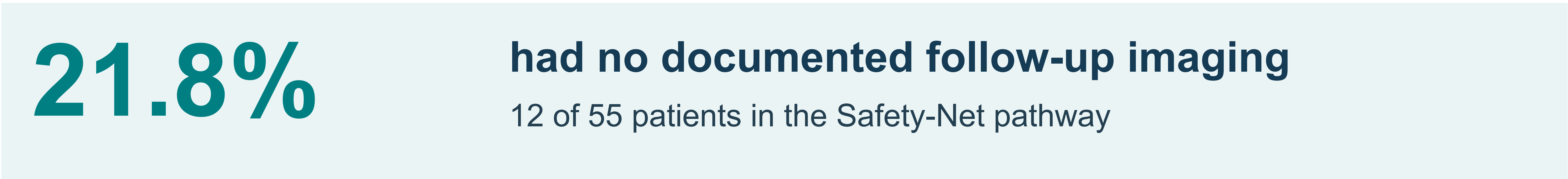


Safety-Net Follow-up of Abnormal Chest Radiographs: A Retrospective Audit of Compliance with Follow-up Imaging Recommendations

Sammy Yousaf, Reka Ciski, Waheed Shah, Abdeltawwab Ahmed
Salford Royal Foundation Trust



Background

Abnormal chest radiographs during acute admissions may require repeat imaging to confirm resolution and exclude underlying malignancy. Missed follow-up may delay diagnosis.

Aim

Audit compliance with Safety-Net follow-up processes and recommended imaging intervals.

Methods

Retrospective audit of patients entered into the Safety-Net chest radiograph follow-up pathway.

Sources: electronic records, radiology reports and follow-up correspondence.

Recorded: imaging findings, timing, radiological outcomes, CT utilisation and follow-up compliance.

On time: within 70 days (10 weeks) of the index study.

Recommendations

Enhanced tracking systems and automated alerts.

Results | n = 55

78.2%

Completed: 43/55

Missed: 12/55 (21.8%)

Follow-up CXR timing

On time (within 70 days)

32 (58.2%)

Delayed

11 (20.0%)

Missed follow-up

12 (21.8%)

42 days

Median to first follow-up CXR
Mean: 70.6 days

90.9% | 50/55

CT performed or highlighted as part of further investigation

Next steps

Dedicated Safety-Net governance to improve follow-up adherence.

Primary care | n = 14

25.5% of the full audit (14/55)

Follow-up completed: 14/14 (100%)

On-time follow-up imaging

13 (92.9%)

12 CXRs + 1 CT at 10 days

Delayed CXR

1 (7.1%)

No missed follow-up: 0/14 (0%)

Overall outcomes (n = 55)

Resolution / reassuring: 24 (43.6%)
Persistent: 6 (10.9%)
Indeterminate: 13 (23.6%)
No outcome: 12 (21.8%)

Conclusions

Most patients received follow-up imaging. Missed and delayed follow-up remain important quality-improvement targets.

Absent follow-up in over one-fifth of patients represents a potential patient safety concern.

All 14 primary care referrals had follow-up; 13 (92.9%) were on time.

Take-home message

Strengthen tracking to address 21.8% without follow-up.