Improving Practice Adherence to Societal Guidelines for Incidental Findings Follow Up and Communication to Referring Clinicians
Authors

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Background

- Appropriate follow up of actionable incidental imaging findings has become a very well recognized avenue to improve population healthcare.

- Despite guidelines from the ACR, appropriate follow up recommendation is variable among radiologists resulting in both under and over treatment.

- Having a defined system of communication between the radiologist, primary patient physician, and the patient allows for appropriate research based guidelines and follow-up.
Methods and Materials

- CT examinations of the thorax, abdomen, and pelvis performed on out-patients were collected over a 2 week period.

- Examinations were categorized by study type and reviewed for presence of incidental findings.

- These studies were then reviewed for whether the proper recommendation was made.
Methods and Materials

• An incidental findings committee was formed to create standardized reporting templates based on evidence based guidelines such as the ACR White Paper.

• Templates were adapted into the radiology dictation macros and all contained the common phrase “Unexpected incidental finding”, which allowed for database searching.
Methods and Materials

• An education campaign was initiated to highlight the need to improve incidental finding reporting and communication.

• For cases in which the radiology team could not contact a referring physician, a radiology assistant, following an outlined protocol was tasked with contacting the ordering physician.
Methods and Materials

- 3 Data points were recollected over a 9 month period post implementation.

- Amount of unexpected incidental findings

- How many incidental findings were recommended for appropriate follow up

- Presence of documentation of verbal communication for follow up
## Results

<table>
<thead>
<tr>
<th></th>
<th>Pre-Implementation 2 week period</th>
<th>Post-Implementation 9 month period</th>
</tr>
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<tbody>
<tr>
<td>Number of Incidental findings reported.</td>
<td>34</td>
<td>2163</td>
</tr>
<tr>
<td>Incidental findings reported in the impression.</td>
<td>26%</td>
<td>100%</td>
</tr>
<tr>
<td>Findings with appropriate follow up recommendations.</td>
<td>21%</td>
<td>100%</td>
</tr>
<tr>
<td>Documented communication to referring physicians</td>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Conclusion

- The combination of standardized reported templates using evidence based guidance along with a full time radiology assistant improves communication with clinicians regarding appropriate follow up of incidental findings.
Future Direction

• Data collection of our patient population follow up, including recommended testing in appropriate time frame.
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