

To: Emergency Radiologists & Emergency Ordering Clinicians

From: Aaron Sodickson, MD; Jennifer Uyeda, MD; Heidi Kimberly, MD; Christopher Baugh, MD; Ramin Khorasani, MD, MPH; Patrick Curley

Re: First Actionable Communication Transparency (FACTS) Initiative

GOALS

1. Provide measurable improvement in the clinical care of STAT ED patients by decreasing time to first actionable communication by a radiologist.
 - a. The initial focus will be closed loop communication of consultations on STAT and “Required for Discharge” ED exams.
2. Improve transparency to referring providers regarding the communication of results, the radiologist delivering the interpretation, and who to page with questions.
3. Standardize radiology practices across the Brigham Health enterprise.
4. Reduce unnecessary STAT and “Required for Discharge” orders.

ANCR expectations for our Emergency Medicine colleagues:

- **All received ANCR communications should be considered actionable.**
- For patients likely to undergo definitive intervention on the basis of their imaging findings (e.g. Surgery, IR, medical therapy for ectopic pregnancy...), ANCR alerts will not be sent until there has been attending review of the imaging.
- Beginning Feb 4, 2019, ANCR alerts sent by a trainee prior to attending review will indicate “not yet reviewed by an attending.” Emergency Radiology will internally manage which trainees have been approved for these communications. At any time, if there is a discordance between the communicated result and the clinical scenario, please readily consult with the attending radiologist prior to disposition.
- Preferred workflow for ordering exams in Epic should include use of the ‘stat’ and ‘required for discharge’ statuses in these circumstances:
 - ‘Stat’ designation’: While all ED cases are considered urgent, this should only be used to represent true clinical stat cases (e.g. Major trauma, code stroke, code aorta activations, other truly critical scenarios).
 - ‘Required for discharge’: This designation should be used when the results of the imaging are expected to directly impact the ability to discharge the patient rapidly

- from the ED (either to home or inpatient admission), such as front-end patients or other situations where the imaging result is truly the bottleneck to opening a bed for another patient.
- These exams (STAT and Needed for Discharge) will be prioritized for exam completion and radiologist interpretation, and will result in closed loop communication of results (whether critical result or non-critical examination) using relevant ANCR alerts: red, orange and yellow for critical findings, green for non-critical findings.
 - Use of these designations will be monitored for appropriateness. Abuse will result in system breakdown, because prioritization of these exams will by necessity delay the remainder.
- Beginning on Feb 4, 2019, we will begin use of a new Green ANCR alert, which will allow closed loop actionable communication of “non-critical” scans. Positive critical results will continue to be communicated via the existing red, orange, and yellow ANCR pages.
 - For potentially inappropriate STAT or “Required for Discharge” orders or issues, the radiologist will generate a Worth Another Look ‘consult’ to Dr. Heidi Kimberly (with cc to Drs. Jennifer Uyeda and Ramin Khorasani), who will investigate each case and address as needed with the ordering provider and/or the radiologist.
 - All documented communication will use closed loop communication mechanism* (ANCR).
 - Critical results: use Red/Orange/Yellow
 - Non-critical results-use new Green ANCR. (see attached tip sheet)
 - To ensure transparency, resident/fellow will document in ANCR if attending review has not yet occurred (see attached tip sheet).
 - The timestamp when the ANCR alert is sent and acknowledged will be used to measure the timeliness of the closed loop actionable communication.
 - We will continue to monitor performance measures and feedback and make any needed adjustments.