Development of a Uniform System for Reporting the Results of Tracheal CT Studies

The Problem
- Lack of uniformity in tracheal CT reports, with various attending radiologists listing types of information in different ways.
- This caused confusion among referring physicians (primarily pulmonologists and thoracic surgeons) as to the status of their patients, and among radiology residents as to what measurements to make, how to analyze the data, and the best way to structure the official interpretation.

Aim/Goal
To develop a uniform system for evaluating tracheal CT studies that is acceptable to the radiologists and provides the data that referring physicians (primarily pulmonologists and thoracic surgeons) require to optimally treat their patients.

The Team
Attending physicians in:
- Chest radiology
- Pulmonology
- Thoracic surgery

The Interventions
After extensive discussions among the radiologists at two departmental meetings, one of the radiologists volunteered to develop a new structured reporting template that would be compatible with the Fluency voice recognition dictating system. This was revised over several weeks until there was complete agreement among the radiologists about the template. An electronic questionnaire was then sent to the pulmonologists and thoracic surgeons, asking for their suggestions and then incorporating them into a revised template, which was then implemented as the standard for interpretation of CT studies of the trachea.

The Results/Progress to Date
In the 4 months since the new structured-reporting template was introduced, there have been 74 CT examinations of the trachea. A review of the official interpretations revealed that there has been 100% compliance with the use of the template, and that all readers had a uniform system for describing, measuring, and displaying the data.

Lessons Learned
Working in a cooperative manner, respectfully taking into consideration the concerns of individual members of the chest section, succeeded in solving the problem of lack of uniformity in interpreting CT examinations of the trachea. Consulting with referring physicians (pulmonologists and thoracic surgeons) enabled us to provide data for their specific patient-care needs.

Next Steps/What Should Happen Next
After 6 months of implementation of the structured reporting system for CT examinations of the trachea, we plan to send another electronic questionnaire to the pulmonologists and thoracic surgeons to assess their satisfaction with the new template, which will be revised to meet any valid concerns.

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