	Operational Guideline: RESULTS MANAGEMENT: Critical Result, Test or Report Values	Guideline Number: PCOG#11
PRIMARY HEALTH CARE OPERATIONAL GUIDELINES	**Approved By:** Primary Health Care Leadership	**Pages:** 1 of 11
	Approval Date: February 14, 2020	**Supercedes:** July 17, 2015

1. INTENT:

1.1 To ensure a consistent and reliable regional process for Results Management in managing critical result, test or report values associated with labs, diagnostic imaging and consultations ordered in WRHA Primary Care Direct Operation Clinics, Walk-In Connected Care Clinics and Midwifery Services.

1.2 To promote a culture of safety that supports Primary Health Care strategies such as Quality Improvement, Advanced Access, Continuity of Care, After Hours (home clinic and episodic) and My Health Teams.

1.3 To ensure quality of care in an environment where labs are open and working late which may require clinicians to respond to critical results and certain Diagnostic Services of Manitoba results (i.e. Troponin) during any and/or all hours of a day.

1.4 To reduce risk and improve patient safety. A standard and simplified process will improve accountability and the clinic's ability to manage critical test values in a timely way. This addresses only test or report values that are recognized as critical by diagnostic standards. Primary Care Providers (PCP) must be vigilant in taking reasonable steps to ensure the patient receives a prompt response time to receive results.

1.5 To promote staff knowledge and foster a culture of safety by making it the responsibility of all clinic staff to identify and report follow-through issues. The goal is to look for weak links in procedures and try to anticipate system failures.

1.6 To create an environment where comments are welcomed and input encouraged. Avoid using the "no news is good news" approach for dealing with test/report values as this practice does not provide enough protection for patients and does not meet current standards. Ordering PCPs should encourage patients to inquire about their results.

1.7 To promote patient education regarding critical test/report values and the importance of ensuring they understand the importance of up to date contact information. Engaging patients in their own care may strengthen follow-up systems. Discussing why an investigative test has been ordered allows patients to recognize its importance to their clinical situation.

1.8 To recognize all incoming results are important and must be prioritized and managed by the PCP who ordered the result or designate. Prioritizing test/report results by flagging Task Type *'Critical Results Follow-Up'* in conjunction with selecting *'Very Urgent'* as the highest priority for these results in the EMR system will heighten awareness and trigger necessary follow-up.

1.9 To recognize when a clinic receives a critical report, even incidentally, there is an obligation to appropriately respond to it or to redirect it, even if the patient is no longer or never was in their care. In the Community EMR, an example would be those sites that have the lab interface where unmatched patient lab results are received.

1.10 To ensure when PCPs are not working, designated PCPs remain responsible to

participate in the establishment of a safe and robust process for follow-up and management of critical results.

1.11   To audit and validate the effectiveness of clinic sites who receive notification from lab, **end of day follow-up** and management of critical test /reports.   As long as clinic sites identify Task Type as *'Critical Results Follow-Up'* in conjunction with selecting *'Very Urgent'*, an EMR report can be generated to assist teams with reporting and measuring how critical results are followed and managed with an emphasis on reaching the patient as soon as reasonably possible. Refer to *APPENDIX C - Critical Result Follow-Up Audit Template.*

2. DEFINITIONS:

2.1   **Primary Care 'Home' Provider (PCP)**: Refers to Physicians, Nurse Practitioners and Physician Assistants who are the most responsible provider for patient care throughout the patient's entire life span within a primary care practice environment.

2.2   **Primary Care 'Alternate' Provider (PCP Alternate)**: Refers to Walk-In Connected Care (WICC) Clinic Nurse Practitioners or Teen Clinic Nurse Practitioners who are part of a patient's medical home team or network, collaborating with the patient's personal Primary Care Home Provider at intervals throughout the patients lifespan (i.e. WICC Nurse Practitioners provide episodic primary care services for unexpected health care needs when most clinics are closed).

