

Pathways for Radiographer Reporting in Conventional Imaging

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Version Control

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1	Initial Issue	Sept 2020
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1 Introduction

There is little in the way of formally agreed national standards for organisations to be able to bench mark turnaround times in Radiology reporting. However, Medical Imaging Sub Committee (MISC) for Wales, RCR and Society and College of Radiographers (SCOR) advise local KPIs are devised, with priority structured around urgency or referral source rather than examination type.

Recommendations include the shortest turnaround time for emergency department patients and the longest for GP and OPD.

These indicators will aid governance, though the audit process, by monitoring effectiveness to reduce potential risk to patients caused by delays in Reporting Radiographer reporting.

2 Objective

This document will outline standard operating procedures (SOP), clarify systems of work and detail Key Performance Indicators (KPI) to facilitate timely, accurate conventional film reporting of examinations with differing turnaround times as advised by the Royal College of Radiographers (RCR), National Imaging Optimisation Delivery Board.

It will feature a clear framework to accommodate patient facing practice for Advanced Practice Reporting Radiographers (Rep Rad) in plain film across Powys Teaching Health Board (PTHB) whilst specifying standards to monitor performance. This helps ensure, effective use of staff and resources with the aim of streamlining pathways for the service user and consequently reducing waiting times for patients.

3 Scope of SOP

Reporting may be structured around priority, urgency, referral source or Radiographer findings rather than examination type. The RCR and The College of Radiographers (COR) outline, the shortest turnaround times are for emergency department patients and the longest for GP and OPD.

Subsequently, conventional film reporting by Reporting Radiographers in PTHB is categorised into THREE levels of Priority, dependent upon referral source and sub-divided into 'immediate (hot)' and 'cold reporting' in terms of expected turnaround times.

In a patient facing environment, it is necessary to facilitate the provision of timely, accurate radiology reports from the highest priority referral sources,

to ensure the clinician can act immediately whilst the patient is in attendance.

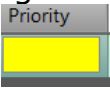
Consequently, it is necessary to define each level of reporting priority, ensuring turnaround times are met not only for the highest priority but for all levels of priority regardless of referral source.



To this end, the standard operating procedure is a guide for Reporting Radiographers to navigate the different turnaround priorities and clarify the delegated duties outlined in the weekly roster, whilst working within their personal scope of practice.

This document does not apply to Consultant Radiologists or Radiology Registrars.

4 Definitions

!A; remove assigned images from column. Apply manual filter **!A** to

priority column  in synapse (plain film reporting all sites) to remove

assigned images from the list. R  and HR  images will be listed.

PTHB – Powys Teaching Health Board

Core hours; PTHB Rep Rad reporting service covering peak radiology referral times form the acute setting for priority 1 reports.

Examination visit; one visit to radiology. This may comprises of single or multiple study(s)/ accession numbers.

G2; voice recognition program. Digital dictation.

Key Performance indicators (KPI); bench marks by which governance, performance and effectiveness could be audited.

Levels of priority; 3 different levels of priority in plain film reporting based on expected turnaround times:-

I. Immediate reporting (hot) II. 'HR' III. Routine

MISC for Wales; Medical Imaging sub Committee

Organisational site; there are 6 organisational sites across PTHB.

OOS; out of scope. Studies not within the Rep Rad permitted scope of practise.

OOH; out of hours shifts, evenings and weekends, to cover essential 'core hours'.

Patient facing practise; plain film reporting by Advance Practice Reporting Radiographers across PTHB can be described as, the provision of an immediate reporting service in conventional imaging with direct access to the reporter, to meet demand for immediate reports in the acute setting during peak times of referral to radiology.

Priority; based on referral source and turnaround times.

Priority I, is considered 'immediate reporting'. Priority II and III, are considered 'cold reporting'

I. **Immediate reporting;** same day reporting e.g. required on day of x-ray will depend upon the partnership agreement and will vary from area to area. Radiographer will telephone to make sure this happen. However in departments where a Powys Reporting Radiographer or SLA Radiologist are present this will occur on site.

