1.0 Policy:

Test Tracking: All tests ordered will be tracked until results are obtained and follow-up completed.

2.0 Responsibilities & Procedures

2.1 Each practice site will have a process for tracking all tests ordered (laboratory, imaging, special studies, etc.) until results are received.
- A paper or electronic tickler file is kept for all tests ordered.
- The file is reviewed for outstanding tests at least every month by designated office staff.
- Follow-up with patients is done as needed to encourage necessary tests be performed:
  - o the patient will remain in the tickler file until the test is done or the patient has received at least one phone call and one letter regarding getting the test done
  - o if after at least one phone call and one letter the test is still not done a Certified letter may be sent if the ordering physician considers it critical that the test be done
- Communication with testing entities is done as necessary to ensure results are received

2.2 Each practice site will have a process for review of all test results (laboratory, imaging, special studies) that are received:
- **Critical Test Results** (see definition) should be communicated to the Appropriate Licensed Caregiver (see definition) within 45 minutes of completion. Document the time **Critical Test Results** are received from the laboratory and time given to the Appropriate Licensed Caregiver on the phone note/report with results
- all abnormal test results are reviewed, signed, and dated by the designated Appropriate Licensed Caregiver within 5 business days and filed in the patient's medical record within 7 days after they are signed
- all normal test results are reviewed, signed, and dated by the Appropriate Licensed Caregiver or designee within 10 business days and filed in the patient's medical record within 7 days after they are signed.
  - **Note:** Delegation of authority to review and sign-off on normal test results is determined by practice's lead physician or designee.

2.3 Each practice site will have a process to inform patients about abnormal test results that require follow-up (further testing, an office visit, medication change, referral etc.)
- Patients are asked questions to ensure that they understand:
  - o the implications of the abnormal test result
  - o the instructions for follow-up care/testing etc.
- Documentation in the patient's medical record includes the date the patient was notified of the results, that the patient has no questions and instructions for follow-up care if needed.
  - o When contact is by phone:
    - ▪ all attempts to contact the patient are documented in the patient's medical record
    - ▪ if phone contact is unsuccessful after 3 attempts the patient will be contacted by mail if needed
  - o When contact is by mail a Certified letter will be sent

2.4 Each practice site will have a process to ensure patients with abnormal results that could have a critical outcome receive the recommended follow-up care/testing within the timeframes requested by the provider.
- Cancellation and no-show appointment medical records will be reviewed to assess whether any patients require follow-up on abnormal results by designated staff.
- Outcomes of follow-up action will be documented in the patient's medical record

Test Tracking

2.5 Each practice site will check patient demographics at each visit to ensure patient contact details are kept up to date.

2.6 Each practice site will ensure all test tracking steps (phone calls, letters, etc.) are documented in the patient's medical record.

2.7 All physicians and staff are trained to ensure adherence to the test-tracking policy and processes. This may be done at a staff meeting and documented in the meeting record.

3.0 Definitions:

3.1 Critical Test Results: Tests results for specific diagnostic tests that fall outside the safe range established by the medical staff. These tests must be communicated to the Appropriate Licensed Caregiver within 45 minutes of completion.

3.1.1 **Clinical Laboratory Critical Test Results:** (also called Laboratory Tier I tests)

Magnesium	<1.0 or >4.0 mEq/L
Magnesium (L & D)	<1.0 or >7.0 mEq/L
Potassium	<3.0 or >6.0 mEq/L
APTT, Heparin Therapy	>180 seconds
Protime	>4.5 INR
Hemoglobin	<8.0 gms/dl
Platelets	<30,000 cu.mm.
Blood Cultures	Conversion to positive for any organism
Acid Fast Smears	Positive
CSF Culture, tissue, or Sterile Body Fluid	Conversion to positive for any organism

3.1.2 **Radiology Critical Test Results**:
- Pneumothorax,
- Aortic dissection,
- Intracranial hemorrhage,
- Leaking aortic aneurysm, or
- Any other condition determined by the radiologist requiring immediate intervention for treatment to ensure care

3.1.3 Cardiology Critical Test Results:
- Any EKG with a computerized report indicating:
  - Active Injury
  - Ventricular Tachycardia
  - Bradycardia – HR (< 40 bpm)

- Echocardiogram: Any echocardiogram performed with the suspicion of the following by the sonographer:
  - Pericardial Effusion (Cardiac Tamponade)
  - Blood clot
  - Dissection

3.2 Appropriate Licensed Caregiver: A caregiver who can initiate and/or direct clinical interventions to improve the physiologic condition reflected in the critical test or test result. This includes, but is not limited to: Physician caring for the patient, Physician's Assistant, Clinical Nurse Specialist, and Registered Nurses approved to implement medical staff approved treatment protocols.

DELEGATION OF REVIEW & SIGN-OFF TEST RESULTS FORM

I delegate the authority to the following office staff to review and sign off reports: (check all that apply)

of all normal routine screening laboratory tests ordered

of normal routine screening mammography studies ordered

of normal routine screening PAP tests ordered

of all normal laboratory tests ordered

of all normal radiology studies ordered

of _____ ordered

The "sign off" delegation includes following the practice site's specific process to notify patients of normal test results, if applicable at _____
Practice Site

_____   MA   LPN   RN   _____ Date
Please print and sign name   [Please circle applicable title]

_____   MD   DO   NP   PA   _____ Date
Delegating Provider   [Please circle applicable title]
Please print and sign name

_____   MD   DO   NP   PA   _____ Date
Delegating Provider   [Please circle applicable title]
Please print and sign name