2.3   **Primary Care 'Specialty' or 'Subspecialty' Provider (PCP Specialty or Sub-Specialty):** Refers to Midwives who are Primary Health Care Providers who specialize in normal birth and provide care throughout pregnancy, birth, postpartum and the newborn period. Midwives are part of a patient's medical home team or network, collaborating with the patient's personal Primary Care Home Provider at intervals and throughout the patients lifespan (i.e. Midwives provide maternity care during the childbearing years). Also refers to Primary Care Providers who provide Specialty or Subspecialty clinical care and services (i.e. Latent Tuberculosis services or Methadone Services) however, may be providing care at a specific interval and then transition care responsibilities back to the Primary Care 'Home' Provider.

2.4   **Primary Care Clinicians (PCC)**:   Refers to Primary Care Nurses, Dietitians and Pharmacists who are an essential part of a patient's medical home team.

2.5   **Clinical Support Staff (CSS)**: Refers to Primary Care Assistants (PCAs) who are also a part of the patient's medical home team.

2.6   **Critical Result, Test or Report Values**: Abnormal test results that are significantly out of the normal range and need to be communicated to the PCP **urgently.** Clinically significant results or values are results PCP's have ordered and determined by PCP's, in their clinical judgment, to require urgent follow-up. Examples include laboratory, diagnostic imaging (DI) value (CT scans and imaging) or Pathology results that have been identified according to regional or provincial criteria to exceed defined limits. These results are potentially life threatening or may cause significant harm to the patient if not

acted upon expeditiously by a PCP or other clinical personnel with delegated responsibility for patient care. This will be determined by the PCP based on their knowledge of the patient's health history and current diagnosis.

2.7 All words that have been bolded and *italicized* are considered part of the Electronic Medical Record (i.e. *'Task', 'Messages' and 'Reviewed'*). Refer to *APPENDIX A - When to Use EMR Mail Messages vs Tasks.*

3. <u>GUIDELINES:</u>

3.1 All WRHA Primary Care Direct Operated Clinics and PCP's will adhere to the established standard process as outlined in the College of Physicians and Surgeons of Manitoba Practice Coverage – Critical Test Results. All Walk-In Connected Care (WICC) Clinics and Midwifery Services are to have an on call arrangement. All PCP's have the same responsibility to ensure that arrangements are in place for a PCP to receive, assess and take appropriate action on critical results or values.

   3.1.1 The Specialty or Subspecialty PCP's who order and receive the results are responsible to follow-up on critical results for patients while under their care. Specialty or Subspecialty must determine whether the patient has a primary care 'home' provider and if so, the PCP providing alternate, Specialty or Subspecialty care (provided patient consent is in place) is responsible to communicate significant findings of the critical results to the primary care 'home' provider or at specified intervals.

   <u>Example:</u> Based on a critical result the Alternate Primary Care Provider provides the clinical course of treatment and forwards the result to the Primary Care 'Home' Provider that includes the status of investigations and need for ongoing clinical management and treatment. <u>Another example:</u> Midwives would provide any critical results to Primary Care 'Home' Provider within the context of a discharge summary that includes the status of investigations and need for ongoing clinical management and treatment post midwifery services.

   <u>Note:</u> WICC clinics may have a satellite office with Physicians who have signed a Winnipeg Contractor GP agreement for WICC's. As part of the agreement, the satellite clinic Physicians are to provide outside of WICC clinic hours on call support for critical result, test or report values.

3.2 The clinic must ensure the patient is aware of their responsibility to provide current contact information at the time of patient check in to ensure contact information is always reliable. Reasonable efforts need to be made to obtain alternate contact information when a patient is without a phone. Refer to *PCOG#16 Client Follow Up-Duty of Care*.

3.3 All incoming results tests or report values will be sent from the document queue to the ordering PCP/PCC document folder or for incoming lab interface the result is populated directly into the ordering PCP lab folder.

   <u>Note:</u> Diagnostic Services of Manitoba (DSM) website provides information

regarding the steps and actions they take when reporting and documenting critical values.

3.4   For all expected absences from the clinic, PCP's are responsible for ensuring availability of a designated PCP to review critical results.

