 FAMILY MEDICINE PRIMARY CARE OPERATIONAL GUIDELINES	Operational Guideline: Results Management: Outstanding Orders	Guideline Number: PCOG 30
	Approved By: Primary Care Management Team Teaching Clinic Council	Pages: 1 of 12
	Approval Date: Updated May 1, 2015	Supersedes: October 7, 2014

APPENDIX A: PROCEDURES / WORKFLOW:

1. How requisitions are generated:

Requisitions are generated by ordering providers. Any item configured as a requisition in the EMR will be tracked automatically on the outstanding requisitions, referrals and orders report. All other items need to be manually tracked. For referrals and consultations, the WRHA Request for Consultation form is automatically tracked. Generated letters can be tracked if the office specific default setting is active.

2. Receiving and processing notification of appointments:

Notification of appointments for DI or specialty services come into the EMR via fax, which goes directly into the document queue as a PDF document. Support staff managing the document queue are to print the notification and hand it to the clinical support person(s) responsible for managing outstanding orders, etc. The clinical support person enters the relevant information into the EMR in the outstanding requisitions, referrals and orders report and follows up accordingly. Note that how this is done may vary according to the assigned roles of support staff at a given clinic, e.g., if the same support staff members are managing the document queue and the outstanding orders, this process can be further streamlined.

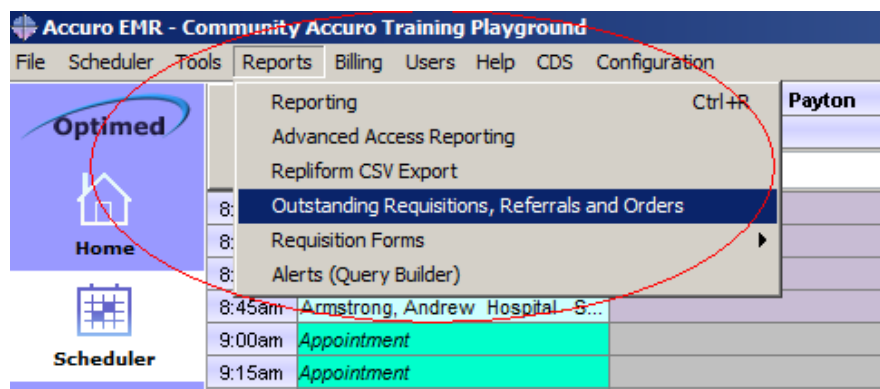
Other orders for external appointments and non-referral reminders can be added within the report upon the clinics notification. Orders are added by support staff via New orders and updated for client contact by support staff and reconciled upon client notification.


The following steps outline how to use the outstanding requisitions, referrals and orders report and provides guidance on follow-up efforts.

3. Producing the outstanding requisitions, referrals and order report:

- On the top toolbar, select “reports” and scroll down to outstanding requisitions, referrals and orders to view the tracking tool items list. In this document, this report is referred to as the “outstanding orders report”.

Figure 1: Producing the report:

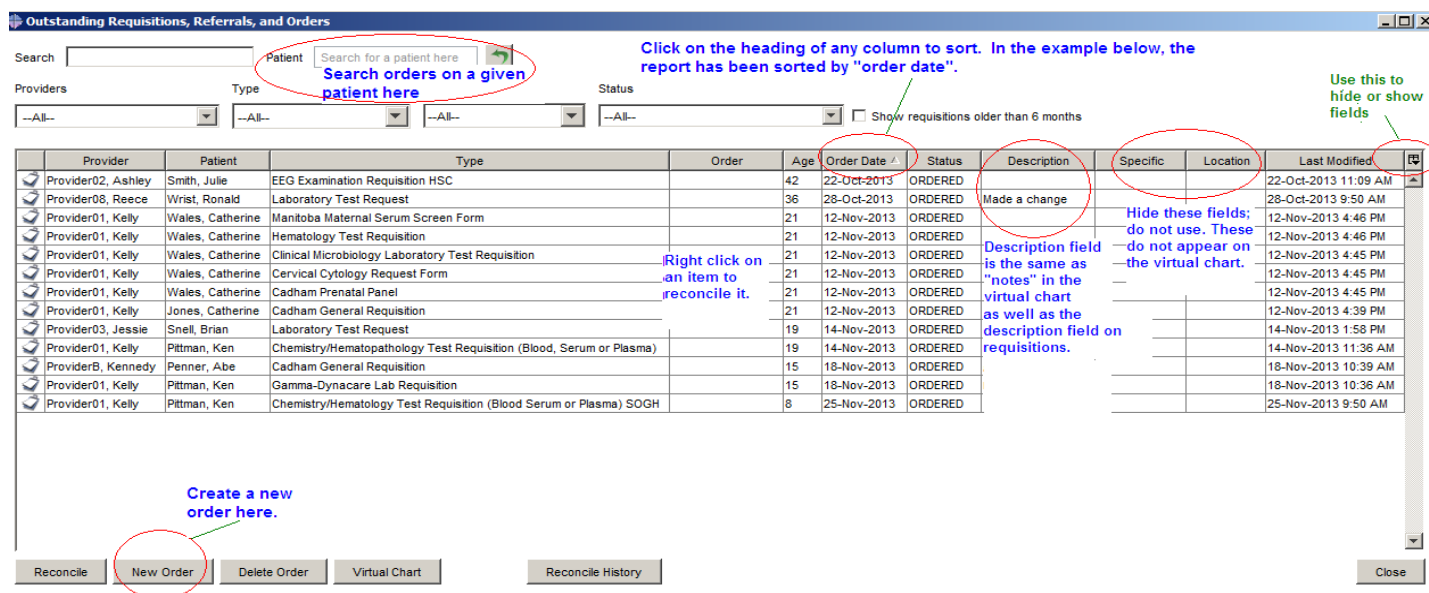


 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p>FAMILY MEDICINE PRIMARY CARE OPERATIONAL GUIDELINES</p>	Operational Guideline: Results Management: Outstanding Orders	Guideline Number: PCOG 30
	Approved By: Primary Care Management Team Teaching Clinic Council	Pages: 2 of 12
	Approval Date: Updated May 1, 2015	Supersedes: October 7, 2014

Sorting:

- You can sort by the entire clinic, by provider, type of test, patient, etc., or you can search results for a single patient (see screen shots below).

Figure 2: Sorting the report



Outstanding Requisitions, Referrals, and Orders

Search: Patient

Providers: Type: Status: ☐ Show requisitions older than 6 months

Provider	Patient	Type	Order	Age	Order Date	Status	Description	Specific	Location	Last Modified
Provider02, Ashley	Smith, Julie	EEG Examination Requisition HSC		42	22-Oct-2013	ORDERED				22-Oct-2013 11:09 AM
Provider08, Reece	Wrist, Ronald	Laboratory Test Request		36	28-Oct-2013	ORDERED	Made a change			28-Oct-2013 9:50 AM
Provider01, Kelly	Wales, Catherine	Manitoba Maternal Serum Screen Form		21	12-Nov-2013	ORDERED				12-Nov-2013 4:46 PM
Provider01, Kelly	Wales, Catherine	Hematology Test Requisition		21	12-Nov-2013	ORDERED				12-Nov-2013 4:46 PM
Provider01, Kelly	Wales, Catherine	Clinical Microbiology Laboratory Test Requisition		21	12-Nov-2013	ORDERED				12-Nov-2013 4:45 PM
Provider01, Kelly	Wales, Catherine	Cervical Cytology Request Form		21	12-Nov-2013	ORDERED				12-Nov-2013 4:45 PM
Provider01, Kelly	Wales, Catherine	Cadham Prenatal Panel		21	12-Nov-2013	ORDERED				12-Nov-2013 4:45 PM
Provider01, Kelly	Jones, Catherine	Cadham General Requisition		21	12-Nov-2013	ORDERED				12-Nov-2013 4:39 PM
Provider03, Jessie	Snell, Brian	Laboratory Test Request		19	14-Nov-2013	ORDERED				14-Nov-2013 1:58 PM
Provider01, Kelly	Pittman, Ken	Chemistry/Hematopathology Test Requisition (Blood, Serum or Plasma)		19	14-Nov-2013	ORDERED				14-Nov-2013 11:36 AM
ProviderB, Kennedy	Penner, Abe	Cadham General Requisition		15	18-Nov-2013	ORDERED				18-Nov-2013 10:39 AM
Provider01, Kelly	Pittman, Ken	Gamma-Dynacare Lab Requisition		15	18-Nov-2013	ORDERED				18-Nov-2013 10:36 AM
Provider01, Kelly	Pittman, Ken	Chemistry/Hematology Test Requisition (Blood Serum or Plasma) SOGH		8	25-Nov-2013	ORDERED				25-Nov-2013 9:50 AM

