



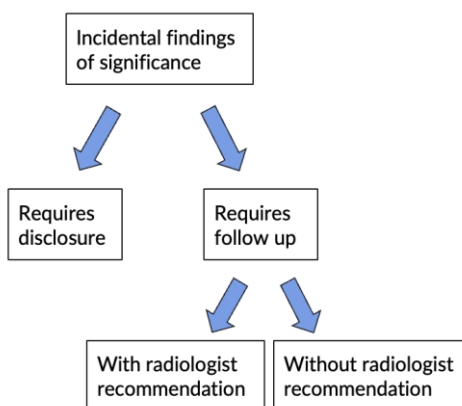
A STUDY OF DISCLOSURE AND FOLLOW UP OF INCIDENTAL FINDINGS FROM COMPUTED TOMOGRAPHY IN THE EMERGENCY DEPARTMENT

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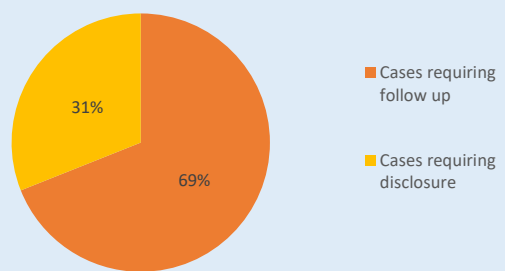
INTRODUCTION: Computed tomography (CT) is a mainstay imaging technique performed routinely in the Emergency Department (ED) for the detection and diagnosis of a wide variety of diseases and injuries. Due to its prevalent usage and high resolution of images, incidental findings, or ‘incidentalomas’, are common findings on CT scans. However, reports of poor rates of documentation and follow up for such findings have been found in the literature. This project investigated the follow up rate and documentation of incidental findings in an Australian ED context.

METHOD: Reports of 96 chest, abdomen and/or pelvis CT scans performed in the ED of an Australian hospital during January 2021 were reviewed for incidental findings of clinical importance. Findings which were categorised as either requiring disclosure to the patient or requiring follow up, were cross checked by a senior ED physician. Cases with incidental findings were investigated further by review of progress notes and discharge documents.



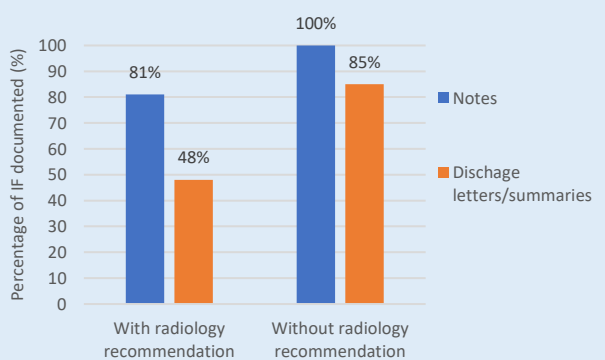
RESULTS: Out of 96 cases, 42 patients had incidental findings of clinical significance, with a combined total of 56 incidentalomas detected on CT.

Proportion of incidental findings



- 38 incidental findings were recommended by radiologists for follow up in the CT report, of which 77% were documented in patient chart notes and 53% documented in patient discharge letters and/or summaries.

Documentation rate of incidental findings requiring follow up



- 18 incidentalomas required discussion with the patient, of which only 11% were documented in notes, while 22% were mentioned in the discharge letter/summary.

CONCLUSION: The follow up rate of incidental findings remains inadequate in this Australian hospital ED setting. For incidental findings requiring follow up, the documentation rate in discharge advice is lower than in progress notes. Conversely, incidental findings requiring patient disclosure may have a higher rate of documentation in the discharge letter and/or summary compared to documentation in the notes. This study may be helpful in informing the development of documentation templates that encourage clinicians to disclose incidental findings in the future.