SUNY DOWNSTATE MEDICAL CENTER
UNIVERSITY HOSPITAL OF BROOKLYN
POLICY AND PROCEDURE

No. RAD-12

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Subject: RADIOLOGY CRITICAL VALUES

Original Issue Date: 5/2008

Prepared by: Vincent Monte

Supersedes: 5/2008

Reviewed by: Donna McKenzie

Effective Date: 9/2016

TJC Standards: NPSG.01.01.01 Use at least two patient identifiers when providing treatments or procedures

NPSG. 02.03.01 (EP. 1,2.&3) Develop written procedures for managing critical results of tests and diagnostic procedures.

Approved by: Hyman Schwarzberg, m.D.

Related Policies (PTSAF-14) Timeliness of Critical Test Result

Harry Zinn, M.D.

(PTSAF-9) Documentation of Verbal Telephone

Issued by: Radiology Department

I. PURPOSE

To provide guidelines for expeditious reporting of Radiology critical values/findings.

II. DEFINITION:

Critical Finding: The Department of Radiology defines a critical finding as any clinically significant finding that has the potential to alter a patient's treatment/management and may require immediate clinical intervention to avoid morbidity or mortality.

A defined list of "**critical Findings"** has been established and approved by the Chairman of Radiology. See pages: 2 for the complete list.

III. POLICY

All Critical findings must be reported by the reading Radiologist (resident/Attending physician) to the referring physician or licensed professional (PA, RN, NP or resident)

- Radiology has established a 30-minute time frame for reporting critical findings.
- The Radiologist will document in the interpretive report that the finding was communicated to an accepted licensed professional as noted above.
- The name of the recipient, the critical finding, the date and time of the report must be included in the interpretive report.
- The Radiologist will "FLAG" the report in RIS as a Critical Finding.
- The Radiology Department will monitor the timeliness of the reports in RIS/Montage system. The findings will be reported monthly in the Department's PI Report and Quarterly to EPIC. This data will also be utilized to identify "Opportunities for Improvement."

- Sample survey of reports will be analyzed and provided to regulatory for review.

IV. PROCEDURE

Within 30 minutes of identifying a critical finding the Radiologist will take the following action:

a. Radiologist will contact the clinician or licensed professional associated with the patient's care and report of findings
b. The radiologist will confirm the information has been communicated to a qualified individual (as identified above).
c. Radiologist will then incorporate documentation of the communication of the findings in the interpretive report as follows:
   The dictated report shall include the following statement:
   - "I discussed the findings with (physician or other) via (phone on in person) on (date) at (time).
   - If a resident made the communication the statememt should read as follows:" Dr.---------, radiology resident discussed the case with (name) via (phone or in person) on (date at (time)."
d. This procedure applies to the preliminary and the final readings associated with critical findings
e. If the final attending's reading regarding a critical finding does not agree with the resident's preliminary reading, the attending will contact the clinician and provide a revised verbal report.
f. The revised diagnosis will be flagged as an addended report at the bottom of the preliminary report.
g. If the Radiologist is unable to contact any clinician associated with the patient's care, the radiology escalation process for reporting critical findings (see attached escalation tree) will be initiated. In-addition, the Radiologist will also complete the "Department of Radiology Critical Finding Report" and submit it to the chairman's office for a follow-up.

V. RESPONSIBILITIES:

Clinicians, AOD, Radiology Clinical Staff, Nursing staff

VI. Critical Findings:

BODY REGION	CRITICAL FINDING
CHEST	**TENSION PNEUMOTHOARX** **PNEUMOMEDIASTINUM** **PULMONARY EMBLOUS**
ABDOMEN	**ABDOMINOPELVIC ABCESS** **ACTIVE HEMORRHAGE** **ACUTE APPENDICITIS** **ACUTE DIVERTICULITIS** **SMALL BOWEL OBSTRUCTION** **TESTICULAR/OVARIAN TORSION**
BRAIN & SPINE	**CORD COMPRESSION** **INTRACRANIAL HEMORRHAGE**
VASCULAR	**AORTIC DISSECTION** **RUPTURED/LEAKING AORTIC ANEURYSM** **DEEP VENOUS THROMBUS**

