First Actionable Communication Transparency (FACTs):

Details for Residents

Updated 2/12/20

GOALS

1. Provide measurable **improvement in the clinical care of STAT inpatients and outpatients** by decreasing time to first actionable communication by a radiologist for after-hours CT and MRI studies.
2. Enhance the clinical role of radiology residents through issuing actionable communication on high acuity inpatient and after-hours outpatient exams.
3. Improve transparency to referring providers regarding the communication of results, the radiologist delivering the interpretation, and who to page with questions.
4. Standardize radiology practices across the Brigham Health enterprise.
5. Reduce unnecessary STAT orders

WORKFLOW DETAILS

1. **Consult shift workflow:**

   5:30 pm - 12:30 am Monday-Friday

   5:00 pm - 9:00 pm Saturday/Sunday/holidays

   1. Visage list: CONSULTS
   2. The Consult resident is responsible for communicating any stat inpatient ultrasounds and stat/urgent outpatient ultrasounds pertaining to abdomen or MSK.
      a. Exceptions (see separate US workflow document for details): Obstetric, pelvic, vascular doppler studies
   3. Studies from BWFH will be included in the same workflow as BWH studies
   4. The Consult resident is responsible for issuing an actionable report (via ANCR; see “Documentation of Communication” section for details) for all STAT inpatient CTs, MRIs and all STAT/”patient waiting” outpatient CTs and MRIs performed after 5:30pm (end time of 12:30am for weekdays and 9pm for weekends/holidays).
      a. Exception: Inpatient head CTA and neuro MRIs are interpreted by the Neuroradiology fellow-on-call until 11pm on Mon-Sat and 10pm on Sunday.

    b. The Consult resident will not provide interpretations for or preview routine outpatient studies unless paged by an ordering provider.
5. The resident is *strongly encouraged* to look at and issue a first communication on as many of the non-STAT inpatient CT and MRI exams (prioritizing “within 6 hour” and then routine studies) as possible during the shift, as time allows.
6. The resident will issue a first communication on any non-STAT CT, MRI, ultrasound or radiograph if specifically requested by the referring provider for the purposes of immediate, overnight clinical care or if notified by the technologist about an OR radiograph to rule out retained foreign body.
    a. If residents are called for consultation on routine studies for the purpose of facilitating AM rounds (and not for immediate overnight clinical care), these can be deferred to the relevant subspecialty division (daytime) the following morning.
    b. If a resident feels that an urgent read is requested for a routine study, where the clinical urgency is questionable, the resident should submit a Worth Another Look “Consult Resident Feedback” ANCR to Dr. Khorasani with the name of the person who requested the read urgently. It is important to include the person’s name, as this person may be from a different service than that which ordered the study. This feedback will be reviewed regularly by the Radiology Vice Chair for Quality & Safety (or delegate) and by the Associate Chief Medical Officer (or delegate)
7. If the resident does not feel comfortable issuing an actionable report on an exam (e.g., CTA or MRI) or is unable to do so within a reasonable time frame due to time constraints, he/she should request that the case be reviewed by the fellow-on-call for the respective division via purple ANCR page using the “Consult” category. Make sure the page option is checked as the fellows are not expected to check their emails after hours.
    a. Once a “Consult” purple ANCR has been requested, it is the responsibility of the fellow-on-call to communicate the findings to the primary team via ANCR and to close the purple ANCR.
    b. If the fellow-on-call does not feel comfortable issuing an actionable report, the current escalation policy applies; he/she should contact his/her respective division’s attending, per division policy.
    c. If the resident has not heard back from the fellow-on-call after assistance has been requested via a purple ANCR, the resident can try contacting the fellow again, or can escalate the study to the section’s attending-on-call.
8. The Consult resident is the primary contact person for all inpatient CT, MRI, radiographs, abdominal US and MSK US outside of normal business hours via pager 11883.
9. This Consult resident is not responsible for OB/pelvic/vascular US, Nuclear Medicine, or Interventional Radiology services overnight.
10. If a resident feels that a study that was ordered STAT is of questionable clinical urgency, this should be entered as a Worth Another Look “Consult Resident Feedback” ANCR to Dr. Khorasani.
11. If a referring attending requests a radiology attending opinion after hours, the resident should escalate through existing divisional procedures (page fellow who will then reach out to attending) until 11pm. After 11pm, resident should ask ED attending for review. ED attending can decide at her/his discretion to defer to divisional attendings based on case complexity and/or workload.

