

Conserus

Imaging Alert Process UHL Guideline

| | |
|-----------------------------------|---|
| Approved By: | Policy and Guideline Committee |
| Date of Original Approval: | 21 August 2020 |
| Trust Reference: | B29/2020 |
| Version: | V2 |
| Supersedes: | V1 – August 2020 |
| Trust Lead: | Colette Marshall – Deputy Medical Director |
| Board Director Lead: | Andrew Furlong – Medical Director |
| Date of Latest Approval | 27 July 2022 - Policy and Guideline Committee |
| Next Review Date: | November 2025 |

CONTENTS

| | | |
|--------|--|----|
| 1 | Introduction and Overview | 4 |
| 2 | Guideline Scope – who the Guideline applies to and any specific exclusions | 4 |
| 3 | Recommendations, Standards and Procedural Statements | 4 |
| 4 | Multiple messages issue..... | 4 |
| 5 | Definitions and abbreviations..... | 5 |
| 6 | Roles – who does what..... | 5 |
| 6.1 | Responsibilities within the Organisation..... | 5 |
| 7 | Escalation Protocols | 6 |
| 8 | Unactioned Alerts | 6 |
| 9 | System Management..... | 6 |
| 10 | Guideline implementation and Associated Documents –what to do and how to do it6 | |
| 11 | Education and Training Requirements..... | 6 |
| 12 | Process for Monitoring Compliance | 6 |
| 13 | Equality Impact Assessment..... | 7 |
| 14 | Supporting References, Evidence Base and Related Policies | 7 |
| 15 | Process for Version Control, Document Archiving and Review | 7 |
| 16 | Appendix A – Critical Alert Escalation Flowchart | 8 |
| 17 | Appendix B – Urgent Alert Escalation Flowchart | 9 |
| 18 | Appendix C – Unexpected Significant Alert Escalation Flowchart | 10 |
| 19 | Appendix D – System Management | 11 |
| 19.1 | Account Management..... | 11 |
| 19.1.1 | Reference Data | 11 |
| 19.1.2 | Report Management | 11 |
| 19.2 | Support and Maintenance..... | 11 |
| 19.2.1 | Downtime Procedures..... | 11 |
| 19.3 | System Management..... | 11 |
| 19.3.1 | Data quality for new consultants | 11 |
| 20 | Appendix E – Alert Guidance / Quick Reference guide for Radiologists | 12 |
| 21 | Appendix F – Quick Reference Guide for Physicians and Support Staff..... | 12 |
| 22 | Appendix G – Conserus Radiology Alerts Check Installation | 12 |

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

July 2022: Wording around escalation and around consultant responsibilities strengthened.
Acting on Results board changed to e-investigations board.

KEY WORDS

List of words, phrases that may be used by staff searching for the Guideline in PAGL:

Conserus, radiology alerts, Acting on Results, Results acknowledgment

1 INTRODUCTION AND OVERVIEW

The imaging service processes more than half a million investigations per year. It is not possible to communicate reports directly in all cases. Cris and UVWEB (radiology access) or UVZFP (clinician access) remain the Radiology information systems and are the reference point for accurate final radiology reports. This Guideline seeks to address communication of urgent results to referring clinicians to expedite treatment in line with the Trusts work on 'Acting on Results'.

An additional direct response should be made in the following circumstances:

- Clinically Significant discrepancies from the original communicated report after an internal review.
- Unexpected Clinically Significant results requiring urgent management.

Conserus is an alert process which allows Imaging to quickly and automatically inform clinical teams of critical, urgent or unexpected significant findings.

Alerts generated by Imaging will be sent to the referring consultant by email and a 'pop up' on their PC to check their Conserus worklist. They can access the report by launching the PACS viewer UVZFP from the worklist to view both the images and the report.

2 GUIDELINE SCOPE – WHO THE GUIDELINE APPLIES TO AND ANY SPECIFIC EXCLUSIONS

This Guideline details the operating procedure and correlating guidelines for when and how to raise a Conserus alert. This provides an administration process for the improved communication of these results to referring clinicians.

This Guideline applies to all UHL referrals (inpatient and outpatient) from any UHL consultant. It does not apply to either GP referrals or 2WW which have separate pathways.

This Guideline applies to All Radiologists, Radiology SpR's, Reporting Radiographers, Sonographers, Advanced Practitioners, Radiology Governance and Administration teams where a clinically significant result is identified during the reporting process.

3 RECOMMENDATIONS, STANDARDS AND PROCEDURAL STATEMENTS

Clinical radiologists are trained to recognise clinically critical or urgent conditions and can recognise when direct communication is important.

