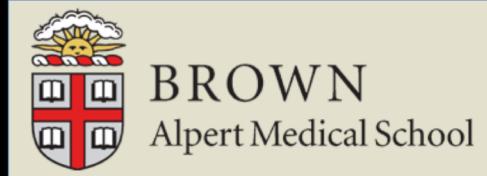


Physician Response to Implementation of a Global Radiology Report Categorization (RADCAT) System Across a Large Healthcare System

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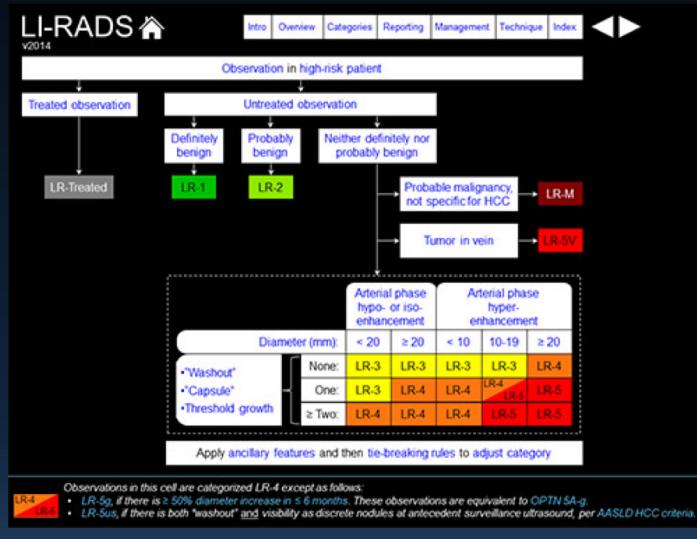
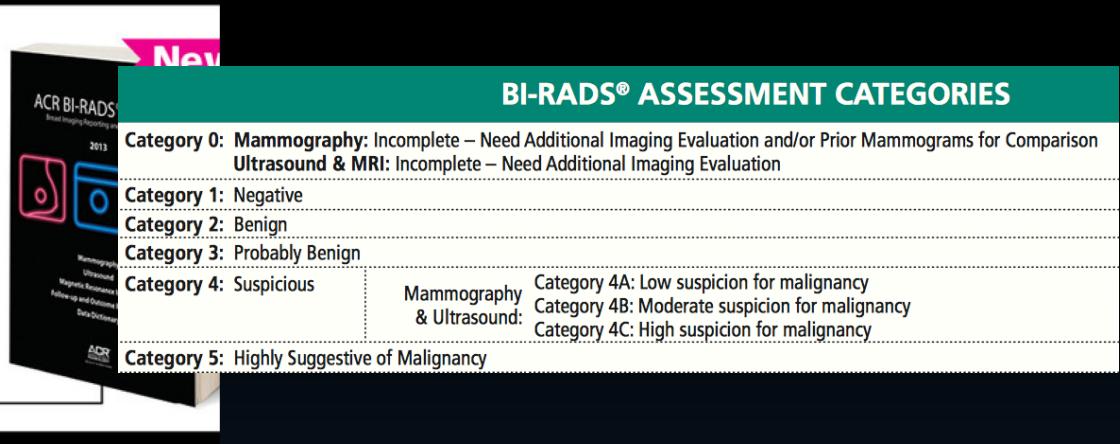
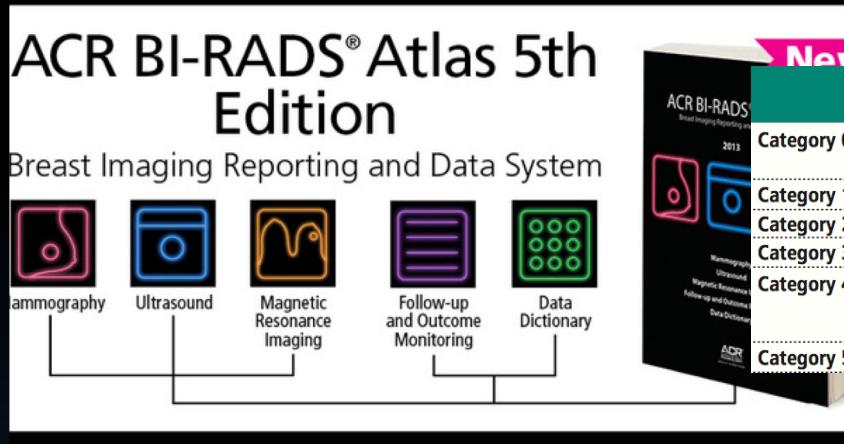
Background