2. Night float workflow:

12:30 am - 8:00 am Monday-Friday

9:00 pm - 8:00 am Saturday/Sunday/holidays

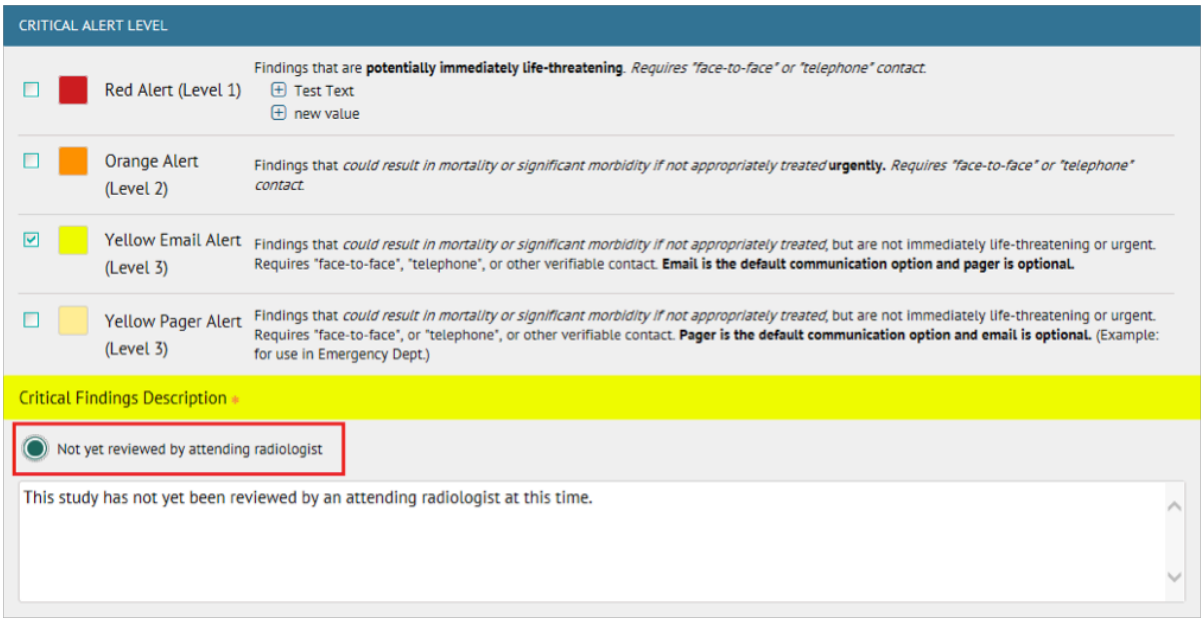
1. Visage list: NIGHT FLOAT.
2. The Night Float resident is responsible for issuing an actionable report on all STAT inpatient CTs, MRIs, abdominal US, and MSK US performed during the hours listed above; similar policies as outlined above for Consult shift applies.
3. The Night Float resident will also issue an actionable report for any inpatient CT, MRI, radiograph, or ultrasound requested by a referring provider for the purposes of immediate, overnight clinical care (see #4 in the “Consult shift” workflow section above).
4. The Night Float resident will follow the same procedure for issuing an actionable report described elsewhere in this document (i.e., utilize ANCR, send purple ANCR to fellow for additional assistance).

3. Documentation of Communication (actionable reports)

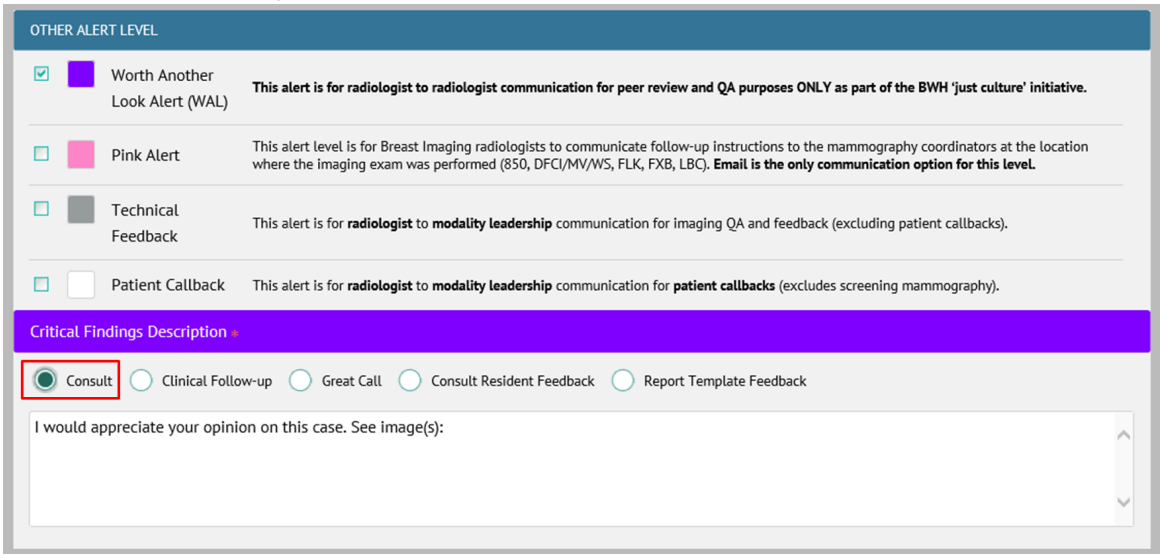
1. The communication by the Consult resident should be restricted to short, succinct actionable assessments as relevant to the overnight and immediate clinical care of the patient only (rather than incidental findings that can be triaged at the time of the final image interpretation).
2. This communication is performed via ANCR, using red, orange, yellow, or the green (which includes normal, unchanged, or no acute findings) ANCR options. The “not yet reviewed by attending radiologist” option should be checked off as appropriate. For “Attending (Sender),” the “Attending (Sender) Not Yet Assigned” button can be checked off as appropriate. This ensures transparency in communication as ANCR can be searched (based on patient name, MRN, or date of birth) by any Brigham Health provider.
3. The resident will also generate a “sticky note” on Visage saying, “ANCR” with a short summary if possible, to ensure that the radiologists reviewing the study are aware that communication already took place on this case.

