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[REDACTED]
College of Physicians and Surgeons of Ontario
80 College Street
Toronto, ON
M5G 2E2

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I would like to reinforce the OAML's perspective [REDACTED] that the updated Test Results Management Policy must go beyond simple clarification of the language in the 2011 policy. These clarifications are valuable; however, the OAML feels the draft policy should emphasize more strongly the responsibility and accountability of physicians to have a system in place to be able to receive critical results outside of normal office hours:

1. [REDACTED] a large number of physicians do not provide labs contact information for reporting critical results
2. In a large number of instances physicians are not reachable at the numbers they do provide

Ways in which Test Results policy might be strengthened:

- By inserting an additional element into the Tests Results Management System (lines 43-53) that would require physicians to arrange to receive critical results from testing laboratories 24/7.
- In the Ordering section (lines 57-63), reinforcing the need to provide contextual patient information on the laboratory requisition when ordering tests. More specifically this provides the opportunity for ordering clinicians to indicate to the laboratory that for this patient, a result outside the normal range is expected and the ordering physician *should not be called for a critical result*.
- Receiving test results in error (line 163-174). Emphasis should be placed on contacting the testing laboratory since it is the lab that may be in the best position to correct the error and contact the ordering practitioner.

Ways in which Availability and Coverage Policy can be strengthened:

- After hours coverage for test results (lines 18, 19 and line 47). Community laboratories do not consider leaving a voicemail message after hours to report a critical result sufficient for patient safety reasons. If the lab cannot contact the ordering

practitioner who is in a position to assess the clinical significance of the result for this patient and determine the appropriate action to be taken, the patient will be contacted by the appropriate laboratory personnel. This may result in unnecessary hospital emergency visits adding to the already overburdened emergency departments. This section must reinforce the obligation of the ordering practitioner to provide contact information and to be reachable at that contact number.

Both these sections should be strengthened/emphasized:

- Being available and responding to other health-care providers (lines 74-76,80)
- Coordinating after hour coverage for test results (lines 100-104)

[REDACTED]
[REDACTED] We look forward to the publication of the revised Continuity of Care Policies.

[REDACTED]

[REDACTED]

Ontario Association of Medical Laboratories

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