

## Background

- Radiology is undergoing a cultural shift driven by the transition of volume-based care to value-based care models<sup>1</sup>.
- ACR Imaging 3.0 campaign's 5 pillars of appropriateness, quality, safety, efficiency, and satisfaction calls for greater emphasis on the role of the PATIENT who should be at the center of high value care<sup>2</sup>.
- Customer feedback has long been employed in the commercial world<sup>3</sup>, and more recently in radiology<sup>4</sup>, as a means of guiding quality improvement.
- Patient understanding and satisfaction with radiology reporting has been described, but only as a research topic<sup>5</sup>.

## Purpose

- Develop and adopt division wide structured reporting templates as a method to standardize work product and disseminate a link to a novel website which allows for the collection of feedback from patients and providers regarding utility of report.

IMPRESSION:  
 1. No evidence of right or left lower extremity deep venous thrombosis.

A.J. Pesch, MD  
 Resident, Radiology

How are we doing? Give us feedback on our reports:  
<https://med.virginia.edu/radiology/referring-physicians/body-report-survey/>

Figure 1. Example of the link included after the signature line of every report.

## Method and Materials

- As part of a broader quality improvement project within the division of abdominal imaging, reporting templates were overhauled to provide standardized division wide structured reporting templates.
- One of the primary aims of the new templates were to create a means to disseminate, via a URL, a newly created website for both patients and providers, which encourages feedback on reporting quality.
- Website allows the rater to identify whether they are a patient, ordering provider, or other caregiver.

## Method and Materials

- User is prompted to select their level of satisfaction with the report (very satisfied, satisfied, dissatisfied, or very dissatisfied) which prompts secondary questions.
- Free text field is also available for additional comments as well as the ability to include a contact email address.

## Disclosures

- The authors have no pertinent disclosures.

### References:

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3. The Patient Experience in Radiology: Observations From Over 3,500 Patient Feedback Reports in a Single Institution. Rosenkrantz, Andrew B. et al. Journal of the American College of Radiology, Volume 13, Issue 11, 1371 – 1377
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A.J. Pesch, MD; Arun Krishnaraj, MD, MPH  
 University of Virginia, Department of Radiology, Charlottesville, Virginia

## Site Design

- Respondents can identify as “Patient”, “Ordering Provider”, or provide a free text response.
- Level of satisfaction with report is collected.
- Free text option is included to collect additional comments from respondents.

