During call hours, all imaging studies are initially interpreted by a radiology trainee, with important findings subsequently communicated to the referring clinical service shortly after completion of the study. Prior to this study, there was no prescribed order in which call studies were reviewed and finalized the following day. 27% of pre-designated critical studies were finalized after noon during the previous academic year.

Residents aimed to increase the number of pre-defined critical cross sectional studies (defined as PE/Subarachnoid/Stroke/CTA Chest protocol) finalized before noon by 10% (73% baseline to 80%) between July 1, 2014 and June 30, 2015.

Baseline data was gathered via a computerized audit of the pre-designated critical studies performed during call-hours. Starting July 1, 2014, a triage system was introduced onto PACS whereby residents could tag studies as critical, subcritical or routine. This system was developed by working in close conjunction with the radiology informatics team and implemented at both Moffitt-Long Hospital and San Francisco General Hospital.

Monthly data was gathered via a computerized audit and presented to all residents every six weeks at resident town hall. Starting in September, 2014, all PE/Subarachnoid/Stroke/CTA Chest protocol studies were automatically triaged as critical studies by PACS.

- **Baseline Data:** During the 2013-2014 academic year, 1028 predesignated critical studies were interpreted by radiology trainees during call hours. 73% of these were signed by the next day AM trainee before noon.

- **Current Data:** From July 1, 2014 to March 31, 2015, 937 PE/Subarachnoid/Stroke/CTA protocol were performed during call hours. Of these, 829 (88%) were finalized before noon. This constitutes a year-to-year improvement of 20%.

- **Implementation of a new work-process homogenously across Moffitt-Long Hospital and San Francisco General Hospital improves compliance rates.**

- **Automatization of tagging PE/SAH/Stroke/CTA Chest protocol studies as critical led to improvement in finalization times.**

- **Providing feedback with detailed data at regular intervals leads to a sustained improvement in a quality initiative.**

- Quality initiatives will be incorporated into new resident and fellow orientations to ensure improvements are sustained.

- We will continue to direct morning attending readout to those studies tagged as “critical” by the overnight resident.

- This should become engrained into the culture of UCSF radiology as normal operating practice.