AIM

Studies have proven that immediate reporting of plain films at the time of patient attendance ‘hot reporting’, particularly in the setting of trauma and emergency medicine, significantly improves patient management by reducing clinician interpretive errors and preventing errors that would require patient recall. The aim was to therefore establish and improve reporting times at Poole Hospital with the ultimate aim of ‘hot reporting’ the majority of plain films in the future.

STANDARDS

There are currently no published standards for plain film reporting times. The RCR produced a document in 1995, which has subsequently been retracted, recommending all urgent cases be reported within 30 minutes, inpatients (IP) and ED within 1 working day, all other cases by the next working day. Poole clinicians anticipated, particularly in ED, axial PFs be reported in 3hr, appendicular ED/IP in 24 hrs, OP/GP in 1 week. Our own departmental standards aim for all plain films to be reported within 48 hours. (see standards in Figure 1a-c below).

METHODOLOGY

Retrospective analysis of all PFs performed in May 2017 and 2018 was undertaken. All autoreported and studies without a report were excluded from the study. All PFs were then categorised according to the three sets of standards identified. 2017 reporting times were compared with these standards, areas for improvement identified and interventions implemented with a subsequent re-audit in 2018.

IMPROVING PLAIN FILM REPORTING TIMES

1st AUDIT CYCLE (2017)

2017 reporting times fell behind all standards ranging from 4m to 17d1hr28m (see Figure 2a-c). Main target for improvement - ED/IP.

2nd AUDIT CYCLE (2018)

PF reporting times improved, particularly in ED, ranging from 3m to 12d22h49m, due to ED/IP prioritisation & increased RR reporting (achieving 40% standard) (Figure2a-c). Main target for improvement - ED/IP.

ACTION PLAN

1st ACTION PLAN

- Improve ED/IP reporting through: • RIS colour coding system • Greater RR reporting with focus on ED/IP • Duty radiologists to prioritise axial ED reporting, rather than protocolling. • Disseminate results & targets to department.

2nd ACTION PLAN

- Improvement in RIS coding accuracy. • Protected RR reporting time with hot ED reporting. • Duty radiologists to have separate protocolling time & prioritise axial ED. • Disseminate results & targets with readaudit May 2019.

CONCLUSION

Although the standards have not been completely achieved, there has been a significant improvement in plain film reporting times between audit cycles following identification of areas for improvement and intervention.