II. **'Hot Reporting (HR)';** examinations that have been given 'HR' priority in Synapse will be prioritised by the external Reporting Radiographer or Powys THB Radiographer.

III. **Routine;** routine films will be reported in a turnaround time in approximately a week to 10 days. .

RADIS; radiology information system.

Rep Rad; Advanced Practice Reporting Radiographers.

Rep Rad roster; weekly roster detailing duties of the whole Reporting Radiographer team.

Reporting session; 1 reporting session equates to 3.5 hours.

Standard operating procedures (SOP); defining systems of work.

Study; images listed in synapse with a single accession number.


Synapse; PACS system


Synapse Priority codes - 'A', 'QA', 'R', 'HR' ; codes listed in the Priority column in synapse.

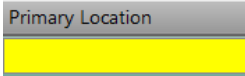
n.b. Synapse priority is different to turnaround time priority.

A  assign to radiologist

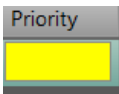
HR  assign to hot reporting. Turnaround time varies.

QA  assign to quality assurance

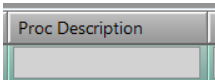
R  assign to reporting radiographer



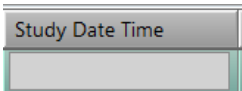
Synapse column (plain film reporting all sites); this column list will list the following codes AE, CAS, MIU, FRAC, OP, OPD and all 'ward codes'. Click on header to sort by ascending/descending order.



Synapse Column (plain film reporting all sites); this column will list the following codes:- **A, HR, QA, R**



Synapse Column (plain film reporting all sites); this column will list of all plain film examinations. Apply manual filter **!xr ches & !xr abdo** to remove chest and abdomen images from the list.



Synapse Column (plain film reporting all sites); this column will list the date of examinations waiting to be reported. Apply manual filter **'today's date'** to this column if Immediate reporting.

Turnaround priority; 3 levels of priority based on expected turnaround times from examination to validated report, depending on referral source.

Turnaround times; completion of examination to a provision of a validated report.

WTE; whole time equivalent (staffing).

!xr ches & !xr abdo; remove chest and abdomen x-rays. Apply filter manually to synapse column (plain film reporting all sites) to remove chest and abdomen x-rays from the list.

5 Responsibilities

The Reporting Radiographer has a duty of care to issue timely reports within their own scope of practice and endeavor to meet the turnaround times, during the working week.

5.1 Rostering

A timely, monthly roster will be issued to each member of the team, clearly detailing an individual's delegated duty for each reporting session.

Allocated sessions on the weekly roster maybe subject to change at short notice to meet service need.

Roster preference will be in favour of immediate reporting, with Rep Rad duties allocated to cover essential 'core hours' .

The Reporting Radiographer will be rostered in accordance with eRostering guidance.

OOH shifts undertaken by an individual, exceeding pro-rata allocation will be on a voluntary basis only, unless, there is a specific service need and should be agreed by all affected parties in advance.

If shifts are swapped or given away, the affected shift becomes the responsibility of the Rep Rad taking the shift, **NOT** the individual originally rostered.

Cover during meal breaks - during mealtimes (lunch, 12.30-1pm.) all Rep Rads will be expected to monitor **priority I** studies and issue reports accordingly.

5.2 Patient Facing Practice

During 'core hours' the Rep Rad will make every effort to ensure they are accessible to the referrer, both in person and via the telephone, whilst providing a reporting service to meet demand for immediate reports, with the aim of streamlining pathways for the service user and consequently reducing patient waiting times.

5.3 Advice and Communication

Be available to give advice both formally and informally to multidisciplinary team members.

Communicate unexpected findings to the referrer, through referrer secretaries or directly via the telephone.

5.4 Other

Maintain professional standards in accordance with job description, and Professional Body code of conduct.

6 Specific Procedure

6.1 Opening G2 and Synapse in Preparation for Reporting

This is not a definitive guide for the use of G2 and Synapse. Formal instruction will be given during the induction period and user guides can be accessed via the PACS team.

G2 and Synapse are separate programs and do not link unless initiated by the user.



