

March 24, 2009

## ORDERING AND REPORTING TEST RESULTS

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive provides VHA policy regarding communication of patient test results to practitioners and to patients.

### 2. BACKGROUND

a. VHA is committed to reporting test results in a timely manner so that appropriate and effective therapeutic action may be taken.

b. VHA is committed to supporting the Joint Commission National Patient Safety Goal of improving the effectiveness of communication among caregivers.

c. Timely communication of diagnostic test results to patients is important to the provision of quality care. Communication of test results to patients facilitates their involvement in care. Lack of timely follow-up of abnormal test results has been identified as a contributor to poor outcomes and has been a major cause of malpractice suits for VHA. Communication of results to patients contributes to safe care by ensuring timely review of all results by clinicians, as well as patient awareness of significant abnormal results that may require follow-up. Unnecessary repetition of diagnostic testing contributes to health care costs. When patients are aware of what testing was done and the results, the probability that patients will receive appropriate follow-up is increased and the likelihood of repetitive, duplicative testing is decreased. Finally, a lack of knowledge about test results can be a source of considerable anxiety to patients and families. Timely communication of results demonstrates respect and concern for patients' well-being.

d. **Definitions.** These definitions are provided for implementation of this Directive and do not necessarily coincide with any other common use of these terms.

(1) **Ordering Practitioner.** An ordering practitioner is a practitioner authorized to enter and sign orders for diagnostic tests by privileges or acting under a scope of clinical practice.

(2) **Preceptor.** A preceptor is a licensed independent practitioner who supervises the ordering of tests by residents, or by other practitioners authorized to order tests under a scope of clinical practice.

(3) **Diagnostic Practitioner.** A diagnostic practitioner is a practitioner who performs or supervises the performance and interpretation of diagnostic tests by privileges or acting under a scope of practice.

(4) **Test Result.** Test results include the results of laboratory testing, diagnostic imaging, and diagnostic procedures.

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(5) **Critical Value or Result.** A critical test result is defined as those values or interpretations that, if left untreated, could be life threatening or place the patient at serious risk. Critical values or results are those results from laboratory, cardiology, radiology departments and other diagnostic areas that upon analysis are determined to be “critical” regardless of the ordering priority. All Emergent Test Results and some Abnormal Test Results constitute Critical Values or Results.

(6) **Emergent Test Result.** An emergent test result is a diagnostic finding that is associated with a high likelihood of short-term poor outcome and requires either immediate therapeutic intervention or close monitoring.

(7) **Abnormal Test Result.** An abnormal test result is a diagnostic finding that requires attention by the ordering practitioner, but not necessarily in an immediate time frame.

(8) **Direct Communication.** Direct communication is the transmission of test results by direct, non-electronic dialogue between the diagnostic practitioner and the ordering practitioner, or surrogate practitioner, by telephone or face-to-face conversation, or hand carried report.

(9) **Electronic Communication.** Electronic Communication is the transmission of test results by electronic means (e.g., view alerts, e-mail, FAX, etc.).

(10) **Personal Representative.** A personal representative is a person who under applicable law has authority to act on behalf of the individual. This may include power of attorney, legal guardianship of an individual, the executor of the estate of a deceased individual, or someone under Federal, state, local or tribal law with such authority (e.g., parent of a minor). Personal representative is further defined in VHA Handbook 1605.1 “Privacy and Release of Information.”

**3. POLICY:** It is VHA policy that test results must be communicated to the ordering practitioner, or surrogate practitioner, within a timeframe allowing prompt attention and appropriate clinical action to be taken, and that the ordering practitioner further communicates such test results to patients, so that they may participate in health care decisions.