- Academic Medical Center:
 - Rhode Island Hospital
 - Miriam Hospital
 - Hasbro Children's Hospital
 - Level 1 Trauma Center
 - Over 550,000 imaging studies per year
 - Common Problems
 - 1. Addressing incidental findings
 - 2. Aiding efficient patient throughput

Background

- There are multiple modality & disease specific reporting systems



PI-RADS classification	Definition	Total T2 + DWI + DCE score	Total T2 + DWI + DCE + MRS score
I	Most probably benign	3 - 4	4 - 5
II	Probably benign	5 - 6	6 - 8
III	Indeterminate	7 - 9	9 - 12
IV	Probably malignant	10 - 12	13 - 15
V	Most probably malignant	13 - 15	17 - 20

Background

- We piloted, and then clinically incorporated a report categorization system for all diagnostic studies (excluding breast imaging)

Emerg Radiol
<https://doi.org/10.1007/s10140-017-1565-8>

ORIGINAL ARTICLE

Pilot study of a new comprehensive radiology report categorization (RADCAT) system in the emergency department

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Background

RADCAT Designations

- RADCAT 1: Normal Result
- RADCAT 2: Routine Result
- RADCAT 3: Result with recommendation for non-urgent follow-up
- RADCAT 4: Priority Result
- RADCAT 5: Critical Result

Purpose

Evaluate radiologist, emergency clinician, and inpatient/outpatient provider experience with implementation of our system-wide global radiology report categorization (RADCAT) system after 6-12 months of adoption.

Materials / Methods

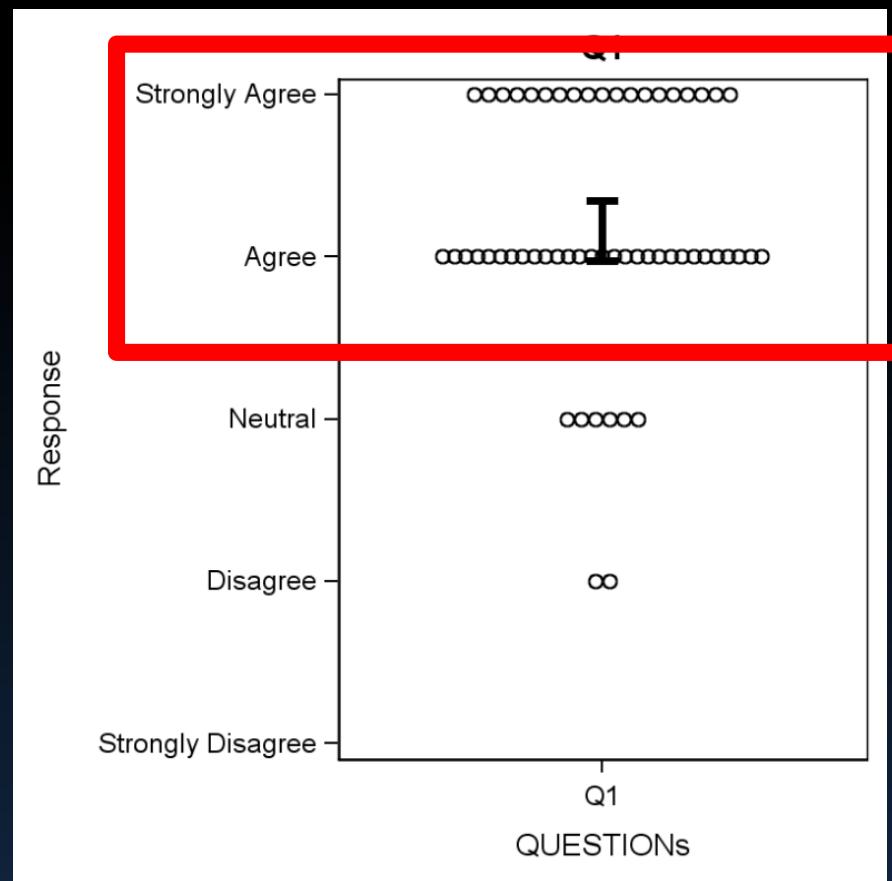
The RADCAT system was universally adopted throughout our practice across several hospitals within our health system in October 2017, with full incorporation into the electronic medical record using discrete data elements for each RADCAT grade.

