

Protocol for Communication of Urgent Examination findings.

Contents

Version control.....	1
Introduction.....	1
Definitions	2
Protocol.....	2
Cancer Pathway	2
Distribution and Awareness Plan	3
Related Policies.....	3
Approval & Review	3

Version control

Version 1 18/09/18 Protocol created

Introduction

The NPSA has identified a number of serious untoward incidents where patients have been harmed due to delays in clinical management as a result of referring staff not receiving or reading the report of an imaging investigation. As a result, they issued "*Safer practice Notice 16 – Early identification of failure to act on radiological imaging reports, 2007*"

This protocol has been developed in line with the Royal College of Radiologist publication of September 2012, ***Standards for the communication of critical, urgent and unexpected significant radiological findings (second edition)***.

A copy of this protocol is located in the '**Guidance Documents and Standards**' sub-folder of **Southern Ultrasound's** online 'Quality Assurance system'

Definitions

Critical Findings: Where emergency action is required as soon as possible.

Urgent Findings: Where medical evaluation is required within 24 hours.

Significant Unexpected Findings: Cases where the reporting Radiologist/Sonographer has concerns that the findings are significant for the patient and may be unexpected by the referrer

Protocol

Examination-specific protocols are available for each ultrasound examination.

These protocols provide general guidance in the scanning of patients including the production of the resultant Examination Report.

There will be occasions where this Examination report contradicts with expectations or suggests the need for urgent treatment or review.

All examinations must be reported on the day they are performed, with at least a provisional report completed at the end of the examination and prior to commencing the next patient. This has been shown to reduce reporting errors.

All Examination Reports must be clear, precise and contain all relevant information, including recommendations for future action / studies where appropriate.

It is the responsibility of the Sonographer to ensure that critical, urgent and unexpected significant findings are reported back to the referring clinician or clinical team in a reliable and speedy manner, and to subsequently ensure the results have been received by speaking directly with the referring team.

This reporting process should be in addition to, rather than in replacement of, standard reporting mechanisms in place for the scanning clinic.

Depending on location, such reports may be emailed to the referring clinician, but only after initial contact has been made so that the clinical team is anticipating the report, and is able to acknowledge receipt of such. In exceptional circumstances, the report may be dictated over the telephone, but in such cases it is vital that a written version to sent as a matter of priority.

Ideally the report will be sent via secure email – eg the @nhs.net mail server.

Alternatively, if the referring team are with in the same premises, direct face-to-face communication with the referring team is preferred.

It is rarely acceptable for the patient to take such reports back to the referring team in person.

The Sonographers' responsibility includes a requirement to ensure that the Report has been received and the need for urgency understood. They should document that the findings have been passed back to the referring team and the mechanism used for such feedback.

In exceptional circumstances, where the nature of the findings indicate such, and the referring team cannot be contacted for opinion; the Sonographer will be required to consider referring the patient to an alternative clinician for review (eg to the A&E department).

Cancer Pathway

Procedures for the cancer pathway for examinations performed with in an Acute Trust setting will depend on the local rules of the imaging department / ultrasound session, and full details will be given to all staff involved.

All staff are required to be aware of the Local Rules in force, and any updates that are published from time to time.

Distribution and Awareness Plan

All staff are made aware of the protocol as part of their induction training. If there are any significant changes to the protocol that affect the way in which staff initiate or respond, these are communicated to them via team briefs and staff meetings.

A copy of this protocol is available to all staff via the Policy sub-folder of the Company's on-line Governance Framework folder, and can be accessed 24/7 from any location with Web Access. A hard copy version is retained at all sites of operation.

Related Documents

This protocol must be read and interpreted in conjunction with the **Southern Ultrasound** Documents on:

- | | | |
|-------------------------|----------------------------------|----------------------------|
| * Abuse Protection. | * Chaperone Policy | * Examination Consent |
| * Examination Protocols | * Protocol for Scanning Children | * Daily Scanning Protocols |

Approval & Review

This protocol has been approved by the undersigned and will be reviewed annually and any time there is a change in the Law, Guidance or Best Practice Recommendations.

Protocol Created: 19/09/18

Date of Last Review: 15/03/19



Kevin Rendell

Director