

SOUTHERN NEVADA COMMUNITY HEALTH CENTER POLICY AND PROCEDURE

DIVISION:	FQHC	NUMBER(s):	CHCA-009
PROGRAM:	Division Wide	VERSION:	1.01
TITLE:	Laboratory and Diagnostic Imaging Tracking	PAGE:	1 of 6
		EFFECTIVE DATE:	October 21, 2025
DESCRIPTION:	Policy and procedure to track orders and results for laboratory and diagnostic imaging tests.	ORIGINATION DATE:	October 27, 2022
APPROVED BY:	CHIEF EXECUTIVE OFFICER - FQHC Randy Smith, MPA Date	REPLACES:	October 27, 2022

I. PURPOSE

It is the policy of Southern Nevada Community Health Center (SNCHC) to track orders for tests, as well as the notification of the results 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 clinical staff members within the scope of their practice.

III. POLICY

To provide and ensure timely communication and review of results from laboratory and diagnostic imaging test studies to patients as well as appropriate 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 laboratories, such as Southern Nevada Public Health Laboratory (SNPHL), Quest Diagnostics (Quest) and/or Laboratory Corporation of America (LabCorp). For medical

imaging, SNCHC's eCW has bi-directional interface capabilities with SimonMed Imaging and Steinberg Diagnostics Medical Imaging (SDMI).

- C.** Providers are trained and educated on the process for placing orders and receiving results via eCW. Components of training include:
1. Ordering labs and diagnostic imaging.
 2. Electronically submitting orders and printing orders for the patient.
 - a. All printed orders must also be submitted electronically by a clinical staff member.
 3. Reviewing results in eCW and either signing or forwarding the results.
 4. Forwarding results with follow-up instructions to clinic staff for patient outreach to discuss results with patients.
- D.** Management of lab/imaging Results:
1. Receipt of results through eCW.
 - a. Abnormal Results
 - i. Critical lab/imaging results are called to either the ordering provider, nurse and/or an on-call provider, if after hours.
 - ii. Abnormal lab/imaging 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.
 - iii. Abnormal lab/imaging results in printed format must be scanned into the patient's chart in eCW and assigned high priority/red for provider review. A telephone encounter should be created for the provider to address the results.
 - b. Normal Results.
 - i. Normal lab/imaging results are assigned normal priority in the eCW system.
 - ii. Normal lab/imaging results in printed format must be scanned into the patient's chart in eCW for provider review.
 2. Rejected test orders
 - a. Clinical staff members must check the reconciliation queue daily to resolve any rejected test orders

3. Receipt and management of all in office lab results
 - a. In-house laboratory tests are performed during the patient's office visit.
 - b. Results are entered into the patients' medical record by the clinical staff performing the test and the provider has the capability to pull the results into the progress notes.
 - c. Provider will review, manage and discuss the result(s) with patient, parent or guardian prior to discharging the patient.
- E. Communication of abnormal lab/imaging results, per the provider's order and documentation:
 1. Abnormal results are interpreted by the ordering or covering provider prior to clinical staff notifying patient, parent or guardian. Notification of abnormal results to patient/parent/guardian should be attempted within three (3) business days of receipt.
 2. Provider will provide written instructions for following up on results and care plan for the clinical staff member handling abnormal results. Documentation is entered in eCW and is consistent with medical standards of care and legal prudence.
 3. A clinical 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 staff member will create a letter in eCW addressed to the patient, parent or guardian, providing one of the following and letter will be translated into 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.
 - iii. The letter will be sent either regular or certified mail depending on the result type.
 - The letter will be translated into the patient's appropriate language prior to mailing.

F. Communication of Normal Lab/Imaging Results:

1. Normal results are reviewed by the provider prior to clinical support staff notifying the 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, lab results will be visible to the patient after the provider has reviewed the results.
 - iii. Provider or clinical staff member will create a normal results letter in eCW, and designated staff member will mail letter to the patient, parent or guardian.
 - iv. The letter will be translated into the patient's appropriate language prior to mailing.