Starting 6 months after implementation, we conducted a series of surveys of clinicians in the emergency department, inpatient and outpatient providers, and radiologists, in order to determine the perceived value to the system. We present select results from questions related to the overall system.

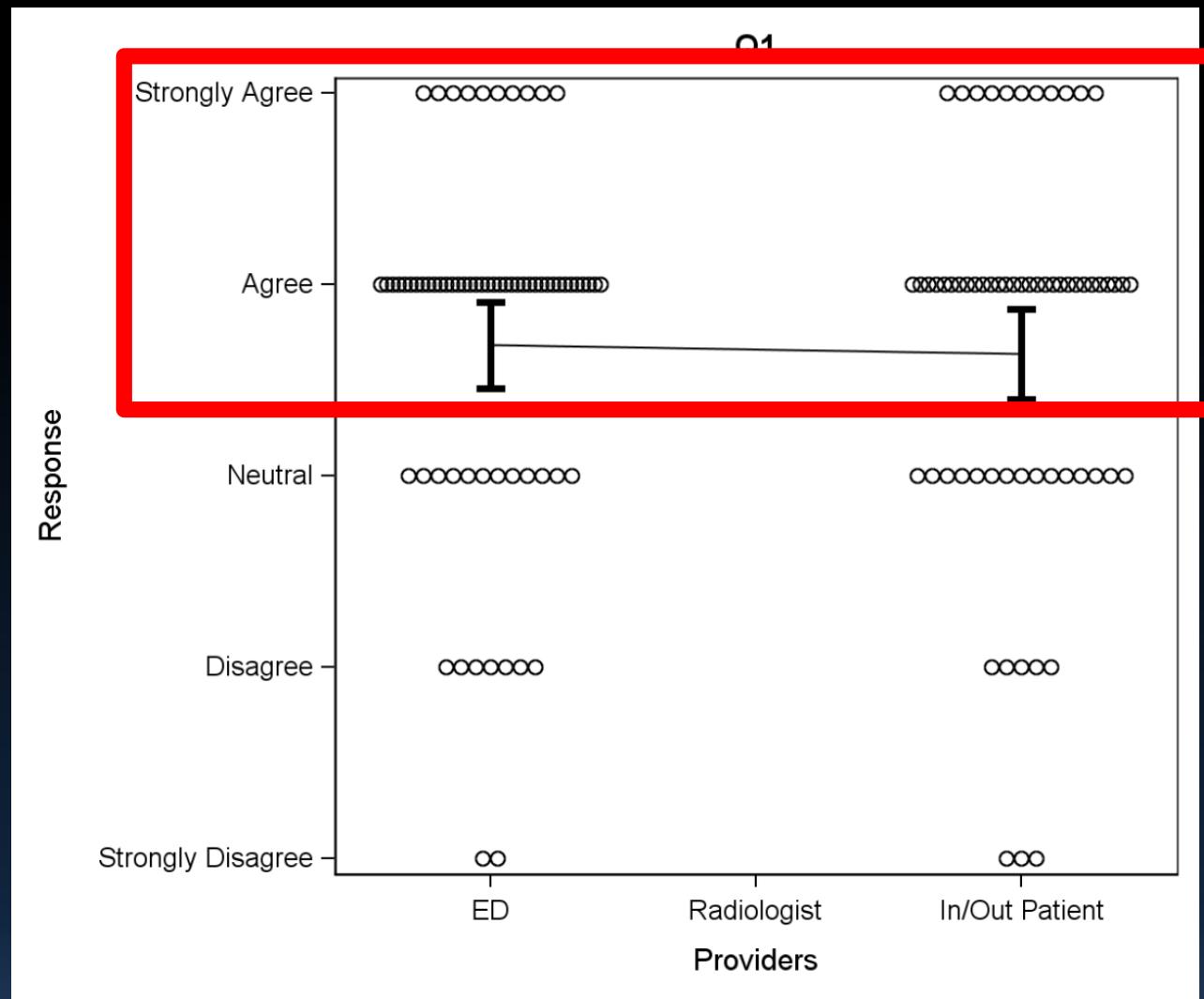
RESULTS

- During the first year of use, >570,000 reports were categorized using the RADCAT system.
- Survey response rates:
 - ED Providers - 38% (81/211)
 - IP/OP providers - 4% (87/2296)
 - Radiologists - 57% (60/106)

