

INTRODUCTION

- The audit was undertaken following the introduction of the American College of Radiology Ovarian-Adnexal Reporting and Data System (O-RADS) ultrasound risk stratification and management system within the department in June 2023.
- As this represented a significant change in reporting practice, a recognized learning curve existed in the accurate application of O-RADS classification. Ongoing staff turnover also highlighted the need for continuous education and quality monitoring.
- The audit aimed to ensure consistent and accurate implementation of O-RADS, to reduce ambiguity in ultrasound reports, improve malignancy risk stratification and support appropriate management recommendations for adnexal lesions.

AIMS & OBJECTIVES

- Assess whether O-RADS scores are assigned.
- Assess accuracy of O-RADS scoring.
- Evaluate appropriateness of management recommendations.
- Identify educational requirements and opportunities for ongoing training.

STANDARDS

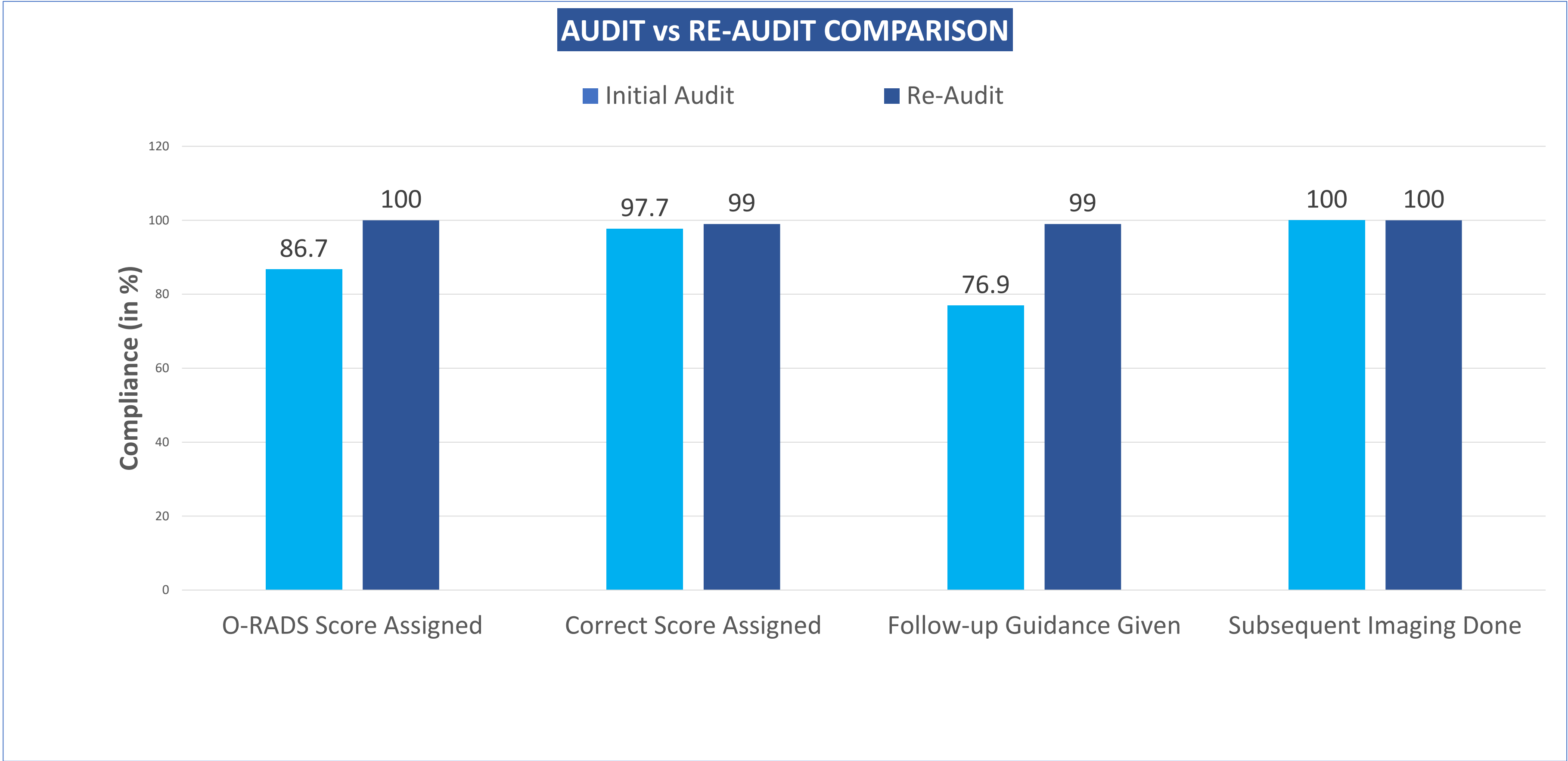
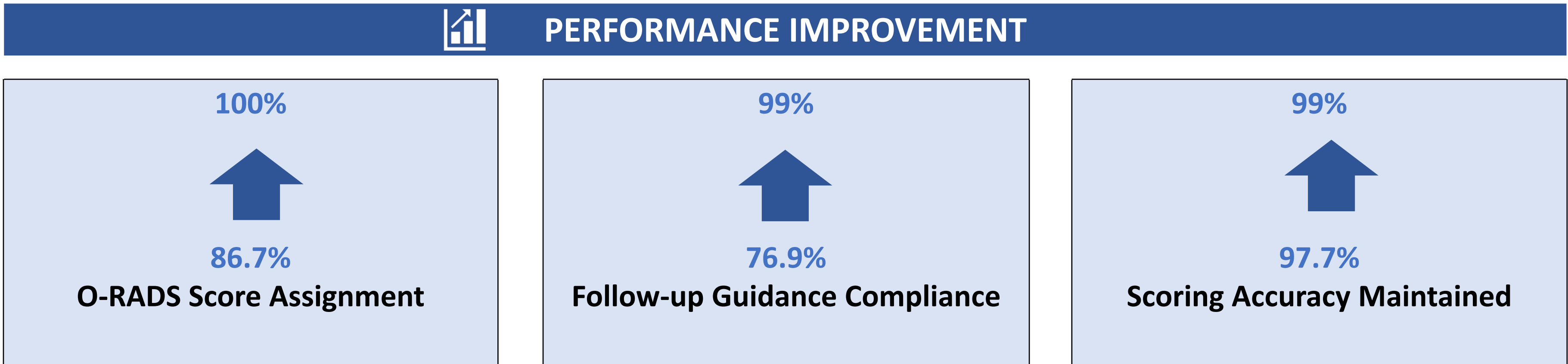
Source: O-RADS US Risk Stratification and Management System: A Consensus Guideline from the ACR Ovarian-Adnexal Reporting and Data System Committee (RSNA 2020).

