

<b>VRC Policies/ Procedure</b>	<b>Subject:</b> Policy-Communication of Diagnostic Imaging Findings and Hold status <b>Department Affected:</b> All <b>Issued by:</b> Jose Aponte, Operations Manager <b>Ref:</b> ACR practice parameter for Comm. of Diagnostic Imaging findings	<b>Date:</b> 2/28/2018
<b>Effective:</b> 3/1/2018	<b>Approved by:</b> Allen Nalbandian, MD, President	Last Revision: 2/27/18

**Purpose:** To effectively communicate findings documented in the radiology report.

The following policy is to be followed by all VRC staff to ensure accuracy and consistency of all routine and non-routine diagnostic imaging findings that are categorized as STAT/Significant/Critical Result reporting. VRC staff are not to put any exams on hold, except for SCREENING MAMMOGRAMS, that are waiting for priors. Placing exams on hold has the potential to delay patient care and increase reporting turnaround time. See set of PROCEDURES below for handling comparison examinations and other exceptions when exams may be put on hold.

**REPORT CATEGORIES:** 5 reporting scenarios:

- Routine reports
- Preliminary reports
- STAT
- Significant
- Critical results

### **CATEGORY 1: ROUTINE COMMUNICATION OF DIAGNOSTIC IMAGING FINDINGS**

#### **ROUTINE REPORT DELIVERY**

Report are automatically sent to the listed referring physician at the time of report approval. The process is executed through company fax server(s) and monitored daily. Medical Records staff monitor fax server output throughout the day. Any problems with reports or equipment for any reason, the IT department is contacted to provide support and take corrective action. Radiologist(s) are to be brought into the loop at all times when servers fail to send reports.

### **CATEGORY 2: NON-ROUTINE COMMUNICATION OF DIAGNOSTIC IMAGING FINDINGS**

#### **PRELIMINARY REPORTING:**

Preliminary results reporting is typically discouraged unless it is a situation where there is a life threatening Critical set of findings; in such situations the radiologist to speak directly with the referring physician or his/her designated staff in such situations. In non-life threatening situations where a referring office simply needs results right away verbally, the radiologist can designate a staff member to pass on the results; that particular radiologist will then proceed to formally interpret the examination within 1 hour. Documentation of the communication including the referring physician (or designee) name, time and date are to be documented in the final report by the radiologist who provides the preliminary verbal report. Upon dictation and final approval by the radiologist the formal written results are sent to the referring physician/office.

#### **STAT EXAMINATION REPORTING**

A STAT reading can be ordered as a STAT **only** by the referring physician. If an exam is marked as routine by the referring physician's order but the patient indicates to a VRC staff member of a very near upcoming office visit or follow up appointment then a VRC staff member may convert the exam to **ASAP** status and flag exam for the radiologist to read

it as soon as possible. VRC policy is to always have a physician phone number available for such cases in order for the VRC staff to call referring physician's office or as necessary for the radiologist to call the referring physician with the findings. A verbal phone call by VRC staff is must be made to all referring physicians' offices , to inform them that a stat exam result is ready for review, for cases marked as **STAT** regardless of findings.

### **STAT & ASAP EXAM SCHEDULING, PROCESSING, AND DICTATION TURN AROUND TIMES:**

STAT Exam Report Dictation Turn Around Times:

WEEKDAYS DURING NORMAL BUSINESS HOURS (8am to 5pm\*): 1 hour with the following processing time cut off exceptions\*:

\*The teleradiology STAT processing time is 4pm.

\*Graybill/NCWS STAT exams that require VRC transcription processing cut off time is 1pm.

WEEKEDAY AFTERHOURS (After 5pm), WEEKENDS & HOLIDAYS: No STAT exams will be scheduled during these times. Exams designated as ASAP will be read as follows:

WEEKDAYS AFTER HOURS: processed the following morning at 8am and read the same day.

WEEKENDS: processed Monday morning beginning at 8am and read the same day.

HOLIDAYS: same process as weekends with follow up performed on next regular business day.

### **SIGNIFICANT RESULTS:**

**Significant Results:** Applies to findings that interpreting physician reasonably believes may be seriously adverse to the patient's health and may not require immediate attention, if not acted on, may worsen over time and may result in an adverse patient outcome. This category may also apply to situations that are unexpected by the referring physician or to examinations where significant discrepancies are encountered upon subsequent review of a study. These exams will be marked by the Radiologist as "**Significant Results**" in RIS to indicate staff to communicate results to referring provider's or designated personnel bringing the report to the attention of the referring physician.

