

## **QUDI Project QS05.i: RANZCR Response**

### **Closing the Communication Loop on Medical Imaging Test Results in Australian Emergency Departments: Significant Problems, and a Way Forward**

#### **Introduction**

A Survey of all Emergency Department (ED) Directors throughout Australia was conducted in January to March 2008. This study aimed to document current arrangements in place in Australian EDs that ensure closure of the medical imaging test result communication loop, assess the associated risk perception and identify factors that would lead to an improvement in loop closure.

This project was notable for the excellent collaboration between RANZCR and the Australasian College for Emergency Medicine (ACEM) during the survey mail-out period.

The survey found that there is a significant range and level of risk associated with communication loop closure in EDs, particularly in large, busy hospitals that are accredited for specialist Emergency Medicine training. ED Directors believe that the factors most likely to reduce the risk level are timely (“hot”) reporting by radiology departments, an increased use of IT solutions, and improved communication between radiologists and clinicians, especially where critical test results are concerned.

#### **Implications for the health sector**

The report found that technology helps communication loop closure, and was seen as a major enabler of loop closure by survey respondents. The health sector needs to consider the advantages of integrated technology implementations for improved patient care, with input from all stakeholder groups. However, Enterprise-wide solutions need to be coupled with attention to significant improvements in communication, clinical handover and other human factors.

The report recommended the promotion of a safety culture in hospitals. This would include in-house-education programs, communication and mentoring. Multidisciplinary team meetings were also seen by the consultant as an effective way of improving audit and quality assurance functions, clinical pathways and technical protocols.

Improving the timeliness of imaging test results was seen by survey respondents as a major priority. A move towards 24/7/365 service coverage is desirable for ED Directors. This has workforce and resource implications for RANZCR Fellows, as a thinly spread workforce deals with increasing demand for services. Many EDs are left with little or no radiologist reporting service outside of routine “working hours” resulting in significant delays.

The author suggested that work needs to be done on ascertaining local needs for, and capabilities of, emergency imaging services as a step towards adequate service coverage nationwide.

## **Implications for radiologists**

While appropriate education programs for all stakeholders in emergency imaging was recommended, particular emphasis was placed on radiologists. The report suggested that the priority of imaging care delivery needs to be on the basis of clinical need, not other factors. Emergency imaging Fellowships, medical student education and other types of formal training are examples of steps that could be taken to enhance emergency imaging processes.

The author has recommended the development and implementation of Service Level Agreements for performance and reporting of imaging tests.

## **Implications for RANZCR**

The report advocated the development of critical test result standards and shared enterprise-wide procedures/protocols for the handling of all test results. Further standards on turnaround times are also desirable.

The College can also encourage improved clinical interaction between radiology and ED staff through the training curriculum, though implementation of improved practice very much depends on the prevailing culture within each hospital.

## **RANZCR Recommendations**

The College strongly supports clinical interaction between radiology staff and other clinicians, especially where the communication of a critical test result is concerned.

The College recommends this report to inform future Standards of Practice revisions, particularly regarding the communication of critical test results and reporting turnaround times.

The College supports similar collaborative opportunities with other Colleges to investigate ways to improve patient care.