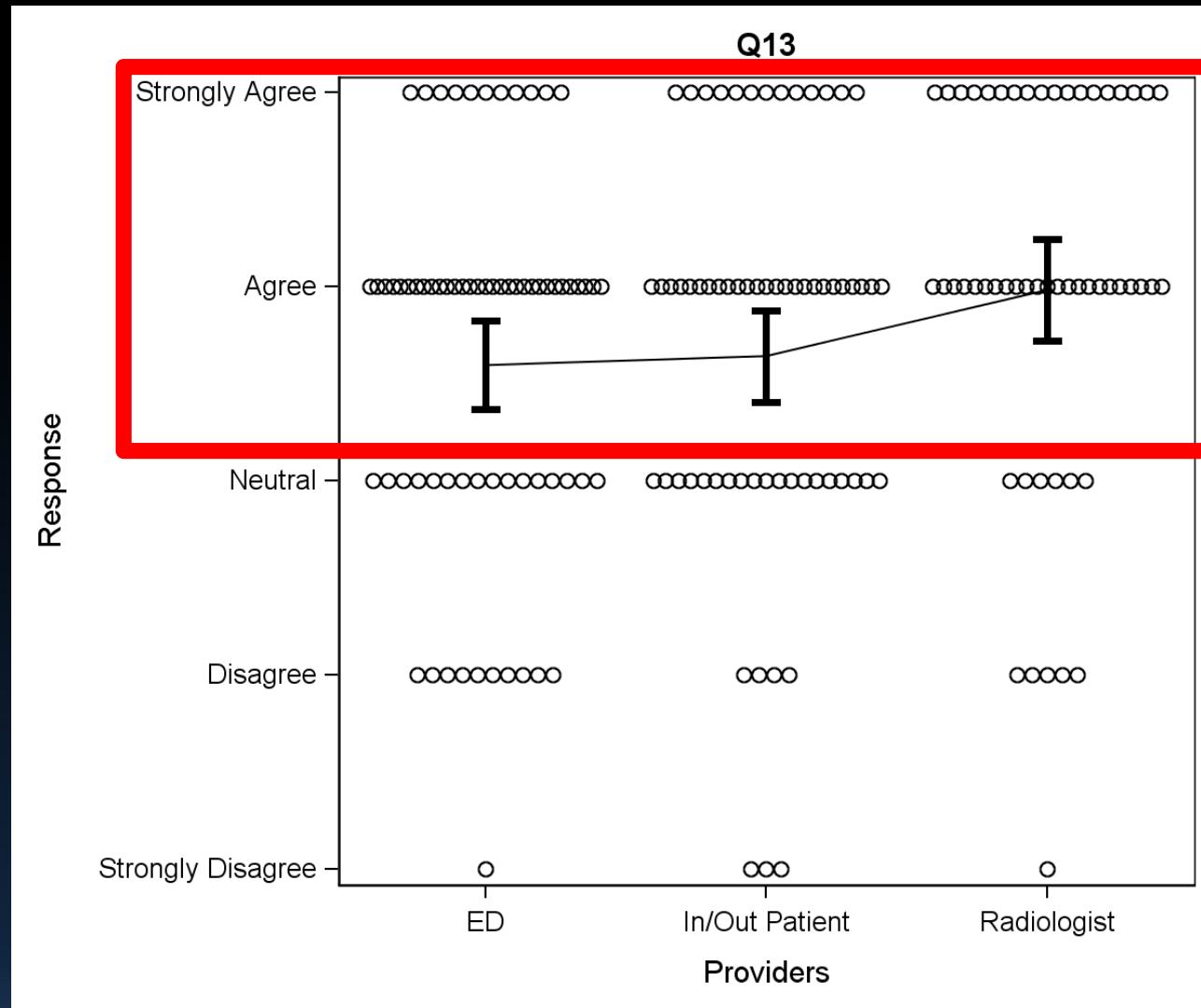
The RADCAT grading system is intuitive and easy to understand