ANCR Tip Sheet for Residents

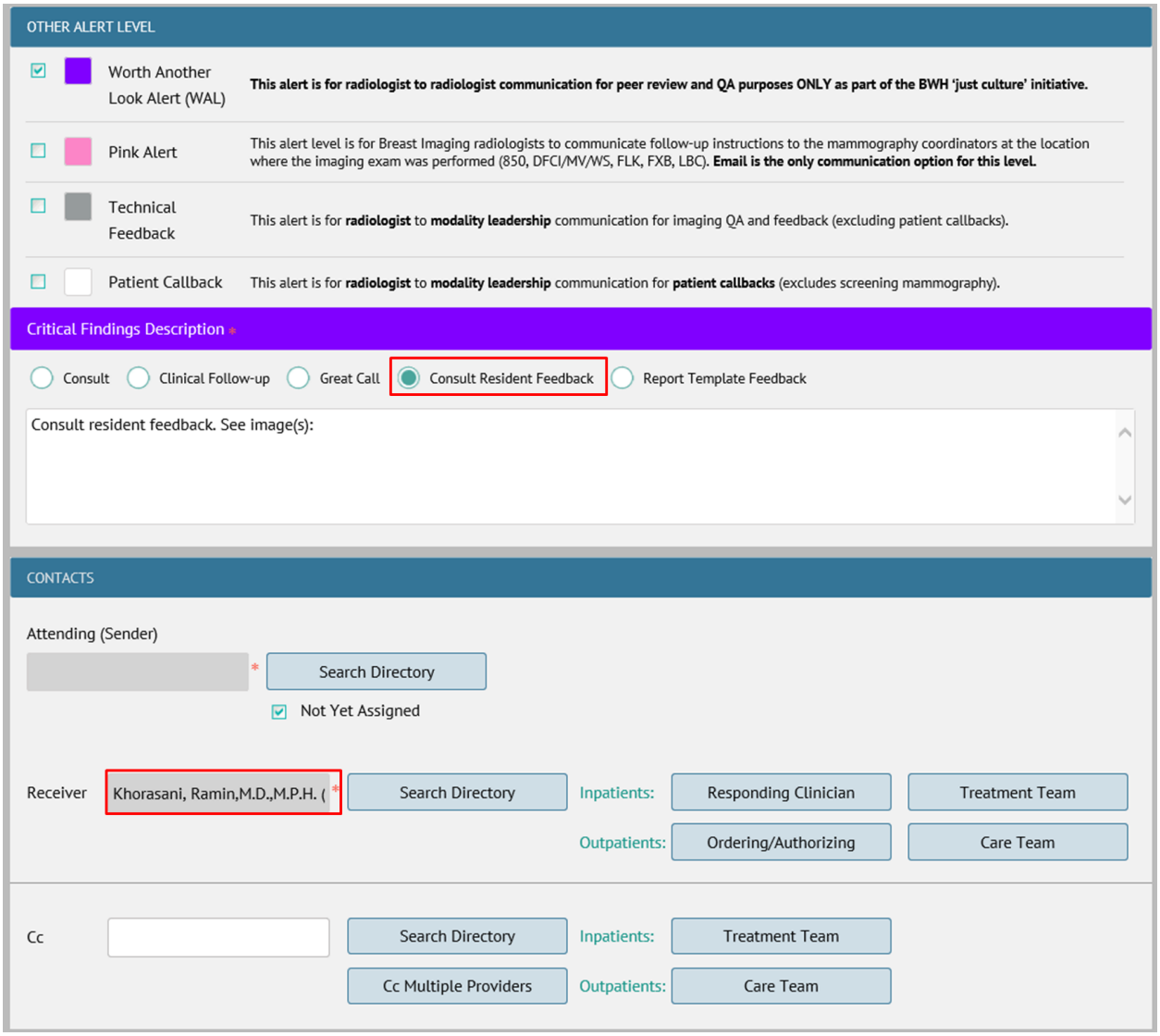
- **Not yet reviewed by attending radiologist:** If you are sending an ANCR alert on a study that has not yet been reviewed by an attending radiologist, there is now a radio button for you to select which produces text in the alert description. You can then copy/type your alert description on the next line.



