REPORTING IMAGING TEST RESULTS

1. PURPOSE: This memorandum defines VASDHS' policy regarding communication of patient test results to practitioners and to patients.

2. POLICY: It is VHA policy that test results be communicated to the ordering practitioner, or surrogate, within a timeframe allowing prompt attention and appropriate clinical action to be taken, and that the ordering practitioner further confidentially communicates test results to patients, so that they may participate in health care decisions.

3. DEFINITIONS: These definitions are provided for implementation of this policy and don’t necessarily coincide with any other common use of these terms.

   (a) **Ordering Practitioner** - An Ordering Practitioner is a practitioner authorized to enter and sign orders for diagnostic tests by privileges or acting under a scope of clinical practice.

   (b) **Preceptor** - A Preceptor is a licensed independent practitioner who supervises the ordering of tests by residents, or by other practitioners authorized to order tests under a scope of clinical practice.

   (c) **Diagnostic Practitioner** - A Diagnostic Practitioner is a physician who performs or supervises the performance and interpretation of diagnostic tests by privileges or acting under a scope of practice.

   (d) **Surrogates Practitioner** - Surrogates Practitioner is defined as a practitioner who may take further, appropriate diagnostic or therapeutic action.

   (e) **Test Result** – Test results include the results of diagnostic imaging, and diagnostic procedures

   (f) **Critical Test** – A Critical Test is a specific test(s) selected by the organization that must be completed, turned around, communicated immediately, regardless of the results. (Attachment B)  *(Note: STAT tests are not necessarily critical tests.)*

   (g) **Critical Test Result** - A Critical Test Result is a diagnostic finding that is associated with a high likelihood of short-term poor outcome and requires either immediate therapeutic intervention or close monitoring. (Attachment B)

   (h) **Abnormal Test Result** - An Abnormal Test Result is a diagnostic finding that requires attention by the ordering practitioner, but not necessarily in an immediate time frame. (Attachment B)
(i) **Direct Communication** - Direct Communication is the transmission of test results by direct, non-electronic dialogue between the diagnostic practitioner and the ordering practitioner, or surrogate practitioner, by telephone or face-to-face conversation, or hand carried report.

(j) **Electronic Communication** - Electronic Communication is the transmission of test results by electronic means (e.g., view alerts, e-mail, FAX, etc.).

(k) **Personal Representative** – A personal representative is a person who under applicable law has authority to act on behalf of the individual. This may include power of attorney, legal guardianship of an individual, the executor of the estate of a deceased individual, or someone under Federal, state, local or tribal law with such authority (e.g., parent of a minor).

4. **RESPONSIBILITIES:**

(a) **Medical Center Director** is responsible for:
   (1) Ensuring that a system of surrogate practitioners is in place in the event that the ordering practitioner is not available. Surrogate practitioners could include preceptors, supervisors, and service chiefs.
   (2) Ensuring that periodic monitors are made of communicating results to document adherence to VHA and local policies.

(b) **Chief of Staff** is responsible for:
   (1) Reviewing monitors of test result communication.
   (2) Resolving process deficiencies with Service Chiefs.
   (3) Ensuring the facility clinical service chiefs establish a chain of responsibility within their service for receipt of test results and communication of results to patients.

(c) **Service Chiefs** are responsible for:
   (1) Establishing a chain of responsibility for receipt of test results.
   (2) Ensuring that the “New Person file” in VISTA contains appropriate contact information (e.g., pager numbers) for all ordering providers. Instructions are included under Attachment A.
   (3) Providing Radiology Service with an up to date list of names, pager numbers and phone numbers of providers listed in the verbal communication cascade as outlined below.

(d) **Radiology Service Chief** is responsible for:
   (1) Reviewing and updating the critical result list with approval of the Medical Executive Council.
   (2) Instructing staff regarding policies and procedures for communication of Imaging test results.
   (3) Ensuring that a quarterly audit of timeliness and appropriateness of communication of radiology results is performed and taking action when the audit shows an unsafe reporting practice.
(e) **Imaging ADPACS** are responsible for:

(1) Ensuring that parameters for Diagnostic Codes are appropriately set to issue mandatory View Alerts.

