

Communication of Urgent or Significant Unexpected Findings in Medical Imaging

Purpose

To provide physicians with a standard for communication of urgent or significant unexpected findings from diagnostic imaging that could result in mortality or significant morbidity, to ensure results are communicated timely and accurately to optimize patient care.

Site Applicability

This standard is applicable to all Medical Imaging (MI) departments within Lower Mainland Medical Imaging (LMMI) across Fraser Health (FH), Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH).

Practice Level

MI Staff: Physicians, residents and fellows who report medical imaging examinations or procedures.

Requirements

It is a requirement of medical imaging for physicians to communicate urgent or significant unexpected findings to referring clinicians or an appropriate representative in accordance with the Canadian Association of Radiologists standards "[CAR Standard for Communication of Diagnostic Imaging Findings](#)". This may require the direct communication with referring physician/clinician or directly with the patient in circumstances when a physician/clinician is unavailable in advance of the formal written report. These include:

- detection of conditions carrying the risk of acute morbidity and/or mortality which may require immediate case management decisions.
- detection of disease sufficiently serious that it may require prompt notification of the patient, clinical evaluation or initiation of treatment.
- detection of life or limb threatening abnormalities which might not have been anticipated by the referring physician or clinician.
- any clinically significant discrepancy between an emergency or preliminary report and the final written report should be promptly reconciled by direct communication to the referring physician, clinician or their representative.

Need to Know

It is a mandatory [Diagnostic Accreditation Program](#) accreditation standard (GM9.2) of the College of Physicians & Surgeons of British Columbia, Canada that urgent and other non-routine examination findings are effectively communicated and that contingency plans are available if medical staff cannot be contacted for urgent and critical findings.

STANDARD

ABCD-21-15-90170

Standard

- Appropriate medical staff (e.g. referring physician or clinician) is notified immediately by direct means for urgent or significant unexpected findings.
- In circumstances when the referring physician, clinician or appropriate representative is unavailable, the physician has the obligation to ensure the patient is properly cared for. This may involve other actions that best serve the patient's well being which may include but is not limited to contacting one of the below persons:
 - a clinician that is covering for the referring clinician
 - other healthcare professionals involved in the patients care (e.g. nurse)
 - the patient directly and advising them to go to the emergency department, appropriate clinic or another healthcare professional's office
- The physician verifies that urgent or significant unexpected findings have been completely and accurately received, such as reading back the results.
- Urgent or significant unexpected findings are documented in the patients medical record (e.g. diagnostic imaging report)
- The person notified of the urgent or significant unexpected finding is documented in the patient's medical record (e.g. diagnostic imaging report) including the date, time and method that the findings were communicated.
- If efforts to communicate results are exhausted and the physician is unable to successfully reach appropriate medical staff, other health care professionals or the patient directly, this should be documented in the patient's medical record (e.g. diagnostic imaging report).

Documentation

- Documentation of communication of urgent or significant findings to **medical staff** to include but is not limited to:
 - Name of medical staff to whom the findings were communicated
 - Date and time when the findings were communicated
 - Method of communication (e.g. in person, phone, virtual video, text, etc.)

Example: *"Critical findings were communicated by Dr. Radiologist to Dr. Surgeon via telephone at 5 PM on Wednesday, January 15th, 2022".*

- Documentation of communication of urgent or significant findings when **medical staff is not available** to include but is not limited to:
 - Name of patient or appropriate representative (e.g. parent, guardian, social worker, other healthcare professional) to whom the findings were communicated
 - Date and time when the findings were communicated
 - Method of communication

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- (e.g. in person, phone, virtual video, text, etc.)
- Additional details of the communication
 - (e.g. go to nearest emergency department, contact referring physician for more information etc.).

Example: “Critical findings were communicated by Dr. Radiologist to [Name of Patient or Representative] via telephone at 5 PM on Wednesday, January 15th, 2022 and instructed to go to the emergency department”.

Evaluation

Audits of communication of urgent or significant unexpected findings may be performed for the purposes of quality improvement.

Related Documents

None

References

BC College of Physicians and Surgeons. Diagnostic Accreditation Program Standards (2022). GM9.2.

Retrieved from: <https://www.cpsbc.ca/files/pdf/DAP-AS-Diagnostic-Imaging-V1.7.pdf>

Canadian Association of Radiologists. CAR Standard for Communication of Diagnostic Imaging Findings (2010). Retrieved from: <https://car.ca/wp-content/uploads/Communication-of-Diagnostic-Imaging-Findings.pdf>

Interior Health Authority. Medical Imaging Critical Results/Unusual Findings Notifications (2019).

Northern Health Authority. Medical Imaging Interpretation and Reports (2019).

Definitions

None

STANDARD

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	1.0	12-NOV-2017	Initial Release: MIPC0550 VCH: CA_6300; PHC: CPV1700; PHSA: LMMI-150; FH: 01-2694	E.Jongedijk Regional Manager, Quality
	2.0	11-AUG-2022	Moved to new SHOP template Changed from "Policy" to "Practice Standard" Added in contingency plans if medical staff cannot be contacted New document number: ABCD-21-15-90170	E.Jongedijk Director Quality and Informatics

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