Worcestershire Acute Hospitals NHS Trust

Emergency Medicine Standard Operating Procedures

WRH Emergency Department Radiology Report Review Process

Written by	**Dr James France**
Approved by	
Date of Approval	**30th July 2019**
Date of next review This is the most current document and is to be used until a revised version is available	**30th July 2021**

Aim and scope of Standard Operating Procedure

Target Staff Categories

INTRODUCTION

This policy explains the process for reviewing radiology reports generated by the radiology department for patients who have had an investigation requested by an emergency department (ED) consultant. The WRH ED consultants are of the view that a radiology request specifically made in the name of one of the ED consultants is no different to one that is made in their own name; the ED consultant team take joint responsibility and ownership for all radiology requests made by the ED team.

The ED receives reports from the radiology department in a number of ways:

●'Hot reporting'
Predominantly appendicular films reported by radiographers in real time Monday to Friday 09-17:00.
Report on ICE, critical results telephoned

●'Catch-up Reporting'
Predominantly appendicular films taken outside of the hours above reported by radiographers seven days a week.
Report on ICE, critical results telephoned

●Scan Reports
Predominantly CT scan reports by radiologists both locally and externally, in real time seven days a week eg. CT head scans, 'Trauma' scans
Report on ICE, critical results telephoned, urgent email to ED secretarys

●Other imaging
Predominantly non-scan, non-appendicular films reported by radiologists locally and externally in a variable timeframe (days)
Report on ICE, critical results telephoned, urgent email to ED secretarys.

PROCESS

●URGENT EMAILS

Any urgent emails generated by the radiology department with respect to an unexpected or significant findings will be sent to the ED secretarys (both) and they will print out this email and log it and leave it in the purple tray in the Secretary's office. The 'second on' ED consultant in the morning will look through the tray for any outstanding issues, address them and the ED secretary will action and log in the appropriate book. Any action must include a note in the patient's record, which must be scanned onto Patient First as soon as possible (to prevent duplication of work or patient contact). In the absence of a second consultant the shop-floor consultant will liaise with the ED secretary regarding any blue tray issues before midday.

●TELEPHONE CALLS

Telephone calls from reporting radiographers will be logged on the appropriate form (Appendix 1) by the ED secretary and the form placed in the purple tray to be dealt with in the manner described above.

● RADIOLOGY REPORT REVIEW APPLICATION

The 'second on' ED consultant in the morning will log into the radiology report review application (appendix 2) and search for any new reports which have either not seen documented as having been seen on ICE or 'Actioned' within the application (app).
Report wills be searched from the 1st May 2019 to the current date.
The app will be used to review reports that have not been filed in ICE and any necessary action taken in accordance with the action list (Appendix 2).

ACTIONS ARISING OUT OF UNEXPECTED FINDINGS

With regards patients who have been **admitted and have unexpected or 'missed' findings** then the report will be sent to the admitting consultant for further action as the ED is unlikely to be in a positon to know whether the finding in question has been discovered or not by the admitting team.

- ED secretary to scan and email and ensure Patient First has a record.

For those patients who have been **admitted and have an unexpected or 'missed' findings but who have subsequently been discharged** then the ED consultant will make a judgement based on potential urgency / importance of the findings as to whether the report is sent to admitting consultant and / or GP or whether it is more prudent to contact the patient and / or GP directly.

- ED secretary to scan and email and ensure Patient First has a record.

For those patients **discharged by the ED team** who have unexpected or 'missed' findings then the ED consultant will make a judgement based on potential urgency / importance of the findings regarding contacting the patient and/or GP directly and arrange appropriate action / follow-up.

- ED secretary to ensure Patient First has a record.

For reports that were requested by non-ED consultants (or their team) that get sent to the ED secretary eg. as urgent email alerts, these will be scanned and forwarded onto the appropriate consultant.

Any reports copied and sent to either a Specialty Team or a GP will have a clearly documented reason for sending, written in the FreeText Box of Radiology Report Review App eg. 'GP for information', 'GP for action – please see comment regarding repeat Chest X-ray'.