Reconcile **New Order** Delete Order Virtual Chart Reconcile History Close

Information Management: Recommended use of available fields:


Use the outstanding orders report to document details on **ALL orders**. DO NOT use the notes tab within the patients section to document order descriptions. If desired to view the reconciliation descriptions following the orders reconciliation, it can be accessed using the reconciliation History button. The advantage of using the "description" field for form requisitions is that the information documented in the report is also visible to providers via the virtual chart within the "Notes" column.

Field names and descriptions:

Provider=ordering provider

Patient=patient

Type: description of the requisition or order being tracked, e.g., chemistry / hematopathology test requisition, referral, etc.

 FAMILY MEDICINE PRIMARY CARE OPERATIONAL GUIDELINES	Operational Guideline: Results Management: Outstanding Orders	Guideline Number: PCOG 30
	Approved By: Primary Care Management Team Teaching Clinic Council	Pages: 3 of 12
	Approval Date: Updated May 1, 2015	Supersedes: October 7, 2014

Order= can be used to note which specialist a referral/consult letter was directed to. The name of the consultant is automatically populated when a letter is faxed from the letter queue.

Age=days since ordered.

Order date= date ordered

Status= current status in the process from ordering a test to receiving the result or response from a consultant. Details follow under “Tracking and managing requisitions, letters and orders”.

Description= used to document notes about the status/progress of a certain item, e.g., where and when a DI test is scheduled to occur and if the patient has been notified. Details outlining what to document and where are provided under “Tracking and managing requisitions, letters and orders”. See notes below.

All other fields, i.e., “specific” and “location” should be hidden from view. Pilot use of this functionality revealed that these are not value added and consistent and exclusive use of the description field is preferred for efficient and effective management of results.

Notes re: Description field:


1. This field in the outstanding orders item list is the same as the “Note” field in the virtual chart. Other fields do not carry over from the outstanding orders report to the virtual chart, nor do orders created via “create new order” feature.
2. The “description/note field” on the requisition can also be accessed and viewed at the top of the box when the requisition is open.

Figure 3: Description field in outstanding orders report and note field in virtual chart (same data)

Top item is t outstanding orders report; bottom item is the same item in the virtual chart

4. Tracking and managing requisitions, letters and orders:

Provider	Patient	Type	Order	Age	Order Date	Status	Description
Provider13, Alex	TEST, Patient	Cadham General Requisition		72	2012-Oct-02	ORDERED	
Provider10, Payton	Barnes, Brian	Chemistry/Hematopathology Test Requisition (Blood, Serum or Plasma)		73	2012-Oct-01	ORDERED	not done
Provider10, Payton	Miller, Joseph	Diagnostic Requisition-MCC		87	2012-Sep-17	ORDERED	Blood work
Provider10 Payton	Miller, Joseph	Diagnostic Requisition-MCC		87	2012-Sep-17	ORDERED	
ov-02		Consult Letters					ProviderB, Kennedy
ov-02		X-Rays					ProviderB, Kennedy
ov-02		Consult Letters					ProviderB, Kennedy
ct-01		Chemistry/Hematopathology Test Requisition (Blood, Serum or Pla...	not done				Provider10, Payton

 FAMILY MEDICINE PRIMARY CARE OPERATIONAL GUIDELINES	Operational Guideline: Results Management: Outstanding Orders	Guideline Number: PCOG 30
	Approved By: Primary Care Management Team Teaching Clinic Council	Pages: 4 of 12
	Approval Date: Updated May 1, 2015	Supersedes: October 7, 2014

