

Communication of Actionable Findings

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Background

- Importance of communicating results
- The **Joint Commision's** National Patient Safety Goals initiative includes policies to improve communication of critical test results (Joint Commision Resources, 2007)
- The **American College of Radiology** Practice Guidelines for Communication of Diagnostic Imaging Findings emphasize timely reporting of critical test results and recommend documentation directly in the radiology report (ACR Practice Guidelines for Communication, 2010)

Background

- Communication of critical test results in radiology departments has improved greatly over the last 2-3 decades.
- There remains a strong need to improve communication of important but non urgent radiology test results-Actionable Findings (AF) to referring physicians.

Background

- An important part of ACR's Imaging 3.0™ initiative is standardized communication.
- The ACR seeks a lead role in developing systems and protocols for standardized reporting.
- Communication of findings to referring clinicians has been recognized as an important role and duty of radiologists.
- To improve the process of reporting the ACR formed the Actionable Reporting Work Group.

Background

- Actionable Reporting Work Group
- 3 categories based on levels of urgency
- Category 1 Communication within minutes
- Category 2 Communication within hours
- Category 3 Communication within days

Background

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|--|--|---|
| <ul style="list-style-type: none"> • Minutes • IC hemorrhage • Acute CVA • IC mass effect • Airway obstruction • Closed loop obstruction • Intestinal ischemia | <ul style="list-style-type: none"> • Hours • Clinically significant mass or infection • Central line in improper position • Nonruptured aneurysm • Abscess • Discitis | <ul style="list-style-type: none"> • Days • Probable malignancy, no acute danger • Incidental finding on imaging study requiring further workup or follow up • Hemodynamically significant stenosis, no acute Sx • New Brain mets |
|--|--|---|

Background

- Critical Results Policy Dept. Radiology PMC
- November 1, 2005
- Test result that suggests a critical medical condition that may require immediate attention for the patient or may result in a serious adverse outcome for the patient if not reported
- Reported within 60 minutes
- Documentation

Critical Results Policy Dept. Radiology PMC

- CNS
 - Hemorrhage
 - CVA
 - Cord Compression
- Neck
 - Epiglottitis
 - Foreign Body
 - Carotid Dissection
- Abdomen
 - Free air
 - Appendicitis
 - Bowel Obstruction
 - PV air
 - RP Hem
- UG
 - Ectopic
 - Fetal demise
 - Testicular Torsion
- Vascular
 - Acute DVT
 - PE
- General
 - Line/Tube malplacement
- Labs
- Glucose <40/>400 mg/dL

Purpose

- 220 bed community hospital center located in NE PA
- Developed a new method (nM)
- Used in conjunction with standard distribution (sM) of final reports.
- The nM is intended to improve communication between the radiologist and the referring physician of important but non urgent findings-Actionable Findings(AF).

Methods

- This new method (nM) was implemented on January 1, 2015 and was monitored through September 9, 2015.
- All diagnostic imaging studies performed in our department with the exception of mammograms were considered for the nM.

Methods

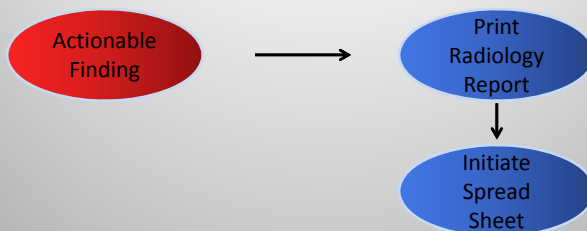
- Actionable Findings
 - Suspected Malignancy
 - New Brain Metastasis
 - Non displaced fracture
 - Hemodynamically significant stenosis

Methods



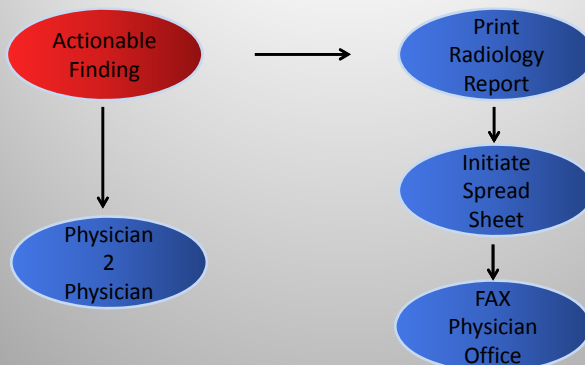
- Reports describing Actionable findings
- Reports printed by Radiology facilitator
- Reports signed by the reporting radiologist

