Radiological Interconsultations on request: Analysis and Implications

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**Purpose**

Conduct a sampling and subsequent analysis of cross-demand applied to the radiology department of our hospital from the rest of hospital specialities and primary care centers linked, to raise what is its impact on daily activity in conjunction with resource efficiency used.

**Methods and Materials**

We have analyzed for 6 months interconsultations number, type of request that arises, format is performed, speciality claimant and the outcome or conclusions of interconsultations requested demand to our service, reviewing its usefulness on decisions taken on the diagnostic and therapeutic approach of the patient. This result is further compared with time care which has been employed to meet them and if our intervention requests or prevents further exploration.

The registration was made independently according to the Radiology Department section to which the query is addressed.

Considered 3 formats or ways to make of interconsultations, while it is requested by telephone, in person or by sending a written request.

The type of consultation is simplified to three purposes according to their content as if what is requested is to report a study not reported or from another center, explanation or detail of a report already made or indication of which test or radiological is most suitable for the study of a patient with a determined suspected diagnosis.

**Results**

**Section** of Radiology Department to which are directed the most of these requests with difference is that called "reports room" in our centre, where there are constantly in person at least one radiologist dedicated to conventional radiology studies, digestive, urologic, and also he supports the most of the administrative citation queries. The CT and ultrasound rooms support a considerable lower demand for these types of applications, especially in the case of ultrasound room which is nonexistent, since physicians are aware that our availability is relative and it depends on the implementation or not of an exploration. Fig. 1 on page 4
**Access modes or formats** available to made interconsultations are three: sending request to the Radiology Department, phone call or personal request, being the last one the way used in more of the half of cases. *Fig. 2* on page 5

Demand for our intervention is summarized in three types of **action**: writing a radiology report, explanation of a previously made or valuation of the indication of a diagnostic test. By patent highlights in two thirds of cases, the application of a radiology report either to be drafted in advance or because the scan is from another centre. *Fig. 3* on page 6

During the six months of data collection included a total of 122 days were included, with a daily average of **2.86 interconsultations / day**. *Fig. 4* on page 7

The average length of time spent on a consultation is 7.48 minutes and the average daily time devoted to them is **22.2 minutes / day**, with a daily maximum of 70 minutes. *Fig. 5* on page 8

The **daily time** spent on interconsultations is highly variable *Fig. 6* on page 9 and it is demonstrably dependent on external factors. During the course of data collection was installed in our hospital a new system for reporting, which caused a marked increase in inquiries from other hospital services requesting reports being unable to access them by failure in the system reading computer.

The **most demanding services** are valued in the graph of *Fig. 7* on page 10, which shows that the largest numbers of requests, in descending order, are from Primary Care, Respiratory, Emergency, ORL Surgery, Orthopaedics and Paediatrics.

Both mode and format, in which requests are made as the request type, vary markedly depending on the service of origin. (*Fig. 8* on page 11 and *Fig. 9* on page 12).

The more demanding service, primary care, while using any of the three paths prevalent to sending petitions requesting the report of a specific examination (usually generated in another centre).

This same type of request for a report is the most demanded by the emergency service, although this service uses as the exclusive application via phone call.

All other specialties because of its proximity and easy turn to the personal attention, which is clearly the most interrupts our daily work. Note that the most demanded
interconsultation services Respiratory Medicine and Paediatrics is the early application of an exploration report that also would be valued thereafter, attitude which they use to accelerate their own clinical work.

Periodically, with the biggest difference, the Surgery is the service which demands the explanation of a report that has already been done previously, to point to any data or prompted graphically described findings.

Our involvement in the diagnostic - therapeutic management of the patient manifested positively in 75% of cases, what emerges from the importance and value of our performance, justifying the time spent. Fig. 10 on page 13

In most cases our intervention does not affect the generation of additional tests, but in approx. 1/3 of interconsultations the specialist attitude varies, causing or avoiding explorations this occurring in the same measure. Fig. 11 on page 14

Given the high number of requests for reports as interclinical most prevalent type is justified by our performance generation of additional tests to confirm the diagnosis of pathologies. Fig. 12 on page 15

The exploration that is caused in a greater number of cases is conventional radiology, possibly because demand report is secondary to the difficulty reading of the specialist of a previously conducted test in which radiation shows poor technique or by the existence of findings to be reassessed with specific projections.

The CT followed by MRI and ultrasound are additional techniques more secondarily generated by our intervention, given its greater diagnostic accuracy and be available in the Radiology services.

Finally note the efficiency of our intervention, since 98% of interconsultations the request is resolved. Fig. 13 on page 16

Images for this section:
SECCIÓN A DONDE SE DIRIGE LA INTERCONSULTA

Fig. 1
Fig. 2

FORMATO DE SOLICITUD

PERSONA 52,11%
PETICION 26,44%
TFNO 21,46%
Fig. 3

SOLICITUD de la INTERCONSULTA

- INFORME: 64,80%
- EXPLICACION: 18,40%
- PRUEBA: 16,80%
Número de interconsultas diarias

Fig. 4
Fig. 5
Fig. 6
Fig. 7
FORMA DE SOLICITUD EN LOS SERVICIOS MÁS DEMANDANTES

Fig. 8
TIPO DE SOLICITUD EN LOS SERVICIOS MÁS DEMANDANTES

Fig. 9
CAMBIO EN EL MANEJO DX/TT°

Fig. 10
REPERCUSIÓN DE NUESTRA INTERVENCIÓN EN LA GENERACIÓN DE PRUEBAS ADICIONALES

PROVOCA OTRA EXPLORACIÓN 19%

EVITA OTRA EXPLORACIÓN 17%

INDIFERENTE 64%

Fig. 11
EXPLORACIONES PROVOCADAS

Fig. 12
RESOLUCION DE LA SOLICITUD

Fig. 13

SI 98%
NO 2%
Conclusion

In our daily work it is not usually included as part of the care program a specific time to meet of demand-interconsultations made by the other centres associated and specialties. However, there are many occasions where we interrupt our work to address them, but is it really fruitful to spend this extra time?

The effectiveness of this deprogrammed work, but not urgent, as health costs measured in time, when compared with the diagnostic and therapeutic procedures that are not performed and that are raised as a result of our intervention, and especially in relation to the change in the diagnostic and therapeutic management of patients, demonstrated highly profitable.

Moreover, it is remarkable that the queries considerably target a particular section of our service, mainly because of its atemporal accessibility and of request form depends on the specialty that perform it according to their location and habitual activity.

Analyzing the number of visits and time spent on them regarding possible changes in diagnostic or therapeutic attitude of the patient, we can assess how efficient is our intervention and raise the need to include space in our daily schedule for your attention.

References

Data Collection Hospital San Juan de la Cruz.

Personal Information