**Actionable reporting [QSI Ref: XR-508]**

**Descriptor:**

Actionable reports are required for safe patient management. This audit is aimed at a few key points pertinent to this.

Did the report answer the clinical question?

Was a tentative or differential diagnosis provided for the abnormality?

Was advice provided regarding the next step?

Was the advice provided for the next step appropriate?

**Background:**

What do patients want from their radiology report?

- A report that takes into account their past history, previous imaging, current symptoms and signs and the results of other diagnostic tests.

- A report that accurately describes the imaging findings, a diagnosis or stratified list of differential diagnoses, with suggestions for further appropriate imaging, other investigations or patient management.

They want it to be provided in a timely manner for reassurance, confirmation of diagnosis or identification of unexpected findings and for that report to be communicated to the referrer and/or appropriate multidisciplinary team with the degree of urgency, including failsafe mechanisms, related to the significance of the radiological findings or the urgency of the clinical scenario.

## The Cycle

**The standard:**

Every department should aim to deliver actionable reporting.

The report should answer the clinical question. When an abnormality is described a tentative or differential diagnosis should be provided and appropriate advice provided regarding the next step.

**Target:**

The report should answer the clinical question: target 100%.

When an abnormality is described a tentative or differential diagnosis should be provided: target 100%.

Not all reports will have advice on the next step. However, where advice is given, the advice should be appropriate: target 100%.

## Assess local practice

**Indicators:**

The report answered the clinical question

A differential or tentative diagnosis was provided

Appropriate advice was provided for the next step

**Data items to be collected:**

Data collection: choose a site-specific cancer MDTM (for example, lung) or non- cancer MDTM and review all the radiology reports for a specific time period sent to the MDTM (alternatively choose consecutive reports for a particular modality – ultrasound [US], CT, MRI and so on)

Exclusion: exclude reports which are normal.

Analyse both the request card and associated report to answer the following questions:

Did the referrer request he appropriate investigation for the clinical question?

Did the report answer the clinical question?

Was a tentative or differential diagnosis provided for the abnormality?

Was advice provided regarding the next step?

Was advice provided for the next step appropriate?

Was any urgent action flagged and relayed back to the referrer?

Data analysis should include job role (consultant radiologist, specialty grade doctor, post-FRCR trainee radiologists, pre-FRCR trainee radiologist, non-radiologist doctor, radiographer, physiotherapist etc.), referral type (emergency or elective) and employment status (NHS, locum or teleradiologist).

**Suggested number:**

100

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

Feedback via departmental/interdepartmental meetings or MDTMs

Retraining and mentored support

Re-audit

**Resources:**

Personnel: clerical time to pull the necessary lists (MDTM lists etc.) and radiologists’ time to analyse the reports.

Time: allow eight hours per year for scrutinising records and preparing formal annual reports.

[**bfcr181\_standards\_for\_interpretation\_reporting.pdf**](https://www.rcr.ac.uk/sites/default/files/audit_template/bfcr181_standards_for_interpretation_reporting.pdf)PDF - 277.71 KB

**References:**

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**Editor's comments:**

When carrying out this audit locally you may wish to concentrate on examinations where the referrer has asked a question. Depending on the clinical question it may be appropriate to include normal reports - especially if a normal report does not answer the question, but requires a different investigation or management plan which the radiologist should be indicating in their report.

The context / relationship of the clinical referrer and reporting radiologist should also be taken into consideration as the advice given to a general practitioner may differ from that provided within a subspecialty team

Whether this audit can be applied to examinations undertaken / reported by radiographers will depend on local policy, as this may state that radiographers should provide a factual report with clearly detailed findings, but not a differential diagnosis / conclusion or management plan.

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**Published Date:**

Monday 17 September 2018

**Last Reviewed:**

Wednesday 20 July 2022