



<b>VOLUME 4: MEDICAL SERVICES</b>	Effective Date: 6/1/12
<b>CHAPTER 30: MEDICAL IMAGING</b>	Revision Date(s):
<b>4.30.11 ACCESS TO MEDICAL IMAGING SERVICES</b>	Attachments: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

## I. PROCEDURE OVERVIEW

The California Correctional Health Care Services (CCHCS) Medical Imaging Services (MIS) shall provide on-site MIS.

## II. PURPOSE

To provide MIS in a timely manner and to assist in the diagnosis and treatment of patient-inmates.

## III. RESPONSIBILITIES

The Chief Executive Officer of healthcare is responsible for the implementation of this policy at the local level.

## IV. PROCEDURE

### A. Preliminary Interpretation and Discrepancy Reporting

1. A STAT or urgent order shall be hand delivered to the MIS department.
2. The patient-inmate shall be scheduled or immediately sent to the MIS department for the ordered examination.
  - a. On-site STAT examinations shall be performed within one (1) hour of order.
  - b. On-site urgent examinations shall be performed within four (4) hours of order.
3. The radiologic technologist shall perform the imaging examination.
4. The radiologic technologist shall immediately deliver the completed examination to the ordering physician for review.
5. The Preliminary Interpretation/Discrepancy Reporting Form (Attachment A) shall be completed by the physician reviewing the images and shall be forwarded to the MIS department with the examination.
6. Following preliminary review, the examination shall be sent to the radiologist the same day for final interpretation and shall be accompanied by all of the following:
  - a. all relevant prior images or films
  - b. original order
  - c. the Preliminary Interpretation/Discrepancy Reporting Form
7. The radiologist shall agree or disagree with the preliminary findings, complete the Preliminary Interpretation/Discrepancy Reporting Form accordingly and fax the completed form to the institution.
  - a. In the case of acute findings, the radiologist must contact the institution by phone and document confirmation of the phone call on the Preliminary Interpretation/Discrepancy Form.

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8. Once the radiologic technologist receives the faxed Preliminary Interpretation/Discrepancy Reporting form, one copy is made. The copied form shall be delivered to the clinic for distribution to the ordering physician, and the original faxed form shall be retained in a MIS file for a monthly quality assurance analysis.
9. The examination shall be returned to the institution with the Preliminary Interpretation/Discrepancy Reporting Form and a final report.

## **B. On-site Services**

1. On-site Scheduling
  - a. California Department of Corrections and Rehabilitation (CDCR) Form 7214, Request for X-ray, must be completed with pertinent history and demographics or the order will be sent back to requesting RN or physician.
  - b. CDCR Form 7214 shall be forwarded to the MIS department and orders are reviewed by the radiologic technologist for prioritization.
  - c. CDCR Form 7214 shall be stamped as “Received” with the current date by MIS staff.
  - d. The patient-inmate shall be scheduled for an examination by MIS staff per institution practice.
  - e. A ducat list shall be created and forwarded to appropriate staff.
2. On-site Examination Workflow
  - a. Patient-inmate shall be escorted to the MIS department or holding area.
  - b. The radiologic technologist shall verify the patient-inmate’s identity by using a minimum of two patient-inmate identifiers (i.e., ID card and ducat).
  - c. The appropriate method of film or image identification shall be used. The patient-inmate’s name (last, first), date of birth, and CDCR number shall be entered into Computed Radiography or Digital Radiography. If this is not available, a flashcard (typed or printed legibly) will be created. It is an unacceptable practice to identify a film with a sticker.
  - d. The ordered examination shall be performed using established protocols. This includes, but is not limited to, the correct anatomical side marker, proper positioning, as well as collimation and gonadal shielding when possible and appropriate.
  - e. CDCR Form 7214 shall be stamped as complete with current date by MIS staff.
  - f. Examination images shall be quality assessed by the radiologic technologist prior to the patient-inmate leaving the MIS department.
  - g. If the radiologic technologist identifies a possible abnormality of a serious nature, the radiologic technologist shall take the examination to the on-site requesting or attending physician to determine if urgent care is needed.
  - h. The on-site physician reviewing the uninterpreted examination must complete a Preliminary Interpretation/Discrepancy Report Form and forward a copy to the MIS department. The discrepancy report and uninterpreted examination with pertinent priors will then be delivered to the radiologist for review.
  - i. Pertinent prior studies shall be prepared with new images and current paperwork by MIS staff for delivery to the radiologist for interpretation.

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- j. Patient-inmate data from the CDCR Form 7214 shall be entered into the designated on-site examination log by MIS staff.
  - k. Institutions utilizing off-site radiologists for interpretation shall maintain an outgoing examination log that includes patient-inmate's CDCR number, examination type, date of service, prior film availability, and destination.
3. On-site Reporting
- a. The interpreting radiologist shall receive radiology studies for interpretation per current contractual agreement.
  - b. The interpreting radiologist shall fax the preliminary results to the MIS department and report urgent findings directly to the ordering physician via telephone.
  - c. MIS staff shall enter the date the examination is returned from the radiologist and the date the final report is received into the designated on-site examination log and/or a CCHCS institutional database program (i.e. Inmate Medical Scheduling and Tracking System (IMSATS), Madrid Patient Information Management System (MPIMS), etc.).
  - d. When a final report is received by MIS staff, two additional copies shall be made and distributed as follows: one copy to the ordering physician and one copy to the patient-inmate's master jacket. The original report shall be filed in the patient-inmate's Unit Health Record.

