TELERADIOLOGY ADDENDUMS ON NON HEAD CT SCANs RE-AUDIT

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Background
- The use of out of hours tele-reporting services in UK hospitals is expanding and is now a part of everyday practice.
- As part of the Trust’s SOP south Tyneside District hospital’s radiology consultants are expected to provide an addendum to all non-head CT scans reported by out of hours tele-reporting companies the next working day.
- Out of hours tele-reporting companies employ UK radiologists to provide a radiology service for many hospitals in the UK.
- Retrospective data was collected between January 2015 – June 2016 (Audit) & August 2016 – February 2017 (Reaudit).

Methodology
- Methodology for Previous Audit
  - Retrospective review of 63 out of hours CT Scans (CT head excluded).
  - All cases from January 2015 onwards.
  - All cases are after 8pm on a weekday and 12.30pm on the weekend.
  - Addendums added by 4 consultant radiologists in South Tyneside District Hospital since 2015.
  - Discrepancies classified according to modified DoH

- Methodology for Re-Audit
  - Retrospective review of 113 out of hours CT Scans (CT head excluded).
  - All cases from August 2016 onwards after 8pm on a weekday and 12.30pm on the weekend.
  - All non-head CT Scans are to be reviewed by on-site radiologists and an addendum is to be added in all cases.
  - Addendums added by 4 consultant radiologists in South Tyneside District Hospital since 2015.
  - Discrepancies classified according to modified DoH (Minor, Moderate & Major).

Aims and Objectives
- All non-head CT Scans are to be reviewed by on-site radiologists and an addendum is to be added in all cases.
- RCR reports discrepancy rates to vary between 0.1% with the aim being all CT Scan reports to be less than 5% discrepant.

Standards
- Published reporting discrepancy rates vary between 4% and 30% depending on what is classed as discrepant.

Standard 1
- A significant discrepancy rate (where patient management is altered) should be less than 5%.

Standard 2
- All reports should have an addendum.

Results
- Results from First Audit
  - Addendum: Out of 63:
    - 42 (66%) had an addendum
    - 21 (34%) had no addendum
  - Agreed/Disagree:
    - 26 (42%) Agreed
    - 37 (58%) Disagree
  - Discrepancies:
    - Out of 36 Discrepancies:
      - 13 (38%) - Minor
      - 3 (9%) - Moderate
      - 0 (0%) - Major

- Results from Re-Audit
  - Addendum: Sample of 113
    - 87 (77%) had an addendum
    - 26 (23%) had no addendum
  - No Addendums (Month):
    - August - 4 (15%)
    - September - 7 (27%)
    - October - 10 (36%)
    - November - 3 (12%)
    - December - 0 (0%)
    - January - 2 (8%)
  - Agreed/Disagree:
    - Out of 87 Addendums:
      - 59 (68%) Agreed
      - 28 (32%) Discrepant
  - Discrepancies:
    - Minor - 20 (23%)
    - Moderate - 5 (6%)
    - Major - 3 (4%)

Conclusion of First Audit
- Addendums: 23 (36% (21%)
- Discrepancies: 3 (4)% of those with addendums had a moderate or major discrepancy (RCR standard not met).

Conclusion of Re-Audit
- Addendums: 26 (11% (23%)
- Discrepancies: 8 (8)% of those with addendums had a moderate or major discrepancy (RCR standard not met).

Comparison
- Although the sample size had almost doubled from 63 to 113 and the number of addendums had increased from 42 to 87, the discrepancy rate had changed from 7% to 20% (20% minor discrepancies not included).
- The original audit had no major discrepancies, the re-audit had 3 (11%) (3.4%) overall.
- The original audit had 3% moderate discrepancies, the re-audit had 18% (5.7%) overall.

Recommendations
- Addenda reporting to continue as SOP.
- Continue routine reviewing of always non-Head CT scans.
- All moderate/major discrepancies to be fed back to out of hours.
- Present in UFM and Trust wide audit.
- Discuss with radiology department.
- Repeat Audit.