


<b>Name of Policy:</b> <b>Timeliness of Critical Findings Reporting</b>  <b>Policy Number:</b> 3364-135-029  <b>Approving Officer:</b> Assistant Professor & Deputy Clinical Service Chief, Director Radiology  <b>Responsible Agent:</b> Assistant Professor & Deputy Clinical Service Chief, Director Radiology  <b>Scope:</b> University of Toledo Medical Center Radiology		  <b>Effective date:</b>  <b>Original effective date:</b> 1/1/2020	
Key words: Unanticipated Positive Findings, Licensed Caregiver, Emergent (life threatening) finding, Notification of Findings			
<input type="checkbox"/>	New policy proposal	<input checked="" type="checkbox"/>	Minor/technical revision of existing policy
<input checked="" type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

### (A) Policy Statement

Radiology will report any unanticipated positive findings to the patient's appropriate licensed caregiver within one hour of completion.

### (B) Purpose of Policy

To ensure all unanticipated findings from diagnostic imaging studies, having clinical relevance to the patient's immediate treatment, are communicated directly to the primary caregiver.

### (C) Scope

When an emergent (life threatening) radiological finding is identified, the following procedure will be followed:

#### I. Monday – Friday 7:30 A.M – 4:00 P.M.

- a. The Radiologist or Radiology resident will move the imaging study to the results reporting WQ in Radiant using the "Follow up" function within the Radiant Radiologist reading dashboard.
- b. The Radiologist will dictate time report was sent to the Radiant reporting WQ in the final report.
- c. The Reading Room/Sched/3D Specialist will monitor this WQ and call the patient's requesting physician or licensed health care provider as soon as possible
- d. If the requesting provider cannot be located by the Reading Room Specialist, the Specialist will then call the patient's attending physician to notify them of the critical test result. If the patient's attending cannot be located, the Specialist will contact the attending in charge of that service to notify them of the critical test result.
- e. The Specialist will request a "read back" of the complete test results by the person receiving the report.
- f. The Specialist will use the comments section in the Radiant results reporting WQ to document the caregiver who received the report and method of contact.

#### II. Monday – Friday 4:00 P.M. – 7:30 A.M., Weekends, and Holidays.

- a. The Radiologist or Radiology resident will call the patient's requesting physician or licensed health care provider as soon as possible.

- b. If the requesting provider cannot be located by the Radiologist, the Radiologist will then call the patient's attending physician to notify them of the critical test result. If the patient's attending cannot be located, the Radiologist will contact the attending in charge of that service to notify them of the critical test result.
  - c. The radiologist will request a "read back" of the complete test results by the person receiving the report.
  - d. Once the report is given to the appropriate clinician, the Radiologist will dictate the time and report receiver in the final report.
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- ~~a. The radiologist or radiology resident will call the patient's requesting physician *or licensed health care provider* immediately.~~
  - ~~b. If the requesting provider cannot be located by the radiologist, the radiologist will then call the patient's attending physician to notify him of the critical test result. If the patient's attending cannot be located, the radiologist will contact the attending in charge of that service to notify him of the critical test result.~~
  - ~~c. The radiologist will request a "read back" of the complete test results by the person receiving the report.~~
  - ~~d. Once the report is given to the appropriate clinician, the radiologist will dictate this in the report.~~

Critical results are, but not limited to:

**Intracerebral Hemorrhage**  
**Intrathoracic Hemorrhage**  
**Aortic Dissection**  
**Bowel Perforation**  
**Testicular Torsion**

**Intra-Abdominal Hemorrhage**  
**Cerebral Herniation**  
**Leaking AAA**  
**Ectopic Pregnancy**  
**Ovarian Torsion**

**Retroperitoneal Hemorrhage**  
**New Pneumothorax**  
**Pulmonary Embolism**  
**Spinal Cord Compression**

<p>Approved by:</p> <hr/> <p>Nathan Egbert, MD Assistant Professor &amp; Deputy Clinical Service Chief</p> <hr/> <p>Date</p> <hr/> <p>Ryan Landis, BSRT (R)(CT) Director, Radiology</p> <hr/> <p>Date</p> <hr/> <p>Daniel Barbee Chief Executive Officer UTMC</p> <hr/> <p>Date</p> <hr/> <p><i>Review/Revision Completed by:</i> Ryan Landis, BSRT (R)(CT)</p>	<p><b>Policies Superseded by This Policy:</b></p> <ul style="list-style-type: none"><li>•</li></ul> <p>Initial effective date: 1/1/2020</p> <p>Review/Revision Date: 1/1/2020 1/1/2023 12/1/2025</p> <p>Next review date:</p>
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