SUNY DOWNSTATE MEDICAL CENTER

UNIVERSITY HOSPITAL OF BROOKLYN POLICY AND PROCEDURE

No: X-RAY-10

Page 1 of 2 **Subject: PRE-ADMISSION TESTING** Original Issue Date: 1/2001 Supersedes: 9/2013 Prepared by: Charles Carbone **Effective Date:** 1/2015 Reviewed by: Donna McKenzie, EMBA. T.J.C. Standards: PC.01.03. 01 The patient's care, treatment, and services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing. **PC.01.02.15** Diagnostic testing and procedures are performed within time frames defined by the hospital. Related Policies No (PAT-01) Pre-Admission Testing Approved by: Deborah Reede, M.D. (PTSAF-14) Timeliness of Critical Test Results Harry Zinn, M.D. Issued by: Radiology Department

I. PURPOSE

To ensure prompt interpretation of study to ensure accurate diagnoses and effective treatment.

II. DEFINITION

Pre-Admission Testing (PAT) is done prior to scheduled procedures, including surgery, or scheduled admissions to the hospital.

III. POLICY

Radiology Department recognizes the importance of prompt review and communication of test results to ensure accurate diagnoses, effective attention and treatment, for optimal patient care. All pre admission studies shall be imaged and read in an expedited manner.

IV. PROCEDURES / GUIDELINES

Orders are presented to the front desk in the Radiology Department by the patient, or accessed electronically from the Radiology Information System (R.I.S).

All Pre testing request requires a written or electronic physician order

- 1. Patient requests are to be labeled as PRE-ADM
- 2. These requests will be processed in the R.I.S. to be billed electronically.
- 3. Test results will be communicated to the ordering physician.
- 4. Results are entered in SYNS-PACS for viewing as needed by clinicians.

V. ATTACHMENTS

None

VI. REASON FOR REVISION

Review

VII. REFERENCES

- Joint Commission Standards
- PAT-01 pre Admission Testing Safety (http://www.downstate.edu/regulatory/pdf/policies/PAT-01.pdf)

(PTSAF-14) Timeliness of Critical Test Results

Date Reviewed	Revision Required (Check One)		Responsible Staff Name and Title
9/2001	Yes		Charles Carbone, Assoc. Dir. Radiology
6/2008	Yes	(No)	Charles Carbone, Assoc. Dir. Radiology
9/2013	Yes	(No)	Charles Carbone, Assoc. Dir. Radiology
1/15	(Yes)	No	Charles Carbone, Assoc. Dir. Radiology