
Diagnostic Services – Department of Radiology – Diagnostic Division

SUBJECT/TITLE: **GUIDELINES FOR MONITORING AND CORRECTION OF TECHNICAL ERRORS**

PURPOSE: To monitor technologist performance to reduce the risk of adverse events.

DEFINITION: None

POLICY:

This policy establishes guidelines for additional education and criteria for evaluating employees should there be repeated errors. Use of a time out to verify correct exams and double identifier to verify correct patient can significantly reduce errors.

PROCEDURE:

1. Types of errors to be monitored: patient identification, side marker, incorrect patient and incorrect exam. These types of errors place patients at risk for misdiagnosis and treatment and expose the patients to unnecessary radiation.
2. If an exam is sent to the central archive with incorrect patient identification or side marker, the ordering physician should be notified immediately upon discovery of error.
3. Do not delete images taken in error. These images should be corrected (image information/patient identification, etc) and an appropriate ancillary order should be placed in the EMR so a radiology report can be created. Complete a PSN with a description of the event, including a request to cancel charges (if appropriate).
4. An archive correction form must be filled out and given to image management for corrections to be made.
5. Technologist's errors will be monitored and considered as a part of the technologist's annual performance appraisal.
6. Any employee who has more than 5 errors per year will receive additional education related to the types of errors made.