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# UnBLOCK the Chain

# Patient responsibility for following up on test results

ECRI

ECRI Institute
Welwyn Garden City, UK

info@ecri.org.uk

@ECRI_Institute

ecri.org.uk

A risk manager recently asked for guidance on the patient's responsibility in following up on the results of tests that have been ordered.

In our response, we note that providers are responsible for reviewing and following up on the results of the tests they order. That responsibility typically includes ensuring that results that require involvement of patients or action on their part are communicated to patients. However, ECRI Institute recommends reporting all test results to patients, including results that are normal or not clinically significant.

Clinicians' responsibility for following up on test results should be clearly outlined in organisational policies and procedures, and backups should be designated. Organisations also typically have protocols for how and when different kinds of tests or different kinds of results (eg normal, abnormal, critical) need to be communicated to the responsible clinician and to the patient. See the resources at the bottom of this email for more information on general practices for test result reporting and tracking.

Policies and procedures may outline the means of contacting patients and the number of attempts that are required; if that is in place, it is very important that providers follow those steps. But even if the provider follows the policies and procedures, other factors specific to the situation may come into play (eg multiple modes of contact that are outdated). The provider should make all possible attempts to contact a patient with a critical or abnormal result, which may include enlisting the help of local authorities or contacting homeless shelters. Attempts and results of those attempts (eg voice mail greeting indicating that the organisation had reached the correct person, mail returned) should be documented. Providers can also ask patients to verify or update their contact information on every visit.

When patient action is recommended, it's a good idea to “close the loop" and seek (and document)

confirmation from the patient that the result and recommendation were received. Some organisations ask whether the patient has taken necessary follow-up steps, and some offer help in scheduling appointments with other providers when necessary.

If a patient was informed of his or her test results and recommended actions but failed to take those actions, contributory or comparative negligence may be a possible defence (legal counsel can determine which defence strategies are optimal in each specific case). Patients may argue that they were not informed of the results and recommendations—because of factors such as those discussed above, for example. The defence may have a particularly large burden to overcome if the provider's actions or inactions, which will be scrutinised, failed to conform with organisational policies and procedures. But again, the inquiry doesn't necessarily end with policies and procedures. A related question is whether the provider made it clear what the patient had to do and why the patient had to do it. Health literacy strategies can help providers communicate with all patients about the purpose and significance of tests, test results, recommended follow-up, and actions patients should take.

All of these principles bear on the use of patient portals to communicate test results. Because clinicians are responsible for following up on test results, providers should actively reach out to patients to communicate test results, rather than simply inform them that test results will be available through the patient portal once they're processed. Provider involvement is also necessary to place the result into context. For example, even if patients have access to their results, they might not know how to interpret them or what they should do in response.

What about using an automated process to notify patients that results are now available in the patient portal—for example, having the system automatically email the patient when a test result becomes available? Although automated processes might conceivably supplement other forms of communication with patients regarding test results, they might not be sufficient means of notifying patients of test results in and of themselves. What if the patient is not computer savvy or has no or limited access to a computer? What if the patient's email address is outdated or the email is caught in a spam filter? The brave new world of electronic communication underscores the importance of closing the loop and confirming that the message, however it is communicated, is received. Ultimately, if a patient fails to take prudent actions in response to a test result, suffers injury because of it, and sues, it might be hard to successfully defend the case if the patient portal was the only means used to communicate the test results to a patient.

Note: The recommendations contained in Ask ECRI do not constitute legal advice. Facilities should consult legal counsel for specific guidance and develop clinical guidance in consultation with their clinical staff. ■