

Alerting Clinicians on Significant CT Findings by “Special Attention” CT Reports and Weekly Summary in New Territories West Cluster (NTWC)

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Background

- Increased patient load
- Increased requests for radiological exams
- Increased reports
- **Objective: to increase staff awareness on important CT reports**



Mingpao, 17 Jun 2016





Oriental daily, 25 Apr 2017

CT report with special attention reminder

Issued by radiologist for

- (1) new case of **malignancy** or
 - (2) incidental finding of **suspected malignancy** or
 - (3) known malignancy with **significant disease progression**
- All in & out patients of NTWC
 - Investigation being booked for urgent attention is excluded

醫院管理局 Hospital Authority 屯門醫院 Tuen Mun Hospital 放射科 Department of Radiology 檢驗報告 Examination Report	Case No.: AE140009705 HKID: UB970026(3)  Name: AE, OUT PATIENT () Sex: F Age: 76y DOB: 01-Jan-1940 Hosp / Spec / Ward: TMH / A&E / AE01
Accession no: TMH002904304B 	Reg Date: 31-May-2016 17:32
Procedure: Brain+con., Brain plain Clinical Information (from referring clinician): occ chest pain Diagnosis (from referring clinician): occ chest pain	
Report: CT THORAX TECHNIQUE : Noncontrast and postcontrast multislice CT images of thorax. FINDINGS: Last private PET-CT on 13/4/2015 is used as reference. A large heterogenous soft tissue lesion is noted in right lung, involving posterior segment of right upper lobe, right middle lobe, superior and anterior basal segments of right lower lobe, likely malignant in nature. It measures ~7.9cm x 10.9cm x 10.3cm (TDxAPxCC). Internal hypoenhancing areas could represent necrosis. Extension to right hilar region with enlarged hilar lymphadenopathy is present, compressing on to the right upper lobar and right lower lobar pulmonary arteries; right main pulmonary artery is patent. Right upper lobe bronchus is obliterated. Enlarged right paratracheal lymph nodes with internal necrosis measuring 5.6cm x 5.7cm x 6.4cm. Adjacent right brachiocephalic vein shows internal hypoenhancing filling defects, thrombosis due to invasion by adjacent lymphadenopathy has to be considered. Mass effect displacing the trachea to the left is observed. Another enlarged lymph node is seen in right supraclavicular fossa (2.5cm x 2.2cm). Tiny nodules in right lung base, left lingular segment and anterior segment of left upper lobe (up to 0.4cm) are non-specific in nature but metastases cannot be excluded. Right pericardial wall is thickened (0.8cm), probably due to pericardial effusion. There is no pleural effusion. Liver outline is smooth. Hypoenhancing lesions are noted at S2 (1.1cm), S3 (0.9cm) and S6 (0.9cm and 2.0cm), not seen in previous study, likely metastases. The biliary tree is not dilated. Hepatic veins and portal veins are patent.	
Performed by : Pony Ma Reported by : Pony Ma (AC) on 31-May-2016 17:34 Report to : TMH/A&E/AE01 Requested by :	Generated on : 31-May-2016 17:34









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Special Attention

Weekly summary page

- A weekly summary page of special attention reports to the report destiny was printed weekly to serve as a second reminder and safety net

The report of below listed radiological examination is now available and requires **SPECIAL ATTENTION**.

REG. DATE/TIME	PATIENT NAME	MOD.	PROCEDURE	VER.	REQ. LOC.	CASE NO.	IDENTIFICATION BARCODE
10-Sep-2015 00:00	CHAN, SUET LIN SUET LIN SUET	CT	Sinuses & Face + con.	1	TMH/@NM/@PET		
17-Aug-2016 15:17	TMH, IN PATT	CT	Brain plain-Epilepsy fm AED	1	TMH/GOYM/@GEN		
19-Aug-2016 16:41	TMH, IN PATT	CT	Brain plain	1	TMH/@DH/@@M		
08-Sep-2016 17:39	LAU, SIU YUEN	CT	Brain+con.	1	TMH/1T/1BBB	HN130005086	
09-Sep-2016 17:25	KHONG, PAK HOP	CT	Brain+con.	1	TMH/NS/E8	HN0000052R	
09-Sep-2016 17:25	KHONG, PAK HOP	CT	Brain+con.	3	TMH/NS/E8	HN0000052R	
09-Sep-2016 17:34	KHONG, PAK HOP	CT	Brain+con.	1	TMH/NS/E8	HN0000052R	
09-Sep-2016 17:34	KHONG, PAK HOP	CT	Brain+con.	3	TMH/NS/E8	HN0000052R	

*** End of Report ***

Total no. of reports: 8

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This summary generated at 05-Oct-2016 19:36

Evaluation

- Case review
 - From Dec 2016 to Mar 2017 (4 months), **282 CT special attention reports** were issued, 147 cases were reviewed
 - **23% (n=34) required immediate action, all cases have been handled timely**

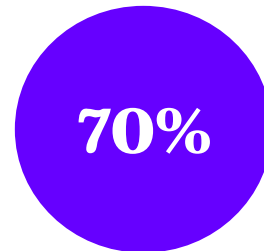


Evaluation

- Surveys for radiologists and clinical staff
 - Positive feedbacks were received



Radiologists agreed that
it improved the
communication
between radiologists
and clinicians



Clinical staff agreed that
the special attention
reminder would
enhance patient safety



Conclusion

- The special attention CT report has proved its effectiveness in enhancing communication between clinical staff and awareness on important radiology findings
- The extension of this function to important non-malignant conditions would be explored

