

## Communication of Actionable Findings (AF)

### Abstract No:

697

### Organizer(s):

Benjamin Cooper<sup>1</sup>, P.V. Viswanath<sup>2</sup>

### Institutions:

<sup>1</sup>Benjamin Z Cooper, MD, Teaneck, NJ, <sup>2</sup>Pace University, New York, NY

### Purpose:

While 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 (AF) to referring physicians.

At our 220 bed regional hospital center located in NE PA we 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 (rdMD) and the referring physician (reMD) of AF.

### Materials/Methods Used:

This new method (nM) was implemented on 1/1/2015 and was monitored through 9/9/2015.

All diagnostic imaging studies, excluding mammograms, were considered for the nM.

Reports describing AF (Category 3) as defined by the ACR Work Group were printed and signed by the rdMD. Sometimes, the rdMD communicated the AF directly to the reMD.

Mostly, a radiology facilitator (rF) faxed a copy of the report to the reMD and then called the reMD's office to confirm receipt. The rF then entered metrics into a spread sheet including patient name, exam date, date of initiation of communication (iCom), and date of communication confirmation (cCom).

Time from report completion to iCom (lag time1/LG1) and to cCom (lag time2/LG2) were computed.

### Results:

46,000 diagnostic examinations were reported with sM, of which 514 reports (1.11%) were also communicated with nM.

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 modeled using linear regression and were seen to decrease at a steady rate (0.015 & 0.021 per month, p=0.03 and 0.02).

### Conclusions:

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.

Each radiology department workflow is unique. Efforts should be made to develop systems appropriate for each department to ensure effective and timely communication of results.

### Primary Track/Category:

Quality and Safety

**Secondary Track/Category:**

Advocacy, Economics and Health Policy

**Area of Focus:**

Diagnostic Radiology

**Actionable Findings**  
**American College Radiology Work Group Category 3**

- 1. Probable malignancy, no acute danger
- 2. Incidental finding requiring further workup or follow up
- 3. Hemodynamically significant stenosis
- 4. New brain metastasis