G. Tracking Overdue Lab/Imaging Results:

1. The *overdue* results report will be prepared twice a week and will contain routine lab orders that do not have results within fourteen (14) business days and STAT orders that do not have results at the time the report is prepared.
2. A designated staff member will review the overdue results report and follow-up on the ordered tests.
 - i. A staff member will check the patient chart to be sure lab results have not been received by fax and scanned into the chart.
 - ii. If no result is found for the test, a 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 reports he/she completed the test, the results will be requested and upon receipt, the results will be given to the ordering or covering provider for review and action, prior to being scanned to the patient's medical record.
 - iv. If the test has not been completed, staff will ask when the test is scheduled and document.
 - v. If the patient does not have the test scheduled, staff will 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 them again in one (1) business day and document in the encounter. A total of three (3) telephone attempts will occur within 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 and notify the ordering provider that the test was not completed.
- ix. Send a letter to the patient via United States Postal Service (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 by the provider.

V. REFERENCES

Medical Assistant Roles and Responsibilities SOP

VI. DIRECT RELATED INQUIRIES TO

Administrative Assistant Referral Coordinator
Community Health Nurse, Manager
FQHC Medical Director/CMO

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 1	10/21/2025	1. Updated title to specify "imaging" 2. Updated description 3. Updated name of District Health Officer 4. Section II updated to reflect clinical staff 5. Updated to specify laboratory and diagnostic imaging orders and results throughout the policy 6. Section IV. B., added SimonMed and SDMI 7. Section IV. C. added 2a and simplified 3-4. 8. Section IV. D. added subsection a. iii., b., and 2. 9. Section IV. E. updated 1-3 to clarify instructions, added subsection 3.iii.

		10. Section IV. F. corrected grammar 11. Section IV. G. updated 12. Section V. Reference added 13. Section VI. updated 14. Section VII. Attachments added
Version 0	10/27/2022	First issuance

