 <p>FAMILY MEDICINE PRIMARY CARE OPERATIONAL GUIDELINES</p>	Operational Guideline: Results Management: Outstanding Orders	Guideline Number: PCOG #30
	Approved By: Primary Care Management Team Teaching Clinic Council	Pages: 1 of 6
	Approval Date: Updated May 1, 2015	Supersedes: October 7, 2014, December 8, 2014

1. INTENT:

- 1.1 To provide direction regarding the standard process for managing outstanding orders, referrals, requisitions and results in the context of the community electronic medical record (EMR), i.e., results management.
- 1.2 To reduce risk. A standard process which leverages available technology and provides clear roles and responsibilities has been shown to improve the ability to prevent errors and avoid undue delays in care.

Background:

- Results management was identified as a key risk issue by the FM/PC Program and WRHA Legal Services and is an Accreditation Canada Primary Care Standard. A review of processes in place in WRHA PC Clinics in 2008-2009 demonstrated inconsistencies and concern about the potential for results to be missed.
- All items in the EMR which are configured as requisitions (in the requisitions category) are automatically tracked as “ordered” once created. This includes the “request for consultation” form. Referral and consult letters must be manually tracked as “new orders”. Revisions to this guideline will be required as EMR functionality evolves.
- Consultations have occurred to review the processes outlined in this guideline with the Canadian Medical Protective Association and local physicians with knowledge of the College of Physicians and Surgeons of Manitoba by-laws on the matter. There is a consensus that the workflow outlined below is consistent with an acceptable process to accomplish this work.

2. DEFINITIONS:


Clinical support staff: unregulated health care workers, e.g., PCAs, Unit Assistants, Nursing Assistants or Medical Office Assistants, or equivalent role.

Orders: letters, forms or electronic processes used to request consultation or referral to specialists or other service providers. This includes pre-operative forms.

Ordering provider: A provider who is legally authorized to order and receive results of tests, etc., i.e., physicians, nurse practitioners, midwives.

Outstanding Orders, Referrals and Requisitions report, also known as the “results management functionality or tool”, is a canned report within the EMR which is designed to produce a list of any outstanding orders, etc., i.e., anything ordered via requisition or manually entered as an “order”. This report provides information on the status of the item, and any notes pertaining to the management of it.

Results Management is the work of ensuring patients get the services/tests ordered /requested by their provider and the ordering provider and clinic team receives and manages the results of those tests and services. The scope

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of this work includes: processing and tracking outgoing diagnostic and consultation requisitions and specimens, and managing (review, follow-up and filing) of incoming results, reports and consultation responses.


Requisitions: forms or electronic processes used to order lab or diagnostic tests.

3. PRINCIPLES:


- 3.1 Providers are legally responsible for tests and services they order.
- 3.2 All requisitions for lab or DI tests, consultations, referrals or other service requests pertaining to patient-care will be tracked by the clinic using the outstanding orders report.
- 3.3 Clinical support staff are responsible for: manual tracking of letters, daily monitoring and management of the status of tracked orders, documenting relevant information in the report, and bringing items of concern to the attention of the ordering provider. For example, for an MRI requisition this might be "Appointment on March 15, 2014 at SBGH. Patient notified". See roles and responsibilities section for more information.
- 3.4 For results received, it is appropriate for clinical support staff to reconcile the corresponding order. The EMR functionality is such that the corresponding result remains in the ordering provider's folder for review, so the act of reconciling requisitions for which a full set of results has been received does not pose a risk of the result not being reviewed.
- 3.5 Ensuring tests are done and consultations have occurred is a shared responsibility among: ordering providers, other members of the clinical team, such as nurses, clinical support staff and certain learners (NP, PA, Residents); Lab, DI and specialty service providers; and, patients. Efforts to follow-up on outstanding orders should be guided by clinical urgency and the principles of patient self-management and choice.

4. GUIDELINE: ROLES AND RESPONSIBILITIES:

- 4.1 Ordering Providers:
 - 4.1.1 Providers should discuss care with patients so patients understand what is being ordered and why, and what they are expected to do, and how soon they need to have a test done, i.e., whether results are urgently needed to inform a diagnosis and/or direct further care, or if routine.
 - 4.1.2 Providers are responsible to communicate with support staff any specific instructions for an order, e.g., notify me if no appointment within 1 week. Such information can be documented in the description field of a given requisition. This information appears in the description field in the outstanding orders report and in the notes field of the virtual chart.
 - 4.1.3 Providers are responsible for management of the patient based on the results. This includes:

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- Communicating with other team members, e.g., support staff, any instructions regarding follow-up actions, such as calling patients to book appointments, calling patients to inquire if they have had a particular test done, e.g., blood work, X-Ray.
 - Ensuring patients are made aware of results;
 - Ensuring directions to support staff are clear, e.g., when a letter is ready to be faxed.
- Note 1:** Tasking support staff to fax requisitions is not necessary when following these procedures. This is deemed a non-value added activity, because every requisition created is automatically tracked on the report as “ordered”. However, in determining your clinic’s workflow, consider factors such as: likelihood and typical volume of requisitions being created in error, continuity of staffing, volume and duration of learner placements. It may be beneficial to include tasking during initial implementation of this workflow and reassess a few months later.
 - Note 2:** At the time of writing this guideline, generated consult and referral letters, pre-op forms and possibly other service request forms need to be **manually** tracked. The WRHA request for consultation form has been programmed as a requisition, so it is automatically tracked on the outstanding orders report.
- 4.1.4 Ordering providers have a professional responsibility to “make reasonable efforts to ensure that patients receive the appropriate care when they order tests or become aware of abnormal test results.”ⁱ Further work will be required to determine what constitutes a “reasonable effort” for items within the patient’s control, e.g., blood work.
- 4.1.5 Providers are encouraged to forward date tasks to either themselves or support staff to contact patients they are particularly concerned about, to remind them to have tests done. At return visits, providers should review outstanding tasks/requisitions (F7), and discuss relevant follow-up items with patients. Any requisitions deemed no longer relevant should be reconciled by the ordering provider.
- 4.1.6 Referral letters—providers load letters into the letter queue and either task support staff to fax, or indicate “ready to send” with their initials within the letter queue. Workflows for letters vary across sites.
- 4.1.7 Supporting statements (*although these statements were written by physician organizations, these are also applicable to NP practice*):
- “When physicians order an x-ray or any other test—whether in their own office practice or in a hospital—they need to be satisfied there is a system in place to follow up on the results.”ⁱⁱ Physicians are responsible for dealing with the results of tests they order.ⁱⁱⁱ

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- “Physicians who receive an abnormal report, even incidentally, may have an obligation to appropriately respond to it or redirect it, even if the patient is no longer, or never was, in their care.” (CMPA).^{iv} *This point has implications for the management of unmatched results received via the lab/DI interface. This is currently under discussion.*

4.2 Clinical Support Staff:

4.2.1 The active monitoring and management of requisitions and orders fits within the clinical support role. This includes:


- Identifying outstanding orders requiring follow-up regarding appointment booking and requesting results;
- Taking action according to follow-up efforts, such as notifying a provider of delays in receiving services;
- Monitoring the letter queue and ensuring all generated letters are faxed from the queue daily; following up with providers as needed; and,
- Tracking referral and consult letters by using the “create a new order” functionality to track letters on the outstanding orders spreadsheet.
- Tracking of Appointment Reminders for either Referrals (i.e., Ordering Provider has referred to Specialist) or Appointment Non Referrals (i.e., tracking a Dentist appointment as you want to either remind the patient or ensure the patient attended in the Orders). See [CSIS New Orders for Appointment Reminders or Orders](#). Note: CSIS will periodically review to ensure the drop down menu has intuitive global language that provides a consistent definition to ensure it is supportive across all sites.

4.3 Patients:

4.3.1 Patients bear some of the responsibility for having tests done which require them to physically attend a lab and diagnostic imaging service site or specialty consult appointment. Promote patient self-management by providing patients with information about the test/care ordered, what they need to do and why.

The “**It’s Safe to Ask**” campaign encourages patients and health care providers to discuss 3 key questions:

- What is my health problem?
- What do I need to do?

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- Why do I need to do this?

Scope Applicable to Family Medicine Teaching Clinics, Primary Care Direct Operations & Quick Care Clinics

SOURCE/REFERENCES

WRHA Primary Care Results Management operational guideline, draft, March 17, 2009

The Canadian Medical Protective Association (June 2008). Responsibility for follow up of investigations.

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APPENDICES

APPENDIX A – Procedures / workflow

APPENDIX B – Typical wait times for key process points

ⁱ The Canadian Medical Protective Association (June 2008). Responsibility for follow up of investigations.

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ⁱⁱ The Canadian Medical Protective Association (June 2008). Responsibility for follow up of investigations.

ⁱⁱⁱ College of Physicians and Surgeons of Ontario Members' Dialogue (Nov/Dec 2003), cited in The HIROC Connection (March 2006): Patient Care: The Importance of Follow-up Systems—Diagnostic imaging studies, EKGs and laboratory results. Circulated by WRHA General Counsel to WRHA leadership, August 31, 2006.

^{iv} The Canadian Medical Protective Association (June 2011). How effective management of test results improves patient safety.