



AT THE SOUTHERN NEVADA HEALTH DISTRICT

SOUTHERN NEVADA COMMUNITY HEALTH CENTER POLICY AND PROCEDURE

DIVISION:	FQHC	NUMBER(s):	CHCA-009
PROGRAM:	Division Wide	VERSION:	1.0 10
TITLE:	Diagnostic, <u>Imaging</u> , and Laboratory Tracking	PAGE:	1 of 5
		EFFECTIVE DATE: 7/16/2024 October 27, 2022 <u>July</u>	
DESCRIPTION: Policy and procedure to track <u>all orders for diagnostic testing, including imaging</u> and laboratory tests.		New	
APPROVED BY: FQHC CHIEF OPERATIONS-EXECUTIVE OFFICER:		REPLACES: <u>New Version 1.01</u>	
_____ <u>10/27/2022</u> <u>7/16/2024</u>			
Randy Smith		Date	

I. PURPOSE

It is the policy of Southern Nevada Community Health Center (SNCHC) to track orders for all diagnostic testing, including imaging and laboratory tests, as well as to provide the prompt notification of the results to for patients. ~~It is the policy of SNCHC to follow up in a systematic process for all overdue results.~~

II. SCOPE

This policy applies to all Workforce members within the scope of their practice.

III. POLICY

To ~~provide and~~ ensure timely review and communication ~~and review~~ of results from all diagnostic testing, including studies of imaging ~~and~~ laboratory orders to patients as well as appropriate tracking of open orders ~~documentation~~ in the electronic health records (EHR), which is essential for ensuring safe and effective quality patient centered care.

IV. PROCEDURE

- A. SNCHC endeavors to communicate electronically with testing facilities, including laboratories and imaging facilities. This communication includes both ordering tests and retrieving results.
- B. SNCHC uses an electronic medical record system, eClinicalWorks (eCW), that has bi-directional interface capabilities with certain reference diagnostic testing centers, including imaging centers- and laboratories, such as Southern Nevada Public Health Laboratory (SNPHL), Quest Diagnostics (Quest) and/or Laboratory Corporation of America (LabCorp).
- C. Providers are trained ~~and educated~~ on the process for placing orders and receiving results via eCW. Components of training included:
 1. Ordering diagnostic tests, including imaging and labs.
 2. Electronically submitting orders and printing orders for the patient.
 3. Reviewing results by tasks that are created for electronic review and provider signature.
 4. Forwarding results notes to clinic support staff for patient outreach to discuss results with patients as directed by the provider.
- D. Management of Abnormal Imaging and Lab Results:
 1. Receipt of abnormal imaging and lab results through eCW.
 - i. Critical imaging and lab results are called to either the ordering provider, nurse and/or an on-call provider, if after hours.
 - ii. Abnormal imaging or lab results are assigned high priority/red in the eCW system. These flags alert the provider of the abnormal results to ensure timely follow-up with the patient.
 2. Receipt and management of abnormal in office lab results.
 - i. In-house laboratory tests are performed during the patient's office visit.
 - ii. Results are entered into the patients' medical record by the clinical support staff performing the test and the provider has the capability to pull the results into the progress notes.
 - iii. Provider will review, manage and discuss the result(s) with patient, parent or guardian.
- E. Communication of abnormal results, per the provider's order and documentation:
 1. Abnormal ~~result is~~results are interpreted by provider/physician prior to clinical support staff notifying patient, parent or guardian. Notification of abnormal result

to patient/parent/guardian should be attempted within three (3) business days of receipt.

2. Provider will ~~provide-give~~ clear expectations for following up results and care plan ~~to for~~ the clinical support staff member when handling abnormal results. Documentation is entered in eCW and is consistent with medical standards of care, ~~and legal prudent.~~
3. A clinical support staff member will attempt to contact the patient/parent/guardian by:
 - i. Telephone call: If unsuccessful, after a minimum of three (3) attempts, or telephone number is disconnected or no other emergency contact number documented in eCW, proceed to next step.
 - ii. A clinical support staff member will create a letter or certified (depending on result type) in eCW addressed to the patient, parent or guardian, providing one of the following and letter will be translated in the patient's appropriate language prior to mailing:
 - Instructions for follow-up care.
 - Instructions to call staff to discuss the results.
 - Instructions to call to schedule an appointment with provider. Telephone call: If unsuccessful, after a minimum of three (3) attempts, or telephone number is disconnected.

F. Communication of Normal Imaging and Lab Results:

1. Normal results are reviewed by ~~provider~~physician prior to clinical support staff notifying patient, parent or guardian.
2. Communication of normal results will occur by one of the following methods:
 - i. Provider or designated clinical support staff member will outreach to patient, parent or guardian via phone call to discuss normal results.
 - ii. If patient has enrolled in patient portal, imaging and lab results will be visible to the patient ~~thereafter provider has reviewed results.~~
 - iii. Provider or clinical support staff member will create a normal results letter in eCW, and designated staff member will mail letter to the patient, parent or guardian. Letter will be translated in the patient's appropriate language prior to mailing.

G. Tracking Overdue Imaging and Lab Results:

1. When a provider places an order for diagnostic testing, including imaging or lab(s), a time frame is noted on the lab order for the completion of the study.
2. The *overdue* results folder will contain clinic collected orders that do not have results within seven (7) business days and STAT orders that do not have results with two (2) business days.
3. The Overdue Results report include imaging and lab collection orders that do not have results within fourteen (14) business days after the expected completion date and imaging and laboratory orders that have expired, one (1) year after the order date.
4. Each business day, a designated staff member will monitor and manage the overdue results for management of overdue stat and clinic collection orders.
 - i. Staff member will check if there is no result for the test. If there is a result, the duplicate order will be cancelled.
 - ii. If no result is found for the test, staff member will create a telephone encounter with reason for call “test reminder” and will contact the patient via telephone to verify if the test was completed. If there is no phone number on file, they will contact patient’s emergency contact.
 - iii. If the patient had the test done at an outside facility, the test results will be requested and upon receipt, scanned according to the medical record indexing workflow.
 - iv. If the test has not been completed, staff will ask when the test is scheduled and document. Note, not all tests require an appointment.
 - v. If the patient does not have the test scheduled, staff offer to assist the patient with making the appointment and document.
 - vi. If the patient does not answer the phone, staff leave a message to return call (refer to patient communication consent form). Leave encounter open and route to the ordering providers as well as verbal notification to the provider or designee as assigned.
 - vii. If the patient does not respond, staff will attempt to contact again in one (1) business day and document in the encounter. A total of three (3) telephone attempts will occur withing three (3) business days.
 - viii. If the patient does not respond after the third (3rd) phone call, staff will send an overdue letter to the patient.
 - ix. Send a letter to the patient via United States Postal Service

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(USPS) mail and enclose order slip(s).

- x. If the patient does not respond or refuses the test, staff will notify the providers so there can be further discussion with the patient or the order can be cancelled per the provider.
- 5. On a quarterly basis, a designated staff member will “work” the overdue results report.

Additional Sections

Not Applicable

Acronyms/Definitions

Not Applicable

V. REFERENCES

Not Applicable

VI. DIRECT RELATED INQUIRIES TO

Administrative Assistant Referral Coordinator

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0	10/27/2022	First issuance
<u>Version 1.01</u>	<u>7/16/2024</u>	<u>Clarify inclusion of imaging in tracking policy</u> <u>Revised Title, adding the word “Imaging”</u>

VII. ATTACHMENTS

Not Applicable