In the acute scenario the radiologist should alert the clinical team of critical results by contacting the referrer or the available on-call team directly. If there is difficulty contacting the clinical team in normal working hours, escalate to the site manager on-call.

All communication actions should be noted in the report.

4 MULTIPLE MESSAGES ISSUE

If while amending, second reporting or adding an addendum a Radiologist/Reporter wishes to raise an alert for a patient they will be able to see on the Conserus Panel Review Summary that this alert has already been raised by someone else and is not required.

However; if further findings are made that need to be alerted then a second alert should be sent.

5 DEFINITIONS AND ABBREVIATIONS

Conserus – Application developed by McKesson for triggering alerts to named parties

UVWEB – PACS software provided by GE used by image reporting users to view images, Universal Viewer Web

PACS – Picture Archiving and Communications System

CRIS – Radiology Information System provided by HSS

UVZFP – Universal Viewer Zero Foot Print, PACS viewer used by non-reporting staff to access images and reports

UVWEB (PACS) – Picture Archiving and Communications Systems, a repository of all images and reports.

6 ROLES – WHO DOES WHAT

An overview of the individual, departmental and committee roles and responsibilities, including levels of responsibility and any education and training requirements:

6.1 Responsibilities within the Organisation

- a) Board Director Lead – Andrew Furlong – Medical Director
- b) Responsibility of consultant in charge of patient's care to respond promptly to the alert. If an alert is escalated to a consultant not in charge of the patient's care it is the responsibility of that consultant to ensure that the alert is escalated to the correct consultant – either directly by taking the necessary steps to ascertain the correct consultant and making them aware of the result, or by asking their own admin team to do this on their behalf.
- c) Responsibility of speciality admin personnel to escalate alert to the right consultant and to ensure that the alert is acted upon:
 - The top 25 referring specialities were identified as having referrals over 2000 for a specific time period so are likely to have an alert created (each of these specialities have their own Speciality Admin Support team who will monitor these alerts):

| | |
|------------------------|-------------------------------|
| Accident & Emergency | Cardiology |
| Trauma & Orthopaedics | General Surgery |
| Respiratory Medicine | General Medicine |
| Urology | Gynaecology |
| Paediatrics | Geriatric Medicine |
| Cardiothoracic Surgery | Medical Oncology |
| Rheumatology | Clinical Oncology |
| Breast Surgery | ENT |
| Gastroenterology | Oral & Maxillo Facial Surgery |
| Neurology | Haematology |
| Paediatric Cardiology | Nephrology |
| Endocrinology | Vascular |
| Infectious Diseases | |

- d) Responsibility of the Service Manager to ensure any unactioned alerts for their

speciality which have triggered the acceptable time-scales are confirmed and that any results have been acted upon

- e) Responsibility of the CMG clinical directors to ensure that all specialities within the CMG have email inboxes set up and appropriate admin support identified
- f) Responsibility of the radiologist or radiographer reporting to ensure that coincidental findings that cross agreed alert thresholds are alerted according to agreed protocols
- g) The e-Investigations Board will monitor the effectiveness of radiology alerting and support this guideline ensuring compliance.

7 ESCALATION PROTOCOLS

See Appendices A, B and C for escalation flowcharts.

8 UNACTIONED ALERTS

Urgent alerts relate to results which require management within 3 days and the Clinically significant unexpected findings alerts relate to results which require action within 7 days.

Unactioned alerts will be escalated to the service manager (ref appendices B and C).

Radiology will contact the service manager and referrer directly if the alert remains outstanding in order to close the alert and confirm the result has been acted upon.

Unactioned alerts that have not been closed down after escalating to the service manager will be escalated to the Deputy Medical Director for Quality Assurance.

9 SYSTEM MANAGEMENT

Please see Appendix D for system management.

10 GUIDELINE IMPLEMENTATION AND ASSOCIATED DOCUMENTS –WHAT TO DO AND HOW TO DO IT

Please see Appendix E for a complete guide on how to generate an alert and example criteria on when to generate an alert for Radiology staff.

11 EDUCATION AND TRAINING REQUIREMENTS

Please see Appendix F for training documents for users receiving alerts and processing alerts.

12 PROCESS FOR MONITORING COMPLIANCE

The following items will be monitored on a quarterly basis through a report from the Conserus System

1. Time elapsed for report to be received by referrer
2. Number and description of cases in each category
3. Delays classification and root cause analysis eg, Not received by referrer, Not submitted by reporter, Administration error.

The Imaging Department performs a series of regular checks to ensure that this procedure is followed. This is achieved through presentation of the monitored items at:

- Imaging Operational Board
- Imaging Assurance and Performance Meeting with the CMG
- Quarterly review at the e-Investigations Board.

