

Release of Preliminary Radiology Reports to the ER

Policy Effective March 4, 2015

Preliminary radiology reports may be released by a resident to the ER if the following criteria are met:

- A resident has passed their core exam **and** the Emergent/Critical Care Imaging Simulation
- A resident has completed three (3) neuroradiology rotations **and** passed the Emergent/Critical Care Imaging Simulation (limited to the release of Neuro reports only)
- After review with the attending (at the time it is queued for final approval)

Frequently Asked Questions

Q1: What is the "assertion" macro? Can an attending release a primary interpretation?

The assertion macro is "Powerscribe/macro: resident prelim" or one can type "r*" and hit enter. As an attending you can use the macro "Powerscribe/macro: attending prelim" or type "a*" and hit enter. Again the macro milerpR (resident) or milerpA should not be removed at the time of attending sign off.

Q2: Do all of the residents (and fellows) have access to the "assertion" macro, or only if they fit into criteria 1 and 2? Is there someone designated to turn that function ON for the residents that meet the criteria, or is it up to the resident to use their discretion?

Yes, all residents, fellows and attendings have access to assertion macros. Only those residents who meet the criteria outlined above should be asserting a preliminary report. This would also apply to fellows.

Q3: When a study is approved and sent for signature (criteria 3), does it automatically show up in the ER PACS as demonstrated or does that require another macro?

The only way the ER will be able to see a preliminary report is if someone has asserted the "resident prelim", "attending prelim" or the "attending agrees" macros. All reports will show up on the ER report gui and in EPIC once it is signed off by an attending. So as an attending if you dictate a report and just sign it (no prelim) it will be seen in the report gui and EPIC - you don't need to go through the prelim stage, but you do have that option. Note: there is a delay (~5min) in the final report being seen because of our ability to pull reports back and edit them during that short period of time.

Q4: Does the phrase "milerp" and or "seerga" stay on the final report?

Yes, it does no harm to remove it, but adds additional work at the time of sign off. The phrase also allows the department the ability to mine preliminary reports if there was ever an issue.

Prelim prior to attending review*

Not part of report!!!

ORDER INFORMATION

NAME: [REDACTED] EXAM: XR CHEST 2 VIEWS
LOC: [REDACTED] BED: [REDACTED] SEX: F EXAM DATE: 02/25/2015
MRN: [REDACTED] DOB: [REDACTED]

ORDERING MD: KRICK MICHAEL
ORDERING SERVICE: RG
REASON: ^dyspnea
ACCESSION : [REDACTED]

[Patient Signs/Symptoms or known diagnosis:->dyspnea]
[Should procedure be done as a portable?->No]

Order Status: ORDERED ENDED

THIS IS A PRELIMINARY REPORT

HISTORY: Dyspnea.

EXAM: XR CHEST 2 VIEWS.

PRIOR STUDY: Chest radiograph 4/3/2013

FINDINGS: Radiographic examination of the chest in 2 views demonstrates clear lungs without consolidation or effusion. There is no pneumothorax. The cardiac silhouette is normal. There is no acute osseous abnormality.

THIS IS A PRELIMINARY REPORT

PRELIMINARY IMPRESSION: No acute cardiopulmonary abnormality.

THIS IS A PRELIMINARY REPORT

ACUITY RANK: 1. Routine

milerpR

BEING DICTATED BY: Resident Doe in Attending Ancillary Attending Queue

Powerscribe 360 Status is Draft

Will be black
not red!!

Prelim After Attending Review

Not Part of Report!!

ORDER INFORMATION

NAME: [REDACTED] EXAM: XR CHEST 2 VIEWS
LOC: [REDACTED] BED: [REDACTED] SEX: F EXAM DATE: 02/25/2015
MRN: [REDACTED] DOB: [REDACTED]

ORDERING MD: [REDACTED]
ORDERING SERVICE: RG
REASON: ^dyspnea
ACCESSION : [REDACTED]

[Patient Signs/Symptoms or known diagnosis:->dyspnea]
[Should procedure be done as a portable?->No]

Order Status: ORDERED ENDED

THIS IS A PRELIMINARY REPORT

HISTORY: Dyspnea.

EXAM: XR CHEST 2 VIEWS.

PRIOR STUDY: Chest radiograph 4/3/2013

FINDINGS: Radiographic examination of the chest in 2 views demonstrates clear lungs without consolidation or effusion. There is no pneumothorax. The cardiac silhouette is normal. There is no acute osseous abnormality.

THIS IS A PRELIMINARY REPORT

PRELIMINARY IMPRESSION: No acute cardiopulmonary abnormality.

These images have been reviewed with an attending who agrees with the findings. The report is awaiting final signature

ACUITY RANK: 1. Routine

milerpR
seerga

BEING DICTATED BY: Resident Doe in Attending Doe Attending Queue

Powerscribe 360 Status is Pending Signature

Signed report

ORDER INFORMATION

NAME: [REDACTED] EXAM: XR CHEST 2 VIEWS
LOC: [REDACTED] BED: [REDACTED] SEX: M EXAM DATE: 02/25/2015
MRN: [REDACTED] DOB: [REDACTED]

ORDERING MD: [REDACTED]
ORDERING SERVICE: RG
REASON: ^dizziness, fatigue
ACCESSION : [REDACTED]

[Patient Signs/Symptoms or known diagnosis:->dizziness, fatigue]
[Should procedure be done as a portable?->No]

Order Status: ORDERED ENDED

HISTORY: Dizziness and fatigue.

EXAM: XR CHEST 2 VIEWS.

PRIOR STUDY: None

FINDINGS: The cardiac silhouette and pulmonary vasculature are normal. There is mild uncoiling of the thoracic aorta. There are no hilar or mediastinal masses. The lungs are clear. There is no pleural effusion or pneumothorax.

The bony thorax is intact.

IMPRESSION: No radiographic evidence of an acute cardiopulmonary process.

ACUITY RANK: 1. Routine

milerpR
seerga

Signed by Attending : ([REDACTED]) Doe Attending