### 4. ACTION

a. **Medical Center Director.** Each Medical Center Director is responsible for:

(1) Ensuring that a written policy regarding communication of results from diagnostic practitioner to ordering practitioner is in place, which describes the reporting process for values and interpretations that are immediately life threatening, as well as those that otherwise require prompt clinical attention, to include a system of surrogate practitioners (surrogate practitioners could include preceptors, on call practitioners, supervisors, and service chiefs) in the event that the ordering practitioner is not available. **NOTE:** *The Emergency Department should not be given primary responsibility for test results that are not life threatening.* This policy must ensure:

(a) The appropriate process is followed for each individual test result (see Att. A). In all cases when the ordering practitioner and surrogate practitioner are unavailable, a process must be in place for the communication of emergent test results to another practitioner who can take action, such as the medical officer of the day, the senior medical resident, or the leader of the facility's "rapid response team" or equivalent.

(b) That critical tests and critical results and values are defined.

(c) That the acceptable length of time between the ordering of tests or collection of specimens and the availability of results or critical values is defined. In all cases when the ordering practitioner and surrogate practitioner are unavailable, a process must be in place for the communication of critical test results to another practitioner who can follow-up as appropriate.

*NOTE: It is understood that many abnormal results do not require an immediate response by the practitioner that receives the information.*

(d) That the acceptable length of time between the availability of critical tests, values, or results and receipt by the responsible provider is defined.

(2) Ensuring that the organization collects data on the timeliness of reporting critical tests and critical values or results.

(3) Ensuring the facility assesses the data collected and determines whether there is a need for improvement, and that the organization takes appropriate action to improve and measure the effectiveness of those actions.

(4) Ensuring that communication of results to practitioners and patients is periodically monitored to document adherence to VHA and local policies.

b. **Chiefs of Staff (COS)**. Each COS is responsible for:

(1) Reviewing monitors of test result communication.

(2) Resolving process deficiencies with service chiefs.

(3) Ensuring the facility clinical service chiefs establish a chain of responsibility within their department for receipt of test results and communication of results to patients.

(4) Ensuring that the diagnostic practitioner or designee:

(a) Identifies and communicates expediently all critical, emergent, or abnormal test values or results to the ordering practitioner, the practitioner's surrogate, or the supervisor, as appropriate.

(b) Ensures that verified test results reports are available in the patient's electronic medical record in a timely manner.

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(c) Documents the time and means of such communication and the name of the practitioner contacted, in the medical record. This documentation is not required for abnormal tests that are not critical or emergent.

(5) Ensuring that the ordering practitioner:

(a) Places the initial order, includes the appropriate contact information, and identifies the surrogate practitioner, when applicable.

(b) Initiates appropriate clinical action and follows up the results of any orders which they have placed.

(c) Assigns a qualified surrogate practitioner to receive critical, emergent, or abnormal test result notifications when they themselves are unavailable to review results in a timely manner to prevent avoidable delays in treatment or response.

(d) Documents treatment actions in response to critical, emergent, or abnormal test results in the patient's electronic medical record.

(e) Communicates outpatient test results to patients in accordance with the following standards:

1. Results are communicated to patients no later than 14 calendar days from the date on which the results are available to the ordering practitioner. Significant abnormalities may require review and communication in shorter timeframes and 14-days represents the outer acceptable limit. For abnormalities that require immediate attention, the 14-day limit is irrelevant, as the communication should occur in the timeframe that minimizes risk to the patient. **NOTE:** *Separate VHA policies may set standards regarding communication of results for specific tests. When separate VHA policies exist that set standards for communication of specific test results, the shorter standard (of the separate policy or the 14-day standard of this policy) takes precedence.*

2. Tests ordered while the patient is an inpatient, but results reported after discharge is treated as outpatient tests. These tests are communicated by the ordering inpatient provider or their surrogate according to the standards in this Directive.

3. If the patient lacks decision making capacity, results will be communicated to the personal representative of the patient as defined in this policy (see subpar. 2d(10)).

4. Communication with patients can occur in person, by telephone or in writing. Once established, secure messaging through MyHealthVet is an acceptable method of communication. Until approved secure messaging systems have been established by VHA, no patient identifiable information is to be communicated to patients by email.

