

Unrequested Exam Performed in Medical Imaging: Reporting Procedure

Purpose

This document provides Medical Imaging (MI) physicians and staff with a procedure to ensure exams performed in error on a patient in Medical Imaging (MI), that were not requested by an ordering provider (i.e. [unrequested exam](#)), are reported.

Site Applicability

This procedure applies to Lower Mainland Medical Imaging (LMMI) staff within Fraser Health (FH), Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH).

Practice Level

Profession:	Responsibilities:
All Medical Imaging staff	<ul style="list-style-type: none"> Ensure unrequested exams are appropriately submitted for a full read and report to an MI physician/ radiologist Ensure unrequested exams are reported in the Patient Safety and Learning System (PSLS)
Radiologists, NM Physicians and Cardiologists	<ul style="list-style-type: none"> Perform a full read and report MI exams that are performed in error on a patient that were not requested by an ordering provider.

Requirements

It is policy in FH, PHC, PHSA and VCH that healthcare providers disclose patient safety incidents to those affected as they occur (see [VCH Disclosure of Patient Safety Incidents](#) as an example of an HA policy). Staff must refer to their health organization's policy regarding the "disclosure of patient safety incidents".

Need to Know

Medical Imaging is committed to creating a culture of safety for our patients. Risk management has advised that unrequested exams require an associated physician report that includes a full read of the images.

[Unrequested exams](#) in MI refer to exams performed on a patient that were not requested by an ordering provider and should not have been performed. Examples include but are not limited to:

- Exams/procedures performed on incorrect patient
- Incorrect exam or procedure performed on a patient
- Exam/procedure performed on incorrect side of the patient
- Exam/procedure performed on incorrect site/body part of the patient

Exclusion

This procedure is not applicable to exams performed as a result of an error within the ordering provider's request.

Example:

The ordering provider requests an x-ray of patient's left foot
 The Technologist performs x-ray on left foot
 The radiologist reports x-ray of left foot
 The ordering provider receives report of x-ray of left foot and then realizes the x-ray request should have been for the right foot
 This discrepancy is not an "[unrequested exam](#)"
 MI performed the request as ordered by the ordering provider

Procedure
Assessment

1. If there is a discrepancy between the requisition and the exam performed on the patient the [Procedure Workflow Prior to Radiologist Reporting](#) must be followed.

Examples of discrepancies are:

- Incorrect patient
- Incorrect exam or procedure
- Incorrect side
- Incorrect site/body part,

2. To identify the discrepancy:
 - a) Review the MI requisition for patient name and patient date of birth (DOB)
 - b) Review the exam requested including site/side, modality and history provided

Procedure Workflow Prior to Radiologist Reporting

1. **Confirm Patient Name** in the radiology information system (RIS) is the same name as the name of the patient that had the exam performed
2. **Confirm Exam Name** in RIS is the same name as the exam performed (e.g: Rt Foot X-Ray)
3. **Medical Imaging Requisition**
 - 3.1 **For INCORRECT PATIENT, complete a new MI Requisition ([Appendix A](#))** for the unrequested exam and include:
 - a) **Patient demographics**
 - b) **Exam performed in the "exam requested" field**
 - c) **Unrequested Exam or Procedure in the "pertinent history" field**
 - d) **Ordering provider** is the most responsible physician (MRP) of the patient who had the [unrequested exam](#).
 - i. In Patients: MRP should be a physician within the hospital with copies to family physician
 - ii. Out Patients: MRP should be the patient's family physician or other physician currently providing care to the patient
 Note: For exams performed on the incorrect patient, the patient's family physician/MRP should be entered as the ordering provider
 - 3.2 **For INCORRECT SITE, SIDE, BODY PART or INCORRECT MODALITY, make use of the original requisition ([Appendix B](#))** to add in the technologist's comments box the statements:
 - a) "Unrequested Exam"
 - b) State the imaging performed in error

4. Scanning of the MI Requisition into PACS:

4.1 Incorrect Patient & [Unrequested Exam](#) completed:

- Scan the patient's new requisition into the Picture Archiving and Communication System (PACS)
- Confirm a requisition with other patient demographics is **not** in this patient's electronic medical record
- Inform Informatics Coordinator to ensure an incorrect requisition is deleted from all downstream systems (e.g. PDIV)

4.2 Correct Patient & [Unrequested Exam](#) completed:

- Confirm a copy of the original requisition has been amended with appropriate technologist's comments and is associated with the unrequested exam in this patient's electronic medical record.
- Inform Informatics Coordinator to ensure an incorrect requisition is deleted from all downstream systems (e.g. PDIV).

5. Technologist/Sonographer will **inform reporting radiologist/physician** that the exam was unrequested and performed in error. The technologist/sonographer who performed the exam in error will report the patient safety incident in the [Patient Safety and Learning System](#) (PSLS) and document disclosure in the appropriate field on the reporter form.