VII. ATTACHMENTS:

a. Radiology Escalation Tree
b. Nursing District Contact #'s

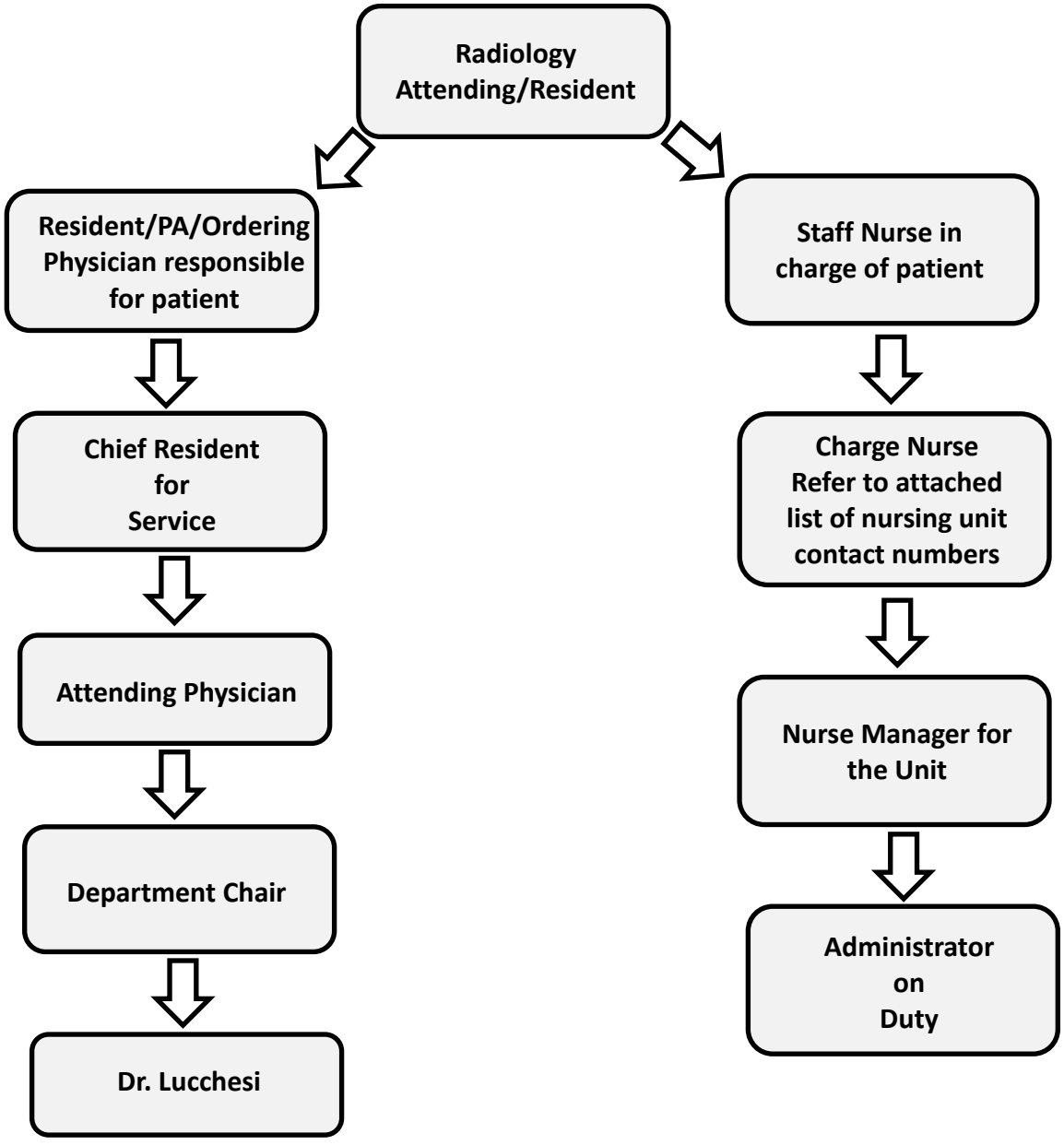
VIII. REFERENCES:

TJC Standards
UHB Policies (PTSAF-14) *Timeliness of Critical Test Results*
(PTSAF-9) *Documentation of Verbal Telephone*

Date Reviewed	Revision Required (Circle One)		Responsible Staff Name and Title
05/08		No	James Shanahan, Radiology Administrator
09/16	Yes		Vincent Monte, Associate Director of Radiology

Critical Finding's – Escalation Tree

ALL CRITICAL FINDINGS MUST BE REPORTED TO A QUALIFIED CLINICIAN. IF THE INTREPRETING PHYSICIAN IS UNABLE TO CONTACT THE APPROPRIATE CLINICIAN AND COMMUNICATE THE FINDINGS, THE FOLLOWING SEQUENCE OF CONTACTS MUST BE INITIATED. Note: use either route of contacts/allow 15 minutes after initial contact fails before progressing to next contact in sequence.



Nursing District Contact Phone Numbers

Nursing Station	District Number	Room Number	Phone Number
NS 52/Non-Telemetry Unit			
	District 5	**Charge Nurse**	**Phone #5 (718) 804-9711**
	District 1	620A-623A	Phone #1 (718) 804-9707
	District 2	6238-627A	Phone #2 (718) 804-9708
	District 3	6278-5338	Phone #3 (718) 804-9709
	District 4	634A-639	Phone #4 (718) 804-9710
	Step Down	636 & 637	Phone #6 (718) 804-9712
N5 51/Telemetry Unit			
	District 5	**Charge Nurse**	**Phone #5 (718) 804-9700**
	District 1	601A-6048	Phone #1 (718) 804-9701
	District 2	605A-6088	Phone #2 (718) 804-9702
	District 3	609A-6128	Phone #3 (718) 804-9703
	District 4	613A-6168	Phone #4 (718) 804-9704
	District 5	617-619	Phone #5 (718) 804-9705
NS72			
	District 1	**Charge Nurse**	**Phone #1 (718) 804-9540**
	District 2	728A-7308	Phone #2 (718) 804-9641
	District 3	731A-7338	Phone #3 (718) 804-9642
	District 4	736A-7388	Phone #4 (718) 804-9643
NS 71/73 Non-Telemetry Unit			
	District 4	**Charge Nurse**	**Phone #4 (718) 804-9534**
	District 1	705-709A	Phone #1 (718) 804-9636
	District 2	7098-714A	Phone #2 (718) 804-9637
	District 3	7148-717	Phone #3 (718) 804-9638
	Neuro Step Down	715	Phone #5 (718) 804-9639
	Stroke	708	Phone #5 (718) 804-9639
NS81/GSD			
	District 5	**Charge Nurse**	**Phone #5 (718) 804-9595**
	District 1	801-803	Phone #1 (718) 804-9692
	District 2	804-806	Phone #2 (718) 804-9693
	District 3	808-810	Phone #3 (718) 804-9694
	Step Down GSD	807	Phone #4 (718) 804-9695
	Step Down/Ventilator	637/638	Phone #6 (718) 804-9697
NS82			
	District 1	**Charge Nurse**	**Phone #1 (718) 804-9544**
	District 2	839-843	Phone #2 (718) 804-9645
	District 3	830-831 & 836-838	Phone #3 (718) 804-9646
	District 4	825-829	Phone #4 (718) 804-9647
	District 5	820-824	Phone #5 (718) 804-9648
	District 6	832-835	Phone #6 (718) 804-9649
CPCU			
	District 1	**Charge Nurse**	**Phone #1 (718) 804-9686**
	District 2	811-8168	Phone #2 (718) 804-9687
	District 3	871A-8198	Phone #3 (718) 804-9688
	District 4	814 Step Down	Phone #4 (718) 804-9689
	District 5	815 Step Down	Phone #5 (718) 804-9690
	District 6	Float	Phone #6 (718) 804-9691

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