# Optimising patient safety in ED - a Radiology perspective

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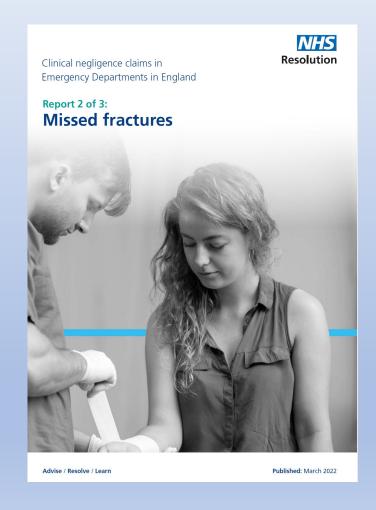
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#### Missed fractures 2022 recommendations

- 1. Workforce: optimise, training, supervision
- 2. Models of care: Best practice pathways
- **3. ED multi-disciplinary meetings:** ED/Radiology MDTM's
- **4. Training and competence:** emergency x-ray interpretation
- 5. Hip fractures: access to CT/MRI

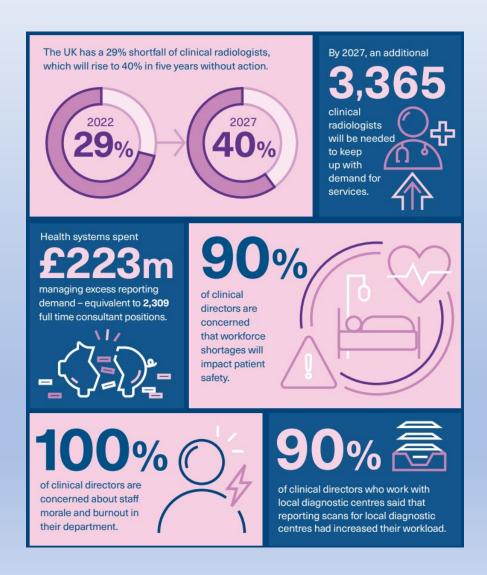


#### Content

- Landscape changes since 2022 recommendations
- Workforce
- Access to CT/MRI
- Radiology results management and safety nets
- ED/Radiology team working
- Artificial Intelligence

Implementation!

#### RCR Workforce Census 2022



#### Key short-term solutions:

- Extended roles
- Outsourcing
- NHS Networks

#### Diagnostic imaging reporting turnaround times

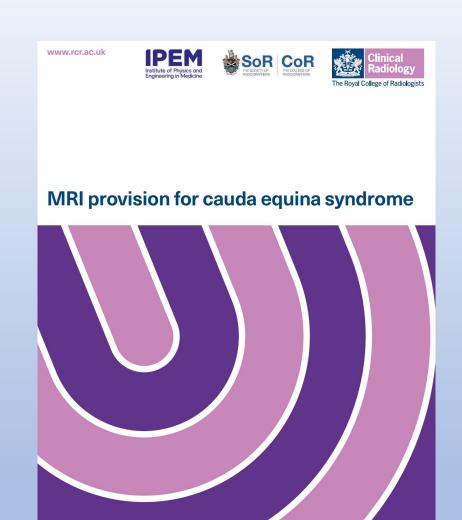
- NHS England guidance: August 2023
- Developed in consultation with and supported by The Royal College of Radiologists and The Society of Radiographers
- Aspirational; "enabler".
- For ED, Maximum TAT:
  - Cross sectional imaging: 12 hours TAT, with <4 hours post acquisition of images
  - Plain Film: 12 hours TAT, ideally <4 hours during normal working hours





