INDICATOR 23

The practice has an effective system for the management of clinical correspondence, test results, urgent referrals and other investigations

Criteria		Evidence may include	☑	Level
23.1	**There is a policy describing how laboratory results, imaging reports, investigations and clinical correspondence are managed.**	■ Policy on to how to manage and track laboratory results, imaging reports, investigations and clinical correspondence.	☐	F
23.2	**All incoming test results or other investigations are sighted and actioned by the practice team member who requested them, or by a designated deputy.**	■ Policy for the management of incoming test results and other investigations. ■ Patient record reviews (see Indicator 21).	☐	F
23.3	**Patients are provided with information about the practice procedure for notification of test results.**	■ Patient information – verbal and documented, poster, notice, website, leaflet and/or brochure. ■ Patient record reviews (see Indicator 21).	☐	F
23.4	**The practice can demonstrate how they identify and track potentially significant investigations and urgent referrals.**	■ Policy that describes how the practice identifies and tracks significant investigations and urgent referrals. ■ Patient record reviews (see Indicator 21). ■ Standardised process across the clinical team.	☐	F
23.5	**A record is kept of communications with patients informing them about test results.**	■ Medical record to demonstrate communication of test results. ■ Patient record reviews (see Indicator 21).	☐	F
23.6	**The practice has a clinical governance process to ensure all clinical correspondence has been actioned.**	■ Documented process for ensuring all clinical correspondence has been actioned. ■ Person(s) who takes responsibility for this process. ■ Regular review of inboxes.	☐	A

Guidance notes

Managing patient test results in general practice is a complex task. It involves all members of the practice team, relies on the systems in the general practice and the outside provider, and requires the results to be communicated to the patient in a timely, clinically appropriate and meaningful manner.

The highly administrative nature of test result management can feel bureaucratic at times, but it is a critical part of a patient's diagnostic work-up and the results often have significant implications for the care patients receive.

The complexity involved means that errors can occur, and these have sometimes resulted in patient harm.

Have clear policies and processes

Your practice must operate a reliable and defined process for recording and managing clinical investigations. There should be a clear indication of what action was initiated on all reports to enable correct tracking and management.

The principle is that patient reports are not lost in the system and are processed to ensure the right people get the right information within the timeframes identified by your practice. For every report or test there must be a person in the practice responsible for management and tracking.

Good practice requires that your practice should keep a record of telephone conversations with patients about test results also, noting the date and who advised the patient.

Members of your practice team must be able to describe the system used by your practice to monitor, review and act on all incoming test results and medical reports.

Guiding principles

There are a number of steps you can take to minimise the risk of patient harm.

Your practice is encouraged to (from **Managing patient test results: minimising error**):

1. create a culture where patients and staff can raise concerns about problems with processes and errors, acknowledging that mistakes can happen. Be hard on systems, but easy on people.
2. develop a system to audit and improve the management of patient test results.
3. have a clear, documented policy covering:
   - patient notification
   - the process for tracking and managing tests ordered, including identifying missing results (particularly significant results)
   - staff responsibilities (including results interpretation)
   - actions and follow-up

   all in a clinically appropriate and timely manner.

When proactive follow-up is necessary:

Significant results are those where subsequent follow up is essential and the risk to the patient of not following up is high, for example breast biopsy results. A significant result could be either a normal or abnormal result – it depends on the clinical picture.

Practice recommendations

Dr St George, in his piece **The management of clinical investigations** in Cole's, makes a number of recommendations, including the following:

1. If you request a clinical investigation, you should tell your patient why the clinical investigation is recommended and when and how they will learn the results.

2. All the relevant parties should understand their responsibilities clearly.

3. If you are responsible for informing the patient, you should:
   - inform the patient of the system for learning test and procedure results, and arranging follow up.
   - ensure staff and colleagues are aware of this system.
   - inform patients if your standard practice is not to notify normal results and obtain their consent to not notifying.
   - if other arrangements have not been made, inform the patient when results are received. This is especially important if the results raise a clinical concern and need follow up.

4. Identifying and following up overdue results is an essential, but difficult, office management task. Your PMS should ensure that test results are tracked successfully. Such a system might be a paper file or computer database that identifies:
   - high risk patients
   - critical clinical investigations ordered
   - dates of reports expected
   - date of expected or booked follow-up patient visits.

5. The patient's clinical record itself might be flagged in some way to aid this tracking process.

6. It can sometimes be difficult to contact a patient by telephone, and sometimes they do not attend planned follow-up appointments:
   - The number and intensity of efforts to reach the patient by telephone should be proportional to the severity and urgency of the medical problem. All attempts to contact the patient should be documented.
   - If the patient fails to attend an appointment, or you have been unable to speak to them directly about test results that raise a clinical concern, then send a letter to the patient advising them of the action they should take.

7. If you order investigations it is your responsibility to review, interpret and act on the results. If you are not available to receive the results, you should alert a locum or deputising clinician in your practice. Further, you should check the results when you are next on duty.

In addition:

1. Use the task allocation system in your PMS to automatically add a task in the future to check a result has been received. This may be for all tests, or tests that you have determined to represent a higher risk (for example, cytology, radiology and troponin T).
2. Use a Patient Portal where appropriate to send results to a patient after filing. However, you should always use other systems to notify the patient of any

results requiring action. The consent process you use for the Patient Portal should be explicit about how it will be used with respect to results notification.

