



Provincial Health Services Authority

INCOMPLETE EXAM PROTOCOL: BREAST SCREENING

(Eligibility – SB 090)

Summary of Changes

	NEW	Previous
BC Cancer		November 2017, Feb 2019, May 2010

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1. Introduction

1.1 Focus

The focus of this protocol is to provide guiding principles on handling of participant exams that are defined as an incomplete exam.

1.2 Health Organization Site Applicability

- All Breast Screening Centre Staff
- Client Services Centre Staff

1.3 Practice Level

Chief Technologists, MagView Super Users, Radiologists, Clerks

2. Protocol

Any images that were completed, even if compromised must be reviewed by a Radiologist to determine if any abnormalities can be assessed based upon the views available.

Scenario 1 - Screening exam is unable to be completed due to a participant event or equipment issue, technologist may 'put study on hold' if case will be completed at a later date (i.e. within two weeks. – Refer to **Scenario 1** procedure seen in MVC 010.

- If participant does not return within 30 days for completion of exam, then the case should be classified as *Scenario 3*.

Scenario 2 – Participant completes tablet survey but leaves centre before any history or images could be taken. Exam not started by Technologist. – Refer to **Scenario 2** procedure seen in MVC 010.

Scenario 3 – Screening exam not completed due to participant refusal or other event. Participant will not be returning to complete inadequate or compromised images. Some images taken but not a complete exam.

PROTOCOL FOR INCOMPLETE EXAM - SCENARIO 3

Technologists:

- 1) Document appropriate comments in the '**Comments for the Radiologist**' section on the **Exam** tab of the participant's study file in MagView.

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- In capital letters, explain why the exam could not be completed and what views were obtained.

Comments for the Radiologists:

INCOMPLETE EXAM, PATIENT MEDICALLY UNFIT TO COMPLETE.
TWO IMAGES TAKEN ONLY - RCC AND LCC, REVIEWD BY DR. LOW

- 2) Technologist also fills out an 'Incomplete Exam Notice Form' with help from the Chief Technologist to determine if a 'Referral Update Form' is necessary and sends both forms to Client Services.

Note: Any images must be reviewed by the Radiologist to determine if any abnormalities can be assessed.

A. If an **ABNORMALITY** is seen,

Existing Images Reveal	#	Workflow	Role
ABNORMALITY	(a)	<p>The Screener should follow the guided workflow for reporting in MagView and include an 'IMP Note' explaining which of the four standard views could be reviewed and limitations of the exam.</p>	Radiologist

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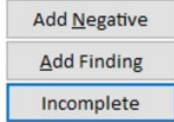
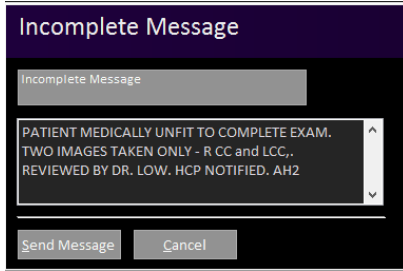
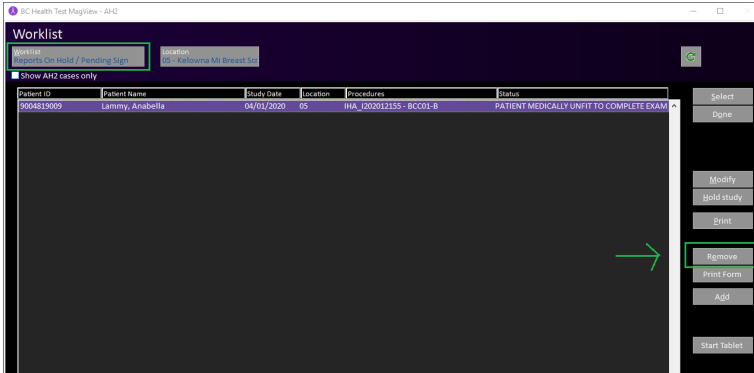
		<p>HISTORY: Patient is 44 years old and is seen for screening. The patient has no family history of breast cancer.</p> <p>FILMS COMPARED: The present examination has been compared to prior imaging studies.</p> <p>MAMMOGRAM FINDINGS: The following mammographic views were obtained: bilateral craniocaudal and mediolateral oblique.</p> <p>Breast Density - BI-RADS A - The breasts are almost entirely fatty.</p> <p>There is a mass in the middle of the right breast lower outer quadrant at 8 o'clock.</p> <p>In the left breast, no suspicious masses, calcifications or other abnormalities are seen.</p> <p>IMPRESSION: Mass in the right breast requires additional evaluation. Mammo +/- Ultrasound is recommended. <u>INCOMPLETE EXAM. PATIENT MEDICALLY UNFIT TO COMPLETE. TWO IMAGES REVIEWED - RCC AND LCC, BY DR. LOW. HCP NOTIFIED.</u></p> <p>SUSPICION INDEX: Finding 1: Medium Suspicion</p> <p>BI-RADS Category 0: Incomplete: Needs Additional Imaging Evaluation</p> <p>Radiologist : AH</p>	
	(b)	<p>Fill out a 'Incomplete Exam Notice Form', (example attached).</p> <p>I. Fax completed Page 1, to the participant's primary care provider (PCP)</p> <p>II. Fax completed Page 1 and 2, to Client Services.</p>	Chief Technologist
	(c)	<p>If the participant is unfit to return to the screening program in the future - fill out a 'Referral Update Form'</p>	Chief Technologist

