



Decreasing ED CT Interpretation Turn Around Times in An Academic Radiology Department

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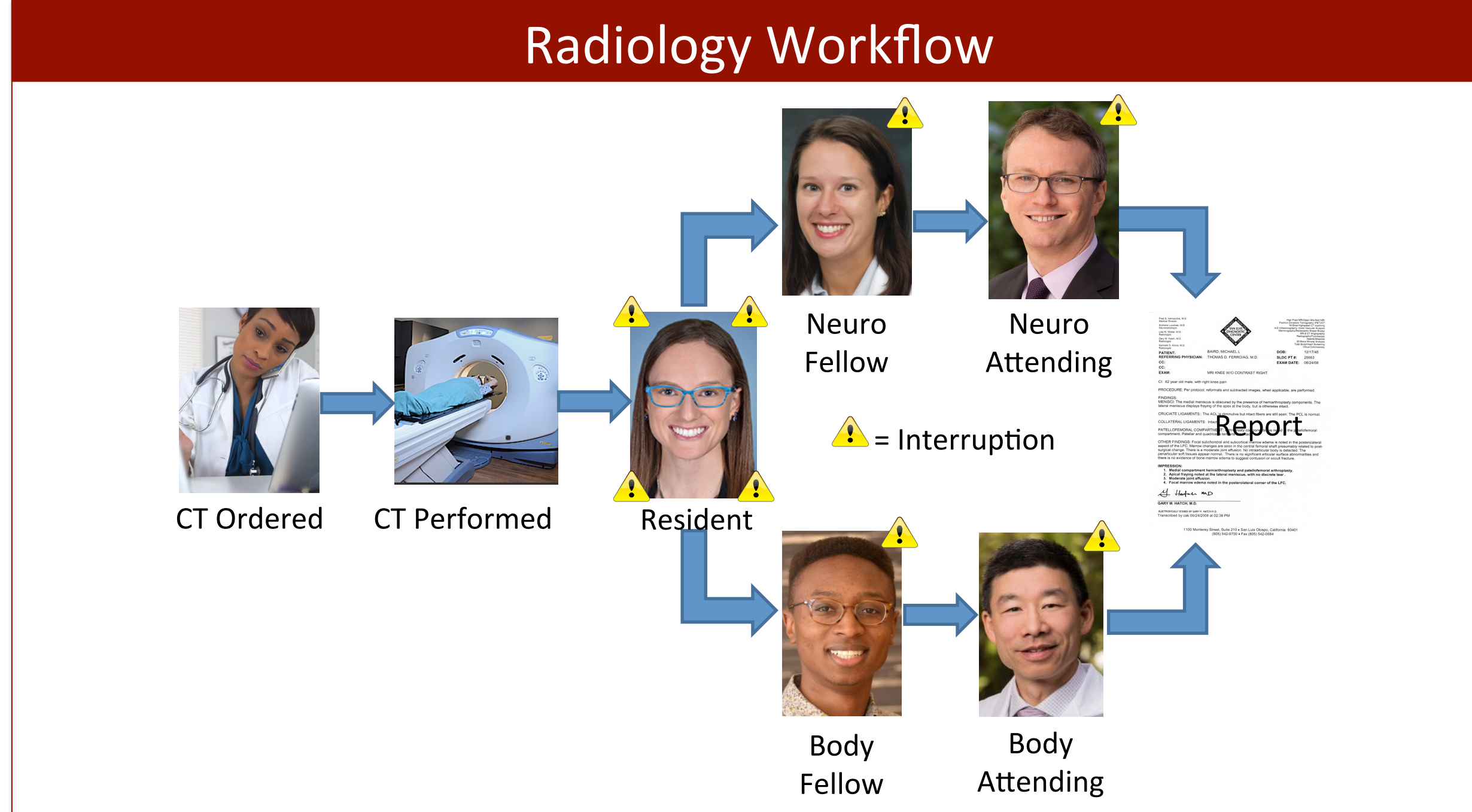