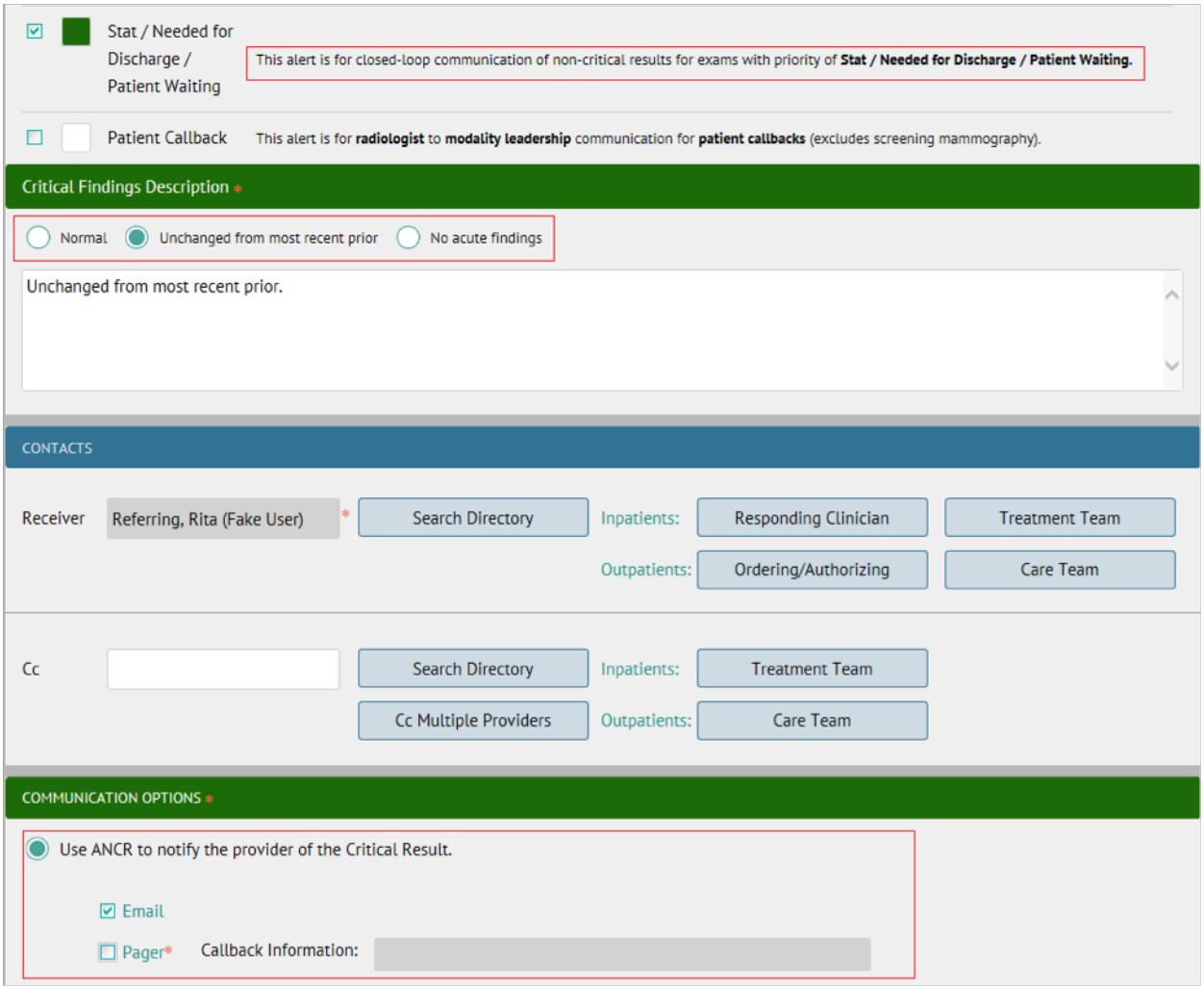
- **Purple ANCR, Consult:** Use this function to page a fellow-on-call for additional assistance on a specific study. The fellow will then close this ANCR to acknowledge that they received your request, and will create their own ANCR at the appropriate alert level to communicate the findings to the team once the study has been reviewed.



