
Radiologists' Reports Can Affect Hospital Performance and Income



A recent study out of the UK gathered data from five hospitals to establish if a detailed review of trauma reports with reference to the coding manual improved accuracy of ISS.

Investigators included information on imaging undertaken, mechanism of injury (MOI), Injury Severity Score (ISS), and injury descriptors. Patients with ISS near to a best practice tariff boundary of 9 and 16 (5–8 and 11–15) then had their imaging reviewed by the Radiology Department with direct reference to the ISS coding manual. Injuries were then re-coded and ISS recalculated.

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Key Findings

- **The style of radiologists' report affects hospital performance and income.**
- **Reporting with reference to injury score descriptors improves accuracy.**
- **Around 20% of cases changed their injury score when reviewed.**

1,693 patients were admitted to the study database from the five hospital trusts over a 6-month period. 9.9% of patients met the inclusion criteria for review. Of those 169 patients, 35 or 20.7% had a change in abbreviated (region specific) injury code, 30 had a change in the resultant ISS. Three had a decrease in ISS and 27 increased ISS with all 27 moving across an ISS best practice tariff and three moving across two payment tariff boundaries. With recoding, there was a potential £15,000 of lost revenue from the major trauma centre (MTC) alone.

Study authors found that reporting with reference to ISS description improves the accuracy of ISS significantly. When radiologists improve descriptions of specific injury patterns and adopt 'Trauma Audit and Research Network friendly' reporting strategies, the study found that data accuracy, performance, and payment of best practice tariffs to hospitals were improved.

Source: [Clinical Radiology](#)

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