4.1. Tracking:

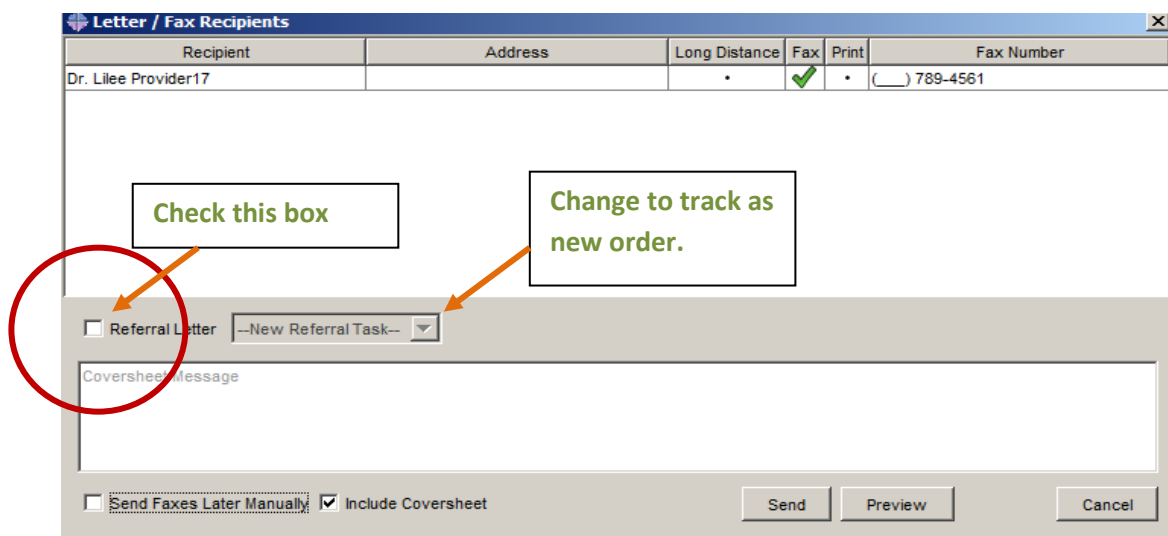
4.1.1 Requisitions:

- All requisitions in the EMR are automatically tracked at the time the requisition is created. All requisitions generated will show up on the outstanding orders report as “ordered”.
- Once you complete an action for a given requisition, change the status of it to reflect what was done, e.g., “faxed”, “printed”, “booked”, “results requested”. See definitions below, under “managing”.

4.1.2 Consultations and Referrals:

- Letters can be manually tracked at the time of faxing or a default office setting can be updated to include the referral tracking for all generated letters. . Verify with the Team Manager if your office has set this referral tracking on prior to faxing your referral letters.
 - Within the faxing window, there is a check box to select the option to track the letter.
 - You will then see a drop-down menu to choose how you wish the letter to be tracked: as a task or as an outstanding order.
 - **Always select to track it as an outstanding order.** This is the only way to ensure letters appear on the outstanding orders list.

Figure 4: Tracking referral and consult letters:




The screenshot shows the 'Letter / Fax Recipients' window. The table at the top contains the following data:

Recipient	Address	Long Distance	Fax	Print	Fax Number
Dr. Lilee Provider17		.	✓	.	() 789-4561

Below the table, the 'Referral Letter' checkbox is highlighted with a red circle and an arrow pointing to it from a box that says 'Check this box'. The dropdown menu next to it is set to '--New Referral Task--' and has an arrow pointing to it from a box that says 'Change to track as new order.'.

At the bottom of the window, there are checkboxes for 'Send Faxes Later Manually' and 'Include Coversheet', and buttons for 'Send', 'Preview', and 'Cancel'.

 FAMILY MEDICINE PRIMARY CARE OPERATIONAL GUIDELINES	Operational Guideline: Results Management: Outstanding Orders	Guideline Number: PCOG 30
	Approved By: Primary Care Management Team Teaching Clinic Council	Pages: 5 of 12
	Approval Date: Updated May 1, 2015	Supersedes: October 7, 2014

