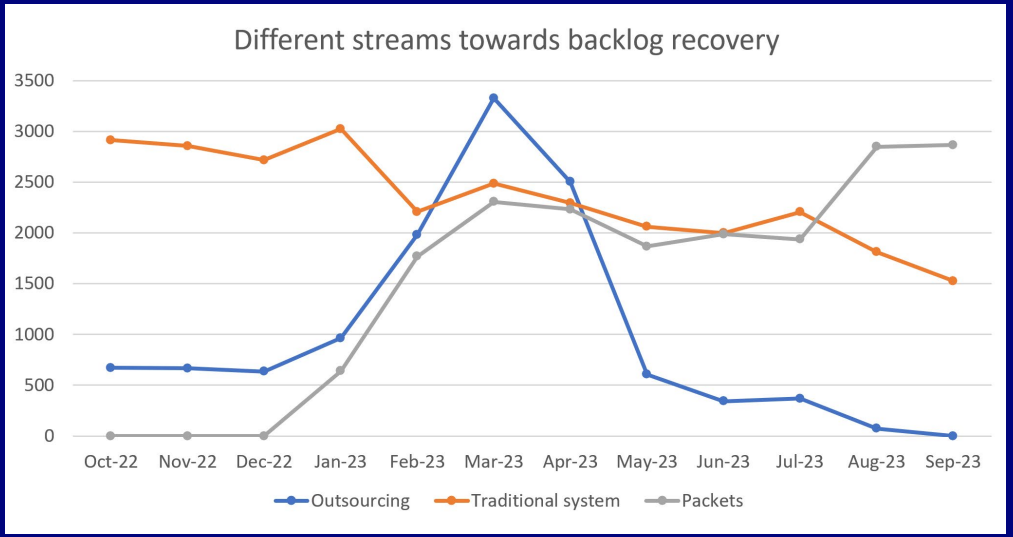
Contribution of Radiologists – Traditional vs. Packet System



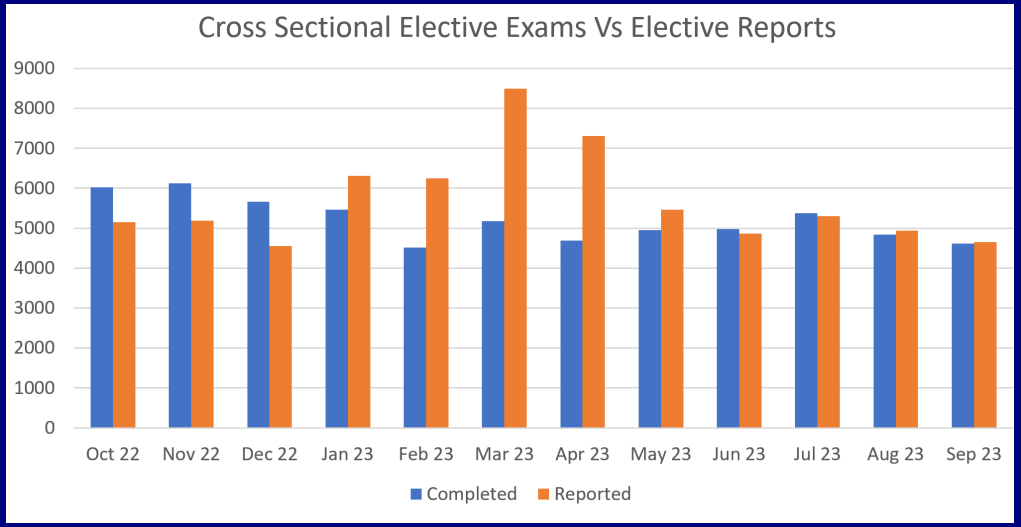
7 out of 38 (18.5%) radiologists did not participate in any type of additional reporting systems