Background

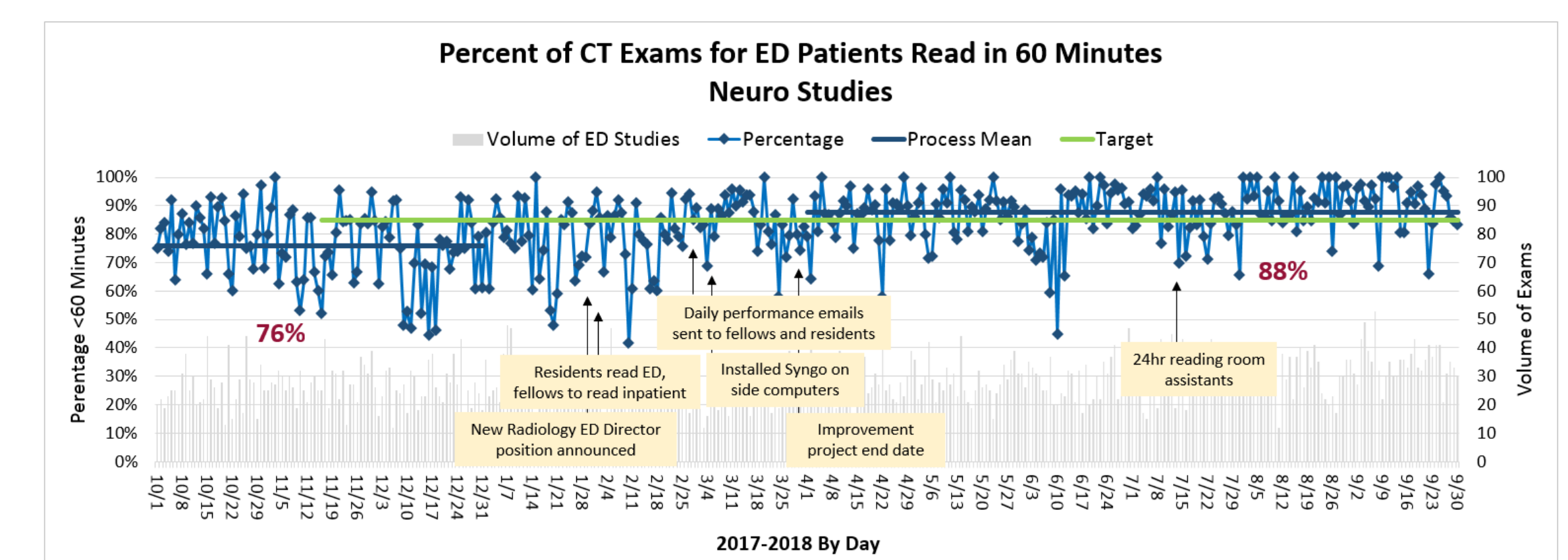
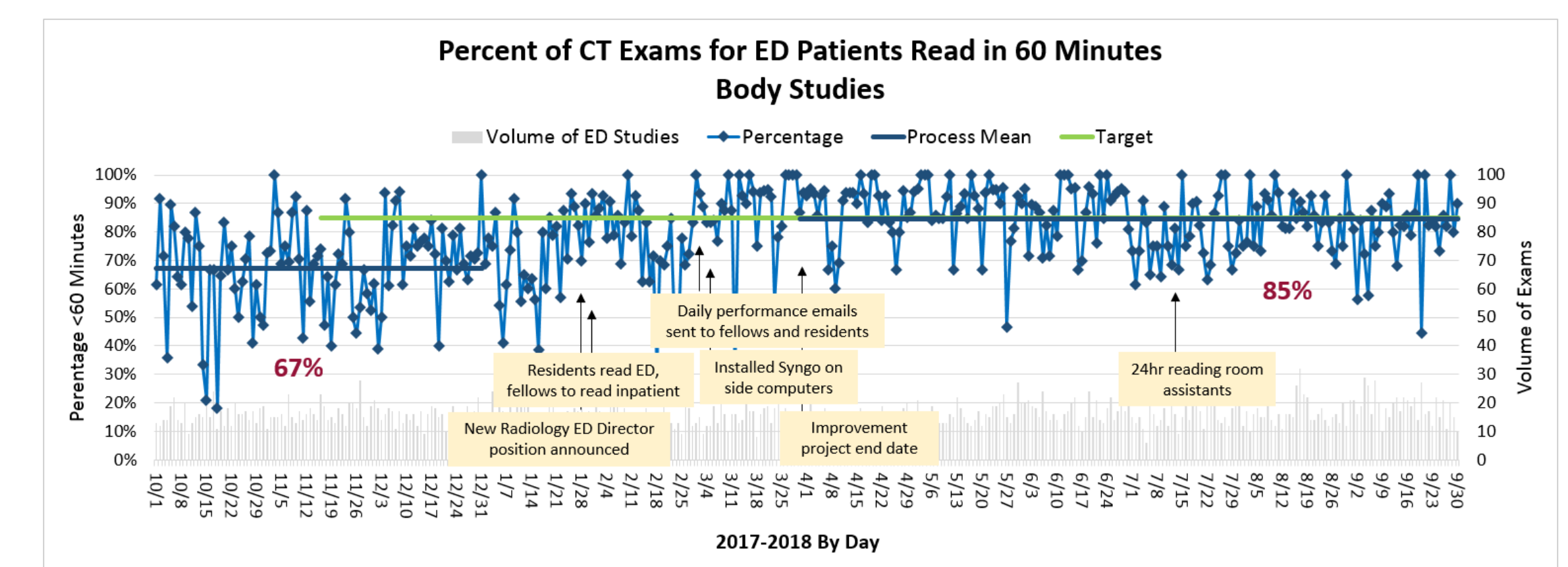
Timely imaging is important in the Emergency Department (ED). Computed Tomography (CT) plays a key role given its speed of acquisition and the actionable information provided. In 2017, a total of 22,043 ED CTs were performed at Stanford.

