

Continuity of Care: Managing Tests

Executive Summary:

This policy sets out the College's expectations for physicians regarding the management of all types of tests. Key topics and expectations include:

- *Test Result Management System:* Physicians must have an effective test results management system so that appropriate follow-up on test results occurs.
- *Tracking Tests:* Physicians must track test results for high-risk patients and must use their professional judgment to determine whether to track a test result for non-high-risk patients.
- *Communication of Test Results:* Physicians must always communicate clinically significant test results to patients and must do so in a timely fashion. Physicians must use their professional judgment to determine how best to communicate test results.
- *'No News is Good News' Strategies:* Physicians who want to use a 'no news is good news' strategy must follow the expectations set out in the policy and must inform patients that they can contact the physician's office for the test result.
- *Receiving Tests Results in Error or Incidentally:* Physicians who receive a critical or clinically significant test result in error or incidentally must contact the individuals set out in the policy.
- *Patient Engagement:* The policy sets out two ways in which physicians can provide opportunities for patient engagement.

Purpose

This policy sets out the College's expectations for physicians regarding the management of all types of tests.

Definitions

Test Result: Includes results for tests performed at laboratories, diagnostic facilities (including imaging facilities), and in physicians' offices, and also includes pathology results.

27 **Critical Test Result:** Results of such a serious nature that immediate patient management
28 decisions may be required.¹

29 **Clinically Significant Test Result:** A test result determined by a physician to be one which
30 requires follow-up in a timely fashion, urgently if necessary. Physicians determine the clinical
31 significance of a test result using their clinical judgment and knowledge of the patient's
32 symptoms, previous test results, and/or diagnosis.

33 **Follow-up:** Communication of the test result to the patient in an appropriate manner and
34 taking appropriate clinical action in response to the test result.

35 **High-risk patients:** Patients who present with serious clinical symptoms, who have been
36 diagnosed with a life-threatening illness, or who have been identified as high-risk by their
37 physicians.

38 **Policy**

39 Managing tests effectively is an essential part of continuity of care. It includes having a robust
40 test management system, ordering and tracking of tests, following up with patients once test
41 results are known, communicating and collaborating with other health-care providers, and
42 providing opportunities for patients to engage in the test results management process.

43 **Test Results Management System**

44 Physicians must have an effective test results management system so that appropriate follow-
45 up on test results can occur in all of their work environments. In order for a test results
46 management system to be effective, the system (whether it is electronic or paper-based) must
47 at a minimum enable physicians to:

- 48 • Record all tests they order;
- 49 • Record all test results received;
- 50 • Record that all test results received by physicians have been reviewed;
- 51 • Identify high-risk patients and critical and/or clinically significant test results;
- 52 • Record that a patient has been informed of any clinically significant test results and
53 the details of the follow-up taken by the physician.

54 If physicians are not responsible for choosing the test results management system, they must
55 be satisfied that the system in place has the capabilities listed above.

¹ A FAQ will be developed once the policy is finalized setting out information about existing guidelines (e.g., Canadian Association of Radiologists, Ontario Association of Medical Laboratories) regarding reporting test results and findings as well as clinical practice guidelines related to reporting for Independent Health Facilities.

56 **Ordering and Tracking Tests**

57 *Ordering*

58 Physicians must use their clinical judgment in determining whether to order a test for a patient.
59 When ordering a test, providing contextual patient information to laboratories and/or
60 diagnostic facilities is important, as sometimes test results that fall within the normal range
61 may actually be abnormal for a particular patient. Therefore, when ordering a test, physicians
62 are advised to provide sufficient relevant patient health information on the test requisition
63 form that will help with interpreting the test result.²

64 In addition, where ordering physicians are not the patient's primary care provider³, they must
65 copy a patient's primary care provider on the requisition form.⁴

66 *Tracking*

67 Tracking test results involves verifying that the patient has taken the test and ensuring that the
68 laboratory and/or diagnostic facility has sent the test result to the physician.

69 Physicians must track test results for high-risk patients to ensure that their test results are not
70 lost or missed. For example, if physicians do not receive a test result for a high-risk patient,
71 they must follow-up with the patient to verify that the patient has had the test and/or follow-
72 up with the laboratory and/or diagnostic facility to verify that the laboratory and/or diagnostic
73 facility has the test result. For patients that are not high-risk, physicians must use their
74 professional judgment to determine whether to track a test result. In making this
75 determination, physicians must consider the following factors:

- 76 • The nature of the test that was ordered;
- 77 • The patient's current health status;
- 78 • If the patient appears anxious or has expressed anxiety about the test; and
- 79 • The significance of the potential result.

80 Physicians must either personally track test results or assign⁵ this task to others.

² Under the *Personal Health Information Protection Act, 2004* S.O. 2004, c. 3, Sched. A (PHIPA), physicians can assume they have patient consent to share relevant information with the laboratory and/or diagnostic facility unless the patient has expressly withdrawn their consent.

