



AN AUDIT OF RADIOLOGY COMMUNICATION SYSTEMS FOR CRITICAL FINDINGS



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OBJECTIVE

To figure out the adherence of department of radiology, to the standards laid down for reporting critical and urgent radiological findings.

METHODOLOGY:

This was a cross-sectional analytical study carried out in the Radiology department of Rehman Medical Institute Peshawar from 1st August 2021 to 31st August 2022. Our sample size was 83 and it was a non-probability consecutive sampling. Included reports were with significant, actionable or unexpected findings where timely intervention was thought necessary at the time of reporting. Data was analyzed using Microsoft Excel and SPSS version 22 (Armonk, NY: IBM Corp.).

RESULTS:

Our results showed that out of 83, 71 cases (86%) were reported and communicated in time with the referring clinician while the remaining 12 (14%) were either misreported or not timely communicated by the on-duty resident with the clinician.

Communication of critical findings was done in 95% cases verbally via phone call to clinician, concerned ward, ER or directly to patient's attendant. Rest of the 5% cases could not be contacted due to provided wrong contact details or unavailability of mobile signals.

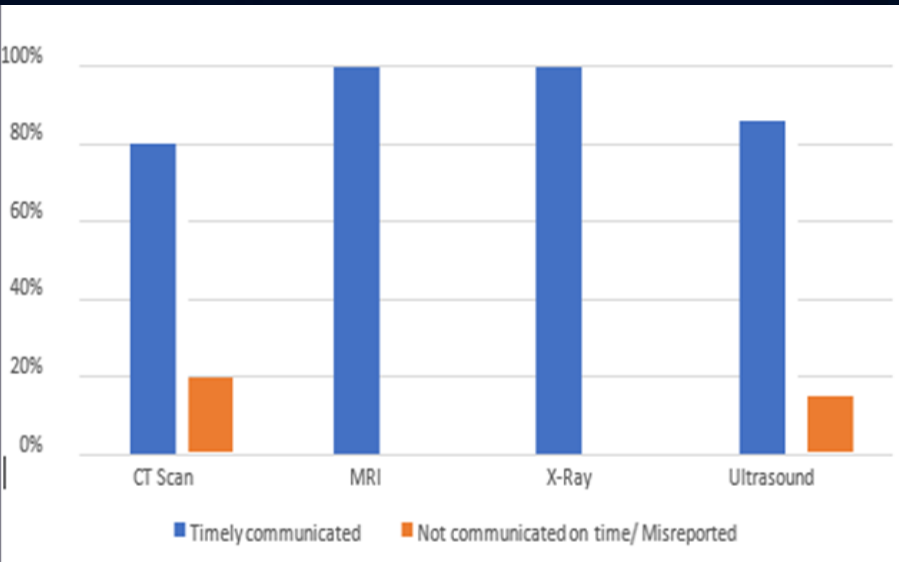
CONCLUSION:

We concluded from our results that radiology communication for critical findings was timely done in 100% MRI and radiograph reporting. 19% percent of the CT scans and 14% of the ultrasound scans were not communicated in a timely manner. The most common mode of communication was verbal with compulsory mention in the conclusion remarks of final report.

There is no electronic system available for communication through PACS. The reports with critical findings are conveyed manually through phone call by residents on duty.

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Authors have nothing to disclose