Standard	Target
ORADS Score documented	>90%
Accurate ORADS score assigned	>90%
Appropriate management guidance included	>90%
Subsequent imaging performed in recommended cases	>90%

METHODOLOGY

- Design:** Local clinical audit and re-audit
- Population:** Gynaecological ultrasound examinations with an identified adnexal mass.
- Sample Size:** Initial Audit: 150 cases; Re-Audit: 100 cases
- Data Sources:** Sectra and CRIS systems
- Timeframes:** Initial Audit: June 2023 – May 2025; Re-Audit: August 2025 – January 2026
- Multidisciplinary Team** Radiologists and Sonographers
- Data Collected:** O-RADS score assignment, Accuracy of score, Management recommendation, Subsequent imaging outcomes
- Limitation:** Inter-observer variability

KEY RESULTS (AUDIT vs RE-AUDIT)			
Measure	Initial Audit	Re-Audit	Target
O-RADS Score Assigned	86.7% (130/150)	100% (100/100)	> 90%
Accurate Score Assigned	97.7% (127/130)	99% (99/100)	> 90%
Appropriate Management Guidance Given	76.9% (100/130)	99% (99/100)	> 90%
Recommended Subsequent Imaging performed	100% (6/6)	100% (2/2)	>90%



KEY TAKEAWAYS

- Marked Improvement in O-RADS score assignment and follow-up guidance.
- Accuracy of scoring remains excellent.

ACTION PLAN IMPLEMENTED			
Recommendation / Intervention	Action Taken	Deadline	Status
Education and Training	Formal teaching sessions on O-RADS scoring, common pitfalls and follow-up guidance.	30-08-2025	Achieved
O-RADS Score Sheet	Introduced to improve consistency and reporting accuracy.	30-08-2025	Achieved
ACR O-RADS App	Promoted across the department to support real-time scoring.	30-08-2025	Achieved
Re-Audit	Performed following implementation to assess effectiveness of interventions.	30-12-2025	Achieved
Person Responsible – Dr. Shilpa Polineni; All actions completed and achieved before re-audit.			

RE-AUDIT SUMMARY

- Following implementation of teaching sessions, O-RADS score sheet and ACR App support, a re-audit was conducted.
- Population:** 100 consecutive gynecological ultrasound examinations with adnexal lesions.
- Data source:** Sectra and CRIS system
- Time Period:** August 2025- January 2026
- Same methodology and standards applied as the initial audit.

FUTURE ACTIONS			
Recommendation	Action Plan	Deadline	Person responsible
Annual O-RADS Refresher Teaching	Ongoing training for new staff	Jan-2027	Dr Shilpa Polineni
Annual compliance	Conduct a mini-audit every 12 months	Jan-2027	Dr Shilpa Polineni

CONCLUSION

- The re-audit demonstrated substantial improvement in compliance with O-RADS reporting standards following implementation of the action plan.
- Formal teaching sessions, standardized O-RADS score sheets and access to the ACR O-RADS App improved awareness and ease of use during routine reporting.
- O-RADS scoring is now consistently applied, follow-up recommendations are routinely included and reporting remains highly accurate.
- Targeted education and standardization proved to be effective quality-improvement measures, resulting in improved reporting quality, greater consistency and enhanced clinical utility.

REFERENCE

- O-RADS US Risk Stratification and Management System: A Consensus Guideline from the ACR Ovarian-Adnexal Reporting and Data System Committee –RSNA Radiology Volume 294, Issue 1 January 2020.

ACKNOWLEDGEMENTS

- Dr. Emma Owens
- Sonography Team
- Karen Salt (CEC Facilitator)
- CEC Team