Policy on Managing Patient Results and Correspondence

1 SUMMARY

This policy covers how to manage and track:

- laboratory results
- imaging reports
- significant investigations
- clinical correspondence
- urgent referrals

The management of patient results and correspondence is a key role in general practice and must be performed in a timely, sensitive, clinically appropriate and meaningful manner. There are six main components to any system that ensure safe, effective and reliable management of results and correspondence.

- Tracking results and correspondence
- Identifying missing results and correspondence
- Staff responsibilities
- Patient Notification
- Follow-up actions
- Patient privacy and confidentiality

2 POLICY STATEMENT

2.1 Purpose

This policy outlines the management of patient test results and correspondence by this practice. By addressing the six key components (above) all staff are expected to understand the processes and their role and responsibility in maintaining an effective system.

This policy also addresses the requirements of the Foundation Standard supporting the patient experience and equity meeting their needs and rights.

2.2 Background

The Indici PMS is able to track results, issue reminders for laboratory tests with the results going directly to the provider's inbox. The PMS will also prompt the provider if a result has not come back through the system.

The failure to follow up completion of tests, receipt of results or reporting back of test results is a re-occurring theme experienced via complaints to the Health and Disability Commissioner.

2.3 Scope

This policy applies to all clinical staff working at this practice and any other person who has responsibility at the practice for any aspect of the process that ensures a timely and effective management of clinical correspondence, test results or other investigations.

Administration and reception staff should also be aware of the guidelines in order to respond to patients requests for tests and results.

2.4 Responsibilities

It is the practice's responsibility to notify patients and they should be advised how this will be done and the likely timeframe at the time the test is arranged. When tests are ordered by a locum doctor Practice Management must ensure results are redirected to the patient's principal doctor once the locum leaves.

Responsibility Matrix

Task	Staff member responsible
Clinical oversight	NP Vivian Huang
Auditing process	NP Vivian Huang and Nurse Co-ordinator Lynne Doubleday
Ordering tests and investigations	Doctors/ Nurse Practitioners
Follow up of results • Laboratory tests • Imaging reports • Specialist and other external provider reports	The Clinician who ordered the test
Contacting patients re results • Laboratory tests • Imaging reports • External Provider reports	The Clinician who ordered the test
Follow up of tests for casual patients • Laboratory tests • Imaging reports • Reports	The Clinician who ordered the test
Follow up of tests ordered by locum doctors or staff going on leave. • Laboratory tests • Imaging reports • Reports	The Clinician who ordered the test or delegated to the Provider taking over.
Dealing with unmatched results or correspondence.	Nurse Coordinator.

2.5 Definitions & Abbreviations

PMS	Practice Management System, Indici
ERMS	Electronic Referral Management System

2.6 Related Policies and Codes

- Code of Health and Disability Service Consumers' rights
- Privacy Policy
- Complaints Policy
- Security of Electronic Health Information Policy

3 POLICY DETAIL AND PROCEDURES

3.1 Tracking laboratory and imaging results and including missing results

The PMS auto tracking facility will be set up and used to issue reminders for all x-rays, laboratory investigations and referrals where a request form is generated out of the PMS. The follow up tag will be for two weeks after the requesting of the test of investigation

This will also be used to identify any test results that remain outstanding.

For all ERMS referrals which cannot be tagged and tracked recalls will be set manually against the patient's PMS record.

Generally, the result will go directly into the provider's inbox. When the result is received the provider will review it and decide what follow-up is required.

When a result has been received that is adverse, a manual recall will be added to the patient record and only removed after there is a clear record that the results have been appropriately communicated to the affected patient.

3.2 Patient notification

It is the practices responsibility to notify patients and they will be advised how this will be done and the likely timeframe at the time the test is arranged.

Results of tests and investigations will be handled by this practice in the following manner

For all serious concerns, adverse or abnormal results;

- Patient will be contacted within 36 hours of receipt of the test results.
- Notification will be in person (face to face or phone call) or by text, e-mail or patient e-Portal asking the patient to make contact with the practice to receive their test results

For results that are normal;

- Patient will not be directly contacted. Results will be shared by patient e-Portal, phone, e-mail or text upon request from the patient.
- All patients are informed at the time of a test how they will receive their results. There is a keyword to document that this has been done.

INR result notification

- The result for INR comes into the patient's PMS inbox. The Doctor then:
  - Contacts the patient to let them know the result and to instruct on any changes to warfarin medication, or delegates a nurse to do this
  - Enters into measurements under INR ensuring all details are entered especially the warfarin dosage, and a follow up recall (ensure you document the current regime even if it's ("stay the same")

It is Practice Policy to encourage patients to register with the patient e-Portal so they always have access to their results after they have been filed by a Clinician.

