Integration of Referring Physician Survey Into the Electronic Medical Record (EMR): 2 Year Experience, Challenge and Improvement of Imaging Report Opportunities

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HOSPITAL ITALIANO de Buenos Aires

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PURPOSE

Hospital Italiano de Buenos Aires is a non-profit academic healthcare center founded in 1853. It has a network of two hospitals with 785 total beds (200 for intensive care), 41 operating rooms, 800 home care beds, 25 outpatient clinics, and 150 associated private practices. Its work team is made up of 9237 people: 3400 medical doctors, 3337 members of the health staff, and 2,500 people from the administrative sectors. Since 1998, Hospital Italiano de Buenos Aires has run an in-house-developed health information system (HIS), which includes clinical and administrative data. It has been certified by both The Joint Commission International and the HIMSS as level 7 in the Electronic Medical Record Adoption Model. Although verbal feedback sometimes exists, we lacked an objective record of the satisfaction of the referring physicians concerning the imaging reports of the studies carried out.

To provide feedback to our radiologists we create a standard survey to be filled by referring physicians to understand their perceptions, their needs, and suggestions for the improvement of radiology reports.

This project reports the process and results of the referring physician satisfaction survey after two years of implementation.
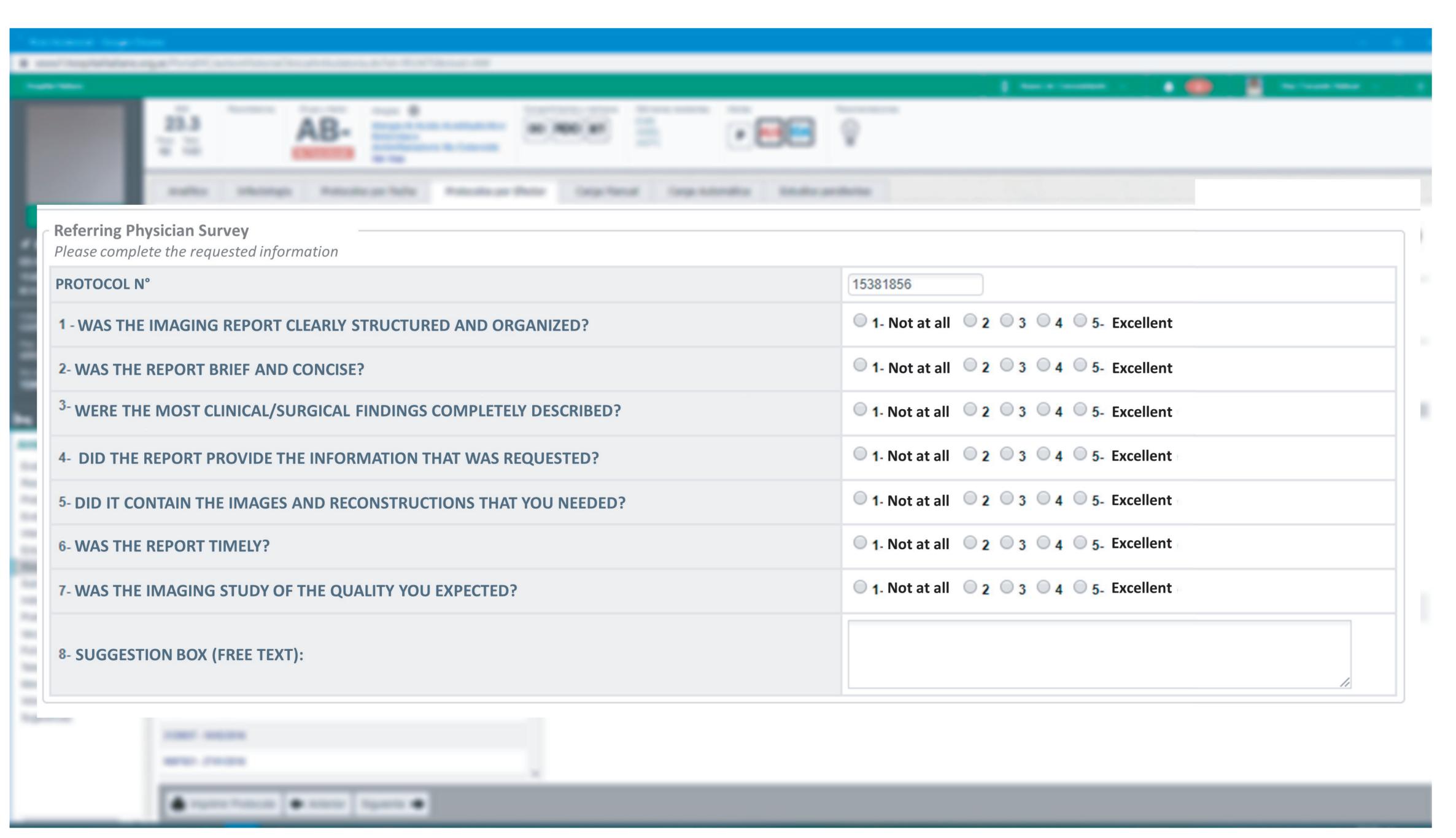

