A COST EFFECTIVE APPROACH TO MEETING THE DEMANDS OF OVERNIGHT ED COVERAGE

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AUTHORS & DISCLOSURES

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Decreasing report turn around time (RTAT) in the ED setting is an important goal as it impacts length of stay (LOS) and callbacks. However a dedicated ED division is financially unfeasible for most departments. To better meet the demands of our health system with our limited financial resources, our department implemented an overnight coverage program which provides final reads on ED studies utilizing clinical instructors.
PURPOSE

- To assess the impact of implementing overnight coverage to provide final reads with clinical instructors for radiology studies performed in the ED on RTAT, ED callbacks, and ED LOS
HOW DID WE DO IT?

- Added single non-GME clinical instructor to MSK (7+1)
- Released 1 instructor/wk from daytime duties, rotating basis
- 9p-6a, 7 nights, Sat – Fri, return to daytime duties on Mon.
- Financial incentives for overnight shifts, additional on holidays
- Discretion to defer final signature on advanced cases with admission (i.e., issue prelim until a.m. subspecialty reading)
MATERIALS/METHODS

- Overnight coverage began July 2017
- Retrospective data collection for QI project (no IRB)
- First 3-months of program compared with similar period one year earlier
- XR, CT, MR, US, NM
  - RTAT (exam end to final report in the EHR)
  - ED LOS
  - ED call backs
RESULTS

- RTAT: Decreased by approximately 70% during the study period (all modalities combined)
- Call back rates: 12 in three months → 1 in three months
- ED LOS*: 6 hours → 5.5 hours

*Volume increased 9% between study periods
ED Call Backs

Number of Call Backs

- August 2016: 6
- September 2016: 3
- October 2016: 2

*Zero in August and September 2017*
RESULTS CONTINUED

*Volume increased 9% between 2016-2017*
CONCLUSION

- Successful decreased RTAT, ED callback rate, & ED LOS
- Uniquely accomplished with _single_ addition of a clinical instructor and rotating pool
- May be feasible alternative to dedicated ED division when human/financial resources are scarce

***Better alignment with health system goals of efficient, timely, patient centered care***