6. In addition to informing the reporting radiologist/physician, the technologist/sonographer will inform the Imaging Informatics Coordinator (IIC) responsible for billing via email that an unrequested exam was performed and that:

- unrequested exams will not be billed to MSP
- radiologist/physician will receive payment for reporting

Procedure Workflow for Radiologist Reporting

Reporting the exam is the responsibility of the radiologist/physician.

1. The radiologists will review all images and dictate a full report which includes a disclosure statement that the exam was unrequested and performed in error.

For example:

History/Indications: *Unrequested exam – Right shoulder ~~xray~~*

Findings: *Radiologist is required to read and report the images here*

- In the event that the report has abnormal findings, the radiologist must be aware that the patient's MRP is not expecting any MI results and the radiologist or delegate may need to directly communicate with the patient's MRP. In the event the patient's MRP is not available, the radiologist or delegate may need to directly communicate with the patient.
- For **urgent or significant unexpected findings**, the radiologist will follow steps outlined in the LMMI Standard "[Communication of Urgent or Significant Unexpected Findings](#)"

Evaluation

Quality Assurance reviews may be performed (e.g. PSLs, PACS, RIS)

Related Documents

Related Policies

- [Disclosure of Patient Safety Events PHSA Policy](#)
- [Disclosure of Patient Safety Events VCH Policy](#)
- [Disclosure of Serious Patient Safety Incidents PHC Policy](#)
- [Patient, Client, Resident Identification VPP Policy](#)
- [Patient Identification and Time Out LMMI Policy](#)
- [Patient Identification – Armbanding and Documentation FH Policy](#)
- [Patient Identification C&W](#)
- [Patient Safety Event Management FH Policy](#)

Guidelines/Procedures/Forms

- [Incorrect Request Reconciliation Prior to Imaging LMMI Procedure](#)
- [Image Demographics, Annotation\(s\) and Radiography Markers](#)

References

Canadian Association of Medical Radiation Technologists. Best Practice Guidelines for Patient Safety Incidents. Available from: <https://camrt-bpg.ca/patient-safety/pt-safety-incidents/patient-safety-incident-reporting/> [Accessed 06 OCT 2022]

Canadian Association of Radiologists. CAR Standard for Communicating of Diagnostic Imaging Findings (2010). Available from: <https://car.ca/wp-content/uploads/Communication-of-Diagnostic-Imaging-Findings.pdf> [Accessed 06 OCT 2022]

Canadian Patient Safety Institute. Canadian Disclosure Guidelines: Being open with patients and families 2011: Available from: <http://www.patientsafetyinstitute.ca/en/toolsResources/disclosure/Documents/CPSI%20Canadian%20Disclosure%20Guidelines.pdf#search=Canadian%20Disclosure%20Guidelines%3A%20Being%20open%20with%20patients%20and%20families> . [Accessed 06 OCT 2022]

Definitions

“Unrequested exams” in MI means exams or procedures that were performed on a patient that were not requested by an ordering provider and should not have been performed. Examples include but are not limited to:


- Exams/procedures performed on incorrect patient
- Incorrect exam or procedure performed on a patient
- Exam/procedure performed on incorrect side of the patient
- Exam/procedure performed on incorrect site of the patient

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APPENDIX A: Medical Imaging Requisition Example for INCORRECT PATIENT

The requisition that is generated for the unrequested exam should:

- Be completed by the technologist/sonographer
- Not be signed by a physician
- Be scanned into PACS with the corresponding unrequested exam performed

 MEDICAL IMAGING REQUISITION	
<input type="checkbox"/> X-Ray <input type="checkbox"/> CT <input type="checkbox"/> Ultrasound <input type="checkbox"/> Echo <input type="checkbox"/> Angiogram/Interventional <input type="checkbox"/> Nuclear Medicine	
Any Site <input type="checkbox"/> or Specify Site: _____ Appointment Date: _____ Time: _____	
PATIENT INFORMATION	PHN: _____ ICBC: _____ WCB: _____ Other: _____ Name: _____ Address: _____ Tel: _____ Other: _____ Date of Birth: _____ M <input type="checkbox"/> F <input type="checkbox"/> Previous Images? Location: _____
	PLACE MEDICAL IMAGING LABEL HERE Enter patient demographics here
	Escort Required <input type="checkbox"/> Nurse <input type="checkbox"/> Porter <input type="checkbox"/> Volunteer Mode of transport <input type="checkbox"/> Wheelchair <input type="checkbox"/> Stretcher <input type="checkbox"/> Bed Other <input type="checkbox"/> O ₂ <input type="checkbox"/> Isolation <input type="checkbox"/> Portable <input type="checkbox"/> IV Pump
	EXAM(s) REQUESTED: Enter exam performed here Physician should consult with Radiologist for Urgent and Stat cases
	PRIORITY <input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Stat
DOCTOR'S COMMENTS Able to give consent? <input type="checkbox"/> Yes <input type="checkbox"/> No If the patient does not speak English, an interpreter MUST accompany the patient	
Pt diabetic <input type="checkbox"/> Yes <input type="checkbox"/> No On metformin <input type="checkbox"/> Yes <input type="checkbox"/> No Breast Feeding <input type="checkbox"/> Yes <input type="checkbox"/> No Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No LMP _____ G _____ P _____ A _____ Height _____ Weight _____ Previous contrast reaction? _____	
PERTINENT HISTORY / MEDICATIONS: Unrequested exam or procedure	
Physician's signature: _____ Tel: _____ Physician's MSP billing #: _____	
Copies of report to: _____	
This section MUST be completed if requesting CT	

