**In-patient Reporting [QSI Ref: XR-508]**

**Descriptor:**

The time taken to report in-patient (IP) radiographic examinations.

**Background:**

It is the duty of the radiologist to produce reports as quickly and efficiently as possible [1]. Best practice guidance on reporting times has been developed by the National Clinical Imaging Advisory Group. Imaging services should aim to provide reporting turnaround times as follows:

Inpatients:

- Same working day

Delay in verified/completed IP imaging reports may lead to wasted patient bed-days, clinical decision making and also affect waiting lists [2,3]. Unreported examinations carry a number of serious clinical risks including the possibility that findings necessitating urgent intervention may be unnoticed, as well as the risk of patient harm from an inaccurate preliminary interpretation by a non-expert reader [4]. There are practical advantages in timely radiograph reporting: office staff need no longer waste time answering phone calls about unreported images [3]. This audit will help to give a true assessment of the scale of the problem, and further analysis will indicate appropriate change.

## The Cycle

**The standard:**

A locally agreed standard.

The verified report for every in-patient radiograph must be available in PACS (and RIS) within one working day (24 hours) of the examination being performed. A working day excludes weekends, bank holidays and statutory days.

**Target:**

100%

## Assess local practice

**Indicators:**

Percentage of verified reports of IP radiographs present in PACS and RIS within one working day of being acquired.

**Data items to be collected:**

For each consecutive IP radiograph listed from the RIS or PACS record:

-the time the examination was completed

-the time the corresponding report was verified on RIS.

**Suggested number:**

100 consecutive IP radiographs.

**Suggestions for change if target not met:**

1. Investigate the prioritisation and organisation of IP reporting

2. Consider evaluation of availability of subspecialty reporters

3. Particularly consider alternative processes for reporting (e.g. a continuously manned hot reporting system with voice recognition software)

**Resources:**

1. Computer records or prospective data recording

2. Audit staff for data analysis (16 hours)

3. Radiologist: 2 hours.

**References:**

1. New guidance on report turnaround times from National Imaging Board Implementing 7 Day Working in Imaging Departments. (2012). [PDF] National Imaging Clinical Advisory Group. <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213707/dh_132083.pdf>
2. The Audit Commission. Improving your Image. How to Manage Radiology Services More Effectively. London: Audit Commission, 1995.
3. Standards for the communication of critical, urgent and unexpected significant radiological findings, Second edition, RCR 2012. <https://www.rcr.ac.uk/sites/default/files/docs/radiology/pdf/BFCR%2812%2911_urgent.pdf>
4. BFCR(15)14 Standards for providing a seven day acute care diagnostic radiology service RCR 2015
5. Diagnostic imaging Cancer. November 2012. NHS Improvement, Diagnostics. Best practice pathways for diagnostic imaging teams. <http://www.swscn.org.uk/wp/wp-content/uploads/2014/03/Diagnostic_Imaging_Cancer.pdf>

**Editor's comments:**

This audit may be utilised for assessment of all imaging modalities including in-patient CT, MRI, US, NM studies.The audit may eventually become routine with automated generation of weekly results in this structure.

**Submitted by:**

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