5. Document that the communication was received and understood, for communications where it is important for the patient to quickly take some kind of action, such as a change in

medication or a return to the medical center for further evaluation. **NOTE:** *Due to the sensitive nature of certain test results, such as psychological tests, the determination of how to report these results are best made on a case-by-case basis. Review and discussion of the test results need to be provided to the patient or appropriate representatives in person, with an opportunity for questions and discussion. HIV test results should be communicated according to current VHA policy (see Handbook 1004.1).*

6. Communication of the test results to patients outside of the setting of an outpatient visit is documented in the medical record.

7. The results are communicated by licensed or certified health care staff. It is not required that the ordering practitioner personally communicate every result, but this task may be delegated to other licensed health care staff when clinically appropriate.

8. When tests are ordered by residents, the preceptor has the responsibility for ensuring that the required communication and documentation occurs.

9. When, despite best efforts, it is not possible to contact the patient (e.g., the patient has moved and left no contact information), all attempts to communicate with the patient are documented in the medical record.

**NOTE:** *Inpatient, emergency, or urgent care often involves extensive, repetitive testing with rapidly changing clinical conditions. Therefore, for patients in the inpatient, emergency, or urgent care setting, it is not required or expected that each individual test result is communicated to the patient. The ordering practitioner or the care team the patient is part of should strive to effectively communicate relevant information to the patient about the patient's medical condition. Results of specific tests may be included in this communication as appropriate.*

**5. REFERENCES:** Joint Commission National Patient Safety Goals. Available at: <http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/>

**6. FOLLOW-UP RESPONSIBILITY:** Patient Care Services (11) is responsible for the contents of this Directive. Questions regarding ordering tests and reporting tests to ordering practitioners may be directed to the Chief Consultant for Diagnostic Services (115) at 202-461-7357. Questions regarding communication of test results to patients may be directed to the Chief Consultant for Primary Care at 202-461-7182.

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**7. RESCISSIONS:** VHA Directive 2003-043, dated August 6, 2003, is rescinded. This VHA Directive expires March 31, 2013.

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## ATTACHMENT A

### PROCESS FOR COMMUNICATING TEST RESULTS BY DIAGNOSTIC PRACTITIONERS TO ORDERING PRACTITIONERS

#### 1. CRITICAL VALUES OR RESULTS

a. Critical values or results must be transmitted immediately by direct communication from the diagnostic practitioner, or surrogate, to the ordering practitioner or surrogate practitioner, and this communication must be documented in the Veterans Health Information Systems and Technology Architecture (VistA).

b. For telephonic reporting of critical values or results, the complete test result must be verified by having the person receiving the information record “read back” the complete test values or results. It is expected that:

(1) The receiver of the information writes down the complete critical values or results or enters it into the medical record system.

(2) The receiver of the information reads backs the critical values or results.

(3) The receiver of the information receives confirmation from the individual who gave the critical values or results.

#### 2. EMERGENT TEST RESULTS

a. Emergent Test Results must be transmitted by direct communication from the diagnostic practitioner, or surrogate, to the ordering practitioner, or surrogate, and this communication must be documented in VistA.

b. If the ordering practitioner is not available, communication needs to be made to the surrogate practitioner, as established by facility policy. The ordering practitioner, or surrogate, must document receipt of this information, as well as any changes to the care plan. In all cases, when the ordering practitioner and surrogate practitioner are unavailable, a process must be in place for the communication of emergent test results to another practitioner who can take action, such as the medical officer of the day, the senior medical resident, or the leader of the facility’s “rapid response team,” or equivalent.

**3. ABNORMAL TEST RESULTS.** Abnormal test results may be transmitted from the diagnostic practitioner, or surrogate, to the ordering practitioner, or surrogate, by direct or electronic communication. The ordering practitioner, or surrogate, needs to document any change in care plan.

**4. TEST RESULTS THAT ARE NEITHER EMERGENT NOR ABNORMAL.** Test results that are neither emergent nor abnormal may be communicated to the ordering practitioner, or surrogate.