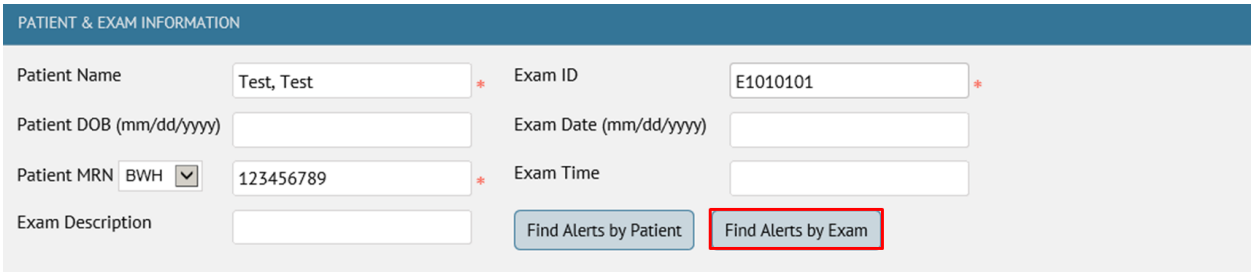
- **Purple ANCR, Consult Resident Feedback:** You can use this function to send feedback to Ramin Khorasani if you believe a study ordered as “STAT” or an urgent read request on a routine study is of questionable clinical urgency for immediate overnight clinical care.



- **Green ANCR:** Under "Other Alert Level" there is a Green Alert, used for closed-loop communication of non-critical results for exams with the priority of **Stat / Needed for Discharge / Patient Waiting**. There are also radio buttons that will populate corresponding text in the "Critical Findings Description." You will then have to choose your means of communication (either email, pager, or both).

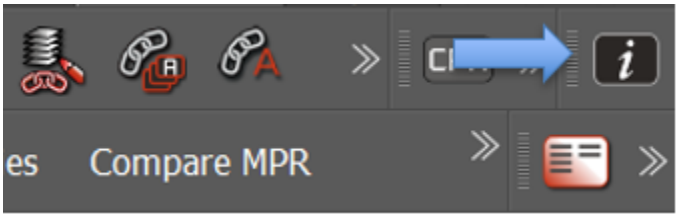


- **Viewing previous ANCRs:** This function can be used to review any prior ANCR, including those placed by someone else. This is especially important if reviewing a study that had an actionable communication placed by an overnight resident. Prior ANCR notifications can be searched by accession number (as in the example below) or by patient MRN.

