

REDUCING PHYSICIAN LIABILITY WITH TRACKING AND FOLLOW-UP SYSTEMS

Every year, American Physicians receives claims regarding patients who were not notified of abnormal test results or other significant findings. This typically happens because the physician did not receive or review the test results, the results were misplaced, or the patient was just not notified. In all of these instances, a delay in diagnosis and treatment or failure to provide timely treatment can result in physician liability.

To avoid such errors, it is important to establish policies and procedures to track test results and ensure that:

1. All test results are returned to the physician's office
2. The physician reviews the results, then dates and signs (or initials) them to verify that they have been reviewed
3. The patient is notified
4. Documentation is placed in the medical record to verify when and how the patient was notified, what was communicated, and any recommended follow-up
5. The results are filed in the patient's chart
6. Follow-up occurs (if recommended)

Studies show that 35% – 65% of testing errors are a result of improper handling and/or communication of the test results.

Cases involving lack of notification of abnormal test results are difficult to defend and expensive to settle.

Physicians and office staff should be trained to properly follow the medical practice's test-tracking policy. Documentation of all training should be maintained in each staff member's personnel file.

All test results, including those within normal limits, should be communicated to the patient. By doing this, physicians can avoid situations in which patients assume their results are normal because they have not heard otherwise. Patients should also be encouraged to contact the office if test results are not received within a specified time. This provides an opportunity for the physician to communicate abnormal results in case there is a breakdown in the notification component of the tracking system. All telephone calls should be documented in the patient's medical record.

If the volume of tests makes it difficult for office staff to telephone patients with normal results, these results can be mailed. A simple way

to accomplish this is to have the patient self-address an envelope at the time the test is ordered and then inform the patient that normal test results will be mailed to them. Physicians may want to consider developing a pre-printed form stating that results of recent testing were normal. This can be dated, signed and mailed in the self-addressed envelope. Copies of all information mailed to patients should be placed in the medical record.

It is important to let patients know that abnormal test results will be communicated by a telephone call from the physician. These results should have a higher standard and urgency for communication. They should be communicated to as soon as possible and the communication should be done by the physician. This helps indicate to the patient the importance of the results and any recommended follow-up, and also allows the patient to ask questions. In addition, it reinforces the physician-patient relationship. The conversation with the patient, and any resulting follow-up recommendations, should be documented in the medical record. If the patient cannot be contacted by phone, a certified letter should be sent indicating that there are abnormal results from the testing and/or procedure, and stressing the importance of calling the office as soon as possible to discuss the results with the physician.

When follow-up is required, a plan of action should be developed and communicated to the patient. The plan should include any necessary referrals and/or additional testing. The tracking system should ensure that every step in the follow-up process is documented in the medical record, including verification that the follow-up has occurred.

Tracking and follow-up systems may consist of a log book containing entries for each ordered test, with space to track and document returned test results; index cards sorted by day, month or patient; tickler and reminder systems; computer programs; or automated diagnostic results reporting systems. The format used is not important. What is important is that the system meets the needs of the individual physician office and contains **all** of the elements discussed in this article.