

Process for Radiology and Lab Call Backs

Radiology callbacks (sometimes known as “over reads”)-

- You are notified of the new finding or missed finding by the radiologist.
- Ask ED physician to review the new or additional finding and give orders for follow up.
- If physician gives orders to contact the patient for a critical finding, it is a good idea at that time to ask them what the plan would be if unable to reach patient. (OK to notify by letter or need to send the police to house for welfare check and instructions to call us).
- Document all in MedHost – all fields in 2nd window are required

Intake/Output	Radiology F/U
Delay	Preliminary Report
UML	Final Report
Copies of Reports	Radiologist Name
Removal	ED Physician
IV Infusions	Recommendation
Social work consult	Contact
Care Coord Consult	Comments
Downtime	
Call Back - Lab	
Call Back - Radiology	
Other	

Blood culture callbacks-

- Positive blood cultures are considered a critical finding. Policy requires to notify a physician within 30 min.
- If contaminant is strongly suspected by the physician, they may tell you to contact the patient and if no symptoms they don't need to return. We don't assume contaminant if the preliminary report is “gram + cocci in clusters”. If any question, safe practice is to ask the patient to return for recheck.
- ED physician leadership team agrees that unless the organism is known to be staph epidermidis, we contact the patient (even at night). We do not wait for confirmation of the organism.
- Follow steps below for contacting the patient using URGENT NOTIFICATION steps if necessary.
- Generally speaking gram negatives are more serious and less likely to be a contaminant but all positive blood cultures are considered critical results.
- Document all in MedHost – all fields in 2nd window are required

Intake/Output	Lab F/U
Delay	Report
UML	ED Physician
Copies of Reports	Recommendation
Removal	Contact
IV Infusions	Comments
Social work consult	
Care Coord Consult	
Downtime	
Call Back - Lab	
Call Back - Radiology	
Other	

CONTACTING THE PATIENT:

- Use phone number in MedHost. Be careful with HIPAA information. Verify name and DOB to ensure you have the right patient.
- Check Allscripts face sheet for additional numbers or emergency contact.
- If contact information is incorrect, contact the Access Services Lead or Supervisor at 2-9038 to see if they have other information.

POSSIBLE SCRIPTING FOR CONTACTING PATIENTS:

- Blood Culture: I'm calling to discuss the results of the blood culture that was done when you were in the Emergency Department. How are you feeling? The results show that you have a possible blood stream infection. These infections can be very serious. The recommendation of the ED physician is that you return to let us take another look at you and make sure you're ok. We and want to ensure you are getting better.
 - Place patient as inbound if they agree to return
- Radiology over read: I'm calling to discuss the results of the (x-ray, CT) that was done when you were in the Emergency Department. On final review, the radiologist has found XYZ. The recommendation of the Emergency Department physician is that you XYZ.
 - Provide name and phone numbers for referrals that the EM physician recommends
 - Place patient as inbound if they agree to return

IF UNABLE TO CONTACT PATIENT BY PHONE & THIS IS AN URGENT NOTIFICATION:

Urgent notifications are needed when follow up or change in treatment is necessary **immediately** (includes all positive blood cultures and others as determined by the ED MD)

- Call the Police department in the city where the patient lives.
- The non-emergency number for **Dallas Police is 214-744-4444.**
- Request an officer to the residence and that they let you know the message has been delivered. An acceptable message to the officer would be that you have urgent test results and need to speak to the patient immediately and request that the patient call you. Ask them to leave a note for the patient if no one is home.
- You should continue to try to reach the patient and pass off to oncoming supervisor if unable to do so. Continue to follow up with Police Department if the dept does not return call to you.
- If Deborah or Millie is here, feel free to pass off to us.
- Leaving a message is not considered contacting the patient!

IF NOT ABLE TO CONTACT PATIENT BY PHONE AND IT IS A NONURGENT NOTIFICATION (as determined by the ED MD)

- Be sure the instructions received from the ED doc and all attempts to reach patient are documented.
- Email Millie Early and Deborah Padgett (**always both!**) with name and account number of patient and a brief description of what is needed. We will check MedHost, follow up with the patient and let you know it has been done.

Just FYI.....For STD cultures, non-critical culture follow up (urine, stool, etc.) and West Nile virus tests

- Millie or Deborah will receive these results on the printer in the office
- Millie or Deborah will notify the patient by mail of POSITIVE STD results and whether treatment was provided at time of visit or treatment is still needed
- Millie or Deborah will attempt to notify the patient by phone for urine, wound, stool or other cultures for which a treatment change is indicated as determined by the ED physician
 - If unable to notify by phone, a letter will be mailed to the patient's residence
- Sometimes the lab calls the supervisor / charge nurse for (+) **syphilis**. They really don't need to, but it is the process for the rest of the hospital, so occasionally they forget and call you. If they call you, just email Millie and Deborah with the patient info and we will follow up. You do not have to try to reach the patient. You do not have to give the results to the physician. We should get them on our printer, emailing us will just be a safety net.