## C. Mobile Services

1. Mobile Services Scheduling
- a. CDCR Form 7243, Health Care Services Physician Request for Services, must be completed with the patient-inmate's pertinent history, demographics, and appropriate current lab results. Otherwise, the order shall be sent back to the requesting RN or physician.
  - b. Once approved, CDCR Form 7243 and pertinent questionnaires shall be sent to the MIS department with a copy of CDCR Form 7221, Physician's Order.
  - c. CDCR Form 7243 shall be stamped as "Received" with the current date and shall be documented in designated examination log by MIS staff or designee.
  - d. The patient-inmate shall be scheduled for an examination by MIS staff or designee per institution practice.
  - e. An appropriate examination preparation sheet shall be sent to the designated personnel.
  - f. A ducat list shall be created and sent to mobile services. (A copy of this ducat list is retained by the MIS department to obtain pertinent priors and to double check laboratory values.)
  - g. On the day of the examination, the patient-inmate's paperwork and pertinent priors will be sent to the mobile unit for radiologic technologist review.
2. Mobile Services Exam Workflow
- a. Patient-inmate shall be escorted to the mobile Magnetic Resonance Imaging (MRI) unit or modular Computed Tomography (CT) building.
  - b. The radiologic technologist shall verify the patient-inmate's identity by using a minimum of two patient-inmate identifiers (i.e., ID card and ducat).

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- c. The mobile radiologic technologist shall review the patient-inmate's MRI or CT questionnaire and lab results.
  - d. Appropriate method of film identification: patient-inmate name (last, first), date of birth, and CDCR number shall be entered into the MRI or CT workstation.
  - e. Examinations shall be performed using established protocols.
  - f. The type of contrast administered, amount given, and any difficulties with Intravenous contrast injection shall be documented on CDCR Form 7243.
  - g. Examination images shall be quality assessed by the mobile radiologic technologist prior to the patient-inmate leaving the mobile unit.
  - h. If the radiologic technologist identifies a possible abnormality of a serious nature, the radiologic technologist shall take the examination to the on-site requesting or attending physician to determine if urgent care is needed.
  - i. The on-site physician reviewing the uninterpreted examination shall complete a Preliminary Interpretation/Discrepancy Report Form and forward a copy to the MIS department. The Preliminary Interpretation/Discrepancy Report Form and uninterpreted examination with pertinent priors shall then be delivered to the radiologist for review.
  - j. The completed study shall be delivered to MIS staff.
  - k. Pertinent prior studies shall be prepared with new images and current paperwork by MIS staff for delivery to the radiologist for interpretation.
  - l. The date that the examination is completed shall be entered into the designated mobile on-site examination log.
  - m. Institutions utilizing off-site radiologists for interpretation shall maintain an "Outgoing Exam" log with patient-inmate's CDCR number, examination type, date of service, prior film availability, and destination.
3. Mobile Services Reporting
- a. The interpreting radiologist shall receive imaging studies for interpretation per current contractual agreement.
  - b. The interpreting radiologist shall fax preliminary results to the MIS department and report urgent findings directly to the ordering physician via telephone.
  - c. MIS staff shall enter the date that the examination is returned from the radiologist and the date the final report is received into the designated on-site mobile examination log and/or a CCHCS institutional database program (i.e. IMSATS, MPIMS, etc.).
  - d. When the final report is received by MIS staff, two additional copies shall be made and distributed as follows: one copy to the ordering physician and one copy to the patient-inmate's master jacket. The original report shall be filed in the patient-inmate's Unit Health Record.

## V. ATTACHMENT

- Attachment A, Preliminary Interpretation/Discrepancy Reporting Form

**ATTACHMENT A**  
**Preliminary Interpretation/Discrepancy Reporting Form**



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**This form must be filled out by the physician at the institution reviewing imaging studies.  
Please send this form with completed exam to the radiologist at time of final interpretation.**

**Patient-Inmate:** \_\_\_\_\_ **Housing:** \_\_\_\_\_

**CDC#:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Contact phone #** \_\_\_\_\_ **Physician:** \_\_\_\_\_

**Preliminary Interpretation:**

- Normal – No Acute Findings.**
- Abnormal**

\_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_

**For Radiologist: (Please return this form with interpreted exam to institution.)**

- Agree**
- Minor Discrepancy**
- Major Discrepancy **\*\*Contact institution immediately\*\*****
  - Spoke with:** \_\_\_\_\_

**Please return this form via fax to the institution at fax #** \_\_\_\_\_

**Radiologist Signature** \_\_\_\_\_