



Memo

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Date: September 25, 2012

To: Penn State Hershey Clinical Faculty

Fr: Michael A. Bruno, M.D., F.A.C.R.
Radiology Quality & Safety Committee Chair

Re: New “Failsafe” Program

Dear HMC Colleagues,

I am writing to alert you to a new Radiology program to provide a direct-mail notification to adult E.D. patients who have imaging findings requiring non-emergent follow-up after their discharge from the E.D. This “failsafe” initiative is intended to facilitate these patients receiving appropriate follow-up with their primary physicians and to prevent potentially significant issues from being lost or delayed in follow-up.

Beginning October 1, 2012, individually selected adult E.D. patients with non-urgent imaging findings, identified by the Radiology attending staff as requiring follow-up on a non-urgent basis, will receive a letter in the mail informing them of this and urging them to contact their primary care physician. They will not be sent a copy of their Radiology report. An electronic copy of the patient letter will also be sent to the connected “inbox” of the HMC physician of record whenever we have that information on file. The letter will also provide guidance for patients to receive a referral to a PCP in our own Dept. of Family & Community Medicine if they are in need of one.

This new program was developed jointly between the Departments of Radiology, the Emergency Dept., the Dept. of Family & Community Medicine, the HMC Quality Dept., HMC Risk Management and in close consultation with HMC Legal Counsel. It will only affect adult patients who undergo imaging as part of an HMC Emergency Department visit and who are subsequently discharged to follow up with their PCP. We have determined that this population is particularly at risk for having incidental imaging findings “fall through the cracks,” and not receive the appropriate level of attention on follow-up.

While we understand that receiving our letter might cause anxiety for some of our patients, we expect that the added burden to your practices will be small and the potential benefits for our patient population will be large.