3.5   For all unexpected absences from the clinic, the Site Medical Lead (SML) or Director responsible for Primary Care in the absence of a SML, will work with the Team Manager (TM) to determine who will be responsible for managing the absent PCP's critical test values. If unexpected or expected absences are for an extended period of time, it is recommended to establish a rotation across all PCP's and for the SML/Director responsible for Primary Care (or designate) to communicate this to the entire clinical team. **It is not a safe, acceptable or efficient practice to leave critical results, tests or report values in a PCP's EMR inbox unattended.**

3.6   PCC's who are ordering a test under the PCP need to connect with or have the ability to connect with a PCP to manage the results. As the PCC ordering the test, they have the responsibility to ensure the results are recognized as critical and are managed according to current legal, safety and professional standards.

3.7   All laboratories that process specimens are responsible for communicating critical test values to the ordering PCP.

3.8   All Primary Care Direct Operated Clinics, WICC Clinics and Midwifery Services must have a telephone line/number dedicated to receiving critical phone calls. This line must be answered at all times during regular clinic hours. All Primary Care Direct Operated Clinics, WICC Clinics and Midwifery Services are also required to have the ability to log onto the Citrix/Accuro network remotely when provided by the program or purchased by the Provider. Refer to *PCOG#26 Remote Access to Electronic Medical Record*.

3.9   All Primary Care Direct Operated Clinics, WICC Clinics and Midwifery Services are responsible to ensure Laboratories, Imaging sites and Diagnostic Services of Manitoba have current clinic contact numbers. The SML or Director responsible for Primary Care in the absence of SML, are responsible for ensuring after hour call lists and contact numbers are provided.

3.10   All Primary Care Direct Operated Clinics, WICC Clinics and Midwifery Services must have a PCP on call service in place to answer calls outside of regular clinic hours. It is the responsibility of the SML or Director responsible for Primary Care in the absence of SML, to ensure PCP's are responsible for answering calls in a reasonable period of time.

3.11   All PCP's (including when PCP's are on call) are responsible to respond to the on call service, manage the critical result, test or report values which may include making contact with the patient promptly. In addition, they are responsible for documenting the care provided in the *'Clinical Notes'* and other relevant sections (i.e. INR tracking, Labs, Medications). The PCP should be notified of any actions taken with either a *'Task'* or '*Message'* (dependent on site workflow). If further actions relating to the critical result are required by a PCC or the PCP they should be sent as a *'Task'* with the appropriate

urgency level based on their clinical importance.

3.12   Anyone completing a laboratory requisition other than the office provider of record should copy them so they are aware a requisition was created for their patient.

3.13   All laboratory requisitions are to be completed in full, listing the PCP and the clinic office as well as patient contact information and phone numbers for regular and after hours. Should a new PCP join the practice, it is the responsibility of the Senior CSS to contact Digital Health for PCP configuration of laboratory requisitions.

4. PROCEDURES FOR PROCESSING CRITICAL TEST VALUES:

4.1   REGULAR OFFICE HOURS:

4.1.1   Lab calls clinic to notify of a critical test value. Lab either notifies clinic staff that the result is being sent to the clinic via fax or lab staff communicates critical test value directly with the ordering PCP or designate.

4.1.2   **CSS receiving the notification should use the Task Type *'Critical Results Follow-Up'* in conjunction with selecting '*Very Urgent'* as the Priority for this Task Type to** ensure that it will pop-up according to original User Preference default settings. The critical abnormal test value will then be sent directly to the ordering PCP or designate. CSS must also ensure **a verbal communication** occurs to the ordering PCP or designate. Inboxes must be checked following receipt of notification of a critical result to verify receipt of the result.

4.1.3   PCC's/PCP's receiving the notification directly from lab should task themselves using the Task Type *'Critical Results Follow-Up'*, in conjunction with selecting '*Very Urgent'* as the Priority for this Task Type to ensure that it will pop-up according to original User Preference default settings. Note: The reason for using these selections is to provide the targeted tracking/reporting for related Tasks.

4.1.4   The ordering PCP/PCC or designate must assess, manage and action the result **promptly** upon receipt to determine if the result requires immediate clinical management and follow-up.

4.1.5   During a PCP's short absence, the PCP designate opens the Lab folder to read the lab result of the absent PCP and determine action required. The PCP designate will *'Task'* the action required of the critical test value to a CSS/PCC who will action it. If there is clinically relevant clinical documentation, it should be completed in the *'Clinical Notes'* section. **Note: Not all tasks can be seen from all clinics as tasks are clinic specific and not shared across sites.**

4.1.6   The CSS/PCC will document actions taken in the task and mark as completed. Relevant clinical documentation is to be completed in the **'*Clinical Note'*** section.

