

UAB Department of Radiology Policy on Changed Reports

The following policy applies whenever there are significant discrepancies between preliminary and final radiologic reports that are issued by the Department of Radiology. The decision as to whether a discrepancy has reached the level of significance to warrant a "changed report" process is left up to the physician responsible for the final interpretation. In general, however, any changed finding that could significantly alter patient management, whether in the acute situation or in the future, should be considered significant. Please note that it is not necessary to apply this policy if you are certain that a problematic preliminary report has not been transmitted to any caregiver verbally, electronically, or by any other means.

1. The report body (Findings) and Impression or Conclusion should describe the final, not the preliminary, findings.
2. The discrepancy should be conveyed to an appropriate caregiver or their representative by telephone or in person. Depending on the nature and acuity of the discrepant findings, it may be necessary for the interpreting radiologist(s) to speak directly with the patient's physician(s).
3. The following alert line should be appended to the report below the final Impression or Conclusion:

***** CHANGED REPORT *****

4. Below this line above, there should be a brief description of the discrepancy between the final Conclusion and the preliminary report.
5. At the end of the report, there should be a statement including the person who reported the change, who was notified of the changes, the date and time they were contacted and how they were contacted. If there was a preliminary personal communication and a later communication with corrected observations, these should BOTH be documented.

The following is a suggested "macro" for such cases:

***** CHANGED REPORT *****

The final report differed from the preliminary report, which initially [suggested that..., did not describe..., etc.]. The preliminary findings were reported by [] to [Dr...., charge nurse..., etc.] at [] hrs on [date]. The changed findings were reported by [] to [Dr...., charge nurse..., etc.] at [] hrs on [date]. [(Other comments)]

Policy approved by:

Lincoln L. Berland, M.D.
Vice-Chair for Quality Assurance and Patient Safety

Date

Reginald Munden, D.M.D., M.D.
Chairman, Department of Radiology

Date

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