

Echo Requests in light of Appropriate Use Criteria

Dear Sir

Echo is one of the most readily available and commonly used imaging modalities available in any healthcare centre. Over the past decade, there have been sustained increases in utilization and costs of echocardiographic procedures. As a result, concerns have been raised about potential overuse or misuse of echocardiography. The 2011 Appropriate Use Criteria for Echocardiography, by Douglas et al¹ was developed with input from ASE, the American College of Cardiology and a number of other professional organizations. With updates & recommendations on the appropriateness of transthoracic, transesophageal, and stress echocardiography in an expanded number of clinical scenarios, it is available as a resource for physician to decide on appropriateness of the scan requested. We sought to identify the appropriateness of echo requests received at SVUH using these guidelines.

We prospectively collected the requests for transthoracic echo received over a period of one working week, from 25/7/16-29/7/16, by the Cardiology department in St Vincent's University Hospital, and analysed the collected data against the Appropriate Use Criteria. A total of 87 requests were received, (10% ED, 53% Inpatient, 25% OPD, and 11% Unknown). Mean age of the total patients was 63.5 and 58% patients were male. Analysis showed 59% of requests were deemed appropriate, 17% requests were deemed inappropriate, 5% requests were deemed Uncertain by AUC, 18% requests were unable to be assessed, and AUC was found to be inapplicable to one percent of the requests.

In summary, almost 40% of requests were either deemed inappropriate or were unable to be assessed according to the Appropriate Use Criteria, which would have an implication both on costs & interpretation, similar audits should be carried out on an ongoing basis to ensure the appropriateness of the scan requested. As a first step, we propose to tackle those requests where we were unable to assess appropriateness due to lack of clinical details as they can potentially lead to missing critical information. Our first intervention in the audit loop is the redesign of the echo request form, whereby additional appropriate information is requested.

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References:

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