

# Use of a Novel Web-based Tool to Improve Communication Between the Emergency Department and Radiology

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## Disconsider



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- timely and appropriate care.
  Dr Delman discloses being a consultant for With increasing radiologic subspecialization, Pology physicians may work in geographically disparate parts of the department.
- At our hospital, we anecdotally observed that a significant portion of incoming phone calls were misdirected to incorrect destinations.
  - This resulted in wasted time, increased interruptions, and delays in care because the referring clinicians could not efficiently navigate the radiology department staffing structure.

### Merthooses



- Suryeve were sent to both the and plants residents and ED clinicians (attendings, residents, physician assistants) to assessible at the companies of the comp
  - Radiology attendings and felloges were estimated replayed not answer the phone as often and only sit at a limited number of world afficiently would affive here there are red in a series of their satisfairs are the least than others
- Radiology residents were asked a series of multiple choice questions concerning misdirected phone calls and which stations were most often affected.
- ED clinicians were also asked a series of multiple choice questions concerning misdirected phone calls and which stations they were most often trying to get in contact with
  - They were also given a series of questions to assess their knowledge of commonly called radiology stations (Plain Film, CT Body, Ultrasound, Neuoradiology, Pediatrics, and Overnight).

#### Methods



- Arfited coolees on the stip of the sure of the coolees of the sure of the coolees radiology physicial sewofiked to design an — How often do you receive phone calls that require you to give the easy to different phone humber because they called the wrong climidial pressy altered ut the appropriate destination based on Whatiting of saylds ye in the hore hall baking for other radiology desks?
- Afternatherations was impleanted sforking x for a nath s, surveys were again sent to radiology residents and — Which rotation do you receive the most calls asking for a different ED calls asking for a different and sent to radiology residents and ED calls asking the same questions as before in ordenatorassassiconamyrsigniticontuchlangehim someone response wrong radiology desk?

Questions included in the follow up survey only:

— Additional questions were added to the ED survey to

— Since October 2017, you feel the number of times the ED calls the

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#### Methods



- • Quiztquestégestordes amengquestornantement:

  - How often do you call radiology and are told you called the During growth adiology and are told you called the number of called the number of called the number of called the number of called the sector back the widing number,
  - During hyperalistudions y working to set a med form), what number add any comments issues or concerns you have in contacting the radiology department you may have
  - Queing no included of the estion of transports (Singly of 19 in), what numbered on
    - Duth find that the beautiful of the state of
    - Overgight 会pertad and what on what on white spour feeling rapid the statement that most reflects your feeling about it

### Results: Resultervention

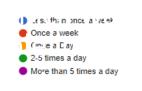


An interactive, editable schedule with phone
expensions (அதிர்க்கு) அது அது அதிக்கு அதிர்கள் அதிரு விறியில் விறியில

flovibility with changes in

How often do you receive phone calls that require you to give the caller a different phone number because they called the wrong radiology desk?





How often do you call radiology and are told you called the wrong number and given a different number to call?

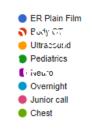




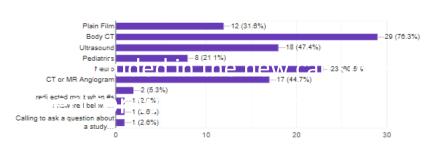
plain films, for when those numbers were unavailable.

Which rotation are you receive the most calls as king for a different radiology desk?





When you are told that you called the wrong rumber, what type of study are you trying to get a read for? (select all that apply)





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		8am	5pm	8pm	10pm	12am	8am			8am	5pm	8pm	10p	m 12am	8am			
	How often do you			Radiology Resident Responses						How often are you told			ld	Emergency Department Responses				
	receive misdirected									you called the incorrect			ect					
N	phone calls?									radiology desk?								
				Pre-Intervention			Post Intervention						Pre-Intervention		n Post Int	Post Intervention		
	Less than once a week			0%			8.3%			Less than once a week			ek	7.9%		53.6%	53.6%	
	Once a week			3.7%			8.3%			Once a week				34.2%		28.6%	28.6%	
	Once a day			22.3%		25	25%			Once a day				39.5%		14.3%	14.3%	
	Two to five times a day			40.7%			41.7%			Two to five times a day			ay	18.4%		3.6%		
	More than five times a			33.3%			16.7%			More than five times a			0%		0%			
	day									day								
-																		
	Two or more	wo or more times a		74%		58	58.4%			One or n	nore ti	mes a		57.9%		17.9%		
	day (aggregate)			(p=0.37)				day (aggregate)					(p<0.01	)				

## Results: Post-Intervention

- **Mount**
- Affter this estublishing the property of radiology numbers, after the intervention, over 50% of respondents keep and ante were aware of the graw intranet contact toohia redulteseinds littitistically nitration? and reduce stations.
- 50% Total sample of the Fed there ians who weren the awaker of misselfet को mone usesthem to be also responded that they dealt with misdirected phone calls one or more times a day

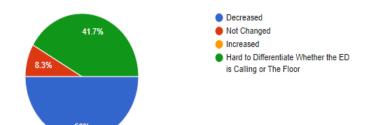
On	fallow	n arriz th	ic cama 1	7 0% haliouad the radialog				
Workstation	Pre-	Post-	p value	7.9% believed the radiolog				
	Intervention	Intervention		y to contact the radiology				
Plain Film	60.5%	64.3%	0.76					
Body CT	36.9%	64.3%	0.03					
Neuro-radiology	36.9%	64.3%	0.03					
Ultrasound	39.5%	53.5%	0.26	Since October 2017, you feel the number of times the ED c radiology desk has				
Pediatrics	37.6%	74%	<0.01					
Overnight	52.6%	71.4%	0.12					

17.9%

82.1%

Since October 2017, you feel the number of times the ED calls the wrong

7.9% believed the radiology



### Discus Discus singitations



- Onfortunatelways projectes of feet en by certain limitation within the tool itself, and in assessing response to the tool multiple 是 是 Sertain workstations were not included due to
  - discussions between the radiologists and ED physicians who helped WENE BOTTOP BOTTOP TOOL WENE BOY ON EARLY TOOL BY ON EARLY TOOL BY ON EARLY TOOL BY ON EARLY TOOL BY THE RESIDENT TOOL TO INClude this station as it
  - Wewas thought it may be confusing to En referrers to determine which study would qualify as ENT and may cause trustration with the tool
  - mischinectedyphonefcallstbasephonethewaubjective assessed in either survey pool, but may contribute to misdirected phone calls and wasted time.
    - resitatentes r if these rotators were informed of the tool and they may be contributing to a better response from the ED staff, but may mitigate the
  - Werobjectively-improveds the ED respondents'
  - Statistical analysis of response was limited because the number of penal of being the respondents biffered before and after intervention, for both the ED elepadithments by estiment calling the correct number of Additionally, we do not know if the same individuals who responded to the Or Usian Brue) as Canswell herais e up one the quiz results.

# Discussion: Future Applications



- Table of khy our for he vieweine dety by the sentation to concerning radiology and ED communication, which raised additional concerns that can be addressed in the future.
- Radiology attendings and fellows were not included in our cohort
- Going forward, we hope to be able to expand use of this tool throughout the hospital in order to provide more timely and efficient care by reducing wasted time on the phone.
  - This will have its own challenges as there are a multitude of departments with thousands of attendings, residents, physician assistants, nurse practitioners, and medical students who would need to be educated on the use of the tool
  - Furthermore our referral pattern for inpatients and outpatients is slightly more complex than for the ED, and may not be as easy to simplify
- We are considering repeating the surveys to ensure the tool's continued effectiveness.