Improving the Process for Expediting Reporting in a Radiology Service

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Introduction

Radiology receives multiple requests per day to expedite reporting. Currently there is no formal process but a reliance on 'CC to all' emails to alert radiologists of these requests. This results in notification and subsequently reporting delays as well as inappropriate notifications to both radiologists without necessary subspecialty expertise and those on leave.

Aims

This project aims to formalize the process by which clinicians expedite reports, thereby reducing turnaround time and subsequent administrative burden for both radiologists and requesting clinicians.

Method

Utilising the Plan Do Study Act method of quality improvement, baseline data was acquired and the current process mapped to understand the problem. With the assistance of the PACS teams, a new process was then formulated.

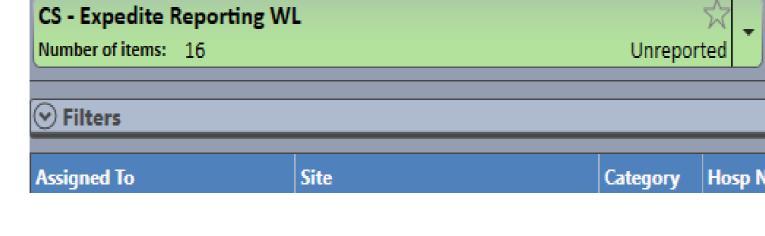
New Process

Clinicians send request to generic e-mail address

Administrative staff
place Soliton
(Radiology
Information System)
flaa

reporting radiologists and automatically added to dedicated reporting list

	Rags Filter	
r New Request Found Share+ history	Filter > CWIR	
# cov. 400004747	15 March 2022 13:16 PICE CW MSK	
₩ сом 100001747	CT Hip Lt	9/
Ш СОМ 100001746	15 March 2022 13:15 Plc CW Paediate	es
	CT Abdomen CW Urology	
Ш СОМ 100001745	15 March 2022 13:14 PICE Expedite Re	porting Flag
	CT Hip Both	ete
■ W AUT 100001744	15 March 2022 13:13 PICE MDT For Re	view
	CT Abdomen	yress
# ARR 100000875	23 July 2020 16:47 PICE WM Breast	
	XR Abdomen WM Chest	
	OK Set Manual Status Tracking ■ Messages → Scan → Print Pags	

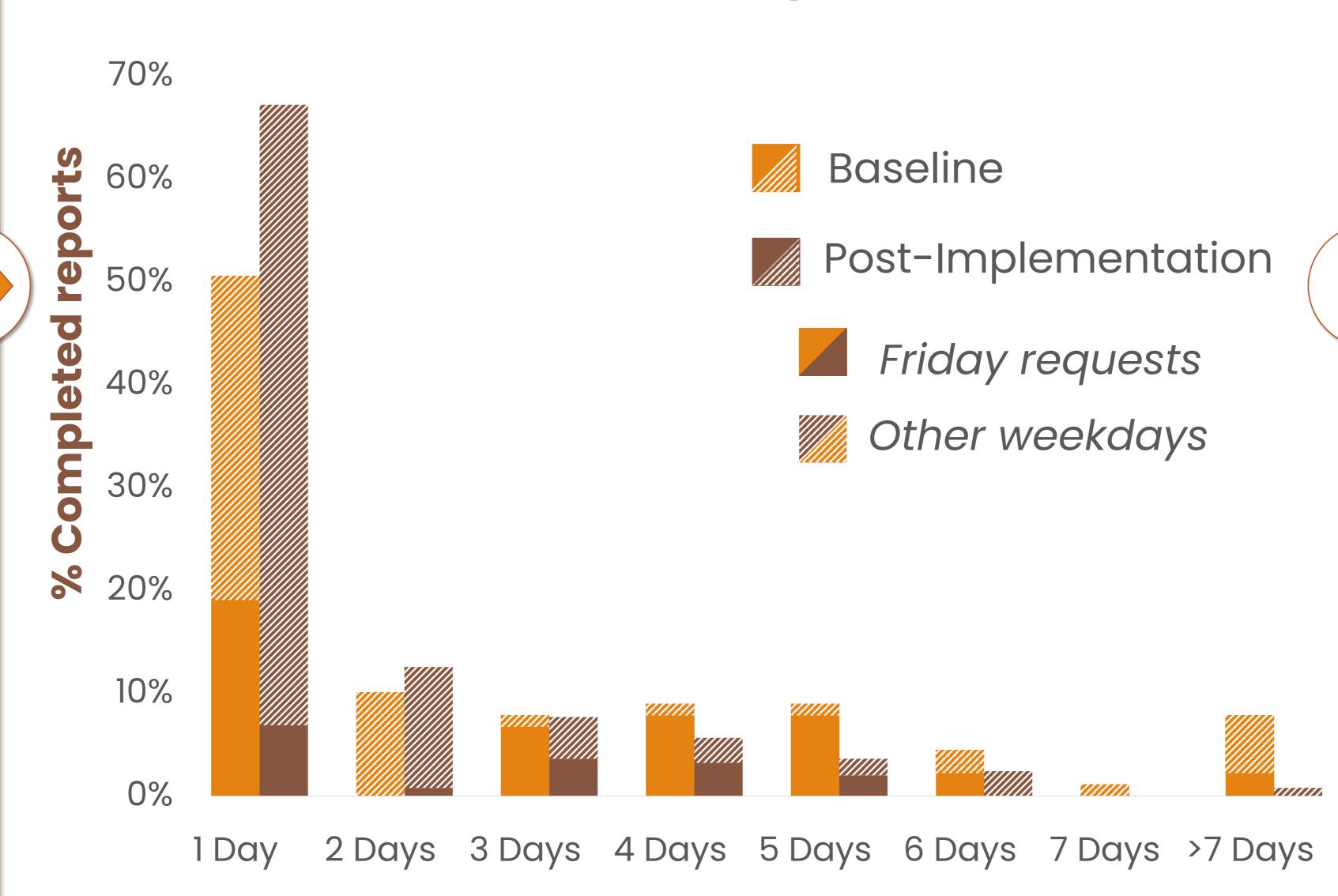


Following testing, the process was implemented in May 2022 with training support for admin staff, radiologists and Cancer Services (most frequent requestors). The new process is also supported by instructions and an SOP with escalations. Post implementation, further data was acquired, including volume of expedited requests and turn around time.

Results	No. of requests	Reported <7 days	Mean turn around time
Baseline	79	89.8%	3.0 days
Post- mplementation	247	99.2%	1.7 days

The large increase in requests post-implementation likely represents, at least in part, baseline under-sampling due to the difficulties in identifying expedite requests where no formal process previously existed.

Turn around time for expedite report requests-Baseline and Post-implementation



Relative increase in proportion of reports completed on most days post-implementation. Requests made on a Friday remain a challenge as weekend work prioritises urgent reporting however, improvements are demonstrated.

Pre-existing urgency of expedite requests 44% 27% 29% 13% Normal Planned URG-2WW Urgent Baseline Post-Implementation



Conclusion

The expedite flag implementation has been successful in reducing turn around time. The process is simple for clinicians to access and reduces disruption for reporting radiologists. The process is now business as usual.