(f) **Ordering Practitioners** are responsible for:

(1) Placing the initial order with appropriate contact information for themselves and their surrogate preceptor, when applicable.

(2) Communicate to the patient pending image orders with expected timeframe for completion.

(3) Initiating appropriate clinical action and following-up on the results of any orders which they have placed.

(4) Assigning a surrogate to receive critical and/or abnormal test result notifications when unavailable to review results in a timely manner.

(5) Writing down and giving a verbal “read-back” of the complete critical results to the person providing the test result for verification purposes.

(6) Documenting, in the medical record, treatment actions in response to critical and/or abnormal test results.

(7) Results are communicated to patients no later than 14 calendar days from the date on which the results are available to the ordering practitioner. Significant abnormalities may require review and communication in shorter timeframes and 14-days represents the outer acceptable limit. For abnormalities that require immediate attention, the 14-day limit is irrelevant, as the communication should occur in the timeframe that minimizes risk to patient.

(8) Tests ordered while the patient is an inpatient, but results reported after discharge is treated as outpatient tests.

(9) If the patient lacks decision making capacity, results will be communicated to the personal representative of the patient as defined in this policy (3, (k)).

(10) Communication with patients can occur in person, by telephone or in writing. Once established, secure messaging through MyHealthVet is an acceptable method of communication. Until approved secure messaging systems have been established by VHA, no patient identifiable information is to be communicated to patients by email.

(11) Document that the communication was received and understood, for communications where it is important for the patient to quickly take some kind of action, such as a change in medication or a return to the medical center for further evaluation.

(12) Communication of test results to patients outside of the setting of an outpatient visit is documented in the medical record.

(13) The results are communicated by licensed or certified health care staff. It is not required that the ordering practitioner personally communicate every result, but this task may be delegated to other licensed health care staff when clinically appropriate.

(14) When tests are ordered by residents, the perceptor has the responsibility for ensuring that the required communication and documentation occurs.
(15) When, despite best efforts, it is not possible to contact the patient (e.g., the patient has moved and left no contact information), all attempts to communicate with the patient are documented in medical record.

(g) **Diagnostic Practitioners** are responsible for:

1. Ensuring that verified test result reports are available in the medical record in a timely manner;
2. Identifying and communicating, or ensuring that critical test results are communicated to the ordering practitioner, the practitioner's surrogate, or the supervisor, as appropriate;
3. Documenting the time and means of such communication, and the name of the practitioner contacted, in the medical record;
4. Obtaining and recording the “read-back” from the ordering provider for critical results;
5. Identifying and communicating abnormal test results, using direct or electronic communication;
6. Knowing which Diagnostic Codes trigger a mandatory View Alert.

(Attachment D)

5. **PROCEDURES:**

   a) **Critical Results** - Critical Results must be transmitted by direct communication from the diagnostic practitioner, or surrogate, to the ordering practitioner or surrogate practitioner, and this communication must be documented in the Veterans Health Information Systems and Technology Architecture (VistA). Direct communication of the critical result will occur within one hour of identification of the result by the Diagnostic Practitioner. If the ordering practitioner is not available, communication needs to be made to the ordering practitioner’s surrogate, as established by the Verbal Communication Cascade (Attachment C). The ordering practitioner or surrogate must document receipt of this information, as well as any changes to the care plan. Critical results need to be communicated to the patient as appropriate. **NOTE:** The term “as appropriate” as applied in the context of this policy means that unless the patient is unable to comprehend and participate in health care decisions, the results of the tests need to be communicated to the patient. If the patient is unable to comprehend and participate in health care decisions, the authorized next-of-kin, or legal guardian, must be kept informed.

   b) **Critical Test** – Critical tests must be completed, turned around, and communicated, regardless of the results, within the time period defined in Attachment B.