13 EQUALITY IMPACT ASSESSMENT

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

As part of its development, this guideline and its impact on equality have been reviewed and no detriment was identified.

14 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

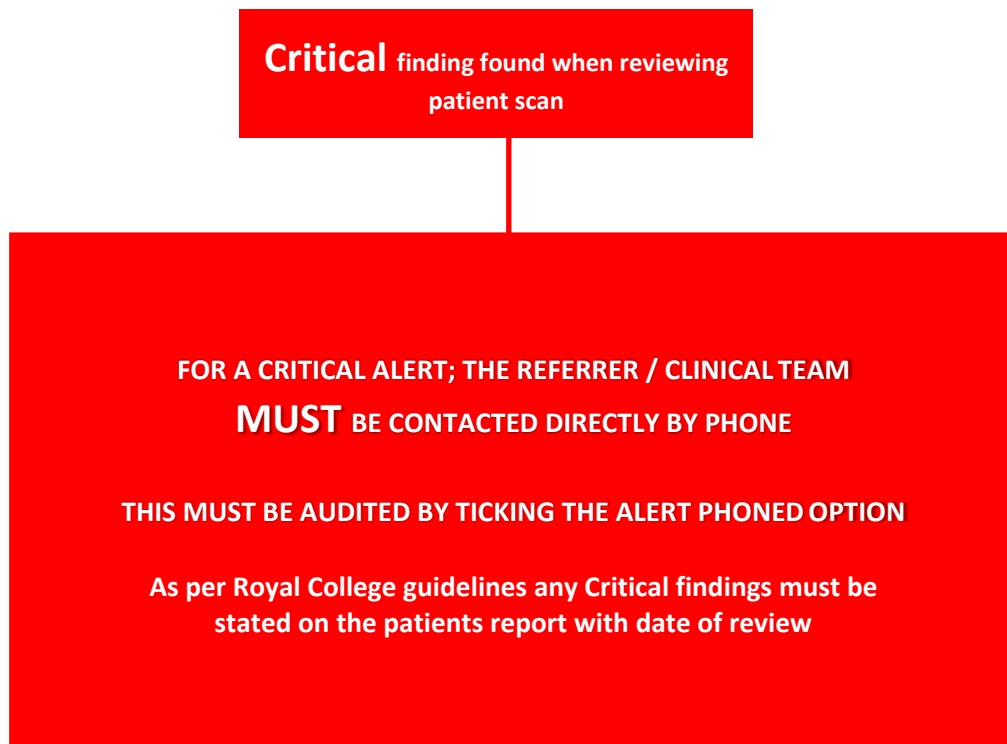
- Acting on Results – Imaging Local Guidelines
- Standards for the communication of Critical, Urgent and Unexpected Findings
- RCR Guideline – Standards for the communication of radiology reports and failsafe alert notification – Ref: BFCR(16)4
 - NPSA; Safer Practice Notice 16 – Early identification of failure to act on radiological imaging reports published in 2007 – Ref: NPSA /2007/16