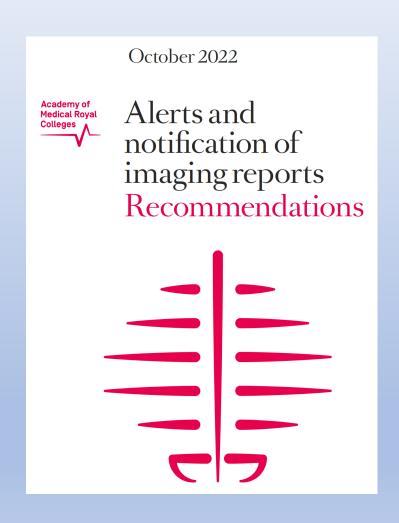
# **Emergency MRI provision**

- Every acute imaging service should provide access to a 24/7 MRI imaging
- Imaging should be undertaken urgently within four hours of request
- The final report should be issued by an appropriately trained professional within one hour
- All acute services should aim to have onsite 24/7 MRI by June 2024



February 2023

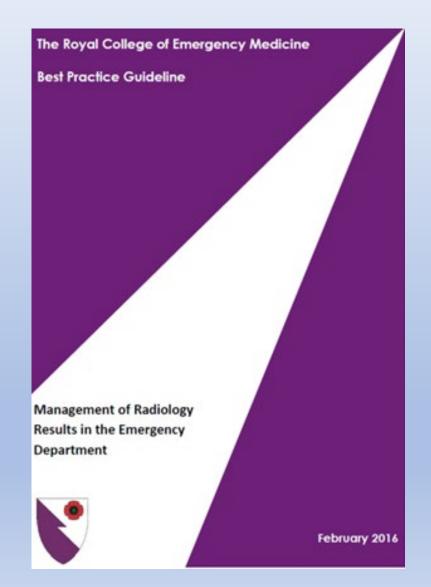
## Radiology results management and safety nets

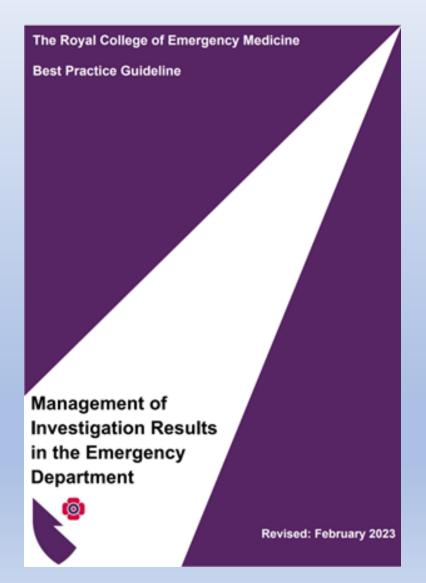


HSIB report July 2019: Failures in communication or follow-up of unexpected significant radiological findings

- Collaborative approach
- System for ensuring all reports are acknowledged and acted upon
- Standardised processes and alert thresholds
- Referrers must provide contact information
- System for passing on results
- Funded "Results Coordination Team" using digital systems

# Radiology results management and safety nets





# ED/ Radiology Team working

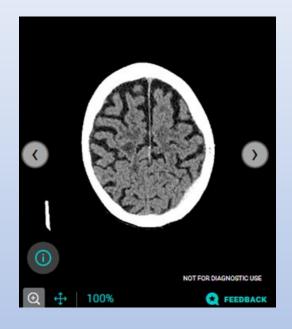
- Radiology/ED MDM's
  - Training, case review
  - Learning from discrepancies/incidents/litigation cases
  - Understand pressures: workload, radiation protection, cost pressures
  - Agree, develop, monitor clinical protocols

#### Good communication:

- Accuracy of clinical information
- Past medical/surgical/imaging history
- Senior assessment
- Telephone communication on complex cases
- If the report doesn't fit the clinical picture, THINK AGAIN!

