Sample Policy: Reporting Test Results

This model policy is intended as guidance to be adopted or adapted consistent with the internal needs of your organization.

Subject: Reporting Test Results

Philosophy and Purpose

- [Name of physician practice] recognizes the importance of prompt review and communication of test results to ensure accurate diagnoses, effective attention and treatment, and optimal patient care.

- Policies and procedures for reporting test results support effective communication among providers and between providers and patients.

Key Definitions

Abnormal test result. Test result that requires the ordering provider’s attention as soon as possible but is not as urgent or life-threatening as a critical result. Abnormal findings are values that are above or below the established norms for a particular test. Typically, laboratories or testing centers judge which values are considered abnormal (for example, a value considered abnormal for some patients may qualify as normal for a patient who previously had a critical test result).

Critical test result. Test result for a condition that if left untreated may be life-threatening or place the patient at serious risk. Patients require urgent clinical attention.

Critical tests. Tests that require immediate notification of results, whether critical, abnormal, or normal (e.g., suspected retained object during surgery).
Direct verbal communication. Communication of test results by telephone, face-to-face encounter, or report personally handed to the ordering provider.

Electronic communication. Communication of test results by e-mail, fax, electronic health records, or other electronic means.

Normal test result. Test result that falls within the normal parameters for the particular test established by the laboratory. Requires patient notification but not on an immediate basis.

Ordering or referring provider. The provider who initiated a test for a particular patient. The provider is responsible for reviewing, signing, and acting on diagnostic tests under the scope of his or her clinical practice.

Surrogate provider. A provider designated to act on test results on behalf of the ordering provider if the ordering provider is unavailable.

Test result. Test results include the results of laboratory tests, cardiology tests, radiology, and other diagnostic procedures.

Policy

Test results must be communicated to the ordering provider, or a surrogate provider if the ordering provider is unavailable, within a period of time that allows prompt clinical action to be taken. The ordering provider must communicate all test results, including normal results, to patients within specified time frames (see the discussion, Procedures) to ensure patients are active participants in their healthcare. This policy applies to all types of test results, such as laboratory, cardiology, radiology, and other diagnostic tests.

Provider and Staff Responsibilities

Executive director/clinic director

- Implement written policy on reporting test results.

- Designate surrogate providers (e.g., on-call clinician, primary care physician) who will be responsible for reviewing and acting on critical test results when the ordering provider is not available. Establish a chain of responsibility.
• Regularly review and reevaluate which test results qualify as critical or abnormal.

• Regularly review and reevaluate policies.

• Ensure the physician practice regularly collects data on the timeliness of reporting test results and communicating results to patients.

• Ensure the physician practice makes necessary improvements.

**Ordering provider**

• Follow up on, review, and take action on ordered test results, regardless of the ordering provider’s specialty or relationship to the patient.

• Document name, phone number, pager number, or other contact information and surrogate provider on the order form for tests.

• Document all actions taken in response to test results in the patient’s medical record (see the discussion, Documentation).

• Communicate test results to patients within specified time frames.

**Surrogate provider**

• Must have the authority to take action on critical test results. Staff members who may serve as surrogate providers include primary care physicians, covering physicians, laboratory directors, or the clinic director.

• When contacted with a critical result, responsible for reviewing and following up on the result and communicating necessary information to the patient (e.g., come in to the office, go to the emergency department [ED]).

• Document all actions taken in response to test results in the patient’s medical record.

• Communicate actions taken to the ordering provider.

**Medical assistant or administrative assistant**

• Keep a daily log of all tests ordered (e.g., computerized or paper log).
• Place a check mark (hard copy or electronic) in the log with the date that results that are returned to the physician practice from laboratory, imaging facility, or other outside testing center.

• Provide returned results to the ordering provider for review, signature, and follow up action.

• Flag results that are not returned within a reasonable period of time and notify the ordering provider.

• Highlight results that have been communicated to the patient.