Figure 1: Referring physician survey form integrated into the radiology report. It consists of seven questions with a five-point Likert scale and a free text box for suggestions.
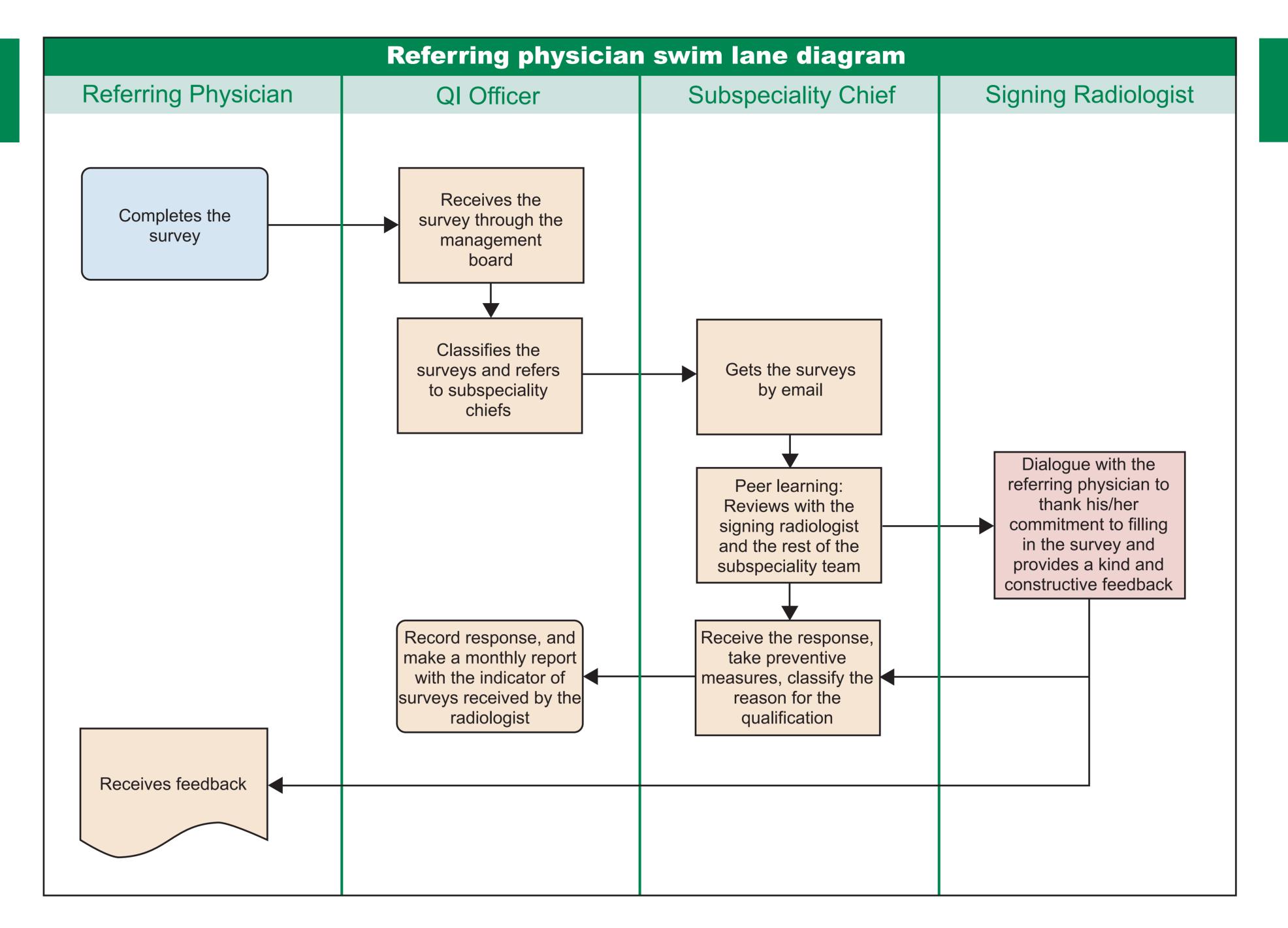
METHODS

In this high-productivity context, we developed with the IT department a volunteer quality satisfaction referring physician survey that could be completed directly from the EMR to capture improvement opportunities and achieve initial 'customer' feedback. The survey was intended to be brief.

It is a survey form filled in by the referring physician who requests the imaging test, located next to the radiology report.

It consists of seven questions with five points Likert-type scale (1: not at all, 2: low intermediate 3: neutral, 4: high middle intermediate 5: excellent) and a suggestion box to be completed with free text. (Figure 1)

Once the survey is completed by the referring physician it is received by the QI officer and referred to the subspeciality chief who reviews the survey with the signing radiologist. If necessary, modifications and notifications are made over the report, and proper response to the referring physician is provided. (Figure 2)

Figure 2: Referring physician swim lane diagram.