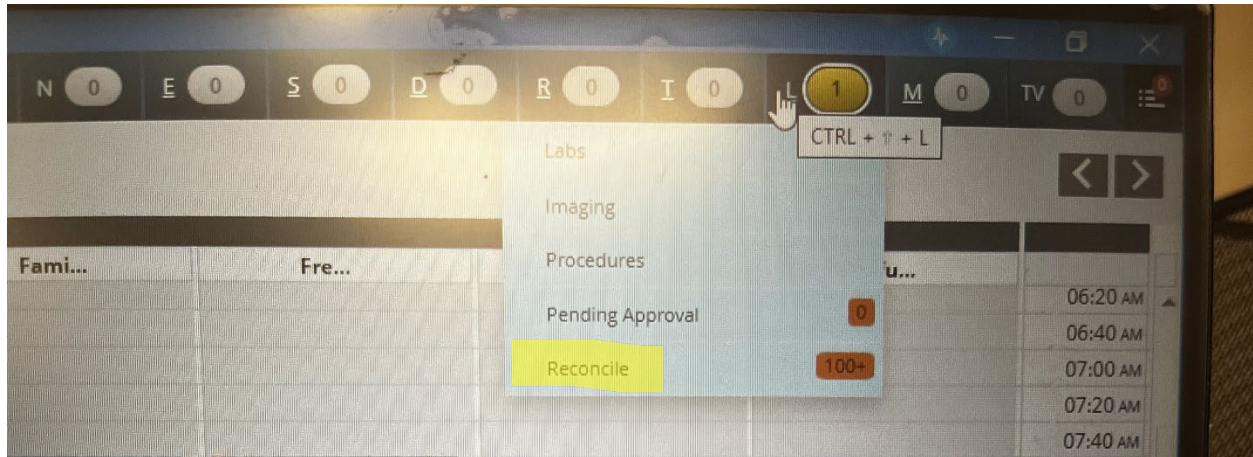
VII. ATTACHMENTS

Attachment A – Interface Reconciliation

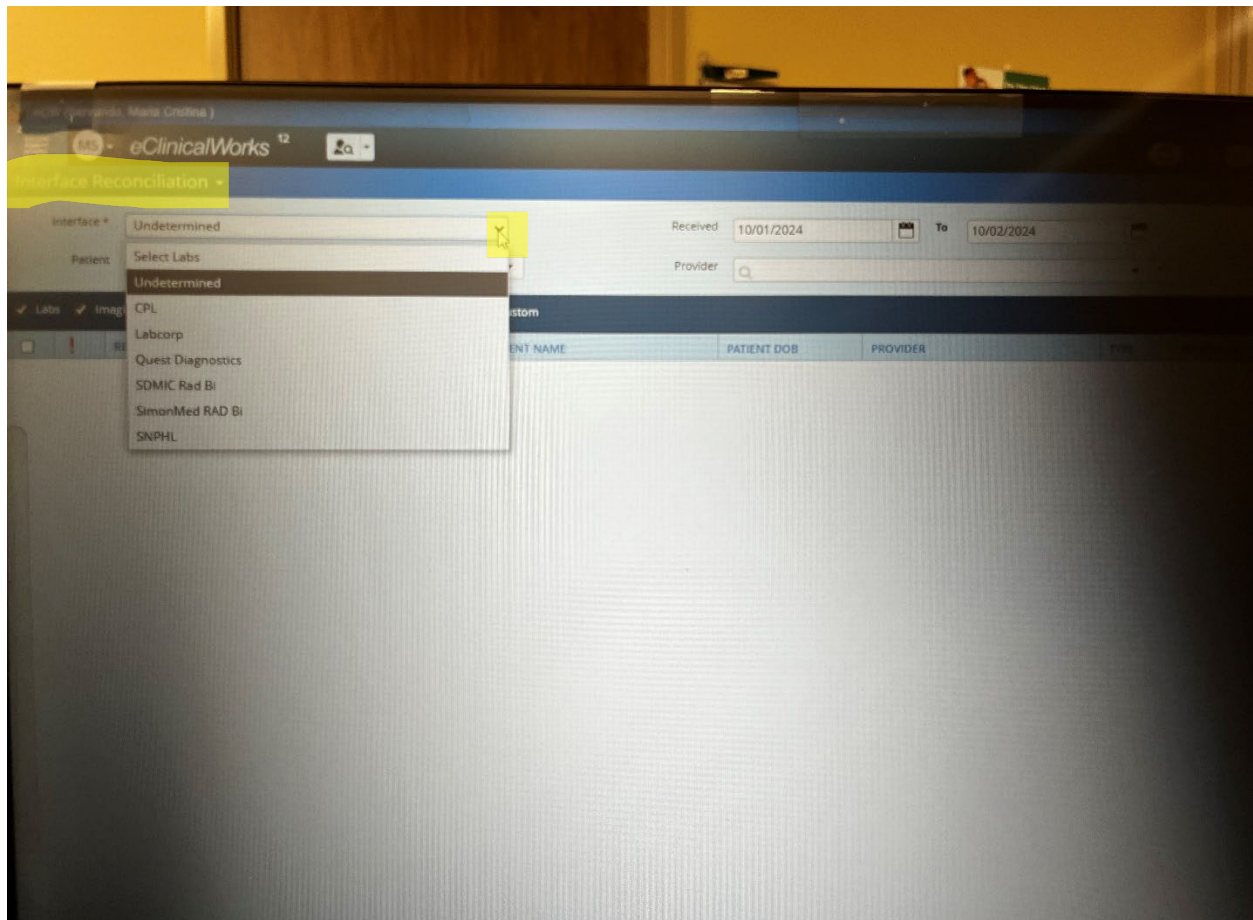
Attachment B – eCW Document Naming Convention

INTERFACE RECONCILIATION

Using mouse, Hover over L icon and Click on Reconcile. Interface Reconciliation will be seen on your screen and from there, you will be able to locate a Lab Result by customization.



Under Interface there is an arrow down option on the right side to choose from LABS: CPL, LABCORP, QUEST DIAGNOSTICS, SNPHL DIAGNOSTIC IMAGING: SDMI and SIMONMED



Received section has calendar icons- date ranges are needed, this is where the date range approximation needs to be entered to locate the Lab result *i.e. Date of Lab Draw up to Today's date.*

Interface Reconciliation

Interface: Quest Diagnostics

Received: 09/01/2024 To: 10/02/2024

Facility: FQHC Family Health Clinic-Fremont

Patient: Search by Account No Account No

Provider:

RECEIVED DATE	COLLECTION DATE	PATIENT NAME	PATIENT DOB	PROVIDER	TYPE	ACCESSION NO.	ORDER	EXAM CODE	ERROR LOGS
09/28/2024	09/27/2024	GIL, JENNIFER	05/24/2003	TOLZMANN, RACQUEL (1902360159)	LAB	ZL232196G	T3, FREE		Patient Match not found
09/28/2024	09/27/2024	GIL, JENNIFER	05/24/2003	TOLZMANN, RACQUEL (1902360159)	LAB	ZL232196G	T4, FREE		Patient Match not found
09/28/2024	09/27/2024	GIL, JENNIFER	05/24/2003	TOLZMANN, RACQUEL (1902360159)	LAB	ZL232196G	TSH		Patient Match not found

Click on the Box on the left side of the Patient's name, click on patient's name then Lab Result Pop up will automate as seen below. Provide patient's Name/ DOB/Account# , this should be crossed checked via ECW and must coincide with the patient's name and DOB and the date Lab was collected before clicking on the Reconcile (gray colored icon) button.

Failed Result

Accession ID: LV606280X Lab Ref ID:

Order Date: Report: 2024-09-28 17:45:00

Coll. Date: 09/27/2024 00:00:00

Requesting Physician: RIVAS, DAVID

COMPREHENSIVE METABOLIC PANEL

NAME	VALUE	REFERENCE RANGE
FASTING		
FASTING		
F GLUCOSE	99	65-99 mg/dL
Fasting reference interval		

Notes*

Add Notes

Patient:

Providers: Rivas, David

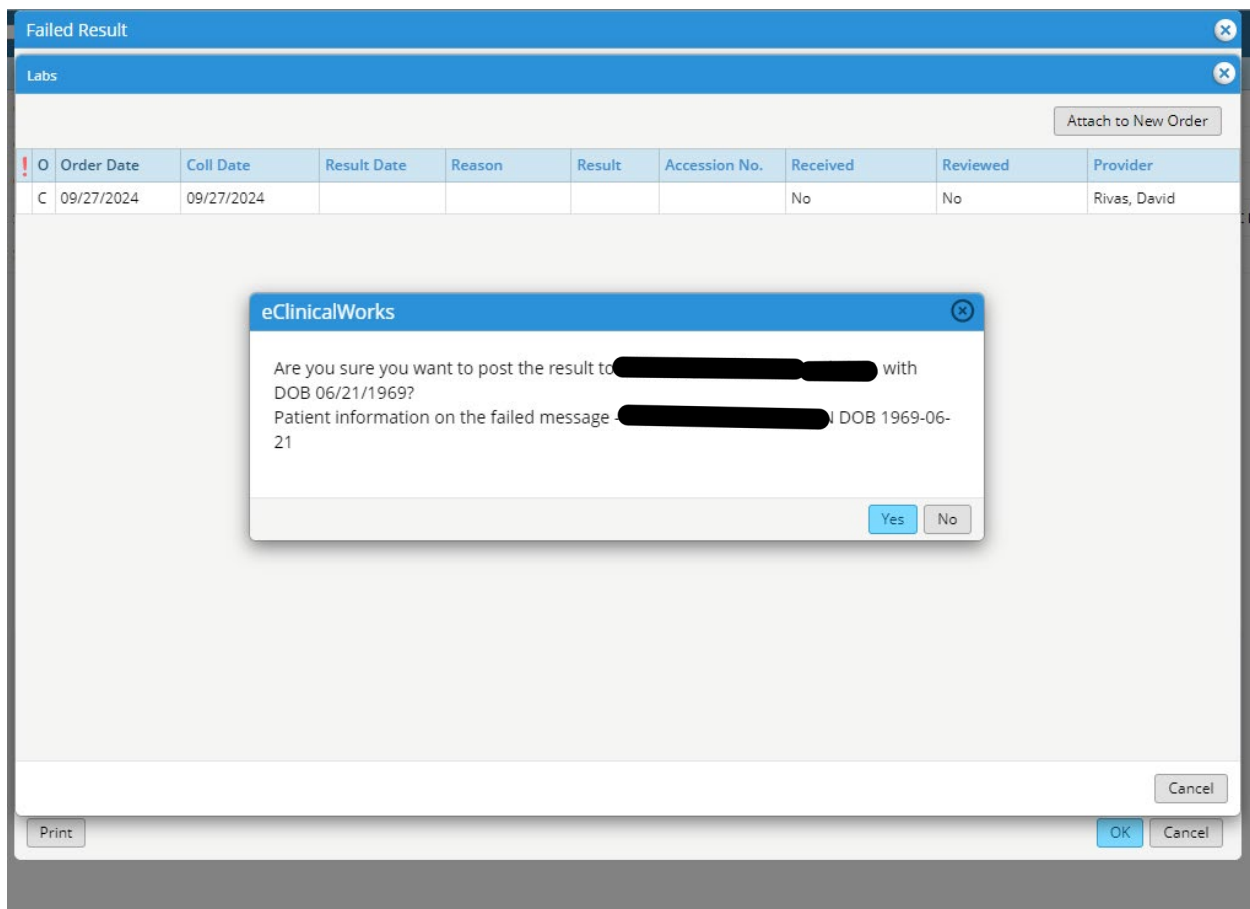
Status: ☒ Open ☐ Action Taken

Reconcile

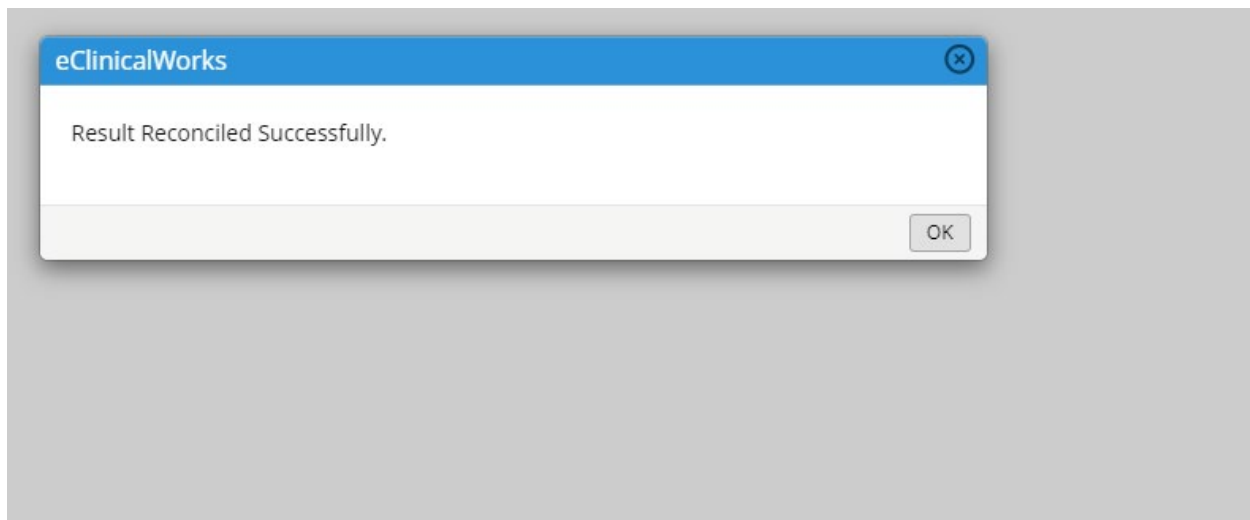
*Please refrain adding clinical data into Notes. It will not attach to patient chart.

Print

OK Cancel



Click Yes once all information is double checked.



Lastly, check ECW if Lab results are transferred over successfully.

Attachment B – eCW Document Naming Convention

eCW Document Naming Convention

Cassondra Major
September 17, 2024

When you scan documents into eCW, do not use the date the document is scanned, use the date the imaging, labs, consult notes, etc. were completed.

Please use the following naming convention:

- YYYY.MM.DD Title of Document - Facility Where it was Complete.
 - 2023-03-24 Mammography – SDMI
 - 2024-01-09 Colonoscopy – Valley View Surgery Center
 - 2024-08-14 ENT Consultation Notes – ENT Group

When scanning, please scan:

- Imaging under “Imaging Documents”
- Lab Reports under “Lab Documents”
- Consult Notes under “Consult Notes”
- Outside Medical Records under “Outside Medical Records”