Risk Management

Tracking and follow-up of tests, consults, and referrals to achieve patient safety and service excellence

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Data from the National Ambulatory Medical Care Survey indicates that the average family physician sees approximately 100 office patients a week; the study also finds that this same physician orders diagnostic tests on approximately 39% of those patients. Tracking those tests during the pre-result and post-result stages, as well as tracking consults and referrals ordered, represents organizational challenges for your office.

And what if you don’t track tests, consults, or referrals? A study of office tracking errors conducted by the American Academy of Family Physicians found that 60% of all mistakes reported to them resulted in some harm to the patient and/or the practice. These include delay in care; lost time for the patient; emotional, physical, and financial distress for the patient; and emotional, financial or time distress for physician or practice.

Has your office ever experienced the following? A test result is filed in the chart before the ordering physician has a chance to review it; the chart is then filed away. This is at best a nuisance, but it can also result in serious harm. Consider this closed Princeton case: a patient underwent routine testing for a medical condition. The results of the latest annual test were filed away before the physician saw them; he dictated his letter to the primary physician based on the results of the previous year’s test, which apparently were easily visible in the chart (it seems that the current test was not). The current test showed a cancerous growth, and the physician did not find that result until the following year when he again went through the chart. Ultimately, the patient went through multiple procedures and cancer treatment but expired less than a year later. This case was also devastating financially.

Of course you want to avoid a liability suit which could result from a filing error, but there are other concerns in situations like these. It can be difficult to live with the knowledge that a patient suffered harm because a tracking and follow-up process was not assiduously followed. Your practice also may endure “bad press” by word of mouth, and it can take approximately ten years to regain your good name. This is a list of reasons for having a tracking system – there is no counterpoint list arguing for absence of a process.

Developing a system

The following will review the basics of tracking systems and methods to help you evaluate your current system. How well does it work? What would you like to improve about it? Do you, or will you, be using technology (an Electronic Medical Record System or a computer program designed to assist your tracking process). Remember: applying technology to your current process will not improve a process if it is already flawed; it will simply help you make mistakes faster. Fix the process before you computerize it.

Once you have clarified your process, what you would like to improve, and...
Implementing the system

In the pre-result phase, your practice’s responsibility is primarily follow-up and double-checking. If you have ordered a test, consult, or referral, was the patient given the correct instructions on how to proceed to get this test, consult, or referral? Were they given the correct phone number to call, or were they told to call their provider to get an appropriate referral and find out from that provider where to get the service (as is often the case with some health plans)?

Then, was this order put in a tickler file to be rechecked in an appropriate time period? A follow-up check should indicate whether the test was done or whether it is scheduled. If no activity has occurred, the patient should be contacted so that they may be encouraged to get the test, consult, or referral as quickly as possible. This is also a good time to find out if they are having problems with scheduling, or if they misunderstood your instructions; treat situations like this as opportunities to find and correct loopholes in your tracking process.

Good communication with the patient at the time of their visit can help their adherence with your orders. Enlist them in the process; if they understand why you have ordered these things, they are more likely to follow-up with them.

When the test results come back, the second phase of your system begins. In this stage of the process, your practice will focus on the review, documentation, and follow-up of these results. This is the post-result phase.

Now your tickler file can be readdressed to note that the order was accomplished, the patient’s chart can be pulled and the test results affixed to the outside of it for the physician to review. Once the test result has been reviewed, it should be initialed and dated by the reviewer; but there is more to do before it can take its place in the chart and the chart can be filed away.

In the third stage, the practice notifies the patient of the results of the test and follows up on the next steps of the care plan. To effectively address this phase, the practice must develop a system for notification of the patient of all test results – normal and abnormal. This system of notification may be by phone or by mail. If it is by phone then it must include a note in the patient’s chart that they were notified, what they were notified of, when, and by whom. If it is by letter, a copy of the letter is to be filed in the patient’s chart.

If the physician has ordered specific follow-up to the test, this needs to be communicated to the patient. Once again, the information to be tracked will go in the office’s tickler file and the process will begin all over again.

Making it work

Some offices find a stamp in the chart is an effective documentation of the second and third phases of their tracking systems. The stamp is a simple set of lines for staff and physician initials in categories such as: received by____; reviewed by____; patient notified by___; filed by___. Each line has a corresponding line for time and date.

Chart documentation should always include the physician’s recommendations for treatment at the time of the patient’s visit and any recommendations which may be made after test or consult results are received. This information is used to help document the doctor’s rationale for treatment.

Consult and referral reports should be handled in the same way as tests, except that physicians may need to call the consulting or referring physician before and/or after the patient is seen. Those calls are also documented in the patient’s record.

Summary

This is a basic tracking system, and each office can amend it to fit their needs. However, key elements need to remain. For instance, it is very important that patients are notified of the results of all tests and consults. This is done so that no results and no patients “fall through the cracks” – it offers a side benefit of increased patient satisfaction with your practice.

If your office uses Electronic Medical Records, that system must have an embedded process which encompasses these basic elements. A process like this will automatically generate “reminders” which go on a task list – this list opens every day with the tasks which must be done that day and the name of the person responsible for them. The tasks are not removed from the daily list until the person responsible completes the task.

This electronic process, like your manual tickler file, helps you and your staff remain faithful in follow-up to each step in the tracking process. As already noted, by increasing the accuracy of your practice’s tracking and follow-up system, you will enhance patient safety while you reduce your practice’s liability.

The Princeton Healthcare Risk Services staff is available to answer questions about tracking and follow-up systems - we also work with offices to institute and/or improve processes. Call us at 1-866-Rx4-RISK.

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