4.1.7   The PCP designate will identify to the absent PCP by **commenting in the notes** and leaving the results in the inbox for the PCP to take further action as they mark

it *'Reviewed'.* The critical lab result will be included in the task as an attachment. The PCP designate will use their clinical judgment as to whether further follow-up is required or deferred to the ordering PCP for further follow-up upon their return. All actions are to be documented in the '***Clinical Note'*** section.

4.1.8 In situations where absent PCP's have **a prolonged absence**, a *'Message'* should be sent directly from the lab folder to the ordering PCP identifying the action taken. The PCP designate will mark the lab as *'Reviewed'* which will remove the lab from the absent PCP's lab folder. In the virtual chart the *'Reviewed'* lab will be dated and identify the name of the PCP who marked the lab as *'Reviewed'.*

4.1.9 The PCP should consider if linking this result to the associated *'Clinical Note'*, and Diagnosis would be beneficial. This can be accomplished by using the Diagnostic linking tool in the EMR section. Refer to *APPENDIX D – Linking Documents to a Diagnosis.*

4.1.10 When the absent PCP returns, the task will be available with the result attached in order for the absent PCP to determine if further follow up is required. The absent PCP will mark the task as **'*Completed'*** to remove it from their Task folder. In the event a PCP does not return to the clinic, tasks will be reassigned under the direction of SML or Team Manager. Refer to *APPENDIX B - EMR Optimization of Critical Result, Test and Report Values.*

4.1.11 For Laboratories that are not participating in the lab interface, the CSS or PCC will enter the lab result in the lab tracking section. Refer to *APPENDIX E – Provider Review of Manual INR Results.*

4.1.12 The PCP/PCC documents the Critical Test, Report or Values management or special instructions communicated to the patient.

4.1.13 In the event the specified action involves referral to an Emergency Department, refer to *PCOG#18 Transfer of Patients to Emergency Department/Urgent Care or Crisis Response Services*.

4.1.14 The Site Medical Leader or Team Manager is responsible to assign a designate at **end of the day** to run a report *'Critical Results Follow-up'* tasks to assist the SML or designate to confirm with the clinical team on the status of the critical results should they remain incomplete (i.e. message left and awaiting call back from patient to provide results and follow-up). Refer to *APPENDIX B - EMR Optimization of Critical Result, Test and Report Values.*

4.2 **OUTSIDE REGULAR OFFICE HOURS:**

4.2.1 All PCP's working in the clinic are responsible for ensuring there is an on call PCP available outside of office hours including weekends and statutory holidays. The SML/Team Manager or designate, is responsible to ensure the on call rotation is communicated to the after hour clinic telephone service.

	Operational Guideline:	Guideline Number:
Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg / Caring for Health / À l'écoute de notre santé	RESULTS MANAGEMENT: Critical Result, Test or Report Values	PCOG#11
PRIMARY HEALTH CARE OPERATIONAL GUIDELINES	**Approved By:** Primary Health Care Leadership	**Pages:** 7 of 11
	Approval Date: February 14, 2020	**Supercedes:** July 17, 2015

4.2.2 The clinic telephone service will direct any after hour lab calls to the on-call PCP to ensure communication of a critical test value.

4.2.3 It is the responsibility of the on-call PCP to ensure they carry the on-call cell phone or pager and have access to the EMR application for documentation purposes. The device must be turned on and functioning during the entire after hours timeframe. The on call PCP designate must review, manage and action the result **promptly.** PCP's are responsible to respond and follow-up with a message to the primary PCP.

4.2.4 If the on-call PCP cannot be reached, the lab will follow their internal protocol which is to contact the client directly and advise them to attend an Emergency Department. It is the responsibility of the SML or Director responsible for Primary Care in the absence of SML, to follow-up with the PCP who was not able to be reached.

