The Problem
The Radiology department uses contrast mediums every day. Although contrast agents are generally well tolerated, a small percentage of individuals can experience adverse or allergic responses to contrast with varying degrees of severity. While it is important that information about a contrast related event be readily available to the patient and to the next care providers to ensure proper clinical triage, there was no standardized process to ensure this occurred.

Aim/Goal
Development of a mechanism for event communication and documentation that is
- Standardized
- Comprehensive
- Timely and readily available to next provider both inside and outside the BIDMC system
- Allows for proper identification of patients at risk for adverse events
- Easy to use

The Team
Bridget O’Bryan-Alberts RN MSN Nurse Manager Radiology
Suzanne Swedeen RN MSN Quality Improvement Specialist Radiology
Dr Bettina Siewert MD, Vice Chair for Quality, Safety, and Performance Improvement
Michelle E. Micale, Project Manager, Health Information Management
Jane Wandel RN Program Director, Patient and Staff Communications
Malik Gunjan Senapati MD
Samir Shah MD
Radiology QA/QI Committee
CT Operations Committee
MRI Operations Committee

The Interventions
- Staff education and coaching surrounding systems limitations and patient education requirements
- Standardized documentation templates developed
- Patient education materials revised
- Revision of departmental guidelines for the treatment of contrast related adverse events

The Results/Progress to Date

Lessons Learned
- Practitioners are not always aware of the interconnectivity limitations of our IT systems
- Patients need to be strong advocates for themselves as they navigate through the complex medical world. They need to know any future implications that a contrast reaction will have in the continuum of their care, how to manage it when they get home.

Next Steps/What Should Happen Next
- Analysis post intervention compliance data.
- Potential for roll out to affiliates.
- Repeat PDSA cycle

For more information, contact:
Suzanne Swedeen RN MSN Quality Improvement Specialist Radiology
sswedeen@bidmc.harvard.edu