RESULTS:

A total of 673 surveys were completed (264 in 2017 and 409 in 2018, a 13% increase from one year to the next). 18.5% of responses were labeled score 4 and 5, while the majority (57.5%) was rated score 1, 2 or 3 The mode for responses was 1 in both years and median was (can you do this in excel? Median should be whole number between 1 and 5)

When the answers to the questions are rated with scores 4 and 5 we send a congratulation to the signing radiologist for motivational purposes. When the answers are from score 1 to 3, the case is analyzed under the concept of peer learning. The distribution of qualifications is shown in Figure 3. Cases scored 1 to 3 were taken as opportunities for improvement for the entire team involved. We classify as "Doesn't apply" those cases in which referring physicians click by mistake on the survey without wishing to complete it. Unqualified responses correspond to those cases in which the referring physician only write comments in the free text without answering the questions.

CONCLUSION

The work of the radiologist often lacks objective feedback from the referring physician. So far this QI project stimulated dialogue with referring physicians and meaningful radiology peer learning.

It allowed us to improve processes, study protocols, lack of individual attention and attemption to standardize/structured the reports into templates. However, the feedback survey continues to be used most commonly as a "complaint line". We are working to achieve greater adherence of the referring physicians to complete the survey.
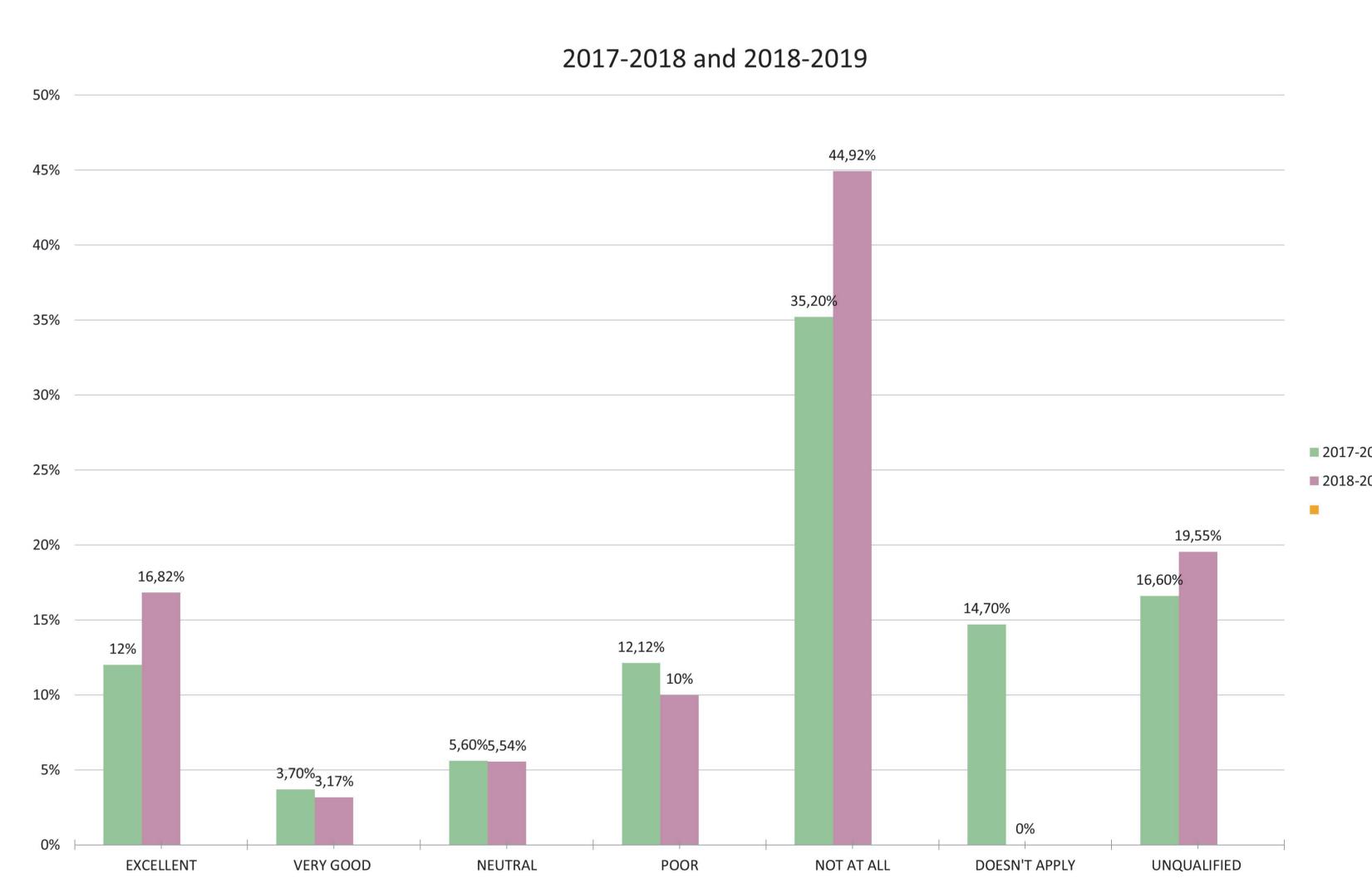

Figure 3: Distribution of answers by categories for 2017-2018 and 2018-2019.

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