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Guidelines for changes in a report, when finalizing a preliminary report

Admin Approval: 6/1/2020

Next Review: 6/2022

Division/Champion: General/Thoburn

Subject: Significant changes in a previously published preliminary report.

Purpose: To inform the primary readers of a preliminary radiology report of any substantive changes in the findings and/or recommendations.

Policy:

A written preliminary (actionable) report can be provided primarily to the ER, by residents specifically evaluated as to their competency to reliably provide this service or if authorized by an attending radiologist. A written preliminary report is not be typically provided on inpatient or outpatient studies but these studies must be viewed in a timely manner and any urgent or emergent findings verbally communicated with the ordering provider. This conversation should be appropriately documented in the final report. A written preliminary (actionable) report can be provided on inpatient or outpatient studies by residents specifically evaluated as to their competency to reliably provide this service or if authorized by an attending radiologist, if the findings warrant urgent or emergent clinical decision making, to clearly document our role in the decision making process.

If on review of any study for which a preliminary report has been released there is a "significant" change in the report, i.e. a change that could alter patient management either acutely or may require longer term follow up, the appropriate changes must be made in the report. There must be documentation of the specific change from the preliminary reading clearly worded in the final report. The clinician caring for the patient or their surrogate must be notified of the changes as well as the time and date of the change and this information must also appear in the final report.

Examples:

Study read as normal. On attending review there is acute appendicitis.

Impression: Acute uncomplicated appendicitis

The findings of acute appendicitis were not appreciated on the preliminary interpretation of this study.

The changes in the report were discussed with Ms. Jones ARNP on 1/22/2020 at 9:25 AM.

Study read as acute appendicitis but also has a small cystic lesion of the pancreas that was missed.

Impression:

1. Acute appendicitis.
2. Indeterminate cystic lesion in the pancreas with no aggressive features, but may represent a small, low grade cystic neoplasm. Comparison with prior imaging would be helpful in evaluating chronicity. If no such imaging is available, the current recommendations, based on the size of the lesion, are for follow up MR imaging in 1 year using a pancreatic mass protocol.

The findings of a small pancreatic cystic lesion was not appreciated on the preliminary interpretation of this study.

The changes in the report and associated recommendations were discussed with Ms. Jones ARNP on 1/22/2020 at 9:25 AM