Results

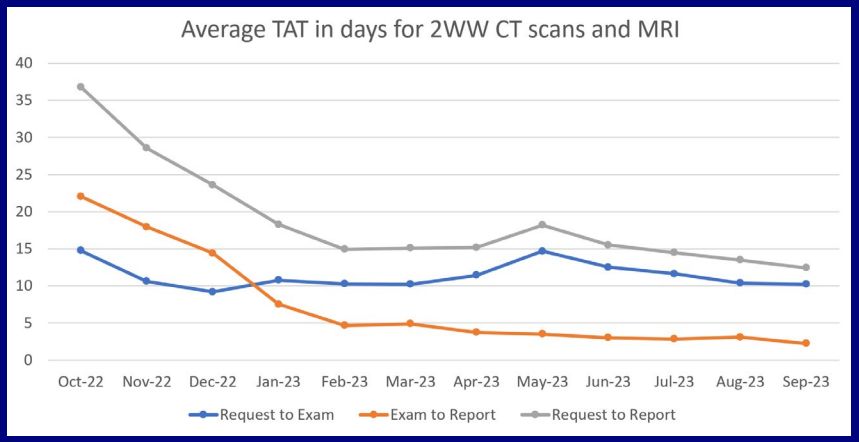
Cumulative effect of traditional system, packets and outsourcing from January 2023 to May 2023 resulted in reporting backlog recovery

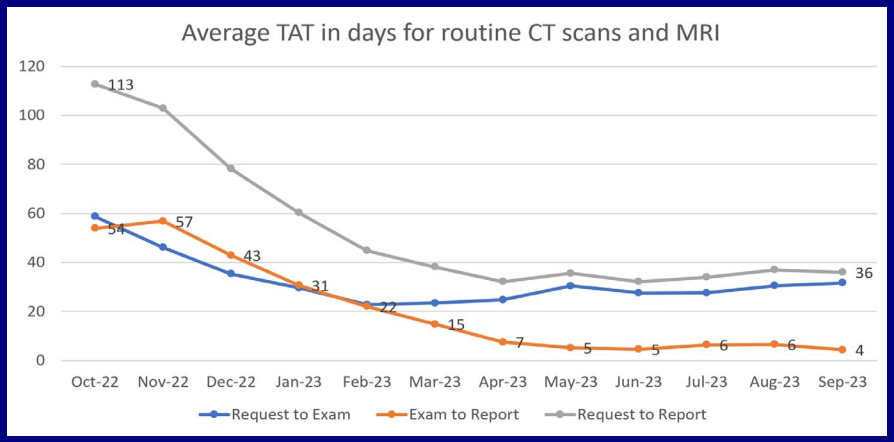


Cross-sectional elective reports exceeding completed exams from January 2023 to May 2023 resulted in backlog recovery earlier than predicted in the backlog clearance model



Results





Average TAT for cancer (2WW) cross sectional exams (Request to Report) improved significantly from 37 days in Oct 2022 to 12 days in Sept 2023

Average TAT for routine cross-sectional exams (Request to Report) improved significantly from 113 days in Oct 2022 to 36 days in Sept 2023

Urgency	NHSE recommended maximum TAT	% compliance Sept 2022	% compliance Sept 2023
Acute	4hrs	84%	97%
Urgent inpatients	4hrs	57%	66%
All inpatients	24 hrs	78%	81%
Cancer	3 days	29%	73%
Urgent GP / outpatient	7 days	24%	83%
Routine GP / outpatient	28 days	34%	100%
Routine GP/OP	21 days (internal target)	40%	100%

Discussion

Positive outcomes of ‘Packet’ system

- Improved flexibility and productivity
- Control on prioritising cancer exams
- Motivation to participate in the campaign
- Better turnaround time and wider acceptability
- More cost effective than outsourcing
- Improved cancer waiting time and patient care

Conclusion

Summary

It is crucial for cancer to be diagnosed rapidly and for patients to receive the treatment they need. The ‘packet’ system for grouping scans is one that led to a breakthrough in additional work (insourcing) being carried out by our in-house radiologists. Not only did the process significantly improve cross-sectional reporting TAT for 2WW but also for routine reporting, enhancing the identification of incidental cancer findings.

Proposition

Additional resources were required to allocate scans to packets however, this is easily replicable in organisations where radiologists have reporting preferences.