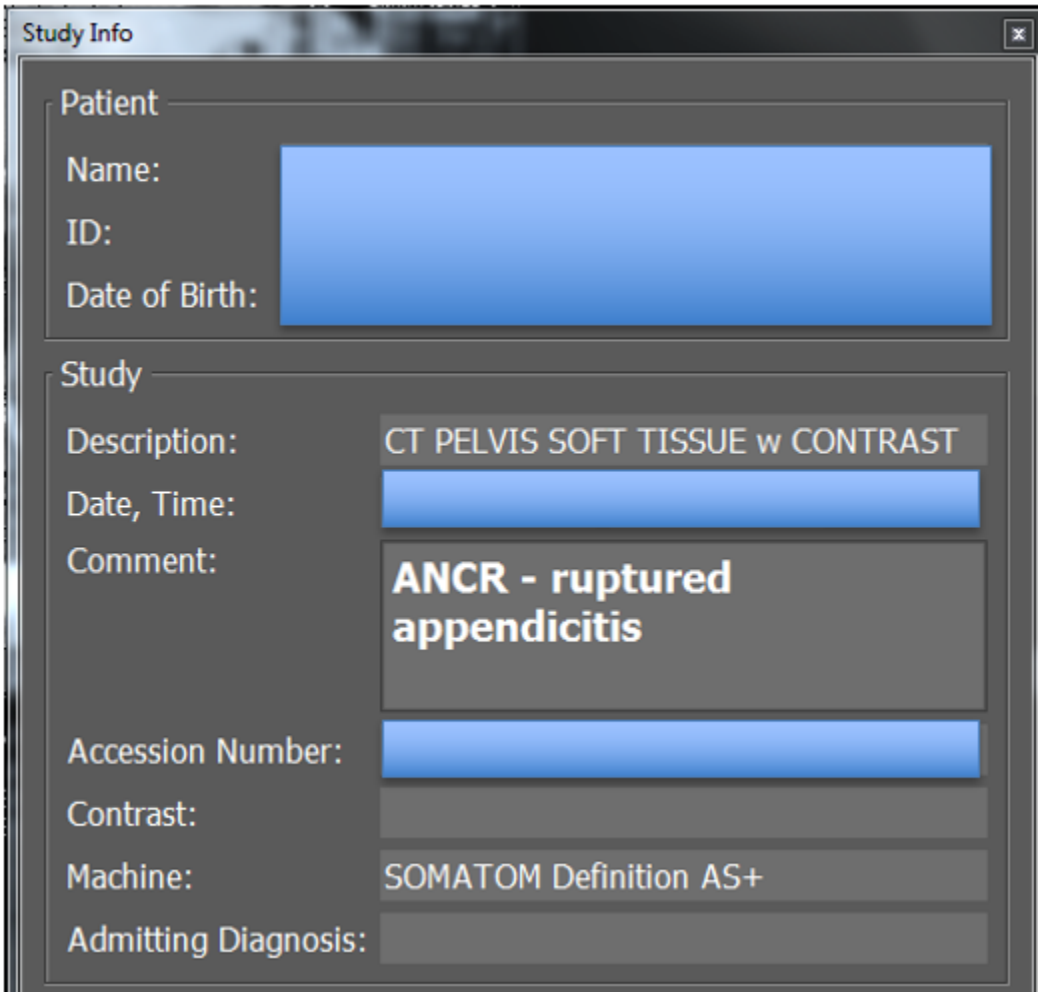


Visage Tip Sheet for Residents

- **How to create a “sticky note” in Visage:** This should be done to alert the radiologists who will be looking at this exam later that a first actionable communication was performed via ANCR.
    - Step 1: Select the appropriate exam and open the info tab



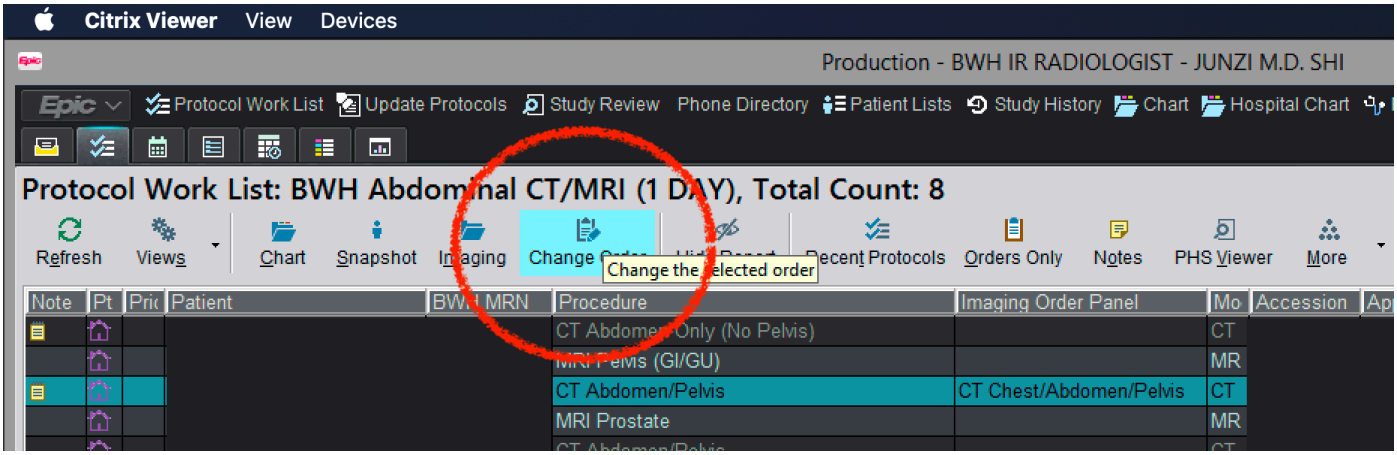
    - Step 2: Type in “ANCR – [quick summary]” and save

