FOLLOW-UP OF CONSOLIDATION ON CHEST RADIOGRAPHS AFTER THE INTRODUCTION OF RADIOLOGY INITIATED FOLLOW-UP

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BACKGROUND

- National Patient Safety Alert (NPSA) 16 states ‘that patient safety incidents are being caused by a failure to acknowledge and act on radiological imaging reports.’ This includes failure to obtain appropriate follow-up (FU) imaging.
- Non resolving or progressive consolidation may indicate serious underlying pathology. Therefore FU films are recommended.
- Pre July 2013, Bradford Teaching Hospitals foundation Trust (BTHFT), used a reporting code which triggered reminders to the referrer to arrange imaging FU. It was suspected that FU was suboptimal.
- In July 2013 BTHFT commenced radiology initiated FU. The FU code initiates booking of FU imaging by the radiology department at time of reporting. The patient is invited to attend unless their clinician cancels the study.
- We retrospectively audited CXR follow-up rates pre and post commencement of radiology initiated follow-up.

ROUND 1 RESULTS

- Overall only 55% of patients with new CXR consolidation received appropriate FU imaging.
- FU code use was suboptimal at 81%.
- FU was arranged by the referrer in 64% where the FU code was used and only 28% when it wasn’t.
- Attendance at arranged FU was 97%.
- Mean time to FU was 10 weeks (target 6-8 weeks).

ROUND 1 ACTION PLAN

1. Change from prompting clinicians to book FU to automatic booking of FU by radiology when FU code is used.
2. Educate reporters regarding consolidation FU and use and purpose of FU codes.
3. Reaudit in 1 year.

ROUND 2 RESULTS

- Overall 69% of patients with new CXR consolidation received FU imaging, a 25% relative increase.
- FU code use improved from 81% to 93%.
- FU was arranged in 96% of cases where the FU code was used, versus 64% previously.
- Mean time to FU improved from 10 to 7 weeks (within target).
- The improvements were most marked in A&E patients e.g. relative FU obtained increased by 92%.
- Patient cancellation/DNA rate increased from 0.1% to 23%.

ROUND 2 ACTION PLAN

1. Targeting of patients who have not been offered FU and those who require FU but DNA or cancel FU imaging.
2. Further education, especially of rotating trainees regarding use of FU codes to achieve 100% compliance.
3. Reaudit in one year.

TAKE HOME MESSAGE: RADIOLOGY INITIATED FOLLOW-UP IMPROVES ATTAINMENT OF SUGGESTED IMAGING.