³ This includes subspecialists where a patient has been referred to by a specialist.

⁴ Under PHIPA, physicians can assume they have consent to share relevant information with the patient's primary care provider unless the patient has expressly withdrawn their consent.

⁵ One of the controlled acts under the RHPA is "communicating a diagnosis". Specifically, the wording in the RHPA states: "Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the

81 **Follow-up**

82 Once physicians receive a patient's test results, they must ensure that appropriate follow-up
83 occurs. Follow-up includes communicating test results to patients⁶ and taking clinically
84 appropriate action in response to the test results.

85 Physicians must either personally follow-up on test results or assign or delegate this task to
86 others⁷.

87 In certain health-care environments, the physician who orders a test may not be the same
88 physician who receives the test result (e.g., in an emergency room or a walk-in clinic). In these
89 situations, the ordering physician must either delegate or assign⁸ the task of follow-up to others
90 or ensure that there is another person that is responsible for coordinating the follow-up or that
91 there is a system in place to do so.

92 *Communication of Test Results*

93 When in receipt of a clinically significant test result, physicians must always communicate the
94 test result to their patient and must do so in a timely fashion. The timeliness of the
95 communication will depend on the degree to which the information may impact patient safety,
96 including exposure to adverse clinical outcomes. For test results that are not clinically
97 significant, physicians must use their professional judgment as to if and when to communicate
98 the test result.

99 Physicians must also use their professional judgment to determine how to best communicate a
100 test result, for example, over the phone, or at the next appointment. In determining how to
101 best communicate a test result, there are a number of factors that physicians must consider,
102 including but not limited to:

- 103 • The nature of the test;
- 104 • The significance of the test result;
- 105 • The complexity and implications of the result;
- 106 • The nature of the physician-patient relationship;

individual or his or her personal representative will rely on the diagnosis". If the task includes performance of this controlled act, then the physician must delegate it to another person. When delegating a controlled act, physicians must comply with the College of Physicians and Surgeons of Ontario's [Delegation of Controlled Acts policy](#). If the task does not include a controlled act, the physician would be assigning the task to the other person.

⁶ Test results do not need to be communicated to patients if the test result is not clinically significant and the physician has used their professional judgment to determine that the test result need not be communicated or the physician is utilizing a 'no news is good news' strategy and is following the provisions set out in this policy in regard to 'no news is good news' strategies.

⁷ Please see footnote 5.

⁸ Please see footnote 5.

- 107 • Patient preferences/needs; and
108 • Whether the patient appears anxious or has expressed anxiety about the test.

109 Physicians must ensure that the communication of test results adheres to their legal⁹ and
110 professional obligations¹⁰ to maintain patient confidentiality and privacy.

111 Physicians do not necessarily have to personally communicate test results to their patients.
112 Physicians must use their professional judgment to determine the circumstances where it
113 makes sense for other health-care providers and/or non-medical staff to do so. Factors
114 physicians must consider in making this determination include, but are not limited to:

- 115 • The nature of the test;
116 • Whether the patient appears anxious or has expressed anxiety about the test;
117 • The significance or implications of the test result; and
118 • Whether communicating the test result would mean communicating a diagnosis.¹¹

119 If physicians rely on others to communicate test results, they must have a mechanism in place
120 whereby physicians are able to respond to any follow-up questions that the patient may have.

121 *'No News is Good News' Strategies*

122 Physicians who want to use a 'no news is good news' strategy for test results management
123 must be confident that the test result management system in place is sufficiently robust to
124 ensure that no test results will be missed and that no news really means good news. That is,
125 the absence of a call back to the patient means that the test result was received, reviewed and
126 a determination was made that no follow-up was required.

127 Even with a robust test results management system, a 'no news is good news' strategy may not
128 always be appropriate. Physicians must use their professional judgment to determine when a
129 'no news is good news' strategy is appropriate. Physicians must consider the following factors
130 in making this determination:

- 131 • The nature of the test that was ordered;
132 • The patient's current health status;

⁹ PHIPA sets out requirements with respect to collecting, using and disclosing a patient's personal health information.

¹⁰ See the CPSO [Medical Records](#) and the [Confidentiality of Personal Health Information](#) policies for more information. The *Confidentiality of Personal Health Information* policy states that "the College advises physicians that messages left for patients on a voice mail that is not private or with a third party should not contain any personal health information of the patient, such as details about the patient's medical condition, test results or other personal matters".

¹¹ Please see Footnote 5.

- 133 • If the patient appears anxious or has expressed anxiety about the test; and
134 • The significance or implications of the potential result.

135 Physicians must inform patients as to whether they are using a ‘no news is good news’ strategy
136 and must tell patients that they have the option to personally contact the physician’s office for
137 the test result.