**Who are you? \***

Patient

Ordering Provider

Other

**How satisfied are you with this report? \***

Very satisfied

Satisfied

Dissatisfied

Very dissatisfied

**Why are you satisfied?**

Answered clinical question

Assisted in determining next steps of patient care

Well organized and easy to find information

Other

**Who are you? \***

Patient

Ordering Provider

Other

**How satisfied are you with this report? \***

Very satisfied

Satisfied

Dissatisfied

Very dissatisfied

**Why are you dissatisfied?**

Typographical error

Unclear report

Inaccurate report

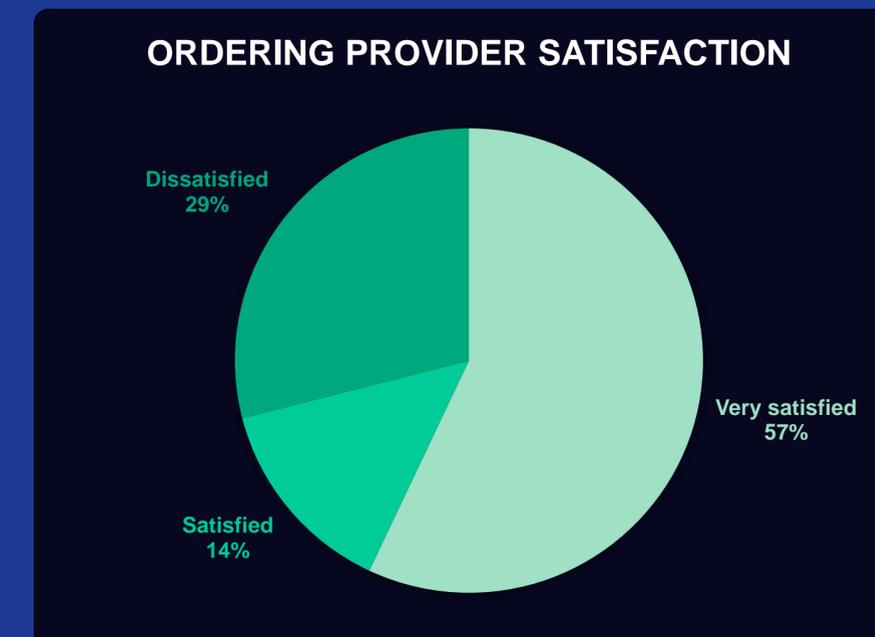
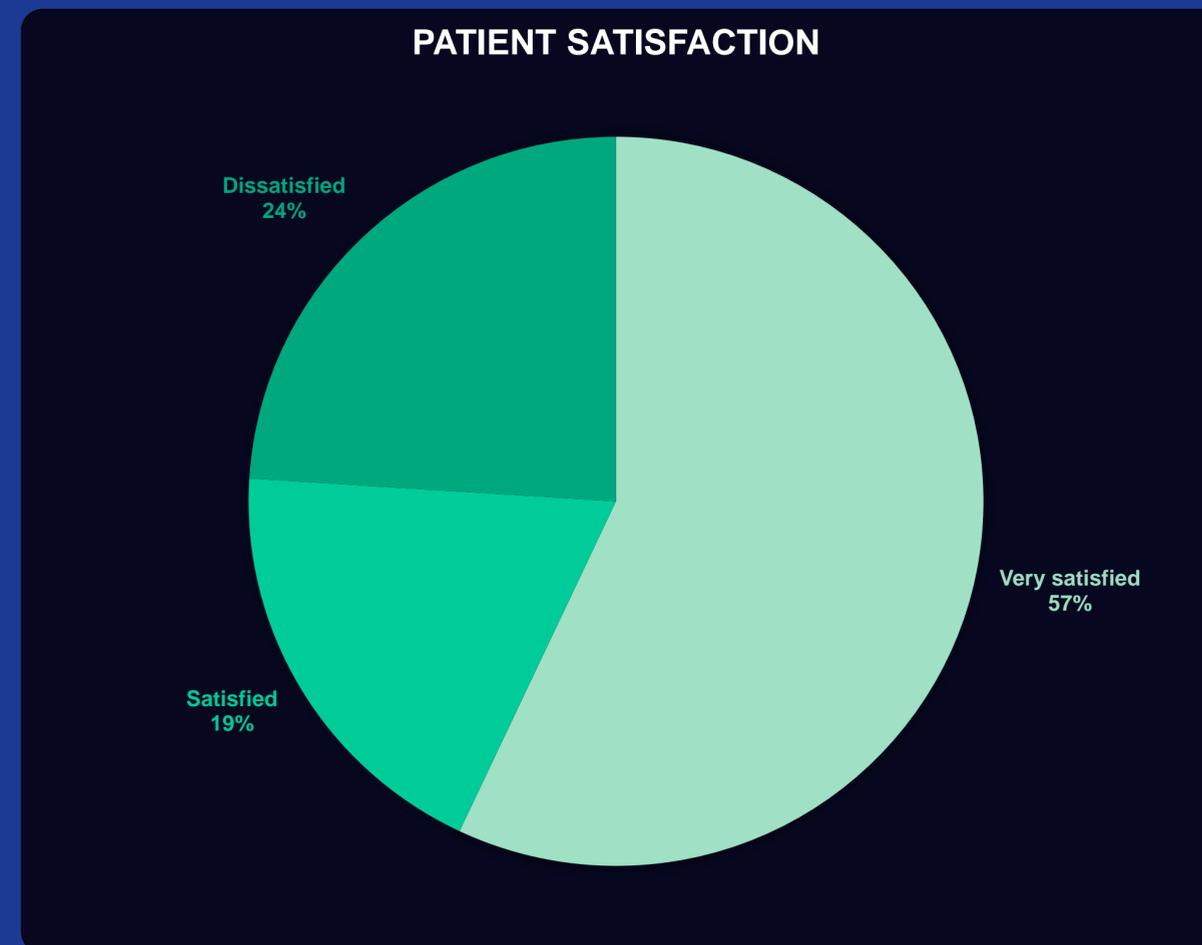
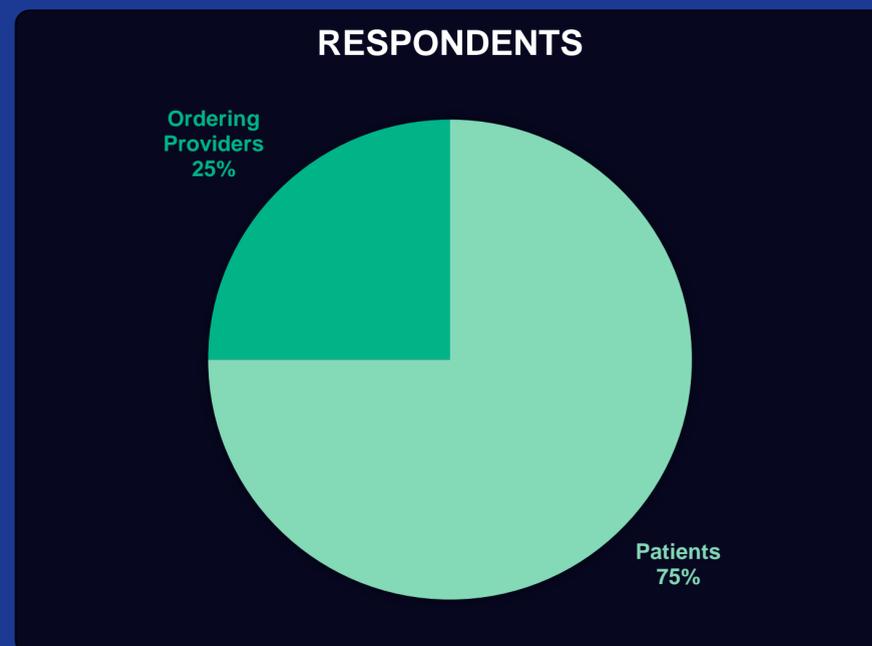
Doesn't answer clinical question