15 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

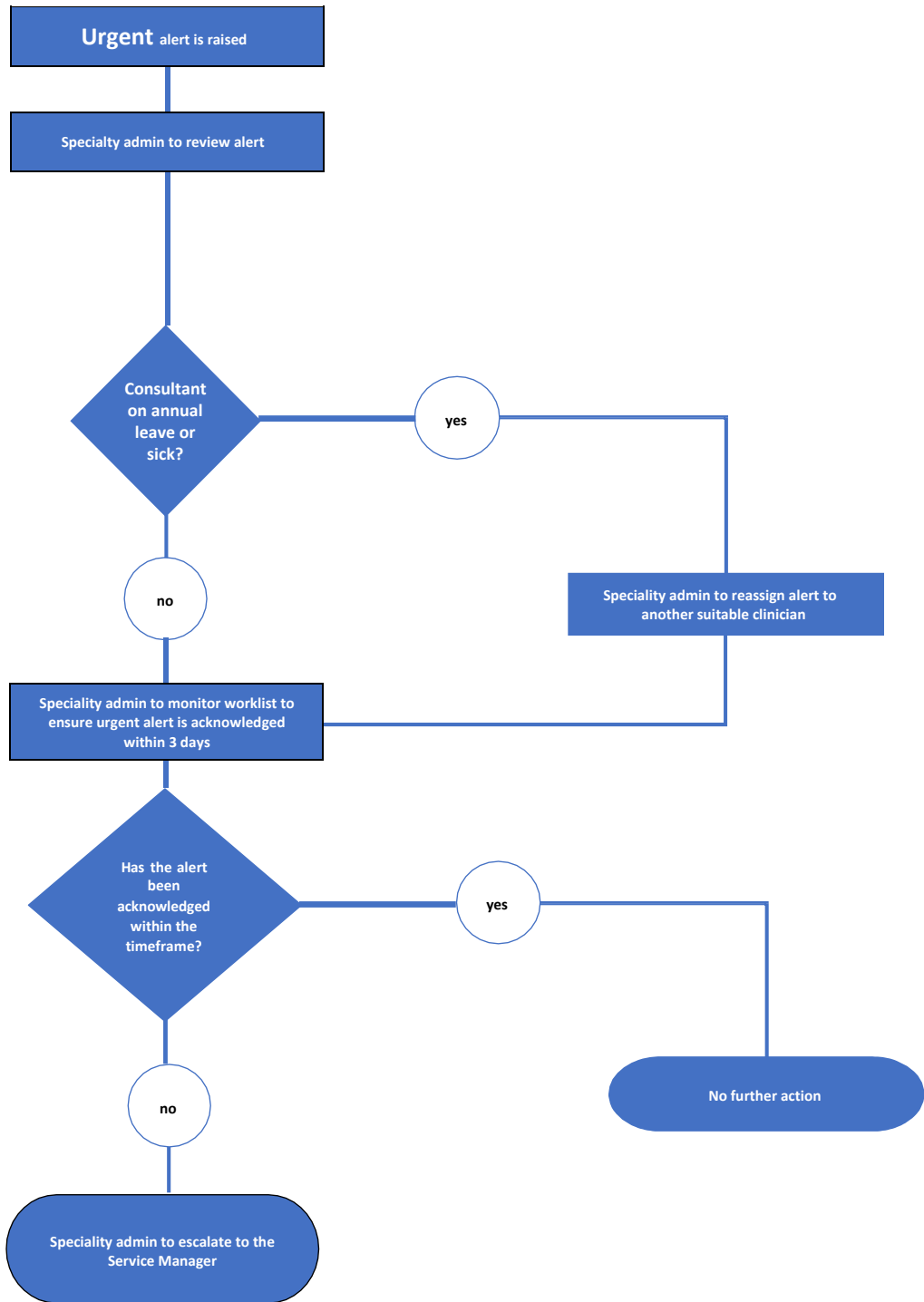
The guideline will be reviewed 3-yearly.

The updated version of the Guideline will then be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system.