4.3 **RESULTS RECEIVED VIA FAX OUTSIDE REGULAR OFFICE HOURS:**

4.3.1 The on-call PCP must leave a message with the Primary Care Home clinic related to the action and management of the critical test/report value for follow up the next business day. For critical results received via fax (next regular office day), the CSS must also be made aware to ensure they locate the critical result in the document section and send to ordering PCP or designate with the on-call PCP message to ensure the critical result was responded to and no further action required.

4.3.2 Documentation of the clinical management of the critical test/report value shall be recorded in the EMR and tasked to the ordering PCP. It is the responsibility of the ordering PCP to either enter or task the CSS/PCC to record in the lab tracking section of the EMR. Refer to *APPENDIX E – Provider Review of Manual INR Results.*

4.4 **ELECTRONIC UNMATCHED PATIENT LAB RESULTS:**

4.4.1 For sites with lab interface functionality, patient lab results may arrive unmatched. The PCP/CSS is responsible for locating and matching the patient to the lab result within the EMR. **If necessary the PCP will task the CSS to match the lab.**

4.4.2 It is important to follow-up with Diagnostics Services of Manitoba and Digital Health Service Desk in order to diagnose and resolve the reason the result was received unmatched.

4.4.3 To reduce the incidence of unassigned results arriving and to support an abundance of caution, a CSIS Data Analyst (or designate) will review and redirect unassigned results in the unassigned folder on a **daily basis**.

4.5 **SITE LEADERSHIP RISK MITIGATION STRATEGIES TO AVOID CRITICAL RESULTS (MISSED OR DELAYED):**

RISK ISSUE:	SOLUTION(S) TO RESOLVE:

Ordering Provider requires consultation with Site Medical Lead to problem solve
For example:
• Outstanding Requisition - requisition was sent but results have not been received back (fell through the cracks or delayed result).
• Pathology tissue and requisition was sent but has not been received.
	Site Medical Lead to assist any Primary Care Team member to problem solve Outstanding Requisitions or Referrals as necessary where:
	   o Assistance is needed to reconcile
	   o Not able to reconcile and need to determine what are the appropriate follow-up action(s)

Providers moving to another C-EMR Site	If the patient follows the provider, the responsibility transfers with the provider to the new site.

Office Provider Accounts in Primary Care Clinic	Site Medical Lead is responsible to ensure all clinical staff have completed all:
	   o Tasks
	   o Folders (Documents, Labs, DI) and Outstanding Requisitions
	   o Billing (D and P codes) in a timely way

Extra Shift Provider Accounts in Primary Care Clinic	• Extra Shift Provider is coming from another office within the shared EMR instance; since these are attached to the Provider account it is the responsibility of the Extra Shift Provider to ensure they have completed all:
	   o Tasks (could require toggling to the office where the extra shift was completed as tasks are attached to the office)
	   o Folders (Documents, Labs, DI) and Outstanding Requisitions
	   o Billing (D and P codes) (could require toggling to the office where the extra shift was completed as billing is attached to office)
	• Once tasks and billing is complete, the TM is made aware and the Provider account is removed from that office by contacting CSIS.
	• If the Provider has an unanticipated leave from the extra shift office, the extra shift clinic needs to ensure the above is regularly checked and reconciled.

Learner (Student) Accounts in Primary Care Clinic	• Provided the Preceptor (Ordering Provider who co-signed) is working in that office, they are responsible to ensure the Learner Account has completed all: o Tasks

	- Folders (Documents, Labs, DI) and Outstanding Requisitions - Billing (D and P codes) in a timely way - Once tasks and billing is complete, the TM is made aware and the Learner account is removed from that office by contacting CSIS. - If the Preceptor is not working in that office: - The Learner Account name and list of patient(s) who need to be reassigned must be generated and forwarded to CSIS (with a cc to the Manager). - The Transferring Manager will contact the Receiving Manager (with a cc to CSIS) who will send the unreconciled referral /requisition to the Preceptor (Ordering Provider who co-signed) to complete
Anticipated or Unanticipated Leaves - Any Provider	- When a provider announces they are leaving, that provider must make every effort to reconcile their own Tasks, Folders (Documents, Labs, and DI), Outstanding Requisitions and complete Billing before last day. - Upon departure, if the patient remains at the site and the panel is assumed or redistributed to another provider, it is the new providers and/or Site Medical Leads legal responsibility to reconcile. - The Site Medical Lead is responsible to ensure this reconciliation happens. In the event the provider departs (expectedly or unexpectedly) and reconciliation work remains, the Site Medical Lead will communicate a coverage plan as to who is accountable to manage them.
Documents, Lab & DI Folders are attached to the Provider Account Advantage: - Providers who work at different sites in the WRHA are able to review their own documents Concern: - If a covering Provider views an abnormal result from another site, are they obliged to follow up or alert the appropriate site - Or would the site where the Provider ordered the test be responsible for the result (and have their own corresponding coverage protocols)	- Interim measure: ALL Ordering Providers are responsible to manage them until the Vendor can identify a resolution. - Site Medical Leads are responsible to ensure each site has a written coverage protocol for their office. - Vendor solution to configure Provider Accounts that will work at multiple sites is needed so the work a Provider does while logged into any particular office is linked to that office and not directly to the Provider Account itself.

