

# RADIOLOGY REPORT QUALITY

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## Introduction

Quality at every step in Radiology operations has become an indispensable concept. The entire radiology quality program encompasses various aspects of operations. Reporting is the most important deliverable of the entire process and imaging centers must try to bring in quality management concepts to the reporting process.

“Added focus on report quality could make radiology more visible and enhance radiologist’s value in health care.”<sup>1</sup>

“The written radiological report is the most important means of communication between the radiologist and referring medical doctor. It is part of the patient’s permanent health record and interprets the investigation in the clinical context. The appropriate construction, clarity, and clinical focus of a radiological report are essential to high-quality patient care”.<sup>2</sup>

It has become imperative to focus on the quality aspects of the one important deliverable from Radiology - the report. The important aspects are:

- Understanding what Radiology report quality entails
- Measuring quality of Radiology report against well laid out criteria
- Improving report quality where any gaps are identified.

What does an Imaging Centre need to do – Recommendations to improve quality of reporting:

An imaging center not only has to manage the reporting environment, it also needs to ensure and manage the quality of reports. Some basic recommendations might be:

- Define a reporting quality governance framework
- Develop criteria to rate clinical reports during QA review
- Develop mechanisms to review report quality (Peer review, random sampling)
- Develop mechanisms to mitigate and manage any reporting errors
- Evolve a core team to develop and implement reporting quality framework and governance in the imaging center
- Keep things simple and effective

“Quality is our value added input to patient care.”

Quality is not accuracy. Quality is our value added input to patient care. It includes accuracy but accuracy alone does not help the clinician. If we are to remain relevant in the patient care chain, we must maintain the highest quality reporting and interpretations. We must tell the clinicians not just what we see but also what we think. And, we have to include information that will help them most easily determine an etiology for the patient's problems or symptoms so that treatment can begin promptly with the lowest cost and the highest likelihood of success.

(source: Unknown)

The fundamental objective of QA in radiology services is to promote patient safety and enhance patient care with accurate and timely radiological opinions. As part of such a program, there must be systems in place for ensuring the standard of reporting.

(RCR - Quality assurance in radiology reporting: peer feedback)

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The key principles that should be adhered to for reporting QA are:

2. Accepting that discrepancies will occur
3. Mitigating against discrepancies through QA programs
4. Having processes in place to minimize any potential patient harm
5. Having systems in place for shared learning from these discrepancies without a culture of blame.

Following are excerpts from various sources to help plan and implement radiology report quality program: (Source: Timothy V. Myers, M.D.)

Three Concepts to adhere to in Radiology Reports  
Quality is something we put into each interpretation and each report.

Radiologists who put a lot of time and careful thought into rendering their interpretations are many times not taking that same level of care in presenting those thoughts.

Regardless of how carefully we review the images or how difficult a diagnosis we make, if we do not then put that information into an actionable format by creating a document that is understandable, the patient and the clinician will not benefit from our thoughts or reasoning.

Three concepts to adhere to:

- Relevance
- Simplicity
- Brevity

#### RELEVANCE

Everything we say should have some meaning for the clinician. Pertinent positive findings, as well as pertinent negatives, need to be stated and discussed as needed. Many times it is the negative that is most important as the clinician tries to evaluate the patient. We frequently do not know what is causing the symp-

toms because we can definitively say what is NOT causing the symptoms.

#### SIMPLICITY

If something can be said simply in a declarative sentence, it should be said that way.

#### BREVITY

We need to be appropriately brief.

Appropriately brief should be determined by the examination and the need to help the clinician know what we see, not by the radiologist who simply says something that allows them to move on to the next study. When we say "nonspecific" what we mean is, there is no evidence of obstruction or other potentially specific diagnosis. When the clinician hears "nonspecific" they are left with doubt as to what may or may not be seen on the images and what clues there may be as to the etiology of the patient's symptoms. It is essential to have a good clinical report quality program in place as part of the overall radiology quality program so that all aspects of radiology operations are covered to provide a comprehensive quality environment for the patients.


## References

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## Further Reading

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2. The Royal College of Radiologists (2006) Standards for the Reporting and Interpretation of Imaging Investigations. The Royal College of Radiologists, London. Available at [www.rcr.ac.uk](http://www.rcr.ac.uk) Accessed September 2010.
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