

How Much Does Imaging Influence Speed of Discharge in Hospital?



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Background

* As the NHS is under continuous pressure to cope with the rising number of hospital admissions, lack of beds remains a major problem in most hospitals, and there is a drive to use beds efficiently and optimally in order to influence positive outcomes of patients' care.

* Published studies have shown unequivocally that daily (and weekends) consultant or senior clinical review of patients enables consistent assessment, speedy decision making and improves patient outcome and experience and facilitates prompt discharge. The majority of hospitals provide some form of service out of hours and in support services such as radiology this is often by consultants being first on call.

* Several factors can play a role in causing delays in patient discharge including transfer arrangements, problems with funding from social services and lack of medical review and cover.

* Delays in radiological investigations are often blamed for delay in diagnosis and discharge. While this might be true in certain circumstances, we felt that radiology was not commonly a cause of delay in diagnosis or discharge. Therefore we decided to review our practice and assess how we perform and report radiological investigations for in-patients and decide whether this has any bearing on delaying patients' discharge.

Methodology

* We studied all in-patient radiological investigations performed over a 7 day period, 7-13th October 2013 and reviewed these requests.

* In all cases we documented the time of referral (request), time of radiological investigation, time of report and result of the investigation whether it was normal or abnormal.

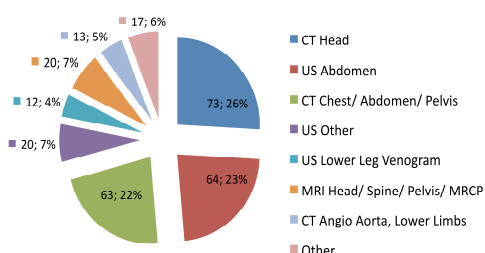
* Exclusion criteria included: plain films, cardiology investigations and any imaging that was done after the patient has been discharged.

* The patients who underwent imaging during those seven days had demographic data, time of admission and time of discharge collected.

Results

* During the 7 day period, 282 radiological investigations were done on 253 patients: 116 males, 137 females with a median age of 61.2 (range 2-102).

* The majority of the scans requested were CT and ultrasound scans. Nearly half of the CT scans were head CT's and two thirds of the ultrasounds were abdominal ultrasounds.

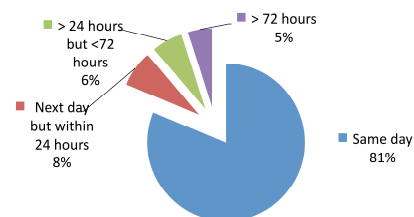


How soon after request were the investigations done?

* 250/282 investigations (89%) were done within 24 hours of request. Average time from request to investigation was 27 hours.

* Out of the 32 investigations performed after 24 hours, 8 of them were requested prior to patient being admitted.

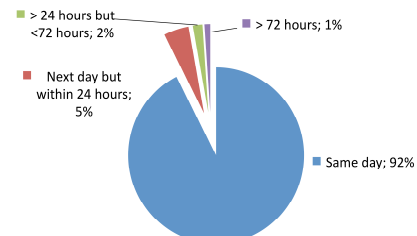
* The majority of scans done after 24 hours were MRI scans.



How soon were the investigations reported?

* 274 /282 investigations (97%) were reported within 24 hours.

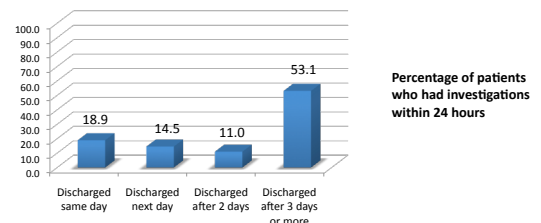
* Average time from investigation to reporting was 5 hours 38 min.



Time of investigation vs. time of discharge

* 90% of all patients (228/253) received their investigation within 24 hours of request, however, only 18.9% of those got discharged on the same day.

* More than half of the patients who received their investigation within 24 hours of request did not get discharged until 3 days or later after the investigation.



Conclusion

Our study shows that the majority of in-patients receive their investigations within 24 hours of request. These patients are not discharged until later on for a multitude of reasons but any undue delay cannot be attributed to a delay in obtaining the radiological investigation or report.

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