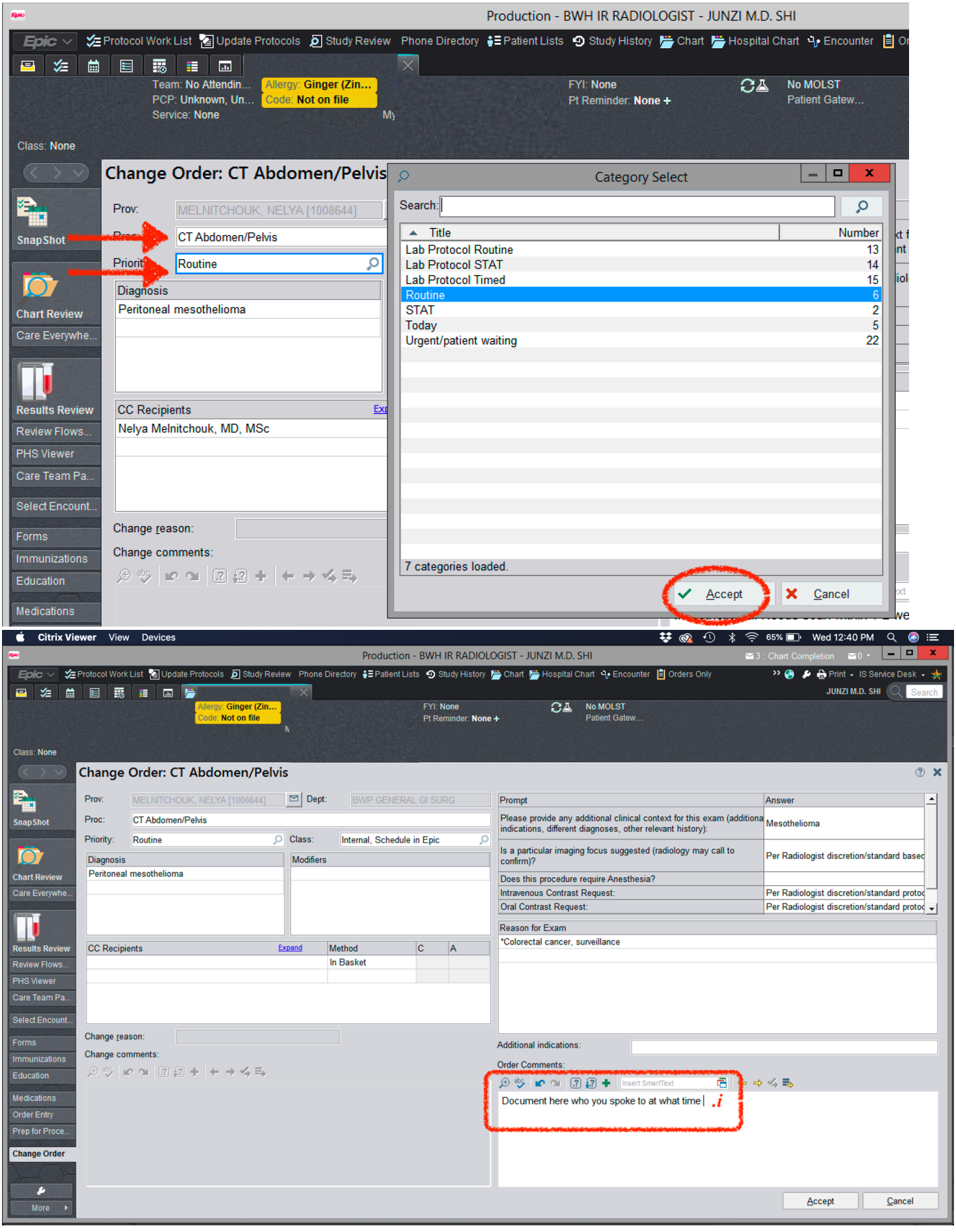


How to change exam order and priority status:

Feb 2020

1. Go to protocol work list or type in accession number to open protocol
2. Click “Change Order” button on the top bar
3. Type in and search for appropriate order, click Accept
4. Select different order priority
5. In the bottom right hand corner, make a brief note of who you spoke to and when
6. Remember to always check with ordering provider before changing an exam – this is professional courtesy, a learning opportunity, and shared decision making amongst clinicians. When you change an exam, it directly impacts the patient, clinical expectations, and possibly insurance coverage issues, so be sure to vet the change with the ordering team.




Production - BWH IR RADIOLOGIST - JUNZI M.D. SHI
Protocol Work List
Update Protocols
Study Review
Phone Directory
Patient Lists
Study History
Chart
Hospital Chart
Encounter
Allergy: Ginger (Zin...
Code: Not on file
FYI: None
Pt Reminder: None +
No MOLST
Patient Gatew...
Class: None
Change Order: CT Abdomen/Pelvis
Prov: MELNITCHOUK, NELYA [1008644]
Proc: CT Abdomen/Pelvis
Priority: Routine
Diagnosis
Peritoneal mesothelioma
CC Recipients
Nelya Melnitchouk, MD, MSc
Change reason:
Change comments:
SnapShot
Chart Review
Care Everywhe...
Results Review
Review Flows...
PHS Viewer
Care Team Pa...
Select Encount...
Forms
Immunizations
Education
Medications
Category Select
Search:
Title
Number
Lab Protocol Routine 13
Lab Protocol STAT 14
Lab Protocol Timed 15
Routine 6
STAT 2
Today 5
Urgent/patient waiting 22
7 categories loaded.
Accept
Cancel

