

Critical Test Results

The purpose of this guideline is to define MRG's procedure for interpretation, communication, and documentation of Critical Test Results.

Scope

This guideline applies to any exam interpreted by a MRG Radiologist which meets the Critical Test Result criteria. A copy of this guideline will be distributed to the contracted hospitals for reference and auditing purposes.

Policy

- Radiologist shall interpret the images, make a diagnosis, and determine if the diagnosis is a "Critical Test Result."
- Critical Test Results are defined as:
 - New or Increased Spinal Cord Compression
 - New or Increased Intracranial Bleed and/or Significant Mass Effect
 - New Pulmonary Embolus (High Probability VQ Scan)
 - Unstable Spinal Fracture
 - New Tuberculosis (TB)
 - New or Unexpected Pneumothorax
 - New or Increased Pneumoperitoneum
 - Ruptured Abdominal Aortic Aneurysm
- Any mention of these findings in the final report, regardless of significance, must be reported as a Critical Test Result.
 - Radiologist will call the referring physician and communicate the critical results within 1 hour
 - The radiologist must include the following information in the final report:
 - Call report date
 - Call report time
 - To whom results were communicated
 - Method of communication
 - Radiologist should use the auto-text command, "COMMUNICATION." Required information will auto-populate into the report.
- Exclusions and additional information
 - Pneumothoraces dictated with chest tubes already present are excluded
 - Pneumothoraces dictated post procedure by performing interventionalist are excluded
 - Dictated "expected" free air findings post surgery or procedure are excluded
 - Tuberculosis included in a differential of possible diagnoses is excluded
 - High probability nuclear medicine VQ scans should follow the same process as a new PE

Critical Results reporting verbally in order of operation

We are required to contact the ordering and/or attending physician with critical result

Process:

1. Place Critical Results note in Zvision, ISC then finds ordering or attending Physician to make contact.
 - In hospital-may contact hospitalist
 - In clinic ask for Physician

No Answer :

- Contact Charge Nurse and enlist assistance to have Physician contact you.
- Information may be relayed to Nurse for expedited care but ultimately **we must speak with a physician.**