**DISCREPANCY WORKFLOW**

**Policy:** When there is a ***clinically significant*** discrepancy between a preliminary report and a final interpretation, the discrepancy must be communicated to either:

a) relevant physician that will see the patient and is able to look after the medical issue raised by the discrepancy

**OR**

b) the patient

**Guidelines for discussion:** When calling the patient or the patient’s family to discuss additional findings, messaging is important to frame the discrepancy in the correct clinical context. In addition, it is helpful to open the conversation by asking how the patient is feeling; this is typically very much appreciated by the patient (the fact that a physician has called to check on them after discharge) and also provides a better clinical context for a potential discrepant imaging finding. An example template for a patient discussion is provided below:

RADIOLOGIST: Hello Mr./Mrs. [Name], my name is Dr. [Name]. I am calling from Banner-University Medical Center, specifically from the Department of Medical Imaging. I know you were just recently seen in the emergency room for [diagnosis]. We wanted to check in and see how you are feeling… have your symptoms improved?

RADIOLOGIST: Okay, that is very helpful to know. As part of our interpretation, we have imaging studies reviewed by several people; while we were looking through your study again this morning, we believe that [discrepant finding] may be present.

*Note:* Our administrative assistants may be utilized to reach the patient for nonemergent findings if desired, and they are very helpful to streamline the contact process and minimize disrupting the clinical service. Especially if a phone call goes to a voicemail, our assistants can leave a message and ask the patient to call back. They can then connect the patient with the physician so the appropriate discussion can take place.

**Communication of Recommendations:** Depending on the importance of the finding, the next steps may range from ensuring the patient is aware of the finding and has follow-up, to asking the patient to return to the emergency room. If the patient has a follow-up appointment scheduled for a straightforward, nonemergent finding (example, a pulmonary nodule), the patient may be advised to review the final report recommendations during follow-up. More complex findings (ex, a possible cancer, or specific follow-up recommendations) may benefit from a direct conversation between the follow-up physician and the radiologist. Each case is different, and your best clinical judgement should be used to determine the best course of action. If the patient has no follow-up scheduled, and the finding is of sufficient importance (example, a definite pancreatic cancer not previously known), the patient should be asked to return to the emergency room, even if the finding is not emergent.

*If the patient is to be brought back to the emergency room*, the following steps should be taken:

-the patient should be advised to return to the emergency room

-give the patient your name

-give the patient the telephone number to the radiology faculty offices, where our administrative assistants can field their phone call and coordinate communication with the radiologist if further questions arise

-during off hours, the Pediatric reading room number (where the residents sit) may be provided

-call the emergency room and speak with an attending ED physician to let them know that the patient will be coming back. They will be able to fast-track the patient through the waiting room and triage.

-if the patient requires additional imaging on their return visit, this additional imaging *must be reviewed by an attending*, even if it occurs off-hours.

**Additional notes:**

-As a group, we have a good sense about how important discrepant findings are. Asking the patient about their clinical symptoms can be extremely valuable. If there are questions about a potential change in management that a finding may induce, please feel free to call one of the emergency room physicians to have any questions answered.

-Although uncommon, situations have arisen where one attending will put in a preliminary note, and another attending reads out the case the next day and disagrees with the preliminary read. If this happens, *and the disagreement cannot be resolved through discussion*, the initial attending that put in the preliminary interpretation should read and sign off the study.

-Nonemergent findings do not need to be addressed in a timely fashion. If there is a nonemergent discrepant finding over the weekend, it can typically wait until the work week to address, at which time our administrative assistants can help (and other physicians have regular office hours). Our assistants can call several times over an approximately 1 week time period before moving to the next step.

-The trauma team would like to be made aware of discrepancies and contact the patient themselves, so please call the trauma pager (1174) if there is a discrepancy on a patient *seen by the trauma team* that has been discharged

-All discrepancies, including communication to either the patient or the physician, should be documented in the Primordial system, which will allow for detailed data analysis.

**DISCREPANCY IDENTIFIED**

**Where is the patient?**

**Discharged**

**In house**

**Trauma surgery patient?**

**Yes**

**No**

**Call physician/trauma team**

**See next flowchart**

**Patient Discharged (Emergent/Important Finding)**

**Patient cannot be reached**

**Patient can be reached**

**Call Tucson Police Department for a wellness check**

**City: 520-791-6813**

**County: 520-351-4900**

**\*also contact Bobby Kalb\***

**Ask patient to return to the Emergency Department**

**Patient not found**

**Call ED and let them know to expect the patient to return**

**Patient found**

**Document efforts made to find the patient in the report**

**Have patient brought back to ED**

**Send certified letter to patient’s home**

**\*Contact Laurie Shapiro (520-626-9444) and Bobby Kalb\***

**Call ED and let them know to expect the patient to return**

**Patient Discharged**

**(Nonemergent Finding)**

**Is there a primary care (or other relevant) physician to address the discrepancy?**

**No**

**Yes**

**Call the patient**

**Discuss with physician**

**Patient can be reached**

**Patient cannot be reached**

**1. Discuss findings**

**2. Ask if they have a follow-up appointment**

**Send certified letter to patient’s home**

**\*Contact Laurie Shapiro (520-626-9444) and Bobby Kalb\***

**No follow-up**

**Yes follow-up**

**1. Have them follow-up the final report and recommendations at their appointment**

**2. Let them know we are happy to discuss findings with the PCP if they want to contact us (Physician Resources or our front desk)**

**Patient can make an appointment at the El Rio Clinic (520-670-3909)**