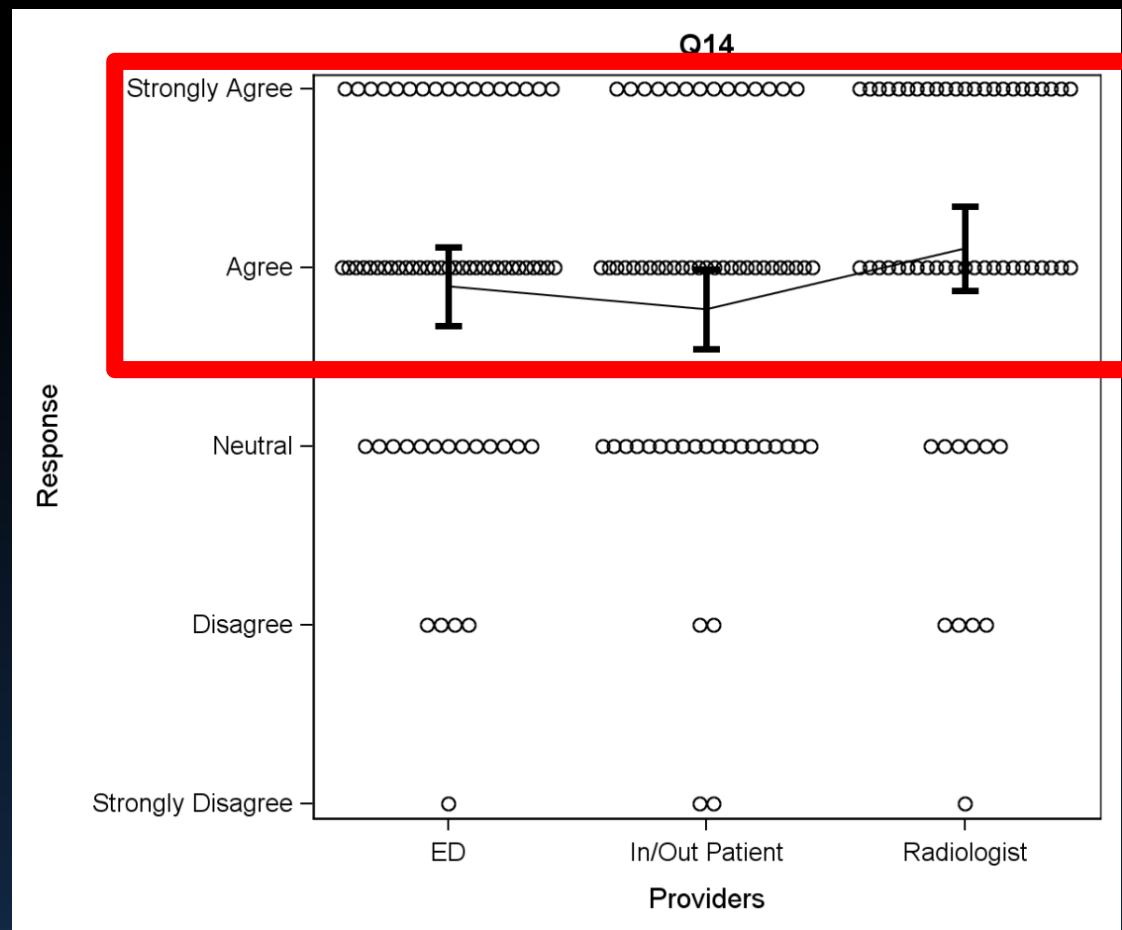
The RADCAT grading system appropriately differentiates between urgent and non-urgent findings