Select G2  and synapse  icons on the desktop and double click to launch. G2 will open ready for use (see fig. 2).



Fig. 2, G2 interface.

When synapse has loaded, a drop down menu will appear. Select, BCU synapse --> unread studies by referring group DR and CR -> Plain film reporting (all sites), this is the file the reporting radiographer must select studies from.

In the Synapse tool bar (fig. 3), apply manual filters to certain columns to move 'out of scope studies' from the visualised list. e.g.

- !A to the 'Priority' column
- !xr ches & !xr abdo to 'Proc Description' column (if out of scope)
- 'todays date' to 'Study date and time' column if you are Immediate reporting

- ! {with DOB age range}, to 'Birth date' column of paediatric patients, if out of scope.

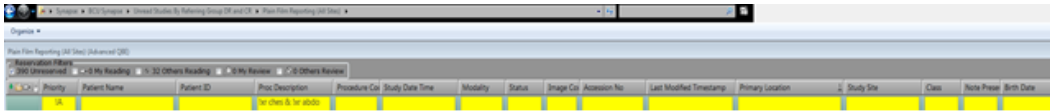


Fig. 3, synapse toolbar.

6.2 Prioritising Studies

Priority is based on referral source and turnaround times.

- I. **Immediate reporting;** same day reporting e.g. required on day of x-ray will depend upon the partnership agreement and will vary from area to area. Radiographer will telephone to make sure this happen. However in departments where a Powys Reporting Radiographer or SLA Radiologist are present this will occur on site.
- II. **'Hot Reporting (HR)';** examinations that have been given 'HR' priority in Synapse will be prioritised by the external Reporting Radiographer or Powys THB Radiographer.
- III. **Routine;** routine films will be reported in a turnaround time in approximately a week to 10 days.

6.2.1 Immediate Reporting (Priority I)

'Immediate reporting' will be indicated as 'Immediate' on the roster. Delegated Rep Rad will endeavor to undertake the following duties;

- report studies from the ED, acute setting, wards and 'HR's with today's date (within their scope of practice).

*Out of scope images **should** be reviewed but not reported by the Rep Rad.*

*Add a note in synapse (fig.7) and apply the 'HR' filter to priority column for BCC and BCE studies. **BCW studies should remain as priority 'R'**.*

The note and filter will indicate to 'in-scope' peers, these examinations must be reported ASAP, this will be during a peers 'cold' reporting' session.

- be readily available to give advice to multidisciplinary team members, particularly in the acute setting, both formally and informally.
- communicate unexpected findings to the referrer.

6.2.2 Cold Reporting (Priority II-III)

Delegated Rep Rad will endeavor to undertake the following duties;

- report 'cold reports' starting with studies from the acute setting and HR with dates older than 'today's' date. Followed by reporting of GP and OPD examinations - oldest first.
- review 'plain film reporting (all sites)' file in Synapse folder -- >unread studies by referring group DR and CR. Pick up any priority I studies, which are out of scope for peers. ALL Rep Rads are expected to check for unreported priority I studies and issue reports accordingly, even during cold reporting sessions.
- be readily available to give advice to multidisciplinary team members, both formally and informally.
- communicate unexpected findings to the referrer.

6.3 Selecting/Reserving Patients for Reporting

Studies are listed in synapse by accession numbers and **NOT** by examination visit, thus there may be more than one study /accession no. in each examination visit e.g. foot and ankle may have 1 or 2 study accession numbers depending what codes have been entered in RADIS.

i.e. XFANKR, XR Foot and ankle Right or XFOOR, XR Foot RT and XANKR, XR Ankle RT.

XR Foot and ankle Right XFANKR

or

XR Foot Rt

XFOOR

XR Ankle Rt

XANKR

ALL accession numbers for studies in one examination visit MUST be selected and reserved, to ensure reports are completed for the whole examination visit.

ALL studies in one examination visit MUST be reported at the same time by the same author.

If one study in an examination visit is out of scope, un-reserve ALL in scope studies in the examination visit so a peer or radiologist can report.

Single patient – hover over the study and right click to highlight, a drop down list will open, select **reserve for me**.

