

AMRH/RAD/P&P/003/Vers.02 Effective Date: July 2022 Review Date: July 2025

Institution Na	me: Al Masarra Hospit	al		<u> </u>	
Document Titl	e: Policy and Procedu in Radiology Imag	are of Communication	n of Critical R	esults	
		Approval Process			
	Name	Title / Designation	Institution	Date	Signature
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Reviewed by	Quality Management and Patient Safety Department Team	Quality Management and Patient Safety Department	Al Masarra Hospital	25/7/22	THE C
Validated by	Kunooz Al BAlushi	Document Manager	Al Masarra Hospital	July 2002.	Amosz
Approved by	Dr. Bader Al Habsi	Executive Director	Al Masarra Hospital	25/7/12	For





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Acronyms

AMRH	Al Masarra Hospital
PRO	Public Relations Officer



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Policy and Procedure of Communication of Critical Results in Radiology Imaging

1. Introduction

The development of a solid fail-safe notification system for relay of critical image findings to health care providers is essential to avoid potentially catastrophic consequences for patients, thus, the development of this policy and procedure for Al Masarra Hospital (AMRH).

2. Scope

This document is applicable to all healthcare workers, radiology department, clinical department, nursing department and hospital administration of Al Masarra Hospital (AMRH).

3. Purpose

3.1 To reduce adverse events that result from delays in communicating critical radiology results.

4. Definitions

- 4.1 **Life-threatening cases:** findings that suggest a need for immediate or urgent intervention. Generally, these cases may include such findings:
 - 4.1.1 All vertebra fracture of dislocation
 - 4.1.2 Skull Fracture
 - 4.1.3 Pelvis Fracture
 - 4.1.4 Rib Fracture
 - 4.1.5 Hemothorax
 - 4.1.6 Pneumothorax
 - 4.1.7 Foreign Body
 - 4.1.8 Misplaced tube or catheters
- 4.2 **Discrepancy:** Findings that are discrepant with a preceding interpretation of the same examination and where failure to act may adversely affect patient health.



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4.3 **Serious but not life-threatening findings:** findings that the interpreting physician reasonably believes may be seriously harmful to the patient's health and may not require immediate attention but, if not acted on, may worsen over time and possibly result in an adverse patient outcome.

5. Policy

- 5.1 All radiographer in the Radiology department must identify emergency and lifethreatening cases that appear in radiology images and promptly communicate these to the ordering doctors.
- 5.2 Serious but not life-threatening findings must be dealt with and acted on accordingly by the ordering physician.

6. Procedure

- 6.1 Critical results and discrepancies should be communicated speedily when discovered.
- 6.2 The steps in verbal notification of results:
 - 6.2.1 Radiographer shall call the ordering physician and communicate the critical results, discrepancies and/or all serious but not life-threating findings.
 - 6.2.2 If no response after 10 minutes, a call should be made to the nurses of the relevant department.
 - 6.2.3 If the client is an in-patient, call the nurses station and get the physician through them.
 - 6.2.4 If no response after 10 minutes, the radiographer shall call the Nurse In-Charge.
 - 6.2.5 If no response after 10 minutes, the radiographer shall call the Public Relations Officer (PRO) of the Public Relations and Patient Services Department.
 - 6.2.6 Radiographer should document the communication with the following information:
 - 6.2.6.1 Name of contact
 - 6.2.6.2 Time



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6.2.6.3 Date

6.2.6.4 Patient Data

7. Responsibility

7.1 **The Radiographer Shall:**

7.1.1 Identify the critical result, initiate the communication, and document the outcome in a timely fashion.

7.2 The Ordering Physician Shall:

7.2.1 Acknowledge the receipt of the critical result and take the necessary actions.

7.3 All Nurses Shall:

7.3.1 Support the physician and manage the condition by highly observing the patient and connect between the communicated parts such as informing the PRO if needed.

7.4 **Public Relations Officer (PRO) Shall:**

7.4.1 Supervise and ensure that the case is communicated professionally and provide the support whenever needed.



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8. Document History and Version Control Table

		Document History and Ver	rsion Control		
Version	Descri	iption of Amendment	Author	Review Date	
1		Initial Release	Ameer Ali Al Hadi	May 2021	
2	R	eview and Update	Ameer Ali Al Hadi	July 2025	
Writ	ten by	Reviewed by	Approved	by	
Ameer A	li Al Hadi	Kunooz Al Balushi Adrian Sheldon C. Budiongan	Dr. Bader Al Habsi		

9. Related Documents

- 9.1 Appendix 1. Flowchart of Radiology Critical Results Management.
- 9.2 Appendix 2. Critical Result Registration Form.