Other

## Site Design

- Secondary questions, prompted by level of satisfaction, gather specifics regarding respondents initial response.
- Free text field allowed for additional comments to be recorded that were not captured by the structured fields.

A.J. Pesch, MD; Arun Krishnaraj, MD, MPH  
University of Virginia, Department of Radiology, Charlottesville, Virginia



## Initial Experience

- Responses collected over the past 7 months (after launching in October 2017) have been predominantly from patients, with a majority of all respondents being very satisfied with the quality of our radiology reports.

A.J. Pesch, MD; Arun Krishnaraj, MD, MPH  
 University of Virginia, Department of Radiology, Charlottesville, Virginia

## Selected Responses

- Ordering providers expressed dissatisfaction when the clinical question was not answered, even if a more critical finding supersedes that question.
- Patients expressed dissatisfaction when reports lacked clarity. Also, patients were dissatisfied with reports that commented on the presence of normal structures (e.g. gallbladder or appendix), when those structures were surgically absent.

<b>Please note:</b>
<b>Who are you?</b> Ordering Provider
<b>How satisfied are you with this report?</b> Very satisfied
<b>Why are you satisfied?</b> All of the above- answered clinical question
<b>Comments or Suggestions:</b> Answered clinical question, compared to prior results

<b>Please note:</b>
<b>Who are you?</b> Patient
<b>How satisfied are you with this report?</b> Dissatisfied
<b>Why are you dissatisfied?</b> Unclear report
<b>Comments or Suggestions:</b> Findings of the scan as the exam was for a completely different reason.

<b>Please note:</b>
<b>Who are you?</b> Patient
<b>How satisfied are you with this report?</b> Dissatisfied
<b>Why are you dissatisfied?</b> Inaccurate report
<b>Comments or Suggestions:</b> Please note that this report (10/6/2017) stated that my gallbladder was present. As noted in many other reports it is surgically absent.

<b>Please note:</b>
<b>Who are you?</b> Patient
<b>How satisfied are you with this report?</b> Very satisfied
<b>Why are you satisfied?</b> Well organized and easy to find information

<b>Please note:</b>
<b>Who are you?</b> Ordering Provider
<b>How satisfied are you with this report?</b> Dissatisfied
<b>Why are you dissatisfied?</b> Other
<b>Comments or Suggestions:</b> CT enterography should specifically focus on small bowel and is the reason we order this- comment on small bowel should be the #1 on the impression.

## Selected Responses

- Ordering providers were most satisfied when radiology reports answered the posed clinical question.
- Patient satisfaction was highest when reports were accessible and understandable.

## Conclusion

- Next generation reporting will necessitate innovative and responsive templates which allow for feedback from patients and referring providers. Access to the output of feedback surveys will allow radiologist to evolve and improve their reports to better meet the needs and demands of stakeholders.