

XXXX POLICY

The XXXX policy in current use within the imaging department at Sherwood Forest Hospitals NHS Trust and is intended to alert clinicians to findings that are unexpected and/or require early intervention by the referrer. The Royal College of Radiologists 2008 document “standards for the communication of critical, urgent unexpected radiological findings” defined,

Critical findings: those where emergency action is required as soon as possible

- e.g. a pneumothorax or free gas on a chest x-ray;
- an intracranial bleed on a CT scan;
- large volume pulmonary embolism disease (expected or unexpected).

Urgent findings: where medical evaluation is required within 24 hours

Significant unexpected findings: cases where the reporting radiologist is concerned of the findings that is significant to the patient and will be unexpected

- e.g. pulmonary embolism on a staging CT scan;
- evidence of new metastatic disease in a follow-up routine staging scan that previously showed no secondary spread.

In the case of a critical finding the radiologist or reporting radiographer/sonographer will contact the referrer or a member his or her team directly (using telephone). Cases in the other two categories may also be communicated directly but in most cases the report will be typed and verified without delay and the XXXX code added, the radiologist’s secretaries/typists then having the responsibility of telephoning the result to the referrer or his or her secretary emphasising that the report should be read without delay. A record of the communication will be made on the radiology information system. If the secretary/typist is unable to contact the referrer, the reporting radiologist should be informed immediately.

The radiologist or reporting radiographer/sonographer will use their judgement as to which cases require urgent communication and in cases of doubt non medical reporters should consult a radiologist.

Cases of new or suspected malignancy will be communicated using the UUUU system (for which there is a separate policy).

In cases where follow-up films are recommended for patients attending the Emergency department who are not admitted to hospital a copy of the report will be sent to the patient’s GP and a note made of this in the formal report. The reporting radiologist will indicate to the typist that a copy report is required.

The XXXX system will also be used to alert clinicians to cases where the final report differs significantly from the verbal or handwritten interim report i.e. in such a way as to alter patient management. In a similar way it will be used where a significant addendum is made to a pre existing report.

It will remain the responsibility of the referrer to ensure that there is robust system for monitoring outstanding referrals and reading and acting upon received imaging reports.

The policy will be reviewed and modified to take account of electronic reporting and a referrer acknowledgement system.

Written by: XXXXXXXXXX Radiology Service Director
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