138 *Contact Information*

139 To ensure that test results can be communicated to patients and that follow-up appointments
140 can be booked, physicians are advised to do the following:

- 141 • confirm, or have their staff confirm, patient contact information at each appointment;
142 • confirm, or have their staff confirm, whether patients are comfortable with voice mail
143 messages being left on their phones especially if the voicemail can be accessed by other
144 people¹²; and
145 • note the patient’s emergency contact information in the patient record.

146 If physicians attempt to contact a patient to carry out the required follow-up but have been
147 unable to reach the patient, they must document in the patient’s record all attempts that were
148 made to either communicate the test result to the patient and/or to book a follow-up
149 appointment to discuss a test result.

150 *Patient Portals*

151 Patient portals, where patients can access their test results electronically, are becoming
152 increasingly common. As part of actively involving patients in their own care, physicians are
153 advised to inform patients of the availability of patient portals.

154 Informing patients about getting their test results through a patient portal does not discharge
155 physicians’ obligations to communicate test results as set out in this section.

156 *Clinically Appropriate Action Following Receipt of Test Results*

157 When physicians receive a critical and/or clinically significant test result for a test that they
158 have ordered, they must take clinically appropriate action. What may be considered a clinically
159 appropriate action is case specific and will be based on a physician’s clinical judgment.¹³ The

¹² Please see Footnote 10.

¹³ Some examples of clinically appropriate actions include having the patient take another test or making a referral to a specialist.

160 timeliness of these actions will depend on the significance of the test result. Physicians can
161 take clinically appropriate actions personally or they can assign or delegate this task to others.¹⁴

162 *Receiving Test Results in Error or Incidentally*

163 If physicians receive a critical or clinically significant test result in error (i.e., they have not
164 ordered the test and have received the result in error because they have the same or a similar
165 name as the ordering physician or the same address as the ordering physician), they must
166 inform the ordering health-care provider, the patient's primary care provider, or the patient of
167 the test result. Physicians or those acting on their behalf must also inform the laboratory or
168 diagnostic facility of the error.

169 Additionally, physicians who become aware, even incidentally (e.g., physicians who are cc'd on
170 a report), of a critical or clinically significant test result where they have reason to believe that
171 the ordering health-care provider did not or will not get the test result, must make reasonable
172 efforts to inform the ordering health-care provider or the patient of the test result. The
173 physician must also make reasonable efforts to contact the laboratory and/or diagnostic facility
174 that sent the test result.

175 **Communication and Collaboration with other Health-Care Providers**

176 Physicians must use their professional judgment to determine if it is necessary to share a
177 patient's test result with other relevant health-care providers whose ongoing care of the
178 patient would benefit from that knowledge.¹⁵ In situations where patient safety may be
179 impacted, it may be necessary for physicians to contact the patient's other health-care
180 providers in a more urgent manner than usual (e.g., when in receipt of a critical and/or clinically
181 significant test result that may impact the care provided to the patient by the patient's other
182 health-care providers). The timeliness of the communication will depend on the degree to
183 which the information may impact patient safety, including exposure to adverse clinical
184 outcomes.

185 In addition, physicians whose role is to interpret and report test results (e.g., a radiologist) can
186 help to prevent failures in follow-up by contacting the health-provider who ordered the test
187 when a potentially clinically significant test result is discovered to ensure that this information
188 is communicated quickly and that it does not go astray.¹⁶

¹⁴ Please see Footnote 5.

¹⁵ Under PHIPA, physicians can assume they have consent to share relevant test results with those in the patient's circle of care unless consent to do so has been expressly withdrawn by the patient.

¹⁶ For example, a physician interpreting a prenatal ultrasound where there is a risk to the fetus would phone the referring health-care provider in addition to generating a written report.

189 **Patient Engagement**

190 Involving patients in their own care is important in ensuring continuity of care. Physicians can
191 provide opportunities for patient engagement in two ways. Physicians must inform patients of
192 the significance of the test, the importance of getting the test done (in a timely manner, as
193 appropriate), and the importance of complying with requisition form instructions. This is
194 especially important when dealing with high-risk patients. While doing this, physicians are
195 advised to consider and address language and/or communication issues that may impede a
196 patient's ability to comprehend the information provided by the physician.¹⁷

197 The College also advises physicians to encourage patients to discuss test results with the
198 physician, to feel free to ask questions about the test results, and to follow up with the
199 physician after receiving a test result if they continue to feel unwell, regardless of the test
200 result.

201 **Availability and Coverage**

202 For expectations regarding availability and coverage with respect to test results, please see the
203 Continuity of Care: Availability and Coverage policy.

¹⁷ Physicians may want to consider using the following resources or tools to help overcome any language and/or communication issues:

- Family members or third party interpreters.
- Speech language pathologists.
- Occupational therapists.
- Communication techniques.
 - o Writing
 - o Typing
 - o Non-verbal communication

Also, please see the Consent to Treatment policy and Frequently Asked Questions document for guidance on addressing language and/or communication barriers.