

August 6, 2003

## ORDERING AND REPORTING PATIENT TEST RESULTS

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive sets forth 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 providing patients with information regarding test results so they may participate in health care decisions.

c. **Definitions.** These definitions are provided for implementation of this policy and don't 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 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 physician who performs or supervises the performance and interpretation of diagnostic tests.

(4) **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.

(5) **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.

(6) **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, by telephone or face-to-face conversation, or hand carried report.

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

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

**THIS VHA DIRECTIVE EXPIRES AUGUST 31, 2008**

August 6, 2003

#### 4. ACTION

##### a. Process

(1) **Emergent Test Results.** Emergent Test Results must be transmitted by direct communication from the diagnostic practitioner to the ordering practitioner, and this communication must be documented in the Veterans Health Information Systems and Technology Architecture (VistA). If the ordering practitioner is not available, communication needs to be made to the ordering practitioner's surrogate, 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. Emergent results need to be communicated to the patient as appropriate. *NOTE: The term "as appropriate" as applied in the context of this policy means that unless the patient is unable to comprehend and participate in health care decisions, the results of the tests need to be communicated to the patient. If the patient is unable to comprehend and participate in health care decisions, the authorized next-of-kin, or legal guardian, must be kept informed.*

(2) **Abnormal Test Results.** Abnormal test results may be transmitted from the diagnostic practitioner to the ordering practitioner, or surrogate, by direct or electronic communication. The ordering practitioner, or surrogate, needs to document any change in care plan. Abnormal results need to be communicated to the patient, as appropriate.

(3) **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, per existing standard operating procedures. The ordering practitioner, or surrogate, is required to periodically review routine test results with patients under their care. *NOTE: Further policy guidance as well as tools to enhance the communication of normal test results will be developed and disseminated in the near future.*

##### b. Responsibilities

(1) **Medical Center Directors.** Medical center Directors are responsible for:

(a) Ensuring that a communication of results policy is in place at their facility; to include a system of surrogate practitioners in the event that the ordering practitioner is not available. Surrogate practitioners could include preceptors, supervisors, and service chiefs.

(b) Ensuring that periodic monitors are made of communicating results to document adherence to VHA and local policies.

(2) **Chiefs of Staff.** Chiefs of Staff are responsible for:

(a) Reviewing monitors of test result communication, and

(b) Resolving process deficiencies with Service Chiefs.

(3) **Medical Center Service Chiefs.** Medical center Service Chiefs are responsible for establishing a chain of responsibility for receipt of abnormal test results.

(4) **Ordering Practitioners.** Ordering Practitioners are responsible for:

(a) Placing the initial order with appropriate contact information for themselves and their surrogate preceptor, when applicable.

(b) Initiating appropriate clinical action and following-up on the results of any orders which they have placed.

(c) Assigning a surrogate to receive emergent and/or abnormal test result notifications when unavailable to review results in a timely manner.

(d) Documenting, in the medical record, treatment actions in response to emergent and/or abnormal test results.

(e) Discussing test results with patients and/or authorized next-of-kin or legal guardian, as appropriate; and documenting those discussions in the medical record.

(5) **Diagnostic Practitioner.** Diagnostic Practitioners are responsible for:

(a) Ensuring that verified test result reports are available in the medical record in a timely manner;

(b) Identifying and communicating, or ensuring that emergent test results are communicated to the ordering practitioner, the practitioner's surrogate, or the supervisor, as appropriate;

(c) Documenting the time and means of such communication, and the name of the practitioner contacted, in the medical record; and

(d) Identifying and communicating abnormal test results, using direct or electronic communication.

**5. FOLLOW-UP RESPONSIBILITIES:** The Chief Consultant for Diagnostic Services (115), is responsible for the contents of this Directive. Questions may be referred to 202-273-8332.

**6. RESCISSIONS:** None. This VHA Directive expires August 31, 2008.

S/ Jonathan B. Perlin, M.D. for  
Robert H. Roswell, M.D.  
Under Secretary for Health

DISTRIBUTION: CO: E-mailed 8/12/2003  
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 8/12/2003