ED Consultants will aim to send the report annotated with the appropriate action to either the specialty team or the GP and try to avoid sending to both unless absolutely necessary.

For any report that requires an action, patient details and actions will be printed from the radiology report review application with appropriate instruction for the ED secretary and will be handed to the ED secretary.

ED consultant team will aim to be as up to date as possible with regards to reviewing radiology reports, being particularly mindful of the potential for reports to build up after a weekend and if a colleague is on leave. Daily email reminder with link to Radiology Report Review App, in progress.

EXAMPLES

Patient admitted through the ED to a ward and subsequently discharged by admitting team and CXR report comes back after the patient has been discharged:

- Missed suspicious nodule / mass – consult available information eg. PACs requests to determine whether this has been missed or not, if so discuss with radiology and patient and arrange appropriate follow-up. This would be considered a high risk case. It is imperative that the case is discussed with a WRH radiologist especially if the report was produced by an external agency.
- Follow-up CXR in 6 weeks time - send report to discharging team for them to check their notes whether this has already been arranged or not. Try to avoid sending to GP as well.

Patient who was in an RTC at 70mph had a 'trauma pan scan' which showed no acute injury but an addendum produced after the patient was discharged notes a moderately enlarged sub pleural lymph node.

- Given there is no urgency with this case then the report should be sent to the GP to arrange any further follow-up, be it specialist imaging or referral.

ASSURANCE PROCESSES

Assurance of review of radiology reports will be provide by the information team providing a WREN based application that will allow the percentage of reports reviewed both in ICE and the Radiology Report Review Application, including timeframes and number of outstanding reports

Appendix 1 – Abnormal Radiology Telephone Call

30.05.2017

EMERGENCY DEPARTMENT ABNORMAL RADIOLOGY ALERT

Source ☐Telephone ☐Hot Report List ☐Other

Name

AGH ☐ WRH ☐

Date

Time (24hr clock)

PATIENT DETAILS (** essential information)

NAME**	
DATE of BIRTH **	
Hosp number	
NHS Number	

DATE OF X-RAY or SCAN

Radiology's Grading of Severity

☐ Critical & Urgent
☐ Significant / Important / Actionable

BRIEF DESCRIPTION OF RADIOLOGICAL FINDING:

Report handed to Senior ED Doctor:

☐ B Williams ☐ J France ☐ I Levett
☐ J Walton ☐ N Turley ☐ R Hodson
☐ Other (state)

Date: Time:

ACTIONS: (to be completed by ED doctor)

Tick any actions that apply

- ☐ No action required
- ☐ Patient Telephoned
- ☐ Review Clinic F/U arranged
- ☐ Trauma Clinic F/U arranged
- ☐ GP to be Emailed
- ☐ GP to be Faxed
- ☐ GP Telephoned
- ☐ Report to be sent to Specialty Team
- ☐ Other (describe)

NOTES:

Signed: Print name: Designation: Date:

This form must be scanned into the Patient's Notes

Appendix 2 – Radiology Report Review Application

Web-link:
http://whitsweb/RadiologyReview/

OUTLINE: The Application pulls all radiology reports requested in the name of an ED Consultant from ICE and displays the report alongside patient details, attendance details, diagnosis, treatments and disposal outcomes allowing rapid decision making by reviewing clinician as to whether any report findings have been 'missed' or not.
The application does not allow for the filing of reports in ICE at present, but does record the actions of the reviewing clinician in the application, as shown below.

Radiology Report Review By Senior Cinician

Action (tick any that apply)	No Action Required	☐
	Patient telephoned	☐
	Patient contacted by letter	☐
	Review Clinic F/U Arranged	☐
	Trauma Clinic F/U arranged	☐
	GP to be Emailed	☐
	GP telephoned	☐
	Report to be sent to Specialty team	☐
	Radiologist request to review report / images	☐
	Other/Additional Comments (use text box)	☐

Reviewing Clinician : FRANCJ3 | Date : 11/07/2019 | Time : 16:50:57