   c) **Abnormal Results** - Abnormal test results may be transmitted from the diagnostic practitioner, or surrogate, to the ordering practitioner, or surrogate, by direct or electronic communication. The ordering practitioner, or surrogate, needs to document any change in care plan. Abnormal results need to be communicated to the patient, as appropriate.
(d) **Test Results that are Neither Critical Nor Abnormal** - Results that are neither critical nor abnormal may be communicated to the ordering practitioner, or surrogate, per existing standard operating procedures. Results are communicated to patients no later than 14 calendar days from the date on which the results are available to the ordering practitioner.

6. **REFERENCE(S):**

   - VHA DIRECTIVE 2009-019, March 24, 2009
   - ACR Practice Guideline for Communication of Diagnostic Imaging Findings. Revised 2005 (Res. 11) Effective 10/01/05

7. **REVIEW DATE:** May 2012

8. **FOLLOW-UP RESPONSIBILITY:** Chief, Radiology Service (114)

9. **RESCISSION:** June 2007

10. **DATE APPROVED BY MEC:**

Cynthia E. Abair, MHA
Acting Director

Attachment A - Electronic Signature Code
Attachment B - Critical Test Results / Abnormal Test Results / Critical Test
Attachment C - Verbal Communication Cascade
Attachment D - Diagnostic Codes

Distribution: DocuShare
Attachment A - **Electronic Signature Code**

Follow these instructions for entering or changing your pager or cell phone numbers:

Before you can sign electronic progress notes, orders, consult requests or use the computerized record system (CPRS), you must have an electronic signature code. This is set up through menus in the VISTA system. If you do not have an electronic signature, or need to change pager number or title, follow these instructions:

- Log onto the VISTA
- At any prompt on your VISTA menu, enter **TBOX** (for Tool Box).
- Type **EL** (for Electronic Signature). You will be prompted for your initials, signature block, title, **phone number**, **pager number**, and electronic signature code. USE ALL CAPS when entering your signature code. It must be at least 6 characters (letters or numbers).
  
  **HINT:** Keep it short-you'll use it often.
  
  **NOTE:** It is not necessary to use all caps when electronically signing your documents. Make sure that your electronic signature title block accurately identifies your Service and role (e.g. Surgery Resident, Psychiatry Intern, or Cardiology Fellow). The information you enter here will show up on all signed documents.

- If you do not want to change your signature code, only your **pager** or title, etc. then type Enter when prompted for Signature Code; otherwise, you will be forced to change your code.

Call the Help Desk, ext. 4767, for assistance.
<table>
<thead>
<tr>
<th>Anatomical Area</th>
<th>Critical Test Results Category Conditions*</th>
<th>Abnormal Test Results Category Conditions*</th>
<th>Critical Test Complete Alert within 3 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNS</td>
<td>Cerebral hemorrhage/hematoma</td>
<td>Brain tumor (no mass effect)</td>
<td>CT of the head for stroke codes</td>
</tr>
<tr>
<td></td>
<td>Brain tumor (mass effect)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acute stroke</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Depressed skull fracture</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cervical spine fracture</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spinal cord compression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td>Epiglottitis</td>
<td>Biopsy recommendation on mammogram</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carotid artery dissection</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Critical carotid stenosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest</td>
<td>Tension pneumothorax</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aortic dissection</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pulmonary embolism</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ruptured aneurysm or impending rupture</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mediastinal emphysema</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td>Free Air in abdomen (if no recent surgeries)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ischemic bowel</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Appendicitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Portal venous air</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Volvulus</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Traumatic visceral injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Retroperitoneal hemorrhage</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bowel obstruction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uro-genital</td>
<td>Ectopic pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Placental abruption</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Placental Previa near term</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Testicular or ovarian Torsion</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fetal demise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vascular</td>
<td>DVT or vascular occlusion</td>
<td>New finding suggestive of new fracture (other than those described in Critical Category)</td>
<td></td>
</tr>
<tr>
<td>Bone</td>
<td>Significant Line/ or Tube misplacement (e.g. feeding tube in airway)</td>
<td>New finding highly suggestive of malignancy (e.g. new nodule on CXR, diffuse lymphadenopathy on abdominal CT)</td>
<td></td>
</tr>
</tbody>
</table>