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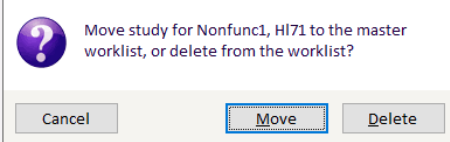
B. If existing images appear **NORMAL** – **RADIOLOGIST DOES NOT REPORT.**

Existing Images Appear	#	Workflow	Role
NORMAL	(a)	<p>The MagView Super User should follow the process below in MagView:</p> <ol style="list-style-type: none"> Click on 'Incomplete' button on the 'Findings' tab of the participant's file in MagView.  <ol style="list-style-type: none"> In Incomplete Message pop up, specify the reason why the exam could not be completed, what views were obtained and reviewed (i.e. in example below RCC and LCC). Click 'Send Message'.  <ol style="list-style-type: none"> Exam should display on 'Reports On Hold' worksheet, select the incomplete participant exam from the list and select the 'Remove' icon from the right column: 	Chief Technologist or MagView Super User

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	<p>iv. Select 'Move' icon. The study will be moved from the 'Reports on Hold' worklist and placed onto the 'Master' worklist so information about the appointment will be retained in MagView but will not affect the 'Pending Report' or 'Reports On Hold' worklists.</p> <div data-bbox="662 394 1109 535">  </div> <p>v. In RIS - Change the status of the screening exam orderable to 'Incomplete' or whatever status is used at your centre for these events.</p> <p>*Do <u>not</u> cancel the order as this will send a cancellation message to MagView and will remove the study from the participant's medical record.</p> <p>vi. Fill out an 'Incomplete Exam Notice Form', (example attached). 1) Fax completed Page 1, to the participant's primary care provider (PCP) 2) Fax completed Page 1 and 2, to Client Services.</p> <p>vii. If the participant is unfit to return to screening in the future the Chief Technologist must fill out a 'Referral Update Form'</p>	
	<p>(b) Once the participant study is moved successfully to the 'Master' worklist in MagView and the RIS orderable, change in status to Incomplete has occurred:</p> <p>viii. Cancel the existing participant appointment in the Breast Screening Booking Application CASCADE – include a comment documenting what happened (i.e. exam is incomplete, what actions were done, Radiologist reviewed existing images, forms sent out, etc.) to allow for future bookings, if needed.</p>	Clerical

2.6 Documentation

If a screening examination is unable to be completed due to Screenee (participant) compliance or other circumstances, the technologist must document in the "Comments for the Radiologist" box on the Exam tab of the participant's file in MagView why the exam could not be completed.

The 'Incomplete' exam/images should be retained on the participant's file in MagView and PACS, for future review, as it is part of the medical legal record of the participant.

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An '[Incomplete Exam Notice Form](#)' must be completed. If indicated, the *Unusual Occurrence* and *Referral Update* forms should also be completed and forwarded to Breast Screening Client Services ([SA 030](#))

3. Related Documents

[Incomplete Exam Notice Form](#)

[Referral Update Form](#)

MVC 010 – Incomplete Exam

[SA 030 – Unusual Occurrences and Incident Reporting](#)

[Unusual Occurrence Form](#)

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Approving Body:	Breast Screening Quality Management Committee		
Final Sign Off:	Name	Title	Date Signed
	Dr. Colin Mar	Breast Screening Medical Director	31-JAN-2023
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Owner(s):	Amanda Hunter	Provincial Practice Leader	
	Janette Sam	Operations Director	
Posted Date:	17-FEB-2023		
Version:	2.0		
Revision:	Name of Reviser	Description	Date
	Amanda Hunter – Provincial Practice Leader	MagView workflows, Terminology and Formatting	26-JAN-2023

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