

Indications for Daily Chest Radiographs in Intensive/Critical Care Unit Patients

Audit Template

Background

When reading routine chest radiographs ordered for patients in the intensive or critical care units (ICU and CCU, respectively), the indication for the study is often omitted. As a result, the radiologist interpreting the exam is at a disadvantage, as he or she has essentially no clinical information.

Standards

All radiological examinations must have a valid indication.

Audit Target

For daily ICU and CCU chest radiographs, 100% should have a clearly stated indication.

Method

- Imaging studies were isolated in PACS using the following filters:
 - Study date: (month of interest, e.g. “2015.07” and “2016.01”)
 - Location: (“ICU”, and separately “CCU”)
 - Exam type: “XR Chest 1 View”
 - Priority: “Routine”
- Whether an indication was provided or not was recorded for each study.

Intervention

- As resident physicians order most radiographs, the department of radiology held a formal lecture emphasizing the importance of properly specifying the indication for a chest radiograph (or any imaging study).
- Attending physicians at our institution were also asked to discuss this issue with their residents during rounds.

Resources Required

- Access to PACS system, with filtering capability.

Time Required to Perform the Audit

- One to two hours for initial data gathering and analysis.
- Several hours to plan intervention, and several days to implement.
- One to two hours for second cycle data gathering and analysis.

References

- Cohen M, Curtin S, Lee R. Evaluation of the Quality of Radiology Requisitions for Intensive Care Unit Patients. *Acad Radiol.* 2006;13(2):236-240.
- Gunderman R, Phillips M, Cohen M. Improving Clinical Histories on Radiology Requisitions. *Acad Radiol.* 2001;8(4):299-303.
- Loy C, Irwig L. Accuracy of diagnostic tests read with and without clinical information. *J Am Med Assoc.* 2004;292(13):1602-1609.