4.1.3 Other orders:

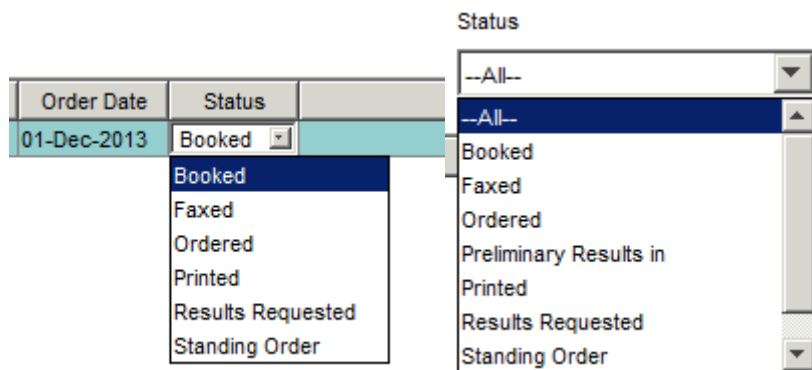
- Other orders can be generated using New Orders within the report. They are used for managing client general appointments reminders for those external to the EMR or Non-referral related orders such as outstanding requests for information signatures.

5. Managing the status of outstanding orders, requisitions:


5.1 Status Options: How to use available categories:

Use the status drop-down menu to change the status of an item according to where it is at in the results process.

Figure 5: Adjusting the status of an item:



- 5.1.1. Booked=appointment has been booked, e.g., for DI, specialist.
- 5.1.2 Faxed=PCA/UA/NA/MOA has faxed the requisition/item from the EMR.
- 5.1.3 Ordered=provider has generated a requisition (ordered a test).
- 5.1.4 Printed=requisition etc. was printed and given to the patient or mailed.
- 5.1.5 Results Requested=PCA/NA/UA/MOA has requested results from the specialist, service, etc.
- 5.1.6 Standing Order= this requisition represents an order that after an interval of time specified can be expected to be repeated (i.e. INR, HbA1c).
- 5.1.7 Preliminary Results in= identifies that not all results have been returned to the clinic, complete or final results are pending.

 <p>FAMILY MEDICINE PRIMARY CARE OPERATIONAL GUIDELINES</p>	Operational Guideline: Results Management: Outstanding Orders	Guideline Number: <i>PCOG 30</i>
	Approved By: Primary Care Management Team Teaching Clinic Council	Pages: 6 of 12
	Approval Date: Updated May 1, 2015	Supersedes: October 7, 2014

5.2 Documenting appointment details and related notes:

- 5.2.1 Use the description field to enter appointment dates and other important information. This is the same field as the “note” column in the virtual chart. Use this description field to include date, time, location, the patient notification and your initials.

DO NOT use the notes tab within the patients section to document order descriptions. If following the reconciliation there is a desired to view the descriptions access using the Reconciliation History button.

- 5.2.2 Keep all pertinent information in the outstanding orders report, however if more detailed documentation is required, cross reference to the patient notes tab, e.g., “see notes”. Keep in mind that providers will see your description notes made in the results management report when they view the patient’s virtual chart for all form requisitions and referrals. All generated letter orders details will not be retained in the report once reconciled and are not visible in the virtual chart. This information can be accessed using the reconcile History button in the outstanding orders report. An example is provided below.

5.2.3 **DO NOT USE:**


- Specific—do not use this field as it does not show up in the virtual chart.
- Location—do not use as this does not show up in the virtual chart.

5.3 Frequency of monitoring:

- 5.3.1 It is suggested that the outstanding orders report be checked at least twice daily by clinical support staff (UA/NA/PCA/MOA) to identify items requiring action. Any requisitions ordered should be sent out from the clinic on the same day they were ordered.
- 5.3.2 Any items requiring faxing should be faxed by the end of the same day in which they were ordered. **Initially, providers may need to continue to task support staff to fax items**, until such time as management of requisitions generated in error is improved. Sites should plan how they will transition towards removal of the tasking step, in an effort to improve efficiency.

5.4 Following up with services:

- 5.4.1 Site experience of wait times for diagnostic and specialty services can vary. Knowing when to follow-up is biased by our experience of usual wait times. It is important not to treat these typical wait times as “acceptable” or as standards of care.