* Radiologists only need to treat these conditions as 'critical or abnormal' if:
i) There is a high degree of certainty that the patient has one of these conditions, and
ii) There is a reasonable chance that the ordering provider was not aware of the condition when the test was ordered.
Attachment C - Verbal Communication Cascade

The following Verbal Communication Cascade will be followed when a patient’s finding is critical and the ordering clinician cannot be contacted.

(1) For the La Jolla VA Medical Center, the order of notification is as follows:

   (a) Monday through Friday between 8:00 a.m. and 5:00 p.m.:

      1. The ordering intern, resident or attending staff physician (call R.N. only in MICU, SICU, or DOU).

      2. Chief Resident in Medicine, Surgery, Psychiatry or Neurology.

      3. Service Chief or Section Chief

   (b) Saturday, Sunday, holidays, and weekdays between 5:00 p.m. and 8:00 a.m.:

      1. As above under (a) 1.

      2. Resident on-call

      3. Attending physician

      4. Medical Admitting Officer of the Day (MAOD)

(2) For the Mission Valley, South Bay and North County Community Outpatient clinics, the order of notification is as follows:

   (a) Monday through Friday between 8:00 a.m. and 5:00 p.m.:

      1. Ordering physician/nurse practitioner/physician’s assistant.

      2. Outpatient Chief Resident in Medicine or Chief Resident in Psychiatry, Neurology, or specific Surgery Sections.

      3. UCC/ED Attending at ext. 2345.

   (b) Saturday, Sunday, holidays, and weekdays between 5:00 p.m. and 8:00 a.m.

      1. UCC/ED Medical Admitting Officer of the Day (MAOD) at ext. 2292

      2. UCC/ED Registered Nurse at ext. 2292

(3) For the Escondido Contract Clinic, the order of notification is as follows:
(a) Alexandru Mihalachi, MD
   Office: (760) 466-7020 x116

Mark Brodsky, MD
Office: (760) 466-7020 x104

(b) Saturday, Sunday, holidays, and weekdays between 5:00 p.m. and 8:00 a.m.

1. UCC/ED Medical Admitting Officer of the Day (MAOD) at ext. 2292

2. UCC/ED Registered Nurse at ext. 2292

(4) For the El Centro Contract Clinic, the order of notification is as follows:

(a) Taikeun Park, MD
   Office: (760) 352-1506

Susan Weeks, NP
Office: (760) 352-1506

(b) Saturday, Sunday, holidays, and weekdays between 5:00 p.m. and 8:00 a.m.

1. UCC/ED Medical Admitting Officer of the Day (MAOD) at ext. 2292

2. UCC/ED Registered Nurse at ext. 2292

(5) Each Service or Section is responsible for providing Radiology Service with an up to date list of names, pager numbers and phone numbers of providers defined in the verbal communication cascade listed above.

(6) All critical result notifications will be documented in the radiology report.
Attachment D - Diagnostic Codes

The following Diagnostic Codes trigger a mandatory View Alert:

- Diagnostic Code 4 – Abnormality, Attention Needed
- Diagnostic Code 8 – Possible Malignancy, Follow-up Needed
- Diagnostic Code 13 – Suspicious Abnormality
- Diagnostic Code 16 – Follow-up Required

Diagnostic Codes may be initiated on VistA and CPRS in one of three ways:

- Dictating “diagnostic code 4, 8, 13, or 16” to the transcriptionist at the end of the report.
- Typing in “4, 8, 13, or 16” for the Diagnostic Code after signing the radiology report.
- Inputting the diagnostic code utilizing Talk-Tech.