Group of patients – right click on the first study then using shift or control, left click on all desired studies to be reported. Right click over any of the highlighted studies and a drop down list will open, select **reserve for me**.

The reserved list can be reviewed in your own file.

To access this file, use the top Synapse tool bar, from drop down lists, select **BCU synapse --> 'own name' --> reservations**. This is 'your' working file where 'your' reserved studies are displayed.

In Synapse the studies can be organised into organisational sites, allowing the reporter to group together BCC, BCE and BCW, by clicking on the title '**accession No**'. This process facilitates improved use of G2 when working through your reserved study list.

6.4 Loading Patients into G2

Working from **your own** reservation list in synapse, select a study to report by highlighting and clicking F8. The images and scanned request form will be displayed in Synapse.

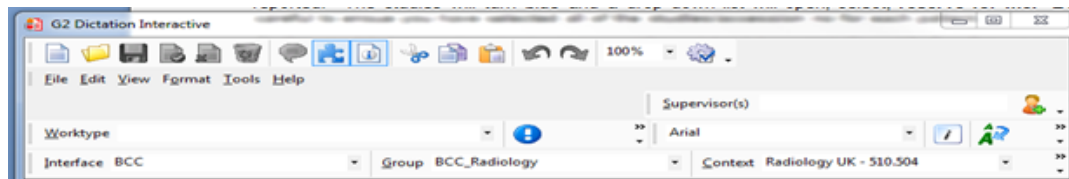


Fig. 4, G2 interface.

Next, ensure the G2 interface (fig.3) matches the organisational site BCC, BCE or BCW.



Use the drop down arrow on the right hand side of the box and select the correct site.

Using the synapse tool bar (fig.4), load the study demographics into G2 by selecting:



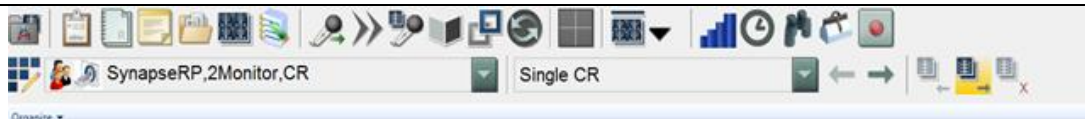


Fig. 5, Synapse toolbar.

You are ready to dictate a report.

6.5 Completing a Dictated Study

Click EOL on the G2 handset once. A drop-down menu will appear (fig. 6). Select the appropriate option --> OK.

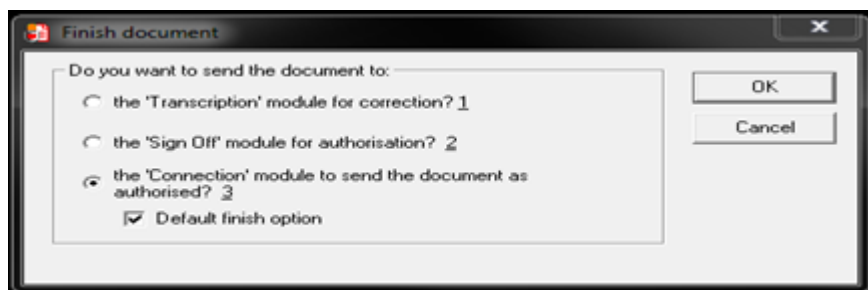


Fig. 6, Finish Document Menu.

6.6 Issues with Studies

6.6.1 One or more study out of scope in an examination/visit

DO NOT REPORT part of an examination visit. In Synapse, change the priority column from 'R' to 'A' for ALL studies in the examination visit. This will assign the studies to a radiologist and they will disappear from the list.

If the reserved study is out of scope; add OOS as a note in Synapse (fig.7).

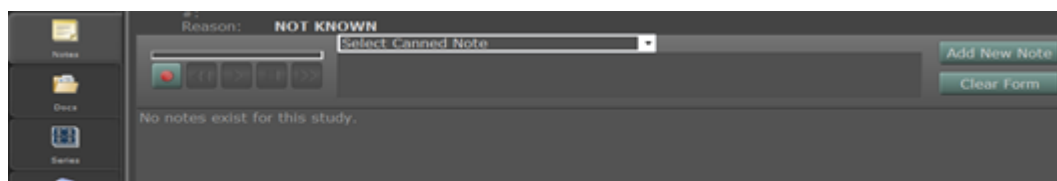


Fig.7, note in Synapse.

