

- Lincoln Mental Health and Medical Center    
  Metropolitan Hospital Center    
  Harlem Hospital Center  
 Morrisania Diagnostic/Treatment Cntr    
  Ruggo Ruiz Belvis Diagnostic/Treatment Cntr    
  Renaissance Diagnostic/Treatment Cntr

Subject: Critical Tests and Critical Results Reporting	Section: A-Administration		Page: 1 of 3
	Supercedes: Critical Findings Reporting 2/21/08		Effective: 4/9/11
	Distribution: Department of Radiology		Issued by: Department of Radiology
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**PURPOSE:**

Critical positive findings noted on radiologic interpretations are reported **within one (1) hour of observation** to the referring service after an exam is reviewed/interpreted by a radiologist/resident in order to ensure the expedient clinical management of the patient where any delays in reporting may result in an adverse outcome to the patient. It is the policy of the Department of Radiology to report all critical radiology findings with “read back” to ensure that correct results are reviewed and recorded. Critical tests are those studies in radiology which, due to the indication, warrants contact with the referring service.

**POLICY:**

- A. Positive findings will be verbally reported to the referring physician or service followed by an official interpretation. Results of critical tests will be reported to the referring clinicians if positive or negative.
- B. Critical /results will be reported for the following:

**Critical Tests:**                   Aortic dissection  
  Acute stroke

**Critical (positive) results/findings:** Acute Appendicitis  
 Acute Deep Vein Thrombosis  
 Acute Gastrointestinal Bleed  
 Acute Myocardial Ischemia  
 Aneurysm Rupture  
 Bowel perforation with free air  
 Brain or Cord Tumor with Significant Mass Effect  
 Brain Herniation  
 Bronchial Foreign Body  
 Ectopic Pregnancy  
 Fetal Demise  
 Intracranial Hemorrhage

Leaking Aortic Aneurysm  
 Mammogram - BIRAD 4 and 5  
 Misplaced Tube or Line  
 Ovarian/Testicular Torsion  
 Pneumothorax  
 Pulmonary Embolism  
 Post Operative Anastomotic Leak or Obstruction  
 Significant Solid Organ Laceration  
 Spinal Cord Compression  
 Unexpected Fracture

**RELATED POLICIES/PROCEDURE:** None

**RESPONSIBLE STAFF:**                    **ACTIONS To Be PERFORMED**

**Radiologist/Resident:**

1. While performing a radiologic interpretation, each radiologist will track critical positive findings or substantial changes in radiologic findings when comparing with prior studies.
2. In the event that the radiologist determines that a finding is of an emergent nature and that delay in treatment would present a negative impact on the patient, the radiologist will make immediate telephone contact with the referring physician or the physician responsible for the care of the patient. If the referring physician/resident is not available notify the appropriate Chief of Section/Director of Service through the operator. Nursing notification on the appropriate unit will only be implemented when all other attempts have failed. The Medical Director of the Harlem Hospital Center will be notified/contacted if necessary.
3. The person who receives the report of the critical findings will record the critical findings and “read back” their recorded information. The radiologist/resident will document the communication in the dictated report including name of person who received and read back the report, date and time of notification using the following macro on the TalkTech voice recognition system: “ A critical value was identified at [ ] and [ ] was contacted at [ ]. The contacted provider confirmed the result by reading back the critical value”.
4. Residents will record all critical value findings/discrepancies in diagnosis in PACS.
5. Attending Radiologists use codes 7-9 to mark critical findings on TalkTech.
6. **During the off-hours, radiology residents will:**
  - a) Contact clinicians on site to report positive findings.
  - b) Free text preliminary findings directly into PACS Report-1 field or dictate preliminary report using Talk Technology speech recognition system. Preliminary reports will include the referring physician or alternate who received the communication, the “read back” if communication occurred over the telephone and the date and time of communication.

- c) For critical positive findings where the patient is already discharged (including ambulatory patients) - notify AOD who will review finding with the Emergency Department Attending.
- d) Formal review with the radiology attending followed by final dictated report.
- e) Use electronic on-call schedules, if available, for notification of critical results.

**AOD:**

- 7. Review critical findings called in by the radiology resident with the Emergency Department attending.
- 8. If indicated, notify patient to return for follow-up care.

**ED Attending:**

- 9. The Emergency Room Physician-in-Charge/Attending will determine if patient recall is necessary.

**Physician of Record/  
Primary Physician/Physician-  
on-call**

Receive the critical value/test report with read back, acknowledge receipt in writing, in the patient's electronic or manual record and follow-through with the proper treatment for the patient. Date and time notification must be documented.

**Nursing Staff:****In-patient services (all tours)**

- 1. Receive radiology critical result and report to the appropriate physician. Document notification in the patient's Electronic Medical Record and the Critical Test/Result Log Book indicating who received the report, the date and time of notification.
- 2. Beep or page the resident on call if the physician is not available.
- 3. Inform the AOD if there is no response from resident/attending.

**Out-patient Service 0900-1700 hours**

- 1. Receive the radiology critical result when the Clinic Chief cannot be reached.
- 2. Contact the Clinic Chief of the respective area.
- 3. Contact the Director of Service if the Clinic Chief cannot be reached.

**Director of Service**

- 1. Ensure that all Radiologists/Residents are apprised of the policy and comply with the procedure as documented.
- 2. Ensure AOD and Emergency Department physicians are apprised of policy.

**Radiologists/Residents**

- 1. Comply with policy and procedure as indicated.

**REFERENCES: None**

**MONITOR POLICY EFFECTIVENESS:**

Monitor the number of critical values entered into the MISYS critical value field. The findings will be reported at the monthly Radiology Performance Improvement Committee and the HWPIC.

**ATTACHMENTS: None**

**REVIEW MONTH:**

	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>REVIEWED</b>	<b>2/2/09</b>	<b>3/9/10</b>		<b>10/15/12</b>
<b>REVISED</b>		<b>11/2/10</b>		