The SIGNIFICANT RESULTS macro in VRC RIS states the following: "Radiology staff was instructed to contact the ordering clinician's office to confirm that the report was received and to bring the report to the attention of the ordering clinician."

### **CRITICAL RESULTS:**

**Critical Results:** Applies to findings (see below) that suggest a need for immediate or urgent intervention. **ALWAYS** called by Radiologist to referring provider or designee and documented in the final report:

- a. Hemorrhage: Intracerebral (Acute or Subacute), Intra-abdominal/Retroperitoneal, and Intrathoracic.
- b. Cerebral Herniation
- c. Pneumothorax
- d. Aortic Dissection (New finding; not follow-up with stable appearance)
- e. Leaking Abdominal Aortic Aneurysm
- f. Spinal Fractures (Unstable or resulting in severe cord compression; Not common compression fractures)
- g. Volvulus/Bowel ischemia
- h. Spinal Cord Compressions (Severe)
- i. Pulmonary Embolus
- j. Bowel Perforation (Except perforated colonic diverticulum from diverticulitis without free air or abscess)
- k. Ectopic Pregnancy
- l. Testicular/Ovarian Torsion
- m. Fractures compatible with non-accidental child abuse.

## **PROCEDURES FOR PUTTING EXAMS ON HOLD:**

- 1- In general, VRC staff are not to put any exams on hold.
- 2- **SCREENING MAMMOGRAPHY WITH KNOWN OUTSIDE PRIOR COMPARISON:** The one exception is Screening mammograms where the patient indicates outside priors. Technologist staff will arrange to obtain the consent for request for medical records and process a request for the Medical Records department to obtain outside prior mammograms. If by 2 weeks, Medical records is not able to procure the outside mammograms, then that examination will be taken off hold with appropriate notes for the radiologist to interpret the examination. Radiologist will dictate a note in the report regarding the reason for the delay of the report.
- 3- **PATIENT CANNOT COMPLETE EXAM SCENARIO:** If a patient cannot complete an examination and requests to come back another day, then the Technologist will not put an exam on hold. Rather, the technologist will contact radiologist to brief him/her of the situation. Exam will be reviewed by the radiologist in case there are critical/significant findings, will dictate the exam and will communicate with referring office. If there are no critical/significant findings then radiologist will self-assign the exam may put the exam on hold with appropriate instruction for technologist by the use of the appropriate TECH QA HOLD section of the RIS. Radiologist will self-assign the case. Technologist will proceed according to radiologist instructions. If patient does not return within one week then Technologist will take exam off hold and make appropriate notes for the radiologist. Radiologist will generate a final report and explain circumstances why the report was delayed and explain the merits of patient coming back to complete the examination.
- 4- **TECHNICAL QA SCENARIO:** Exam will be reviewed by the radiologist in case there are critical/significant findings, will dictate the exam and will communicate with referring office. If there are no critical/significant findings then radiologist will self-assign the exam may put the exam on hold with appropriate instruction for technologist by the use of the appropriate TECH QA HOLD section of the RIS. Radiologist will self-assign the case. Technologist will proceed according to radiologist instructions. If patient does not return within one week then Technologist will take exam off hold and make appropriate notes for the radiologist. Radiologist will generate a final report and explain circumstances why the report was delayed and why additional imaging is necessary.
- 5- **RADIOLOGIST SEEKING OUTSIDE PRIOR COMPARISON:** If Radiologist puts exam on hold to request outside priors, then prior to putting the exam on hold, radiologist will review the exam in case there are critical/significant findings, will dictate the exam and communicate with referring office. He/she will make a statement that an addendum will be generated once/if outside prior exams become available for review. If there are no critical/significant findings then radiologist will self-assign the exam may put the exam on hold. Medical records will try to obtain priors. If after 1 week this is unsuccessful then the exam will be taken off hold by medical records and original radiologist will interpret the examination and explain why the report was delayed.
- 6- Regardless of the above scenarios, if a referring provider contact VRC and requests a report be generated regardless of incomplete, lack of priors or technical QA, then VRC staff is to take exam off hold immediately and contact the radiologist to explain the provider request. Radiologist will dictate the report and explain why report was delayed and why additional imaging may be necessary. **Regardless of any of the above scenarios, if original radiologist is on vacation or day off then exam will be interpreted by radiologist according to current RADIOLOGIST WORK ASSIGNMENT. Reports cannot be delayed because of original radiologist availability.**