 <p>FAMILY MEDICINE PRIMARY CARE OPERATIONAL GUIDELINES</p>	Operational Guideline: Results Management: Outstanding Orders	Guideline Number: <i>PCOG 30</i>
	Approved By: Primary Care Management Team Teaching Clinic Council	Pages: 7 of 12
	Approval Date: Updated May 1, 2015	Supersedes: October 7, 2014

- 5.4.2 As a general rule of thumb, follow up if notification of an appointment date has not been received within 30 days for specialty consult appointments. For diagnostic imaging tests, follow up if no appointment date has been received within 2 weeks from the ordering date.
- 5.4.3 Work is underway to better define these timeframes for specific services, to improve efficiency of follow-up efforts. Please see Appendix B for typical wait times pertaining to clinic follow-up, namely: receiving an appointment date and receiving a report once the appointment has occurred. Wait times for receiving a given service are posted on the Manitoba Health website.
- 5.4.4 Once an appointment has been made for a test or consultation, that date is used to guide further follow-up efforts, e.g., requesting results.
- 5.4.5 As needed, data from the EMR can be utilized to assess the timeliness of various specialty services, to inform further improvements.
- 5.4.5 If the patient did not show up or cancelled their appointment for diagnostic or specialty services, note this in the description field and notify the ordering provider using the task function.
- 5.4.6 Results will be missing on clients who did not go to the lab to have the test done (or xray). Follow up is the responsibility of the ordering provider, who will determine appropriate follow-up based on the clinical circumstances. Clear communication among team members is crucial. Support staff should consult the ordering provider for direction. As a general rule of thumb, for routine blood work, if a month has passed and the requisition is not clearly indicated for a future dated appointment, e.g., a complete physical exam or pre-natal appointment, advise the ordering practitioner of this by using the task functionality and ask what action they would like support staff to take. They may decide to follow-up with the patient by phone, ask support staff to call to remind the patient, send a letter, or they may choose to do nothing until the patient returns to clinic.

6. Reconciling requisitions and orders with results.

6.1 Who can reconcile:

- 6.1.1 Providers
- 6.1.2 Other health care professionals
- 6.1.3 Support staff: The act of reconciling a requisition does not impact on the flow of results to the provider's result folder.
- 6.1.4 The Canadian Medical Protective Association has been consulted, and has advised that:

 <p>FAMILY MEDICINE PRIMARY CARE OPERATIONAL GUIDELINES</p>	Operational Guideline: Results Management: Outstanding Orders	Guideline Number: <i>PCOG 30</i>
	Approved By: Primary Care Management Team Teaching Clinic Council	Pages: 8 of 12
	Approval Date: Updated May 1, 2015	Supersedes: October 7, 2014


- Physician are required to have a process to manage the all the results from all of the requisitions and referrals they create.ⁱ
- The process whereby results are matched with requisitions in advance of being reviewed is not legally problematic, as long as it does not increase the likelihood that a result may go un-reviewed or placed in the wrong chart.ⁱⁱ
- The act of reconciling a requisition does not interfere with the flow of results to the provider's folder, i.e., does not interfere with provider's review of results. These are two separate processes within the EMR. Therefore, when a result has been received and can be matched to the accompanying requisition, it is appropriate for support staff to reconcile the requisition.

6.2 When to reconcile:

- 6.2.1 Providers can reconcile requisitions and orders when they are reviewing results. All outstanding requisitions in a patient chart can be viewed by using F7.
- 6.2.2 **No** "blind" reconciling of orders based on "age" (number of days since order), for example, do not reconcile labs older than 6 months. Do not reconcile unless a result has been received, regardless of the "age" of the order.

6.3 How to reconcile:

- 6.3.1 As part of ongoing management of results, clinical support staff can reconcile requisitions with results from the outstanding orders report.
- 6.3.2 Prior to reconciling a requisition or order, ensure the following information is identical on the requisition/order and the result:
- Correct client: Client name & address, PHIN, MHSC & DOB
 - Correct Provider and clinic location.
 - Every result ordered was received. **Do not reconcile until all items ordered have been received. Do not reconcile based on preliminary results.**
 - Clean-up of older un-reconciled items for **which a result has been received** may be completed by clinical support staff, as time and other priorities permit, following the process outlined above.
- 6.3.3 In the lab interface environment:

 FAMILY MEDICINE PRIMARY CARE OPERATIONAL GUIDELINES	Operational Guideline: Results Management: Outstanding Orders	Guideline Number: PCOG 30
	Approved By: Primary Care Management Team Teaching Clinic Council	Pages: 9 of 12
	Approval Date: Updated May 1, 2015	Supersedes: October 7, 2014


- When managing outstanding orders for individual patients, if responses/results have been received, the requisition may be reconciled. This will remove it from the outstanding orders report.