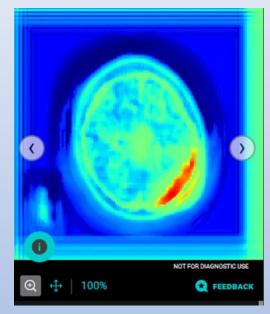


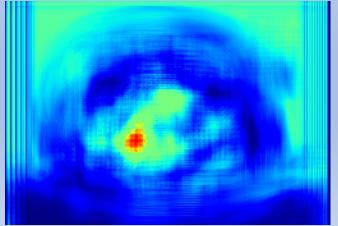
# Artificial intelligence

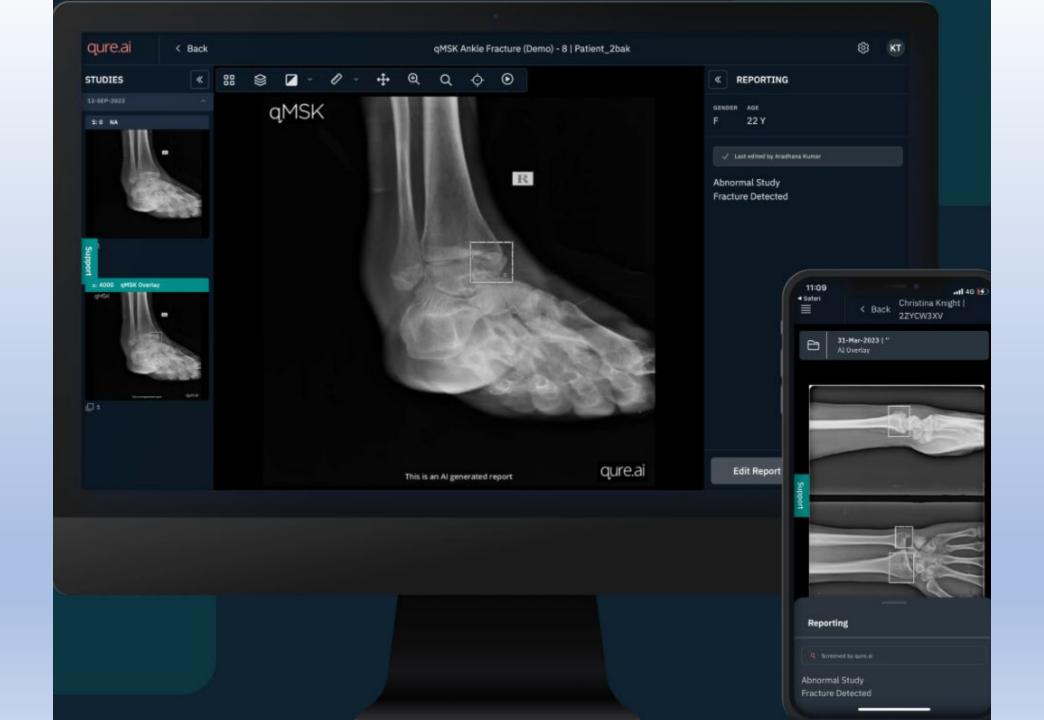












# Significant Impact on Outcomes

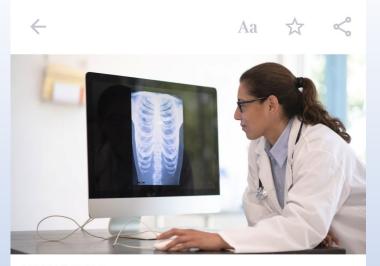
#### 80+ Abstracts and Papers

# 11% Yale NewHaven Health RSPALZ029 12% Cedars Sinai RRP 2020 12% Cedars Sinai RRP 2020 12% Cedars Sinai RRP 2020









**GETTY IMAGES** 

HEALTH

#### **Radiologists** outperform AI in diagnosing lung disease from x-rays

Kat Lay, Health Editor Tuesday September 26 2023, 3.00pm, The Times

Artificial intelligence is not yet ready to take over from humans in hospital lung clinics, according to a









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# Artificial intelligence

- Still in infancy
- Undoubtedly having impact
- Provides a safety net to human interpretation BUT:
  - False negatives
  - Doesn't compare prior imaging
  - Limitations in certain anatomical areas
- Immediate impact on workflow:
  - Filtering and prioritising abnormal imaging
  - Faster TAT

## Summary

- Develop and standardise new pathways
- Share best practice
- Improve training at the front end
- Use national guidance to drive change
- Local conversations about ED/Radiology teamworking
- Continue to improve access to cross sectional imaging 24/7
- Progress Al