Methods

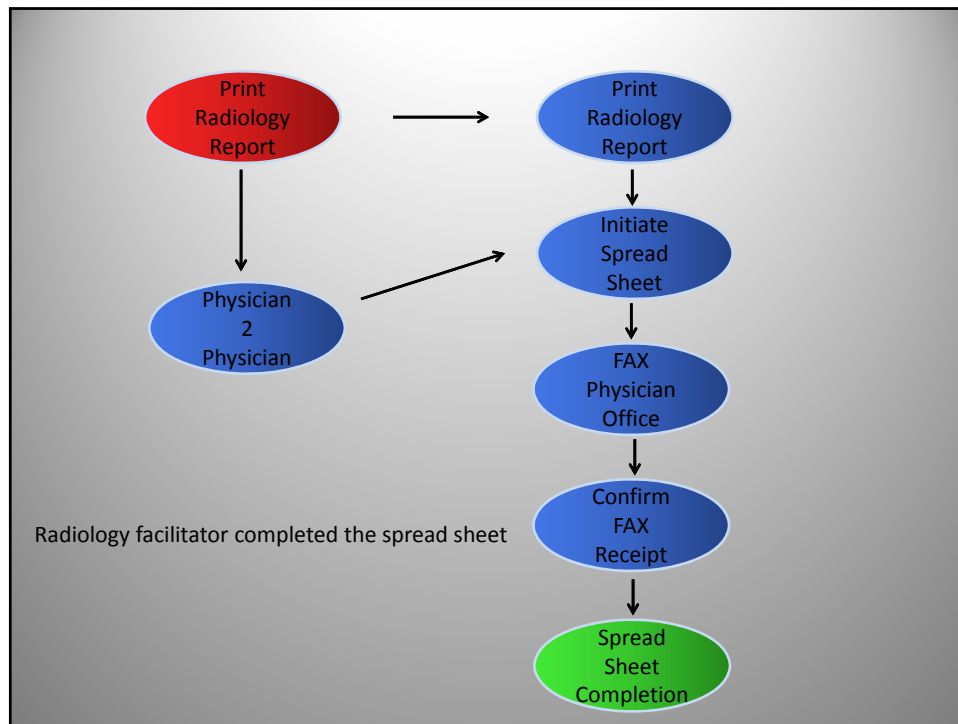


- Radiology facilitator entered metrics into a spread sheet including patient name, exam date, exam type, name of ordering physician and date of confirmation.

Methods



- Mostly, a radiology facilitator faxed a copy of the report to the ordering physician and then called the physician's office to confirm receipt.
- Sometimes, the radiologist communicated the AF directly to the ordering physician.



Methods

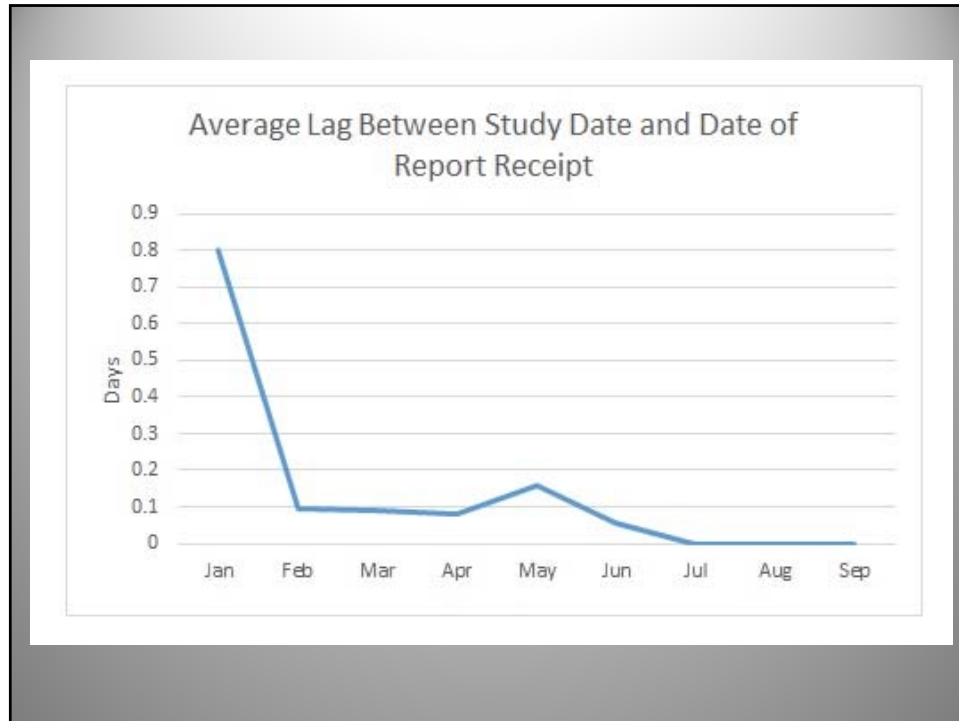
- Time (days) from report completion to communication initiation (**lag time1/LG1**)
- Time (days) from report completion to communication completion (**lag time2/LG2**)

Results

- 46,000 diagnostic examinations were reported with sM, of which 514 reports (1.11%) were also communicated with nM.

Results

- There was a large drop in LG1 and LG2 from the first month (0.80 & 0.80, n=5) to the second month (0.0 & 0.0, n=20).
- Average values of LG1 and LG2, excluding the first month, were 0.04 & 0.08.
- Lag times from the second month onwards were modelled using linear regression and were seen to decrease at a steady rate (0.015 & 0.021 per month, p=0.03 and 0.02).



Conclusion

- We have successfully implemented a new method to improve communication of important but non critical radiology test results.
- Reduction in lag time shows that it can be easily implemented.