**Procedures**

Depending on the type of test result, ordering providers may receive results from laboratories or outside testing centers by either direct verbal communication or electronic communication (see specific procedures for critical, abnormal, and normal test results below).

• Ordering providers must personally acknowledge receipt of the results (e.g., by telephone, call back from page, through verification systems in the electronic medical record). Voicemails and e-mails, including e-mails with read receipt, are not appropriate acknowledgment systems.

• When results are reported by telephone, the person receiving the information must read back the information to the person calling with the results. The following process should be followed:

  — The recipient of the result writes down the result

  — The result is read back to the caller

  — The caller verifies the accuracy of the result as the recipient reads it back

Depending on the type of test result, ordering providers may communicate results to patients in-person or by letter, telephone, or e-mail (see the discussion, Critical results).

• Ordering providers may request that another licensed or certified staff member contact the patient with results; the name of the person contacting the patient with results should be documented.
• When the patient must take action in response to the results (e.g., change medications, schedule a visit to the office), providers should use direct verbal communication and document that the information was received and understood by the patient. Providers must not include any identifiable patient information in e-mails or on voicemail/answering machines.

• If the patient is not competent to make medical decisions, test results will be communicated to the patient’s designated guardian or representative.

• When the patient cannot be reached (e.g., phone number is disconnected), reasonable attempts should be made to contact the patient and attempts should be documented in the medical record.

Specific procedures for communicating critical, abnormal, and normal tests are as follows:

Critical results

• Critical results must be communicated immediately by direct verbal communication from the outside laboratory or testing center to the ordering provider or surrogate provider.

• In cases in which the ordering provider and surrogate are not available, results must be communicated following the established chain of responsibility.

• The following steps should be taken when the ordering provider cannot or does not respond to notification of a critical test result:
  — If the ordering provider cannot or does not respond within 10 minutes, call/page the provider a second time.
  — If the ordering provider does not respond within 15 minutes of the second call, call/page the surrogate provider or the patient’s primary care physician (if not the ordering provider).
  — If the surrogate provider does not respond within 15 minutes, call/page the surrogate provider a second time.
  — If the surrogate provider does not respond within 15 minutes of the second call, call/page the executive director or medical director.
• Critical results must not be communicated over voicemail, e-mail, or to administrative assistants or other unlicensed staff members.

• Critical results and necessary actions (e.g., come in to the office, go to the ED) should also be communicated to patients immediately by direct verbal communication.

• The physician practice must make every attempt to contact the patient (e.g., visiting local shelter, enlisting assistance from local authorities). All communication or attempts to communicate must be documented.

**Abnormal results**

• Abnormal results may be communicated to the ordering provider by direct verbal communication or electronic communication.

• Abnormal results must be communicated to the patient within a set timeframe but not to exceed 14 days.

• Results can be communicated to the patient by certified letter with return receipt requested or by telephone.

• The physician practice must make every attempt to contact the patient (e.g., visiting local shelter, enlisting assistance from local authorities). All communication or attempts to communicate must be documented.

**Normal results**

• Normal results may be communicated to the ordering provider by direct verbal communication or electronic communication.

• Normal results should be communicated to the patient within a reasonable period of time. Results may be communicated in-person or by letter, telephone, or e-mail. Providers must not include any identifiable patient information in e-mails or on voicemail/answering machines.
• All communication or attempts to communicate must be documented.

**Documentation**

The ordering provider must document:

• Acknowledgment of receipt of results

• Actions taken related to the patient

• Patient notification, including date and time of notification, means used to communicate results (e.g., phone call, letter), and person spoken to (if applicable)

• All attempts to contact the patient if the patient cannot be reached

• Other clinical information as appropriate

**Approvals**

Executive Director: ______________________________________  Date: __________

Risk Manager: __________________________________________  Date: __________

Chief Medical Officer: ____________________________________  Date: __________

**References**


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