CAROLINA FAMILY HEALTH CENTERS, INC.
PROCEDURE

TITLE: CLN-200.01 Diagnostic Testing

EFFECTIVE DATE: September 2012

SECTION: Clinical
REFERENCE POLICY: CLN-200 Care Coordination and Transitions

RESPONSIBLE CHIEF OF STAFF: Chief Medical Officer
RESPONSIBLE COMMITTEE: Medical

REVIEWED: 4/13, 12/13, 5/14, 4/16, 2/17, 1/15/2019, 11/30/2020, 01/04/2021, 03/05/2024, 07/02/2024, 03/04/2025

I.   PURPOSE

The purpose of this procedure is to outline the process for ordering, tracking, and following up on diagnostic tests (laboratory, radiology, and other diagnostic tests).

II.   PROCEDURE

Carolina Family Health Centers, Inc. (CFHC, Inc.) effectively manages laboratory and imaging test results to provide optimal care, contain costs, and provide patient safety. All tests are ordered, tracked, and followed up on through the electronic health record (EHR) system. The EHR system records patient information, the date the test was ordered, the ordering provider, the list of tests ordered, the date results were received, the provider who reviewed the results, follow-up recommended by the provider, and communication of results to the patient, including unsuccessful communication attempts and follow-up. The ordering provider acknowledges receipt of lab results electronically.

ORDERING AND TRACKING

Labs

The provider or his/her designee orders laboratory tests within the EHR system. The order falls into the laboratory work queue for processing. If the patient does not present to have his/her labs performed or the sample cannot be obtained, the lab staff cancels the order or changes it to a future order. If the sample could not be obtained (e.g., the patient could not void or the venipuncture was unsuccessful), the lab staff instructs the patient to return to the office in the next 5 days to have his/her lab tests completed. The provider is notified via in-basket messaging that the order status has changed, the reason for the change, and the order is changed to a future order. If the patient does not present to the lab, the order is canceled by the lab staff, and a message is automatically sent to the ordering provider's in-basket **Cancelled Ord** folder. The provider determines the next course of action for those individuals who left without their labs being performed (i.e., patient notification via letter, phone call, or portal message to return for labs if clinically needed).

Laboratory results are imported directly into the EHR system through a bi-directional, auto import interface with Lab Corps and routed directly to the ordering provider for review. Results are returned to the in-basket message in the 'Results' folder within the EHR system. When an abnormal lab is returned, the message is marked with an exclamation point, and the abnormal lab results are highlighted in yellow with red text. Critical labs are marked with two white exclamation points surrounded by a red circle.

The laboratory staff at each clinic monitors the interface error work queue daily to correct errors that prevent the labs from being delivered to the provider. Staff who monitor the in-basket Overdue Results folder access LabCorp's portal to determine if the lab specimens were received by the lab and are being processed. If it is determined that the labs were not received by LabCorp, the staff person sends a message to the provider via in-basket messaging. The provider determines if the lab test is still needed, and he/she or his/her designee contacts the patient to come into the office to complete the lab test, and a new order is placed.

Diagnostic Procedures

The provider or his/her designee orders diagnostic procedures within the EHR system. The ordering provider documents the priority of the order as routine, urgent, or STAT, assigns the associated diagnosis, and adds additional comments if needed to clarify the order. He/she verifies that the order is set to external referral, thus ensuring that the order falls into the referral work queue for processing. The Referral Associate determines the need for insurance approval and, if necessary, one is completed. The Referral Associate processes the request for the diagnostic procedure and obtains an appointment. The Referrals Associate ensures the patient is informed of the appointment through communication with the patient directly, by telephone, patient portal, or by mail. The notification includes the provider/practice's name, address, date, and time of the appointment. The referral information is documented in the referral activity.

In the event, that a patient is unable to be contacted to schedule an appointment for the diagnostic procedure, either by the specialty office or the Referral Associate, the following documentation has to be present before the referral can be closed: 2 failed attempts via phone or MyChart by a Referral Associate, and then a letter mailed to the patient (SA205 Referral Unable to Contact Letter) and the referral is closed. The letter notifies the patient that we have been unable to reach them to schedule their diagnostic procedure. The letter supplies the specialty provider/practice's name, address, and phone number for the patient to contact and schedule their appointment if appropriate. The order is cancelled with the appropriate reason and documentation. An order cancellation in-basket message is automatically sent to the provider's in-basket, alerting them that the order has been cancelled and the referral has been closed due to being unable to reach the patient.

When an external x-ray is ordered, the clinical staff prints the order requisition and provides it to the patient before the patient leaves the office. The staff person informs the patient that they have 48 hours to get the x-ray done. The Referral Associate documents the location the provider selected and changes the status reason to the patient to schedule.

The referral staff uses the following designations to track the referral status:

Authorized – This is used when the appointment is scheduled or the order is given to the patient to schedule the appointment.

Canceled – The referral was canceled (i.e., patient deceased, the patient did not keep the appointment, duplicate appointment, provider canceled, etc.).

Closed – The referral appointment was made, and the consult note or image was received, or no further actions are available.

New request – System generated when the provider makes a referral.

Open – Waiting for approval by insurance or not enough referral information.

The Referral Associates monitor the referral work queue for any authorized (or scheduled) appointments. Any appointments that are 10 days past due are identified, and staff fax a request for the report to the specialist or access the hospital systems for the diagnostic procedure. Once received by the medical records staff, the report is attached to the order and returned to the medical provider for review. The Referral Associates may close the referral when they see that the results have been attached. The referral will auto-close when the provider acknowledges receipt of the results by clicking the "Done" button in the in-basket results message they receive. Documents found in Care Everywhere that are ordered by a Carolina Family Health Centers, Inc. provider are copied and documented using the enter/edit functionality and sent to the provider for review.