Regional Unassigned Folder A plan must be communicated to CSIS if an Ordering Provider no longer has a Provider Account (i.e. Learner or Ordering Provider Account has been closed). This is necessary in order for CSIS to assign documents to a responsible Site Medical Lead for completion.	• CSIS to forward documents from the Regional Unassigned Folder which houses documents (not via the Hub) • A back-up Ordering Provider must be designated who will be responsible for reviewing documents in the event of an Unanticipated or Anticipated Absence of the Site Medical Lead; this designate should be included in the coverage plan and be aware of the Regional Unassigned Folder and their responsibility for completing reassigned documents not Ordered by the Site Medical Lead in their absence

5. REFERENCES:

- College of Physicians and Surgeons of Manitoba Practice Coverage – Critical Test Results (September 2013)
- Diagnostic Services of Manitoba - Reporting Critical Values, Document #100-10-06 (revised October 28, 2013)
- Canadian Medical Protective Association - How effective Management of Test Results improves patient safety; an article for physicians by physicians. (originally published June 2011) P1102-3-E http://www.cmpa-acpm.ca/
- Canadian Medical Protective Association - Effectively managing hospital test results — Key to timely diagnosis and patient safety (originally published December 2012) W12-008-E http://www.cmpa-acpm.ca/
- Canadian Medical Protective Association - Responsibility for follow up of investigations (June 2008) http://www.cmpa-acpm.ca/
- Canadian Medical Protective Association - Follow-Up of lab reports and tests: A key to patient safety an article for Physicians by Physicians (originally published June 2004; revised May 2008) http://www.cmpa-acpm.ca/
- College of Physicians and Surgeons of Ontario - Test Results Management Safe and Effective Office – Based Practices (February 2011)
- Consultation with Clinical Advisory Group (including Dr. Alex Singer), CSIS and Regional Primary Health Care Quality Team (January 2014)
- Consultation with Regional Primary Health Care Quality Team, Primary Health Care Leadership and CSIS (January 2020)

6. PRIMARY AUTHORS:

- Kevin Mozdzen - Primary Health Care; Program Specialist
- Coralie Buhler - Primary Health Care; Clinical Nurse Specialist

7. ALTERNATE CONTACTS:

- Dr. Sheldon Permack - Primary Health Care; Medical Director
- Maria Cotroneo – Integrated Palliative, Primary and Home Health Services; Director of Primary Health Care

8. APPENDICES:

- APPENDIX A – When to Use EMR Mail Messages vs Tasks
- APPENDIX B – EMR Optimization of Critical Result, Test and Report Values

	Operational Guideline: RESULTS MANAGEMENT: Critical Result, Test or Report Values	**Guideline Number:** PCOG#11
PRIMARY HEALTH CARE OPERATIONAL GUIDELINES	**Approved By:** Primary Health Care Leadership	**Pages:** 11 of 11
	Approval Date: February 14, 2020	**Supercedes:** July 17, 2015

- APPENDIX C – Critical Result Follow-Up Audit Template
- APPENDIX D – Linking Documents to a Diagnosis
- APPENDIX E – Provider Review of Manual INR Results

SCOPE: Applicable to all WRHA Primary Care Direct Operation Clinics including Walk-In Connected Care Clinics (McGregor, Access Fort Garry and Access Winnipeg West) and Midwifery Services