
Critical Results Supplement - Policy regarding use of Epic Secure Chat
Updated 4/11/2024.

1) **For Critical Result (see attached list of critical results)**, Critical Results must be relayed verbally. Epic Secure Chat cannot be used to communicate critical results. Epic Secure Chat, however, can be utilized by the radiologist to *request* an ED provider to contact the radiologist at his/her preferred phone number to discuss critical results. The phone number will be provided by the radiologist. If there is no response by the ED provider within 5 minutes, the radiologist is responsible for using other means to contact the ED ordering provider.

2) **For any Non-Critical Result**, Epic Secure Chat can be used to communicate noncritical results to an ED provider. The radiologist should receive a confirmed response back/acknowledgment by the ED provider that the message has been received within 20 minutes. If there is no response, the radiologist must use other means to contact the ED provider to close the loop.

Epic Secure Chat "Best Practices":

1) A radiologist should not document that information has been communicated to a provider unless there is a definitive response/acknowledgement that a result has been received. Seeing that a "message was viewed" is insufficient.

2) If Epic Secure Chat is used, the radiologist can communicate with any provider on the patient's treatment team.

3) If Epic Secure Chat is used, the ED provider should close the loop with the radiologist with either confirmed Epic Secure Chat response (for non-critical results) or a phone call to the radiologist (for critical results).





4) When communicating by Epic Secure Chat, only the patient in question should be discussed in that particular session. DO NOT discuss more than one patient in a single chat session. Please open up another session for another patient.

5) Please remember to always open a unique chat for each individual patient and attach the chart of the patient whom you are speaking about.

6) The radiologist should only reference the provider they communicated with in the report. "Results communicated to resident DR/NP/PA X via secure chat" and not another

Nurse/Provider Clinical Communication Job Aid



Mode of Communication	Normal	Important	Urgent/STAT	Emergency Team Activation
Timeline for Action Sender is responsible to confirm message received within expected timeframe for ALL levels of communication	 Within 1 hour	 Within 15 minutes	 Within 5 minutes	 Immediate action
Examples (not comprehensive)	medication change request, order request, request to update family, patient arrival	abnormal vital signs, confirm discharge	critical vitals, acute change in patient status	Code Blue, MRT, Stroke Alert, Trauma, OB Alert, STEMI, MTP
Emergency Team Activation via Operator: 1-2	Do NOT use	Do NOT use	Do NOT use	✓
Verbal (phone, video, in-person)	✓	✓	✓	Do NOT use
SPOK/Paging	✓	✓ ^o	✓ ^o	Do NOT use
Secure Chat	✓	✓ ^o	Do NOT use	Do NOT use
Personal Text	Do NOT use			
Email				

^o Closed loop communication requires a response within the expected timeframe. Pager or SPOK communications should include the name of the person sending the communication and the 10-digit reply phone number. Use verbal or SPOK only for critical lab/test results as read back/repeat back required per critical test result policy.

June 2023

Required Action Steps	Performed By	Supplemental Guidance
<p>1. Communicate the Category 1 critical results to the ordering Practitioner or designee either verbally or by phone within minutes of viewing the exam.</p> <p>These Category 1 Findings refer to findings which are <u>new or have significantly worsened</u> since prior study. A stable finding that was previously known and/or was appropriately reported would not require non-routine communication despite the severity of the disease process.</p>	Radiologist/resident or designee	<p>List of Category 1 Critical results</p> <ul style="list-style-type: none"> Acute intracranial process, i.e. stroke alert, bleed, herniation Ectopic Pregnancy Tension pneumothorax Pulmonary embolism Rupture or leaking aortic aneurysm Severe spinal acute cord compression Significant line or tube misplacement Testicular or ovarian torsion Unexplained pneumoperitoneum Unstable spine fracture Necrotizing Fasciitis (Came from Peer Review Chair Forum) Fournier's Gangrene
<p>2. Category 1 critical test results should be acknowledged and understood by the receiver of the critical test results to the radiologist/designee.</p>	Ordering practitioner or licensed designee	
<p>3. Document person receiving the critical test results including their acknowledgement and understanding, date and time in the body of the final report.</p>	Radiologist/ Resident	For example: Dr. Jones notified of intracranial bleed and acknowledged and understood findings on Jan 1 at 0800.
<p>4. Document the critical test results information, including who was called,</p>	Radiologist/resident	For example: Dr. Jones notified of intracranial bleed and acknowledged and
<p>and the appropriate acknowledgement and understanding in the final report if the final report is not completed at the time of dictation (i.e., a preliminary report does not leave the VR system).</p>		understood findings on Jan 1 at 0800.
<p>5. Notify physician/designee to who the preliminary report was called and document in final report if final findings differ from preliminary documented critical test documentation.</p>	Radiologist/ resident	For example: Dr. Jones notified that critical test results differed from preliminary report (state in report how results differ).