Communication of Actionable Findings

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Background

- Importance of communicating results
- The Joint Commission’s National Patient Safety Goals initiative includes policies to improve communication of critical test results (Joint Commission 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

- **Minutes**
  - IC hemorrhage
  - Acute CVA
  - IC mass effect
  - Airway obstruction
  - Closed loop obstruction
  - Intestinal ischemia
- **Hours**
  - Clinically significant mass or infection
  - Central line in improper position
  - Nonruptured aneurysm
  - Abscess
  - Discitis
- **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
  – Epiglotitis
  – 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 spreadsheet including patient name, exam date, exam type, name of ordering physician and date of confirmation.

- 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.