APPENDIX B: Medical Imaging Requisition Example for Correct patient but INCORRECT Site, Side, Body part or Incorrect Modality

The requisition for the unrequested exam should:

- Be an **amended copy** of the original requested exam
- State **“Unrequested exam”** and **exam in error** performed in technologist comment box
- Be scanned into PACS with the corresponding unrequested exam performed

 MEDICAL IMAGING REQUISITION	
<input checked="" type="checkbox"/> X-Ray <input type="checkbox"/> CT <input type="checkbox"/> Ultrasound <input type="checkbox"/> Echo <input type="checkbox"/> Angiograms/Interventional <input type="checkbox"/> Nuclear Medicine	
Any Site <input type="checkbox"/> or Specify Site: _____	Appointment Date: _____ Time: _____
INPATIENT PHN: 9999 999 999 ICSC WCB: _____ Other: _____ Name: DOE, John Address: 12345 Main Street Vancouver, BC Tel: _____ Other: _____ Date of Birth: 01 JAN 1901 M <input checked="" type="checkbox"/> F <input type="checkbox"/> Previous images? Location: _____	PLACE MEDICAL IMAGING LABEL HERE Escort Required <input type="checkbox"/> Nurse <input type="checkbox"/> Porter <input type="checkbox"/> Volunteer Mode of transport <input type="checkbox"/> Wheelchair <input type="checkbox"/> Stretcher <input type="checkbox"/> Bed Other <input type="checkbox"/> O ₂ <input type="checkbox"/> Isolation <input type="checkbox"/> Portable <input type="checkbox"/> IV Pump
DOCTOR'S EXAM(S) REQUESTED: LI shoulder Physician should consult with Radiologist for Urgent and Stat cases Able to give consent? <input type="checkbox"/> Yes <input type="checkbox"/> No If the patient does not speak English, an interpreter MUST accompany the patient Pt diabetic <input type="checkbox"/> Yes <input type="checkbox"/> No On metformin <input type="checkbox"/> Yes <input type="checkbox"/> No Breast Feeding <input type="checkbox"/> Yes <input type="checkbox"/> No Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No LMP: _____ G: _____ P: _____ A: _____ Height: _____ Weight: _____ Previous contrast reaction? _____	PRIORITY <input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Stat PERTINENT HISTORY / MEDICATIONS: Fell on ice 2 weeks ago Decreased ROM ? fracture Physician's signature:  TM Physician's MDCP # _____
COMPLETE Copies of report for: _____	
THIS SECTION MUST be completed if requesting CT Is Kidney Function abnormal? <input type="checkbox"/> Yes <input type="checkbox"/> No Has patient had L-spine surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No (YES for any of the above OR if requesting a CT Abdomen/Pelvis OR Angiogram a current (within 3 months) eGFR and Creatinine are mandatory: eGFR: _____ Date: _____ Creatinine: _____ Date: _____	
SECTION This section MUST be completed for all Core Biopsies, Angiograms and Interventional Procedures INR: _____ Date: _____ * Does the patient take anticoagulant/antiplatelet medication? <input type="checkbox"/> Yes <input type="checkbox"/> No PLATELETS: _____ Date: _____ If yes please list medications: eGFR: _____ Date: _____ Creatinine: _____ Date: _____ *Patients may have to stop taking anticoagulant or anti-platelet medication prior to their appointment. If this is unsafe for your patient, please consult a radiologist.	
DEPART Technologist:  Date: 06 Jun 2023 No. of Images: 3 Fluoro Time/Date: _____ Shielding used: _____ Technologist comments on reverse	<div style="border: 2px solid red; padding: 5px; color: blue; font-weight: bold;"> Unrequested Exam - Rt shoulder imaged in error </div>

Effective Date:	07-JUL-2023			
Posted Date:	07-JUL-2023			
Last Revised:	21-JUN-2023			
Last Reviewed:	21-JUN-2023			
Approved By:	Medical Imaging Executive Committee			
	07-JUN-2023			
Owners:	Regional Director Quality and Informatics, LMMI			
Revision History:	Version	Date	Description/ Key Changes	Revised By (Name and Position)
	1.0	07-JUL-2023	Initial Release	Elizabeth Jongedijk, Director Quality & Informatics