Citrix Viewer View Devices
Wed 12:40 PM
Production - BWH IR RADIOLOGIST - JUNZI M.D. SHI
Change Order: CT Abdomen/Pelvis
Prov: MELNITCHOUK, NELYA [1008644]
Dept: BWP GENERAL GI SURG
Proc: CT Abdomen/Pelvis
Priority: Routine
Class: Internal, Schedule in Epic
Diagnosis
Peritoneal mesothelioma
Modifiers
CC Recipients
Method
In Basket
Change reason:
Change comments:
Prompt
Answer
Please provide any additional clinical context for this exam (additiona indications, different diagnoses, other relevant history):
Mesothelioma
Is a particular imaging focus suggested (radiology may call to confirm)?
Per Radiologist discretion/standard based
Does this procedure require Anesthesia?
Intravenous Contrast Request:
Per Radiologist discretion/standard protoc
Oral Contrast Request:
Per Radiologist discretion/standard protoc
Reason for Exam
*Colorectal cancer, surveillance
Additional indications:
Order Comments:
Document here who you spoke to at what time
Accept
Cancel

BEST PRACTICE ADVISORIES (BPAs) FOR INPATIENT STAT IMAGING BY MODALITY

Stat Imaging Order - CT

STAT Definition: ***IMMEDIATE TEST RESULTS ARE REQUIRED FOR CRITICAL TREATMENT DECISIONS***

"STAT" CT will be performed within 2-hrs and results communicated within 1-hr after performed.

- If you need a CT performed in less than 2-hrs, please call 617-XXX-XXXX
- If a CT result is needed in less than 1-hr after it has been performed, please call 617-278-5502
- If results not needed within 3-hrs; please change your order priority <@Raj – do you think we need to include instructions

ORDERING PROVIDER WILL BE PAGED AND MUST CALL BACK FOR RESULTS

Stat Imaging Order - MRI

STAT Definition: ***IMMEDIATE TEST RESULTS ARE REQUIRED FOR CRITICAL TREATMENT DECISIONS.***

"STAT" MRI will be performed within 6-hrs and results communicated within 1-hr after performed.

- If you need an MRI performed in less than 6-hrs, please call 617-XXX-XXXX
- If an MRI result is needed in less than 1-hr after it has been performed, please call 617-278-5502
- Results not needed within 7-hrs; please change your order priority <@Raj – do you think we need to include instructions

ORDERING PROVIDER WILL BE PAGED AND MUST CALL BACK FOR RESULT.

Clinical Indications for STAT MRI:

- Spinal cord compression (herniated disc, burst fracture, tumors, etc.)
- Spinal infection (i.e. abscess)
- Spinal trauma (epidural hemorrhage, etc.)
- Demyelination with acute neurologic changes
- Appendicitis in the pregnant or pediatric patient
- Hip fracture not detected on plain film or CT

Stat Imaging Order – X-Ray

STAT Definition: ***IMMEDIATE TEST RESULTS ARE REQUIRED FOR CRITICAL TREATMENT DECISIONS.***

'STAT" X-ray to be performed within 2-hrs

- If you need an X-Ray performed in less than 2-hrs, please call 617-XXX-XXXX
- If you need an interpretation and report is not available in Epic, please call 617-278-5002
- X-Ray not needed within 2-hrs, please change your order priority

Stat Imaging Order – Portable X-Ray

STAT Definition: ***IMMEDIATE TEST RESULTS ARE REQUIRED FOR CRITICAL TREATMENT DECISIONS.***

'STAT" Portable X-ray to be performed within 1-hr

- If you need a Portable X-ray in less than 1-hr, please call 617-XXX-XXXX
- If you need an interpretation and report is not available in Epic, please call 617-278-5502
- Portable X-Ray not needed within 1-hr, please change your order priority

Stat Imaging Order – Ultrasound

STAT Definition: ***IMMEDIATE TEST RESULTS ARE REQUIRED FOR CRITICAL TREATMENT DECISIONS.***

"STAT Ultrasound to be performed within 2-hrs and results communicated within 1-hr after performed

- If you need an Ultrasound performed in less 2-hrs, please call 617-XXX-XXXX
- If an Ultrasound result is needed in less than 1-hr after it has been performed, call 617-278-5502
- If results not needed within 3-hrs; please change your order priority <@Raj – do you think we need to include instructions

ORDERING PROVIDER WILL BE PAGED AND MUST CALL BACK FOR RESULT.

Outpatient (Urgent/Patient waiting

Imaging Order – Urgent/patient waiting

"Urgent/patient waiting" to be performed as scheduled, results communicated within 1-hr after exam performed.
YOU WILL BE PAGED AND MUST CALL BACK FOR RESULT.
• Results not needed within 1-h after performed, please change to an order priority to either:
  ○ Internal, Routine or other relevant order priority
  ○ External, Print Only