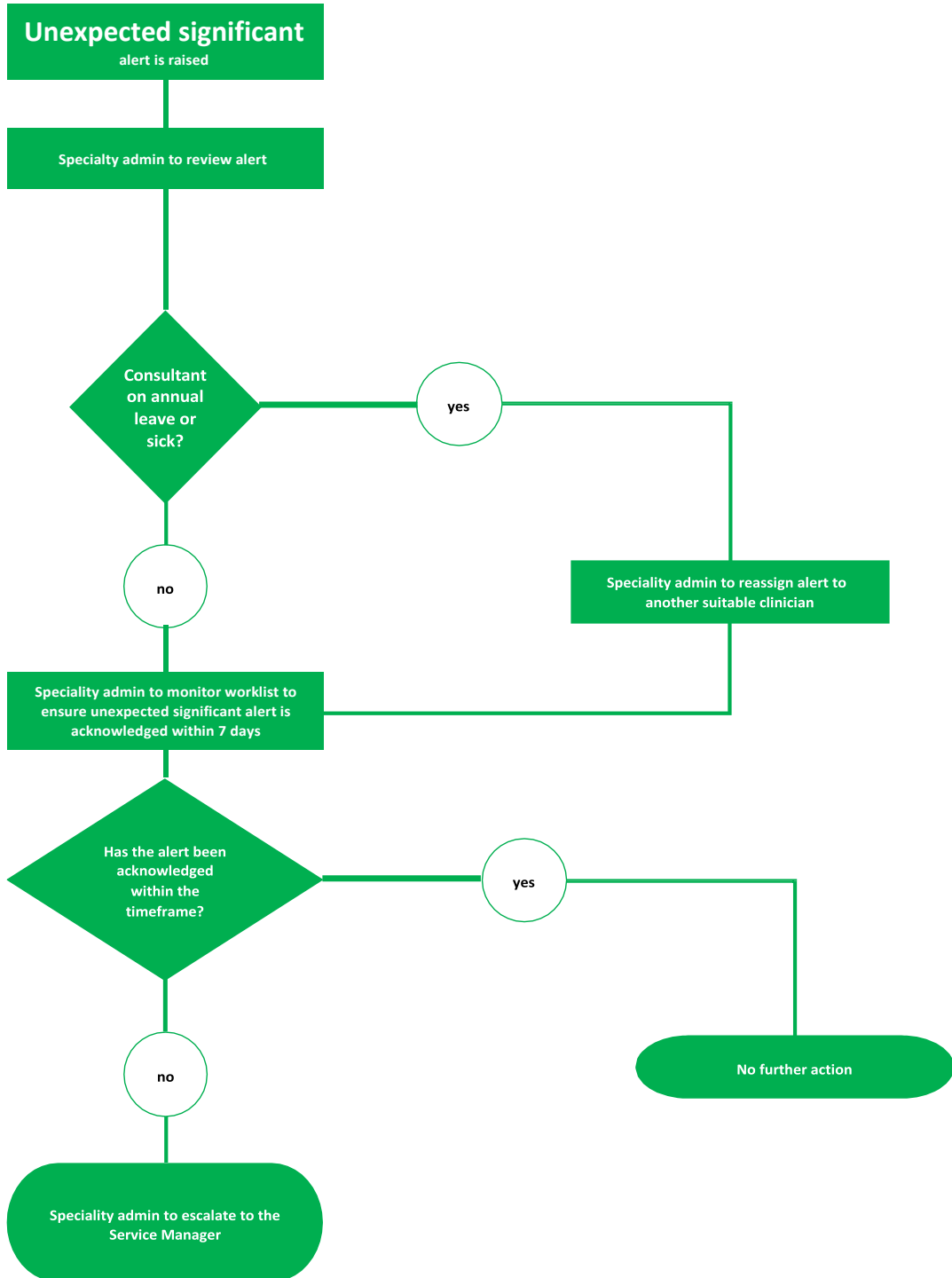
Escalation flowchart - Critical alerts



Escalation flowchart - Urgent alerts



Escalation flowchart - Unexpected significant alerts



19 APPENDIX D – SYSTEM MANAGEMENT

Processes need to be in place to ensure that there is ongoing support for updating the Conserus system i.e. creating/deleting of new users, changing user roles and levels of access.

19.1 Account Management

19.1.1 Reference Data

Conserus holds an independent set of consultant information, this information will be maintained by the Imaging Team.

19.1.2 Report Management

Reports will be created and managed by the Imaging Team; where possible these will be automated and circulated to CMG leads. The reports will detail alerts that have breached the turn-around times or remain active on the system.

19.2 Support and Maintenance

19.2.1 Downtime Procedures

(Imaging IT)

In the event of downtime Radiologists will need to raise an alert to referrers by phone/email (if emails are not affected) – Radiologists must ensure the referrers receive the alert.

19.3 System Management

19.3.1 Data quality for new consultants

The IM&T team will email the Conserus mailbox relating to new consultants that are registered with the Trust. The Conserus Team will then create an account for them on Conserus.

The ESR team will email the Conserus mailbox relating to consultants who leave the Trust. The Conserus Team will then deactivate their account on Conserus.

20 APPENDIX E – ALERT GUIDANCE / QUICK REFERENCE GUIDE FOR RADIOLOGISTS

Alert Guidance:

<http://insitetogether.xuhl-tr.nhs.uk/corp/migrated/Documents/Radiology%20and%20Imaging/CONSERUS/Conserus%20Alert%20Guidance.pdf>

Radiologists Quick Reference Guide:

<http://insitetogether.xuhl-tr.nhs.uk/corp/migrated/Documents/Radiology%20and%20Imaging/CONSERUS/UHL%20Radiologists%20Alerts%20Quick%20Reference%20Guide.pdf>

21 APPENDIX F – QUICK REFERENCE GUIDE FOR PHYSICIANS AND SUPPORT STAFF

Guide for Physicians:

<http://insitetogether.xuhl-tr.nhs.uk/corp/migrated/Documents/Radiology%20and%20Imaging/CONSERUS/UHL%20Physicians%20Radiology%20Alerts%20Quick%20Reference%20Guide.pdf>

Guide for Support Staff:

<http://insitetogether.xuhl-tr.nhs.uk/corp/migrated/Documents/Radiology%20and%20Imaging/CONSERUS/UHLSupport%20Staff%20Radiology%20Alerts%20Quick%20Reference%20Guide.pdf>

22 APPENDIX G – CONSERUS RADIOLOGY ALERTS CHECK INSTALLATION

Check Installation:

<http://insitetogether.xuhl-tr.nhs.uk/corp/migrated/Documents/Radiology%20and%20Imaging/CONSERUS/Conserus%20Radiology%20Alerts%20Check%20Installation.pdf>