Decreasing CT report turn around time (TAT) can be difficult for several reasons; namely, a complex patient population, a desire for sub-specialty interpretations, and a dedication to preserving resident education opportunities.

In October 2017, ED TATs were targeted for improvement with a goal of increasing CTs read within 60 minutes from 72% to 85% by April 2018. Read time was defined from exam completion to first published report.

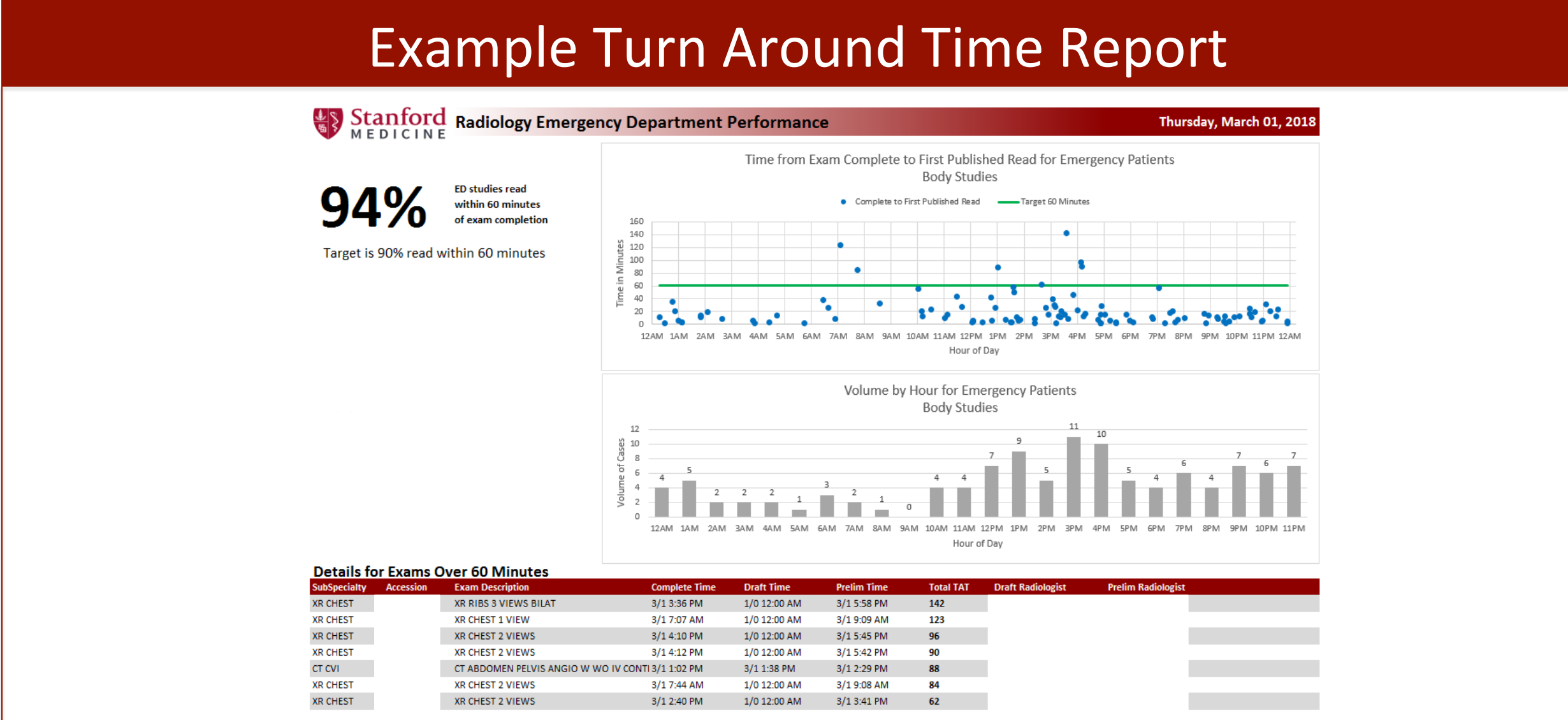


Results



Aims

- To fully understand the workflow from CT exam complete to first published read.
- To implement interventions to increase the percent of ED CTs read within 60 minutes from 72% to 85% by April 1, 2018.

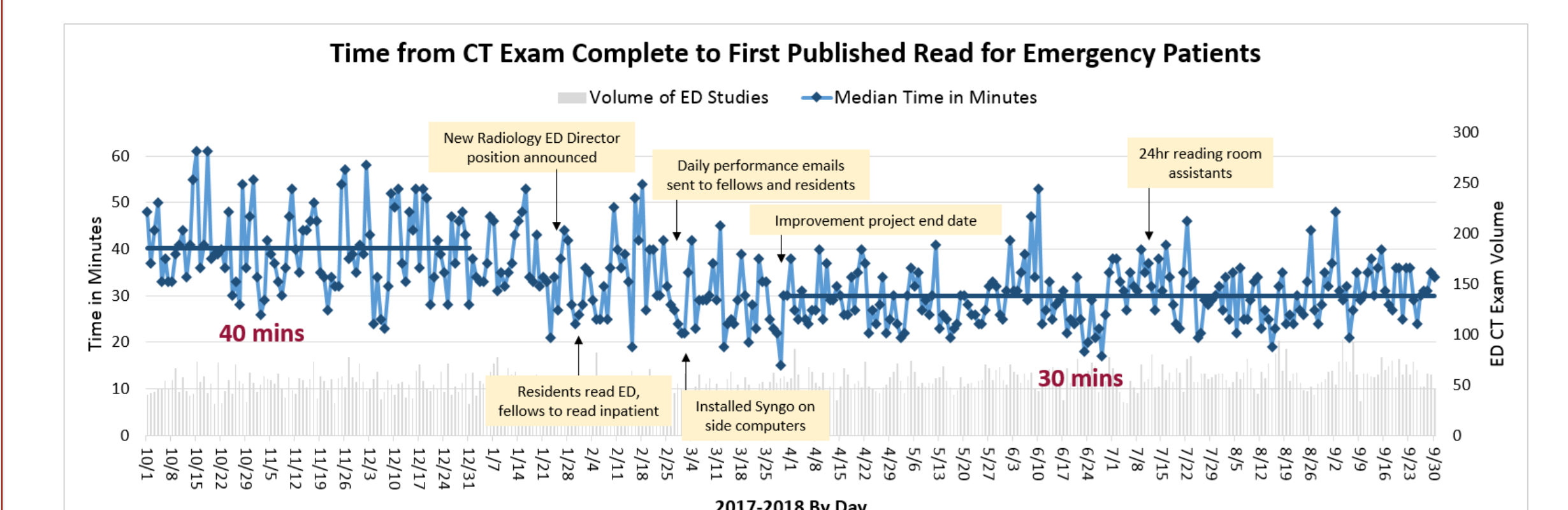
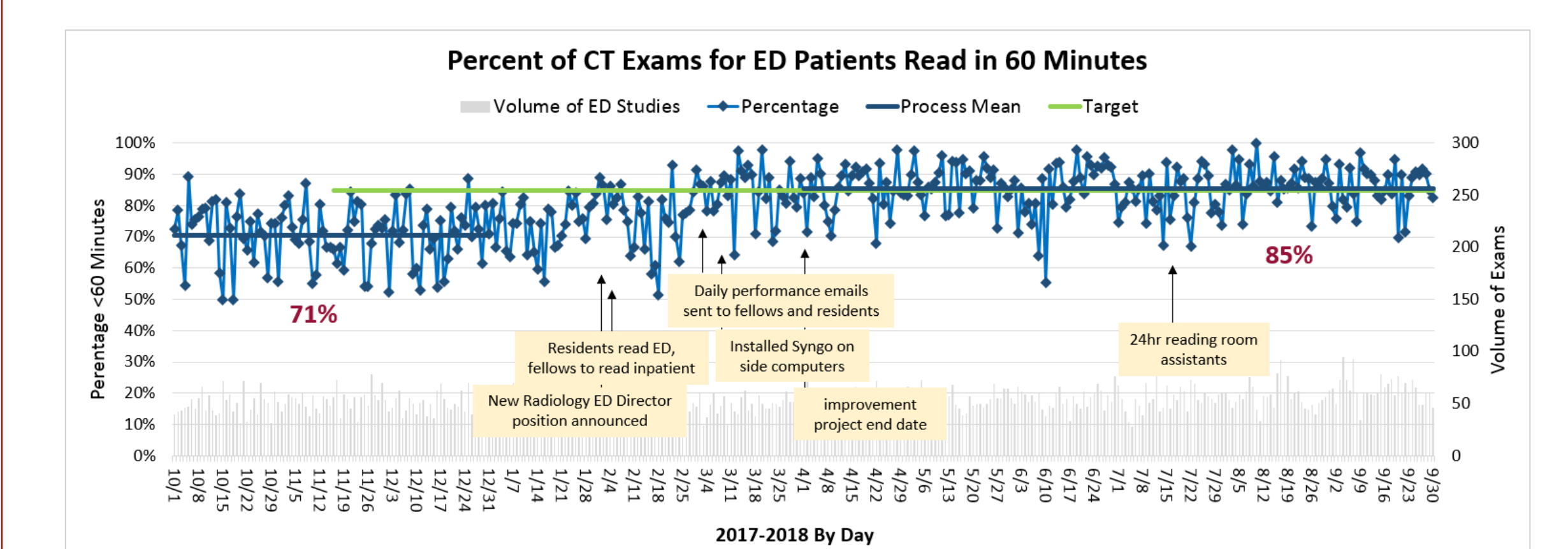