6.6.2 Wrong/no markers, wrong request form, wrong body part imaged

DO NOT REPORT. Change the priority from 'R' to 'QA' for all accession no.'s in an examination visit. Also, add a note to the study in synapse (fig. 7) so the PACS team know why the study is in 'QA'.

	<p>6.6.3 No Signature on Request Form</p> <p>The studies SHOULD be reported. Follow the flow chart REP RAD 007 on SharePoint.</p>
	<p>6.6.4 Wrong examination entered on RADIS</p> <p>Before reporting, the Rep Rad MUST change the examination tag in RADIS to match examination requested and body part imaged. The study(s) SHOULD now be reported.</p>
	<p>6.6.5 Not confident to report a study</p> <p>DO NOT report. Un-reserve the study. The synapse priority code may also be changed manually in synapse from 'R' to 'A'.</p> <p>REMEMBER, it is the responsibility of ALL Rep Rads to act upon any suspicious pathology they encounter, regardless of scope of practise. In this circumstance, the reviewing Rep Rad must seek advice from peer/Radiologist and a timely report issued as soon as possible.</p>
<p>7 Reporting File House Keeping</p> <p>Studies can find their way into the incorrect files for a variety of reasons. By re-allocating studies to the correct file the Reporting Radiographer can ensure reports are not delayed. The changes the Reporting Radiographers can make to synapse files are site specific.</p>	
<p>8 Sickness/Long-Term Absence</p> <p>Return to work from long term sickness or absence will be covered by phased return and Rep Rad 001.</p>	
<p>9 Newly Qualified Rep Rads</p> <p>During a preceptorship period, immediate reporting sessions will only be allocated 'in-hours'.</p> <p>This exclusion does not apply to preceptorship periods applied to qualified Rep Rads after extending scope of practise (Rep Rad 002).</p>	
<p>10 Monitoring Compliance, Audit & Review</p>	

Key Performance indicators (KPIs) are bench marks by which governance, performance and effectiveness can be audited.

The RCR and COR advise KPI's are devised, with priority structured around urgency or referral source rather than examination type. Recommending the shortest turnaround time for emergency department patients and the longest for routine. Bench marks within PTHB Reporting Radiographer reporting in conventional imaging are categorised into THREE levels of Priority, as advised by the National Imaging Optimisation Delivery Board.

- I. **Immediate reporting;** same day reporting e.g. required on day of x-ray will depend upon the partnership agreement and will vary from area to area. Radiographer will telephone to make sure this happen. However in departments where a Powys Reporting Radiographer or SLA Radiologist are present this will occur on site.
- II. **'Hot Reporting (HR)';** examinations that have been given 'HR' priority in Synapse will be prioritised by the external Reporting Radiographer or Powys THB Radiographer.
- III. **Routine;** routine films will be reported in a turnaround time in approximately a week to 10 days.

Referral data may be collated monthly via the RIS system and PACS team. A sample may be audited using Priority as a bench mark, to monitor and demonstrate the effectiveness of Rep Rad's at meeting turnaround times.

Accuracy of Rep Rad reports are monitored via a monthly 5% peer review audit.

11 Forms/Templates

- Fig. 1, Rep Rad weekly roster, P. ??
- Fig. 2, G2 interface, P.11
- Fig. 3, synapse tool bar, P.12
- Fig. 4, G2 interface, P.14
- Fig. 5, Synapse toolbar, P.15
- Fig. 6, G2 finish document menu, P.15
- Fig. 7, Note in Synapse, P.15

12 References / Bibliography

Internal References:
PTHB E-rostering policy

External References:
RCR
SCOR

National Imaging Optimisation Delivery Board.
Care Quality Commission
MISC - Welsh Reporting Standards for Radiology