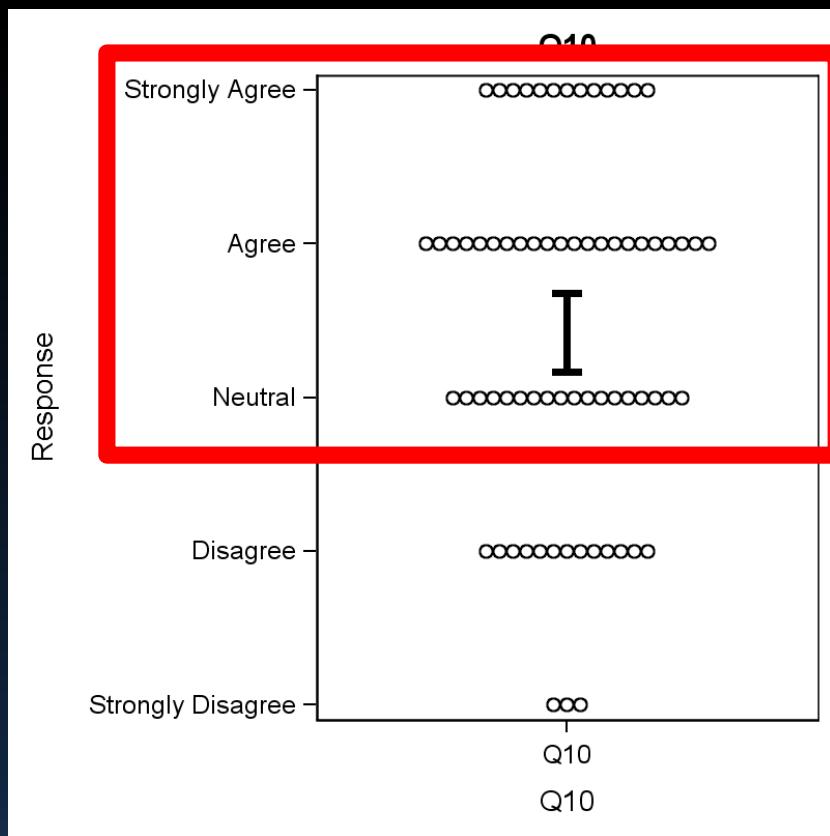
The RADCAT system overall improves patient care



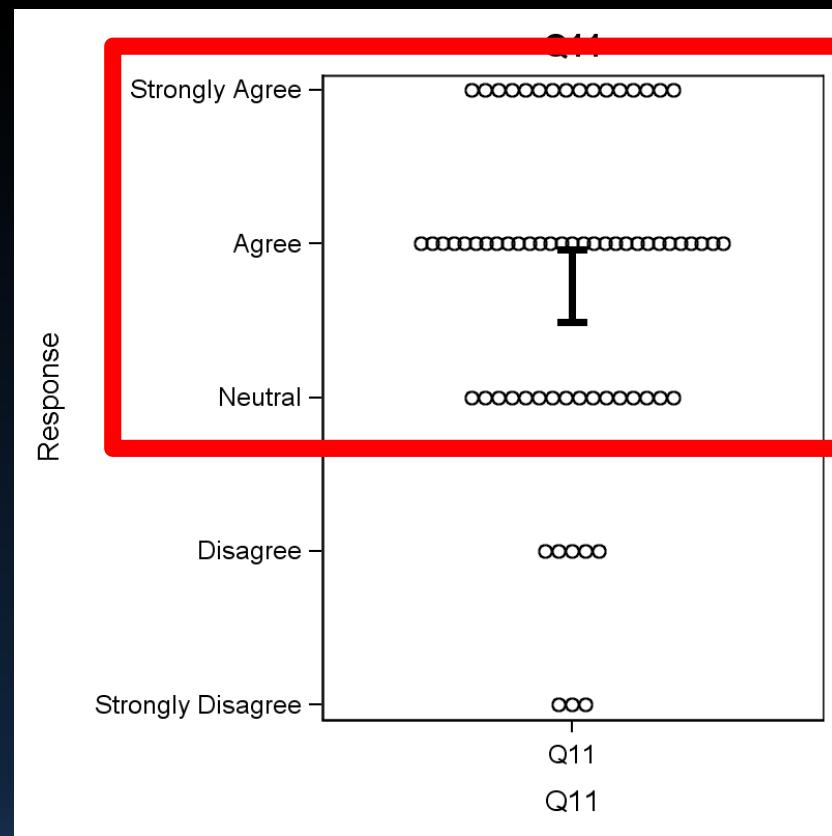
The RADCAT system reflects well on the Department of Radiology commitment to quality patient care and safety



RADCAT-3 findings in
the after-visit summary
increases my efficiency



RADCAT-3 findings in
the after-visit summary
helps to protect
providers from liability



Conclusions

- The RADCAT system is an efficient method for “snap-shot” communication of report urgency between radiologists and clinicians the EMR
- The RADCAT system is perceived by radiologists and clinicians as valuable for quality patient care and safety