

<b>Title</b>	Communication of Diagnostic Findings	<b>Policy #</b>	02-003
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## **POLICY**

The Division of Diagnostic Imaging and Radiology shall interpret images and provide an official final report in a timely manner.

Critical radiology results will be reported by the radiologist to the patient caregiver within 45 minutes of completion of exam to enable prompt response to those results.

## **PURPOSE**

To ensure that all radiology reports are available to clinicians in a timely manner.

To report radiology findings that are determined to be critical, acute, and/or immediately life threatening.

## **PROCEDURE**

1. Images will be available to the radiologist for interpretation as soon as possible after completion of the study.
2. The radiologist will dictate the study report as soon as possible after completion of exam

## **Routine Reporting**

1. Preliminary reports may be communicated in writing, electronically, or verbally and documented as follows:
  - a. Emergency department preliminary findings are entered via electronic note in PACS and placed in the Radiology Information System (RIS) to alert practitioners that the preliminary findings are available.
  - b. Other unexpected clinically relevant findings are communicated promptly with documentation in the imaging report
2. Final reports are faxed or emailed to the ordering physician or are available electronically via physician view in the Cerner system, Hospital Information System (HIS).
3. The fax queue in the RIS is managed by the Radiology Informatics Team (RIT). All 'failed transmissions' will be researched and corrected to ensure delivery of results.

**Critical Result Reporting**

Definitions of critical radiology results/values

1. Testicular torsion on US

When the radiologist determines the findings/diagnosis of an imaging exam is a **CRITICAL RESULT** the radiologist will take the following steps:

1. Communicate the defined critical result within 45 minutes of completion of exam.
2. Communicate directly to the patient caregiver (attending physician, house officer, referring physician, fellow, resident, nurse, PA, or nurse practitioner).
3. Include documentation in the dictated report that a critical result was communicated. Document the date, time, and person contacted

Auditing &amp; Tracking:

1. The specific critical findings that are tracked over time are established by the departmental chief or the quality assurance director.
2. Each critical result will be monitored on a quarterly basis to ensure compliance with the policy
3. Results will be reported at monthly radiology QA meetings and provided to the Hospital's PI committee.

**Approved by:**

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Dorothy I Bulas, MD  
Division Chief, Diagnostic Imaging and Radiology

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6/30/2021

Date

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Laurie Hogan, MBA, CRA  
Director, Diagnostic Imaging and Radiology

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6/30/2021

Date

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**Dates of review**

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