



<b>VOLUME 4: MEDICAL SERVICES</b>	Effective Date:
<b>CHAPTER 30: MEDICAL IMAGING</b>	Revision Date(s):
<b>4.30.12 MEDICAL IMAGING CRITICAL DIAGNOSTIC FINDINGS</b>	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

## I. POLICY

It is the policy of California Correctional Health Care Services that the Interpreting Radiologist (IR) is responsible for notifying the requesting physician and/or their appointee of any imaging finding that based on the radiologist's judgment and the clinical data provided, will or could affect patient care either near term or long term. This notification applies to findings of a critical and time sensitive nature where immediate care or change in course of care may be required.

## II. PURPOSE

To ensure the timely and reliable receipt of critical findings in emergent or other non-routine clinical situations to medical care providers within the CCHCS system and expedite the delivery of diagnostic imaging reports.

To ensure the compliance of American College of Radiology guidelines regarding critical findings.

## III. PROCEDURE

In the event that the requesting physician cannot be notified, the notification can be communicated to a Registered Nurse (RN) or Nurse Practitioner (NP). However, it is the responsibility of the radiologist to request that the nurse or nurse practitioner repeat back the critical finding information transmitted to ensure accuracy.

In the transcribed report, the IR must indicate to whom findings were verbally transmitted (MD, RN, NP or other) and the date and time of the notification. The name of the physician or other recipient must be spelled accurately. If the recipient of the report is not a physician, then his/her title must be included, and the fact that the notification was repeated back to the radiologist must be noted.

Documentation must contain the following information:

- Name of the **communicator**
- **Date and time** reported
- Name of **recipient** of the notification

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Sample statement: *“Critical findings were communicated by Dr. Radiologist to Dr. Surgeon at 5 PM on Wednesday December 15<sup>th</sup>, 2005”*

If there is any critical change in interpretation of an imaging study after the results have been communicated to the requesting physician, either verbally or in writing, that could affect patient care in the near or long term, then that critical change must be verbally communicated to the requesting physician. The time and date of the communication must also be documented in writing on the addended report.

In those situations in which the IR feels that the findings do not warrant immediate treatment but still constitute significant unexpected findings, the IR or designee should communicate the findings to the referring physician, or an appropriate individual in a manner that reasonably ensures receipt of the findings.

Critical Imaging findings are to be reported within **sixty (60) minutes** by the IR to the requesting physician. The sixty minute timeframe is defined as the documented time between the availability of the critical test result and receipt by the requesting physician who can then act upon the result. The Chief of Medical Imaging will audit the timeliness of reporting critical results and provide a report to the Statewide Chief Medical Executive for review quarterly.

Secondary notification of critical finding to the ordering physicians will be sent via e-mail or text message to their phone based on the ordering provider preferences. Verification of receipt of critical finding will be done when the ordering physicians opens the medical imaging film jacket within RIS. Electronic documentation of the date and time the exam report was open or reviewed is stored within RIS for the purpose of audit.

If a medical imaging exam is reviewed by an on-site physician in order to provide a preliminary report prior to the interpreting radiologist’s review due to immediate treatment planning or occurring after hours, then the preliminary report will also be provided to the interpreting radiologist for review alongside the exam to determine if there is a clinically significant discrepancy between the preliminary report and the radiologist’s interpretation.

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## IV. DEFINITIONS

**Critical Finding:** A new and unexpected radiologic finding that could result in mortality or significant morbidity if appropriate diagnostic and/or therapeutic follow-up steps are not undertaken

**Urgent Findings:** A finding that requires medical evaluation within 24 hours.

**Significant unexpected findings:** A finding that causes concern for the interpreting radiologist and is unexpected and significant to the patient-inmate.

**Discrepant interpretation:** A radiologist's interpretation that is significantly different from a preliminary interpretation that can cause the change of a patient-inmate's diagnosis and/or medical treatment.

## V. REFERENCES

American College of Radiology (ACR) Practice Guideline for Communication of Diagnostic Imaging Findings

[http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/Comm\\_Diag\\_Imaging.pdf](http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/Comm_Diag_Imaging.pdf)