Methods

Key Drivers	Interventions / Countermeasures
Maximizing efficiency in interpretation workflow	Create a DRAFT COMPLETE button in PowerScribe. 2
Good communication between Residents & Fellows	Fellows read out with residents to create prelim read while waiting for attending. 12/18/17 2
Indication in PACs when a study is complete & contains all images and reformats	Fellows look at ED cases in parallel with residents. 12/18/17 2
Minimize unnecessary interruptions for Radiologists	Keep list up during read out. If ED cases pop up, take it next. 12/18/17 2
Visualize Performance and Results	Dr. Chow as Director of Emergency Radiology Dept. 1/29/18 3
Good relationship between Radiology & the ED	On call resident and fellow establish a method of communication at beginning of shift. 1/31/18 2
	Residents to focus on ED exams. Fellows to read non-urgent inpatient exams after hours. 1/31/18 2
	Residents & Fellows TAT emails. 2/27/18 2
	Install Syngo on side computers for ultrasound. 3/1/18 2
	24 hour reading room assistants to field phone calls. 3

Reliability Level:	Maturity Bars:	Progress	Barrier
(1) Individuals: Feedback, checklists, training, basic standards	0: Untested idea		
(2) Procedures: Embedded standard work, reminders, constraints	1: Early tests / PDCA		
(3) Systems/culture: Process redesign, built-in quality, automated systems, fail safes, physical structure, social norms, "mindfulness"	2: Multiple PDCA's		
	3: Early implementation		
	4: Working well in operation		

Results



Sustaining Success

- Make successful interventions permanent. ✓
- Continue monitoring and analyzing CT TAT data to understand outliers. ✓
- Integrate on call attendings in to TAT emails and automate daily email. ✓
- Start analyzing TAT data for ED US and radiographs. ✓
- Implement 24 hour reading room assistants. ✓
- Choose a PACs with transparent ED study TATs. ✓
- Revisit project in the future after new PACs installation in order to implement IT interventions for increased workflow efficiency.

Acknowledgements

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References

- Pandharipande P V., Reiser AT, Binder WD, et al. CT in the Emergency Department: A Real-Time Study of Changes in Physician Decision Making. Radiology. 2016;278(3):812-821. doi:10.1148/radiol.2015150473
- Larson DB, Mickelsen LJ, Garcia K. Realizing Improvement through Team Empowerment (RITE): A Team-based, Project-based Multidisciplinary Improvement Program. Radiographics. 2016;36(7):2170-2183. doi:10.1148/rg.2016160136
- Flug JA, Nagy P. The A3 Quality Improvement Project Management Tool for Radiology. J Am Coll Radiol. 2016;13(4):408-410. doi:10.1016/j.jacr.2015.12.028