Closing the Loop: A Radiology Follow-up Recommendation Tracking System

**Purpose**

The review of our radiology follow-up recommendations represents an opportunity to identify malignancies or other serious medical conditions at an early and invasive stage. Surveillance of our radiology follow-up recommendations is performed regularly, while associated with the clinical records of patients, examinations, and follow-up recommendations. In our practice, radiology follow-up recommendations are not always performed as intended. Reasons have been confirmed that include patients who do not return to the clinic or hospital for follow-up examinations, and patients who are not identified in the system. Concerns over compliance with following up on imaging studies include inconsistencies in recording imaging test results, delays in obtaining imaging test results, and inconsistencies in obtaining imaging test results.

**Methods**

A three-stage system was designed to test all recommendations for additional radiologic imaging studies and image follow-up recommendations. All imaging studies were recorded and reviewed in the radiology information systems (RIS), hospital information systems (HIS), and clinical information systems (CIS). Imaging studies were identified in order to record all condition-related imaging tests at the time of discharge, which were performed by the imaging team. Our recommendation process included both a specific recommendation and an alternative recommendation. The recommendation continues to be reviewed at the time of discharge or the recommendation is updated, or the recommendation is confirmed to be Stage IV lung cancer.

**Results**

Baseline (Pre-intervention)

881 follow-up recommendations were entered into the tracking system from July 1, 2013 to February 28, 2016. Of these, 92% were Stage 1 follow-up recommendations for patients who had been discharged from the hospital. Of the 881 follow-up recommendations, 53% were Stage 1 recommendations, 33% were Stage 2 recommendations, and 15% were Stage 3 recommendations. Stage 1 recommendations were identified as early as possible in the course of the hospital stay, while Stage 2 and Stage 3 recommendations were identified after discharge. Of the 881 follow-up recommendations, 53% were Stage 1 recommendations, 33% were Stage 2 recommendations, and 15% were Stage 3 recommendations. Stage 1 recommendations were identified as early as possible in the course of the hospital stay, while Stage 2 and Stage 3 recommendations were identified after discharge.

**Stage 1 (Redirect the Report)**

Within the month following Stage 1 intervention (redirecting the follow-up report to the patient’s PCP’s office with a letter before imaging), 53% of the patients (461 recommendations) had been referred to their PCPs. Of these patients, 53% had been referred to their PCPs, while 47% had been referred to other referrals. In addition, 47% of patients (334 recommendations) had been referred to radiologists. In the month following Stage 1 intervention, 53% of patients (461 recommendations) had been referred to their PCPs, while 47% had been referred to other referrals. In addition, 47% of patients (334 recommendations) had been referred to radiologists.

**Stage 2 (Navigator to PCP Office Call)**

Following Stage 1 intervention, the PCP’s office was notified of the recommendations. In addition, 53% of patients (461 recommendations) had been referred to their PCPs. Of these patients, 53% had been referred to their PCPs, while 47% had been referred to other referrals. In addition, 47% of patients (334 recommendations) had been referred to radiologists. In the month following Stage 1 intervention, 53% of patients (461 recommendations) had been referred to their PCPs, while 47% had been referred to other referrals. In addition, 47% of patients (334 recommendations) had been referred to radiologists.

**Conclusion**

Implementing clinical pathways and information-referencing tools to clinical situations, the radiology system continued scheduling follow-up imaging tests (stage 1) and ordering imaging tests (stage 2). Imaging follow-up recommendations, which were identified as early as possible in the course of the hospital stay, while Stage 2 and Stage 3 recommendations were identified after discharge. In addition, 47% of patients (334 recommendations) had been referred to radiologists. In the month following Stage 1 intervention, 53% of patients (461 recommendations) had been referred to their PCPs, while 47% had been referred to other referrals. In addition, 47% of patients (334 recommendations) had been referred to radiologists. In the month following Stage 1 intervention, 53% of patients (461 recommendations) had been referred to their PCPs, while 47% had been referred to other referrals. In addition, 47% of patients (334 recommendations) had been referred to radiologists.
STAGE 3 (RADIOLOGIST TO PCP CALL)

Following Stage 3, the radiologist is notified of the imaging findings in the patient's PCP chart. Physicians of the patient's oncology team are also notified of the imaging findings. The radiologist reviews the findings, and if any recommendations for follow-up are made, they are entered into the patient's medical record.

The radiologic report is sent to the referring physician as soon as possible, typically the same day or the next business day. The report is also sent to the patient's primary care physician and oncologist (if applicable). It is important to note that the radiologist is responsible for ensuring that the follow-up recommendations are communicated clearly and concisely to the referring physician.

If the oncologist has not already been notified of the patient's findings, the radiologist will contact the physician to discuss the findings and any necessary follow-up recommendations. This communication is crucial to ensure that the patient receives appropriate care and that any potential complications are addressed promptly.

This process is designed to ensure that patients receive timely and appropriate care, and that potential complications and opportunities for improvement are identified and addressed. By sharing the imaging findings and recommendations in a timely manner, the radiologist can help to improve patient outcomes and reduce the risk of adverse events.