3. Ensure that any results requested by a locum are forwarded to a permanent staff member once the locum leaves.

Auditing your practice's processes

Any medical investigations requested by your practice should have a clear pathway to an outcome (request, results, communicate results, record results, patient informed, action taken, dated, time limit identified).

Auditing these processes allows you to see where any improvements need to be made.

Key areas to focus on:

- Identify missing results, ie not received from the laboratory, or ordered but information not complete
- Provide information about what has happened to medical investigations that have been returned to the practice
- Appoint a clinical team member responsible for monitoring the review and action of all incoming test, results and medical reports (see clinical governance)
- Appoint a designated deputy, for example locum, to process the reports if that requester is not available or is on leave
- Track specialist referrals.

Tracking methods may include:

- Automated electronic 'flag' to alert the requester at an identified period of time
- Automated electronic 'task' to direct the requester to investigate receipt of results at an identified period of time.

How you communicate results with patients

The Health and Disability Commissioner recommends doctors discuss the notification of test results with patients in advance; obtain, where possible, the patient's consent to the notification of only abnormal results and encourage patients to call if they want confirmation of a normal result or have any questions. (NZGP 3 April 2002).

The Health and Disability Commissioner states it is acceptable for doctors to have a clear arrangement that patients will only be notified when test results are of concern. However, unless there is clear evidence that such an arrangement has been made, patients need to be told all their results. It must be made clear to patients that they are entitled to be notified of all test results, and that even if they agree to be notified only of abnormal results, they are welcome to call the medical facility and check whether their results have been received and what they are.

Make sure you reinforce your message by having information wherever possible (eg waiting room, consultation room, patient information, practice website etc).

Leaving patients to assume that silence means their test results are OK is not acceptable. See the **Health and Disability Commissioner** website.

Recording communication with patients about tests:

Communication (including phone calls and emails) about tests should be recorded in the electronic health record with:

- the date
- the person identified who provided the result to the patient
- a brief record of what information was conveyed
- a record of what method was used to convey the information – telephone, letter, email, SMS (consider security of message system – **Health Information Privacy Code 1994**)

> **Indicator 2**
>
> The practice meets the requirements of the Health Information Privacy Code

Laboratory tests and diagnostic imaging services

For each referral for a laboratory test or a diagnostic imaging service issued by a health practitioner, whether electronic or hardcopy, it should include the following details (this aligns with the PHO services agreement):

a. The Practitioner Identification Number of the issuing practitioner
b. Health practitioner type (this tells the lab or person you are referring to you have the correct authority)
c. Health practitioner name (helpful if you add the name of the practice as well, especially if the referrer works across several practices, eg locums)
d. Health Practitioner Index number (gives a unique identifier for the practitioner)
e. Date of referral (useful to know because sometimes patients do not present to the labs until a long period of time has lapsed)
f. Patient's full name and address (to differentiate between people with the same name and date of birth, which happens even in New Zealand) – consider adding preferred name as well
g. Patient NHI number
h. Patient date of birth
i. Patient gender (this impacts some tests performed, eg if the patient is transgender)
j. Name of test or test code
k. The purchaser, if it is not the DHB (as appropriate, eg for job placement screening or entry into study)
l. Health practitioner's signature (or electronic equivalent).

Other useful tips to consider:

- Adding the patient's preferred name
- Clinical details – what is the purpose of the test being ordered? This helps the labs to process the testing
- Start each new test on a new line (rather than in string/block text because it helps the lab staff to make sure they have each test)
- Make sure hardcopy referrals are legible and are not too small
- Ensure samples are in the correct containers
- Check referrals match samples.

Vicarious liability

General practices will not ordinarily be held liable for lapses in care or communication by an individual practitioner who they 'employ'. However, if the lapse was attributable to poor systems or inadequate protocols at the practice, the practice may be held vicariously liable. In practice, general practices should have good, robust systems in place, provide appropriate training, guidance and support, and ensure ongoing audit and review.

Under the Health and Disability Commissioner Act 1994, 'employing authorities' will avoid vicarious liability if they can show that they took such steps as were reasonably practicable to prevent the acts or omissions that amount to a breach of the Code of Health and Disability Services Consumers' Rights.

Clinical governance

Someone in your practice needs to take responsibility to ensure all clinical correspondence has been actioned. Some practices have one staff member (eg senior clinician) who reviews all inboxes and outstanding items. This can also be a regular agenda item at clinical meetings. The key thing here is that any issues are monitored and addressed quickly.

Resources

- **Health and Disability Commissioner**
- **Managing patient test results**
- **RNZCGP Policy Brief: Managing patient test results**
- Medical Protection: **Handling test results**
- St George IM. 2013. **The management of clinical investigations. Chapter 14 in St George IM (ed.).** Cole's medical practice in New Zealand, 12th edition. Wellington, NZ: MCNZ.

Continuing professional development

- Audits of test and investigation result management can be claimed as an AoMP activity. A completed RNZCGP AoMP summary sheet should be kept as evidence.