3.3 Dealing with Unmatched results

Unmatched results usually come into the Doctors on Riccarton inbox. These are dealt with by the nurse coordinator who goes through them twice per week and either reallocates them or files them under Non-Patient and reports to the organisation that mis-sent the result.

3.4 Significant Investigations and Urgent Referrals

Significant Investigations and urgent referrals must be tracked as per usual. However, even if the result comes back normal, the clinician who ordered the test should contact the patient to inform them of the result either via patient e-Portal, text or email.

A serious or significant result does not have to be a positive one. For example, if someone has serious concerns about prostate cancer then a normal PSA is important to them and they should be advised.

3.5 Clinical Correspondence

Clinical correspondence from external providers usually arrives automatically into a patient's inbox.

All paper clinical correspondence needs to be scanned by the receptionist and uploaded to the Patient's Inbox and brought to the attention of the patient's enrolled Provider.

That Provider will then be responsible for checking the inbox and ensuring appropriate action taken, whether it be

- Filing the result with no action e.g. if specialist is just reporting back to GP.
- Contacting the patient for follow up or notifying them of the result.

3.6 General

- The provider who arranges the test or referral is responsible for checking the result when it is received and arranging follow-up.
- Follow-up shall be arranged by the provider and annotated in the medical record. The Task Manager will be used when duties are being delegated to other staff.
- It will be annotated in the medical record that the person has been notified (or attempted to) and details of any follow-up noted.
- If the Task Manager advises that a result or referral is overdue then the provider is responsible for following this up (either themselves or by delegation).
- All locums will be responsible for viewing the results of the host doctor by reviewing their in-box and Task Manager.
- When a result is received which is of a serious nature, even if it has not been organised by the practice, the usual provider for that patient must ensure (either themselves or by delegation) that appropriate action is being taken.
- If a locum is given their own inbox the host doctor's inbox will be redirected to the locum's (see below for full details on carrying this out). The locum's inbox will be directed to the host Doctor's upon their return.

- If a doctor/provider leaves the medical centre then their inbox will be permanently redirected to that of their replacement or another appropriate doctor/provider within the practice.
- Patient privacy and confidentiality must be maintained when reporting results.

4 AUDITING PROCESS

Auditing the Practice's processes allows us to see where improvements can be made. Key areas to focus on include:

- Identifying missing results, i.e. not received from the laboratory, or ordered but information not complete
- Information about the status of medical investigations that have been returned to the practice.
- Tracking specialist referrals

Once a week NP VH will go through all provider inboxes to ensure there are no outstanding results, letters or correspondence that have been neglected. She will bring any she finds to the attention of the provider responsible.

Once yearly the Nurse Co-ordinator will do a random 10 patient audit. This will include the following information taken from the RCGPNZ 10 patient questionnaire. This is as follows:

- Audit questions taken from the 10 Patient questionnaire
- Clinician's name:
- MCNZ/NCNZ number:
- Date:

1) 9 in original. The record identifies information given to the patient, including risks and benefits of treatments and, where relevant, consent:														
NHI														
Number	1	2	3	4	5	6	7	8	9	10	Met	Part Met	Not Met	N/A
Notification of test results and clinical findings are recorded														
The record supports adequate Consenting processes														
2) 12 in original. The record identifies all investigations requested and tracks high-risk tests:														
Number	1	2	3	4	5	6	7	8	9	10	Met	Part Met	Not Met	N/A
All requests for tests and Investigations are recorded														
High-risk tests (e.g. histology, Cervical smears) are tracked for completion														
3) 13 in original. The record supports effective and timely referral for treatment or transfer of care:														
Number	1	2	3	4	5	6	7	8	9	10	Met	Part Met	Not Met	N/A
The record shows that referrals are														

Completed within a reasonable time frame														
Copies of referral letters to and from the practice, certifications, referrals and responses, discharge summaries and test results are included in the patient PMS record or accessibly filed														
Referrals include urgency, reason/ expectation of referral, relevant findings, classifications, warnings and current treatment														
The transfer of Responsibility for care can be verified from the records														
4) 14 in original. Follow-up of test results is clearly documented, and actions recorded:														
Number	1	2	3	4	5	6	7	8	9	10	Met	Part Met	Not Met	N/A
Follow-up actions on test results and referrals are recorded														
Comments:														

Report and Plan template
Audit finding:
Area(s) of omission:
Plan for improvement:

5 REFERENCES

St George, I. M. (2013). The managment of clinical investigations. In *Cole's medical practice in New Zealand, 12th edition* (pp. 128-134). Wellington: Medical Council of New Zealand.

- Health and Disability Act
- Disability Service Consumers' rights
- Health Information Privacy Code