For urgent or STAT appointments that are not kept or cannot be made, the Referral Associate sends the provider a message using the In Basket Msg button in the referral activity. The Referral Associate closes the order and sends the patient a letter. The letter notifies the patient that our records show he/she did not keep his/her appointment and he/she need to make an appointment with his/her provider to discuss rescheduling. A templated letter is available in the EHR to assist staff (SA205 Referral/Lab/Imaging DNS).

FOLLOW-UP

The ordering provider is responsible for ensuring the patient is contacted about his/her results. CFHC, Inc. has created coverage groups to ensure that if a clinician is out of the office, another clinician follows up on the test results. The clinician leaving activates the "Out of Contact Message" under the In-Basket and may notify the coverage group by email. The EHR system provides the covering provider access to refills and test results when the "Out of Contact Message" is activated.

Depending on the type of test result, the ordering provider or his/her designee communicates results to the patient in person, by letter, email, telephone, or through the patient portal. All test results (normal or abnormal) are communicated to the patient. The name of the person who contacts the patient with the results is documented in the EHR. When the patient must take action

in response to his/her results (e.g., change medications or schedule a visit to the health center), the
provider or his/her designee uses direct verbal communication and documents that the information was received and understood by the patient. If the patient is not competent to make medical decisions, test results are communicated to the patient's designated legal guardian or representative. Specific procedures for communicating critical, abnormal, and normal test results are as follows:

Critical Results
Critical results are communicated **immediately** by direct verbal communication from the outside laboratory or diagnostic testing center to the ordering provider or covering provider. If a support staff person receives a call from the laboratory or diagnostic testing center, they forward the phone call to the provider if available or take the message and immediately communicate verbally with the provider, as well as document the message in the EHR system.

Providers can obtain the patient contact information from the EHR after hours. The on-call provider uses his/her clinical judgment to decide on the course of action, which may include referring the patient to the emergency department (ED) or arranging for the patient to follow up in the office the next business day. In rare cases in which the ordering provider or any providers in the covering group are not available, results must be communicated to the Chief Medical Officer and/or Chief Dental Officer.

Critical results and necessary actions are communicated to the patient immediately by direct verbal communication. Staff may conduct home visits or contact the patient's emergency contact if needed for critical results. Staff may request local law enforcement to notify the patient of the need to contact the clinic. The clinical staff makes every reasonable attempt to contact the patient. All communication or communication attempts are documented in the patient's medical record.

Abnormal Results
Abnormal results are communicated to the ordering provider through direct verbal communication, printed reports, or electronic communication. Abnormal results are communicated to the patient within ten (10) days of receipt of the test results by mail or by telephone. All communication or communication attempts are documented in the patient's medical record.

Normal Results
Normal results are communicated to the ordering provider through direct verbal communication, printed reports, or electronic communication. Normal results are communicated to the patient within fifteen (15) days of receipt. Results are communicated in person, by letter, telephone, or email, or through the patient portal. All communication or attempts to communicate are documented.

Other Test Results

Ordering providers may receive results from laboratories or outside testing centers by direct verbal communication, a printed report, or electronic communication. When results are reported by telephone, the person receiving the information reads back the information to the person calling with the results. The following process is followed:

- The recipient of the results enters the results into the EHR
- The result is read back to the caller
- The caller verifies the accuracy of the results as read

Newborn Screening

All infants born in North Carolina are screened at birth for the following conditions: congenital hypothyroidism, galactosemia, congenital adrenal hyperplasia, hemoglobinopathy disease (e.g., sickle cell), biotinidase deficiency, cystic fibrosis, severe combined immunodeficiency, and certain metabolic disorders, including phenylketonuria. If not already received at the time of the initial appointment, clinical nursing staff will call to obtain the newborn hearing screening results.

Support staff accesses the North Carolina State Laboratory Clinical and Environmental Lab Results portal or contact the lab by phone (919-707-5630) to obtain newborn screening results if they have not already been received. The provider's newborn template has a prompt to remind staff to obtain these results at the time of the visit. If the results have not been obtained, the provider tasks his/her care coordinator to obtain the results. If testing comes back abnormal, it is the policy of the State to call the baby's medical provider; at this time, the child may be referred for additional testing or specialty care.

Documentation of Communication

Staff document the outcome of the patient notification, including date and time, means used to communicate results (e.g., phone call, letter), and person contacted (if applicable). If a letter is sent, it is electronically generated from the EHR system, and a copy is housed in the patient's medical record. If the letter is returned due to an incorrect address, a notation is made in the EHR system.

AUDITING

The Compliance Department performs monthly audits to ensure orders are being tracked and that follow-up with the patient is occurring. These audits are shared with the Central Compliance Committee.

III. DEFINITIONS

Normal Test Result: Test results that fall within the normal parameters for the particular test.

Abnormal Test Result: Test results that require the ordering provider's attention as soon as possible but are not as Urgent or Life-Threatening as a Critical result. Abnormal findings are values above or below the established norms for a particular test for the timing of reporting and follow-up with patients.

Critical Test Result: Test results for a condition that, if left untreated, may be life-threatening or place the patient at serious risk. The patient requires urgent clinical attention and immediate follow-up.

Direct Verbal Communication: Communication of test results by telephone, a face-to-face encounter, or the delivery of the report to the provider.

Electronic Communication: Communication of test results by e-mail, fax, EHR, or other electronic means.

Ordering or Referring Provider: The provider who initiated a test for a particular patient. This provider is responsible for reviewing and acting on the test results.

Routine orders: Orders are to be scheduled within two weeks of receipt.

Urgent Orders: Orders are to be scheduled within a week of receipt.

STAT Orders: Orders are to be scheduled within 24-48 hours of receipt or if not, it is communicated with the provider.