6.3.4 In the non-lab interface environment:

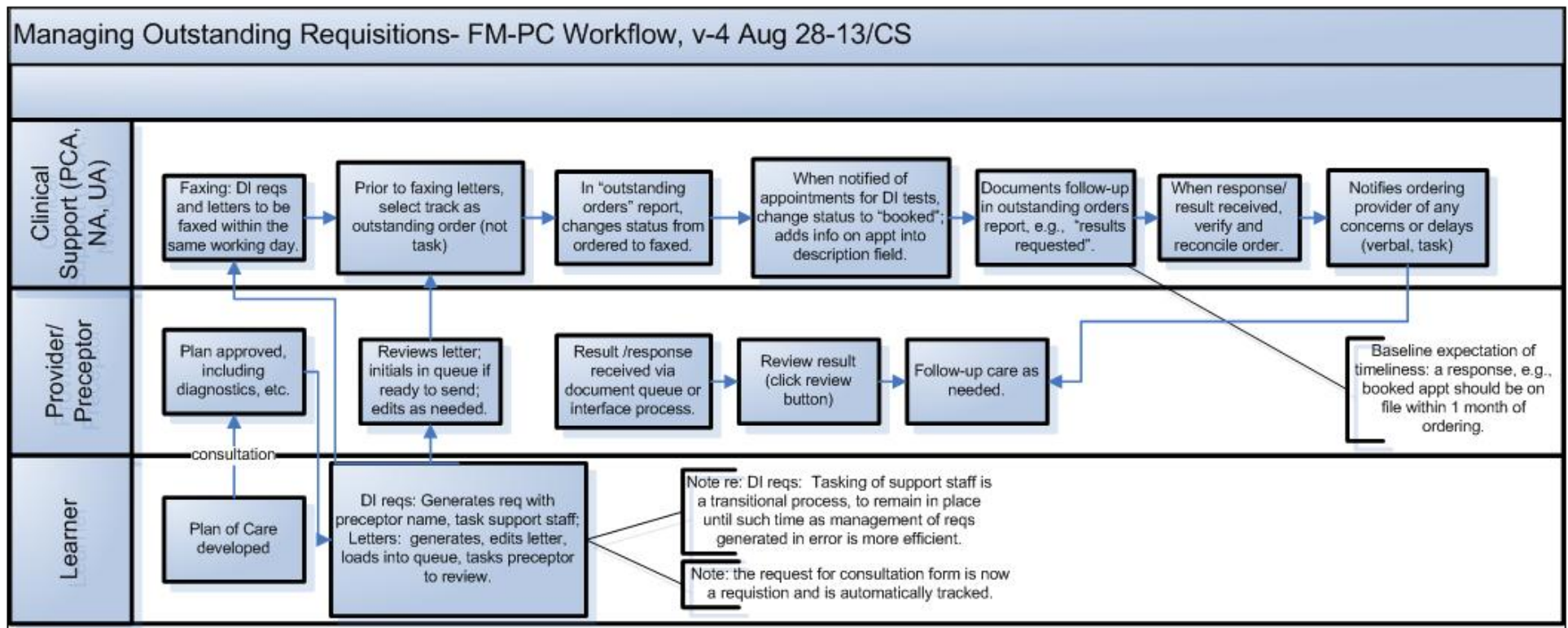
- Requisitions can be reconciled at the point of the document queue. Reconciling results in the document cue process should serve as a double check to verify the demographic information, prior to assigning a result to a given provider.
- It is recommended that lab results be data entered into the lab section of the EMR at the point of the document queue (discrete data fields), prior to reconciling the requisition. The process outlined above for verifying data should also be used when entering lab data. Support staff performing this task should check the following information:
 - Right client: Client name & address, PHIN, MHSC & DOB
 - Correct ordering provider and clinic location.
 - Correct date of test result.
 - Correct test, and all tests ordered were entered accurately (line by line comparison).
 - Assess if the result is preliminary or final. Do not enter preliminary results.
 - **When subsequently reconciling a requisition, double check as outlined above that everything ordered was received. If not, do not reconcile.**


6.4. Important reminders and tips about reconciling:

- 6.4.1 Double check at least two client identifiers for each item: Name, DOB, PHIN, MHSC.
- 6.4.2 Double check what was ordered vs. received, before reconciling. Do not reconcile requisitions based on receipt of partial or preliminary results.
- 6.4.3 Do not reconcile items for which results have not been received.
- 6.4.4 If there is no requisition present, check that you are in the correct patient's chart.
- 6.4.5 When in doubt, ask the provider who ordered a test. This includes questions about follow-up tasks. The ordering provider is responsible for follow-up.