10. Reference

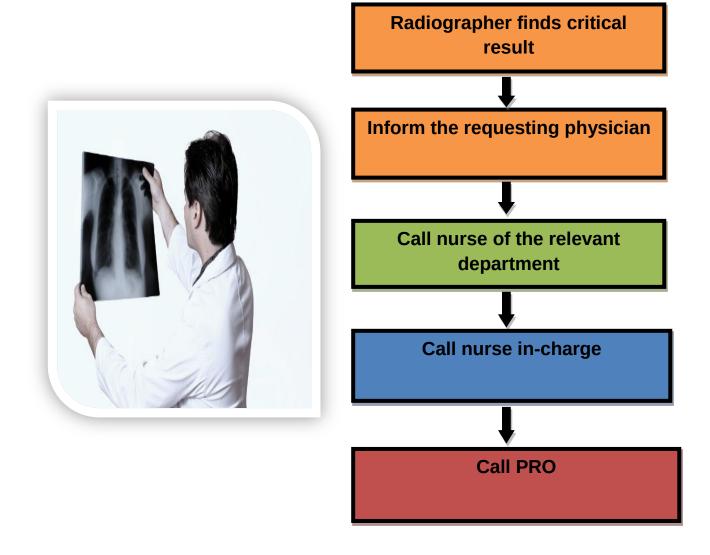
Title of book/journal/articles/website	Author	Year of Publication	Page
Standards for the communication of critical urgent and unexpected significant radiological findings. Second edition	Royal college of radiologists.	2015	

Appendices



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Appendix 1. Flowchart of Radiology Critical Result Management





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Appendix 2. Critical Result Registration Form

Date	Patient ID	Study name	Abnormality	Released time	Informed to	Informed by	Note



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Appendix 3. Audit Tool

	Audit						
S.N.	Process	Standard / Criteria	Yes	Partial	No	N/A	Comment
	Observation	Do all radiographers in the Radiology department identify					
		emergency and life threatening cases that appear in radiology					
1	Interview	images?					
	Document						
	review						
	Interview	Are critical results communicated speedily when discovered?					
2	D						
2	Document Review						
	Review						
	Observation	Did the staff follow the steps in verbal notification of results?					
3	Interview						
	Document						
	Review						
		Does the radiographer document the critical results					
	Document	communication with a complete information?					
	Review	Patient ID, Age and Gender.					
4		 Date and Time of discovery. 					
		 Report conclusion or Abnormality seen. 					
		Name of the informed to (doctor or nurse) and informed the staff (Padis analyse)					
		informed by staff (Radiographer).					



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Appendix 4. Document Request Form

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	Document Request Form							
Section A: C	Completed	by D	ocument Req	uester				
1. Reques	ter Details							
Name	Ameer Ali A	Al Ha	di	Date o	f Request	July 202	22	
Institute	Al Masarra Hospital Mobile 92720721					21		
Department	Radiology Email					radiologyamrh@gmail.com		
The Purpose o	f Request							
□ Develo	p New Docur	ment	Modifi	cation o	f Document		Cancelling of Document	
1. Docum	nent Informati	on	30					
Document Tit	le		cy and Procedure adiology Imaging		nmunication	of Critica	al Results	
Document Co	de	AM	RH/RAD/P&P/0	03/Vers	.02			
Section B: Co	ompleted by l	Docu	ment Controller					
Appro	ved		□ Cancelle	d	□ For	ward To:		
Comment and	Recommenda	ation:		SV-				
Name	Name Kunooz Al Balushi Date July 2022							
Signature		Den	100	Stamp)			





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Appendix 5. Document Validation Checklist

	Document Validation	n Checl	klist			
Docur	Policy and Procedure of nent Title: Communication of Critical Results in Radiology Imaging	Document Code: AMRH/RAD/P&P/003/Vers.02				
No	Criteria	Meets	the Crit	Comments		
		Yes	No	N/A		
1.	Approved format used					
1.1	Clear title - Clear Applicability	~				
1.2	Index number stated	1				
1.3	Header/ Footer complete	~				
1.4	Accurate page numbering					
1.5	Involved departments contributed					
1.6	Involved personnel signature /approval	V				
1.7	Clear Stamp	-				
2.	Document Content					
2.1	Clear purpose and scope	<u></u>				
2.2	Clear definitions					
2.3	Clear policy statements (if any)	1				
3.	Well defined procedures and steps					
3.1	Procedures in orderly manner	1				
3.2	Procedure define personnel to carry out step	1		1		
3.3	Procedures define the use of relevant forms	1				
3.4	Procedures to define flowchart	-				
3.5	Responsibilities are clearly defined	~				
3.6	Necessary forms and equipment are listed	1_				
3.7	Forms are numbered	1				
3.8	References are clearly stated	-				
4.	General Criteria		3			
4.1	Policy is adherent to MOH rules and regulations	-	-			
4.2	Policy within hospital/department scope	1				
4.3	Relevant policies are reviewed					
4.4	Items numbering is well outlined					
4.5	Used of approved font type and size	1		3		
4.6	Language is clear, understood and well structured					
Recon	mendations For implementation	. More re	vision .	То	be cancelled	
Reviev	wed by: Kunooz Al Balushi			rwin S. R	1/1	