 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <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: 10 of 12
	Approval Date: Updated May 1, 2015	Supercedes: October 7, 2014

Appendix A Managing Outstanding Requisitions High Level Workflow



 PRIMARY CARE OPERATIONAL GUIDELINES	Operational Guideline: Results Management: Outstanding Results	Guideline Number: PCOG 30
	Approved By: Primary Care Management Team Teaching Clinic Council	Pages: 11 of 12
	Approval Date: Updated May 1, 2015	Supersedes: October 7, 2014

APPENDIX B: TYPICAL WAIT TIMES FOR ROUTINE TESTS TO GUIDE FOLLOW-UP EFFORTS


The following information is intended to assist clinical support staff target their follow-up phone calls, by informing how soon to call a given service regarding notification of an appointment, or for a report regarding an appointment which has already occurred. Wait times vary and clinical urgency is an important factor. The following refer to routine services only.

Primary care support staff using the results management tool within the EMR to monitor the status of a given item; and follow-up to ensure items are moving forward through the system. Two key items which support staff look for are: Has an appointment date been received for a given order (test, consult)? And, after the documented appointment date has passed, has the result/response been received and if not? Understanding typical timeframes for steps in this process can inform when to contact the service for the result. This information in turn, can guide follow-up efforts with patients.

The Manitoba Health website provides data on wait times for tests and services, e.g., MRI, hip and knee surgery, but it is often challenging to know how soon to expect an appointment and when to follow-up. See [Manitoba Health Wait time Information](#). For example, the median wait time for knee replacement surgery in Winnipeg might be 16 weeks, but how long after faxing the referral should a primary care assistant wait to follow up regarding the appointment date?

DI services: Ultrasound, CT Scan, MRI, Bone Mineral Density Testing:

- Results for these tests can be expected to be received within **2 working days** after the test was done.
- Should the result not arrive within this timeframe, the following process is recommended (with input from Diagnostic Imaging Manager, Access and Quality Improvement):
 1. Check e-chart
 - If DI report is there but has not been received via the EMR, send ticket to eHealth requesting report be sent to the clinic.
 - If DI report is NOT there, go to step 2.
 2. Check DI viewer application
 - If there is no DI image, the test has not been done. Call patient to find out if the DI test was rescheduled, and note new test date.
 - If there is an image but no report, the test has been done but not read – phone site DI staff to follow up.

 <p>PRIMARY CARE OPERATIONAL GUIDELINES</p>	Operational Guideline: Results Management: Outstanding Results	Guideline Number: PCOG 30
	Approved By: Primary Care Management Team Teaching Clinic Council	Pages: 12 of 12
	Approval Date: Updated May 1, 2015	Supersedes: October 7, 2014

Specialty consult appointments (needs broader input---this only reflects experience of 2 sites):

Service:	Typical wait for appointment date notification:	Typical wait from appointment date to receipt of report:
Ortho	6-9 months	TBD.
Derm	2-weeks to 8 months	
Plastics	2-6 months	<p>~Under construction and for discussion~</p> <p>Notes:</p> <ul style="list-style-type: none"> • Requests for input via PC Ops x 2, Dec/13; spring/14. • eReferral pilot at FMC –on hold as of summer/14 • Out the Door in 24 project—spring/summer 2014
Nephrology	1-6 months	
Gyne	2-3 months	
General Surgery	2-6 months	
Cardiology	2-4 weeks	
Spinal surgery	1 – 2 years	
ENT	2 weeks – 2 months	
Ophthalmology	2 weeks – 1 months	

ⁱ Conversation between Dr. Alexander Singer and a representative of The Canadian Medical Protective Association, August 26, 2013.

ⁱⁱⁱⁱⁱ Conversation between Dr. Alexander Singer and a representative of The Canadian Medical Protective Association, August 26, 2013.