



Publication of MEDICAL MUTUAL/Professionals Advocate®

DOCTORS



Volume 14, No. 2

Winter 2006

A Letter from the Chair of the Board

Dear Colleague:

This issue of the Doctors RX newsletter discusses follow up and tracking in the office setting and provides a cautionary tale about the consequences of not having such a system in place. It also provides assistance with putting a system together that can help you provide better patient care and reduce your risk of having patients fall through the cracks.

Sincerely,

*D. Ted Lewers, M.D.
Chair of the Board*

*Medical Mutual Liability Insurance Society of Maryland
Professionals Advocate Insurance Company*

Office Practice Safety – Too Busy to Track Consults/Test Results?

James W. Saxton, Esq. and Patricia M. Kearney, RN, MPA, ARM¹

Does your office have a reliable safety tracking system for diagnostic studies or consultations that would alert you when a report is expected but overdue? Many providers are apt to respond to this question, “My patient volume is too high to track every test I order; the tests I order will automatically come back to me.” Think again! We have cases on this very issue and they are naturally hard to defend.

Case Examples

The primary care physician orders a chest X-ray for a 68-year-old male before a scheduled knee-replacement procedure. The X-ray report shows a lung nodule with recommended follow-up. Unfortunately, the X-ray report was faxed to the wrong physician's office and the mistake was not noted. The report was **never read** by the ordering physician. The orthopedist assumed that the primary care physician was notified and would follow up. Two years later, the patient is diagnosed with lung cancer with brain metastasis and expires. The family brings a claim against the ordering physician, the orthopedist and the radiology department.

Continued on next page

¹ James W. Saxton, Esq. is Co-Chair of the Health Care Department and Chair of the Litigation Group of the firm of Stevens & Lee, PC. As an active trial lawyer for the past 25 years, Jim has seen firsthand how loss prevention policies and tools can reduce a physician's practice liability exposure. He has developed risk reduction strategies for medical practices and created new tools and educational programs to support them. A prolific writer and lecturer, Jim has also published numerous articles, handbooks and textbooks on risk management topics.

Patricia M. Kearney, RN, MPA, ARM is a Risk Management Advisor with more than 20 years experience who assists health care clients of Stevens & Lee, PC with loss control strategies. Previously, she was Director of Loss Prevention for a nine-state health care system and has also been Vice President of Risk Management for an East Coast physician insurance company where she planned and directed professional liability risk management services. Pat frequently lectures on loss control topics.



A 36-year-old woman presents to her gynecologist with complaints of breast tenderness. The physician feels a small lump and orders a mammogram. The patient chooses not to have the mammogram done. No follow-up is conducted and the patient is diagnosed 12 months later with cancer. An allegation of “delay in diagnosis” is made against the gynecologist.

Avoid putting yourself in the position of discovering on the next routine visit, perhaps many months later, that a report was never received and no one in your office was aware of the problem. That is exactly what can happen when physicians rely solely on laboratories and radiology departments to report abnormal tests back to the ordering physician’s office. According to researcher Dr. Paul James from the Robert Graham Center for Policy Studies in Family Practice and Primary Care, “We forget, lose, misplace or simply do not prioritize some piece of information that, in retrospect, should have changed our approach to a patient problem.” We see the same thing end up in the courtroom.

Writing in *Archives of Internal Medicine*, E.A. Bookhaker and colleagues reported results from a 1996 survey of 161 attending physicians and 101 residents practicing in a large urban teaching hospital and 21 suburban primary care practices that virtually all respondents believed it was important to notify patients of results of abnormal results, yet 36% said they do not always do so. 72% said they do not notify patients of normal results. The authors outlined the four basic steps for managing patients’ test results: tracking tests until the results have been received; notifying patients of test results; documenting that the notification has occurred; and making sure that patients with abnormal results received the recommended follow-up care.²

Keeping track of the many tests and consultations ordered in a typical busy medical practice is a formidable challenge but



there are practical steps that can be taken to increase patient safety while mitigating the risk exposure. Having a reliable internal system to track the studies and consults you order can prevent the information from “falling through the cracks” and exposing your patients to a risk of delayed or missed diagnosis or at best, delayed intervention.



Generally, if a provider orders a test or consult, the presumption is that the results are clinically relevant to the safe care of the patient. A provider should require follow-up on:

- test results
- X-rays
- consultations/referrals

According to a recent study from the American Academy of Family Practitioners, an average family physician sees 100 patients a week and orders diagnostic tests on 39% of them. While some of these tests may be performed in the physician office laboratory, the majority are sent to outside laboratories or facilities. While other medical specialties may see more or fewer patients, it is common practice to order diagnostic tests/consults that require the patient to go to another facility or practitioner to complete. According to the Rockville, Maryland-based Physician Insurers Association of America (PIAA), failure to supervise or monitor a patient’s case is the fifth leading cause of malpractice claims arising out of a doctor’s office. This is generally consistent with our experience.

Tracking Methods

An office tracking system can help you do the following to deliver safe patient care:

- discover delays in obtaining reports/consults from other facilities
- discover patients who have failed to obtain the recommended tests or be evaluated by the consultant
- remind you or your staff to contact a patient who has a potentially serious condition requiring follow-up



CME Evaluation Form

Statement of Educational Purpose

“Doctors RX” is a newsletter sent twice each year to the Insured Physicians of MEDICAL MUTUAL/Professionals Advocate. Its mission and educational purpose is to identify current health care related risk management issues and provide Physicians with educational information that will enable them to reduce their malpractice liability risk.

Readers of the newsletter should be able to obtain the following educational objectives:

- 1) gain information on topics of particular importance to them as Physicians,
- 2) assess the newsletter’s value to them as practicing Physicians, and
- 3) assess how this information may influence their own practices.

CME Objectives for *Office Practice Safety – Too Busy to Track Consults/Test Results?*

Educational Objectives: Participants should be able to:

- 1) Understand the factors behind having a reliable tracking system in place.
- 2) Describe a variety of tracking methods.
- 3) Understand the value of having patients involved in the process.

Strongly Agree					Strongly Disagree
---------------------------	--	--	--	--	------------------------------

Part I. Educational Value:

5 4 3 2 1

I learned something new that was important.

I verified some important information.

I plan to seek more information on this topic.

This information is likely to have an impact on my practice.

Part 2. Commitment to Change: What change(s) (if any) do you plan to make in your practice as a result of reading this newsletter?

Part 3. Statement of Completion: I attest to having completed the CME activity.

Signature: _____ Date: _____

Part 4. Identifying Information: Please PRINT legibly or type the following:

Name: _____ Telephone Number: _____

Address: _____



CME Test Questions

Instructions for CME Participation

CME Accreditation Statement — MEDICAL MUTUAL Liability Insurance Society of Maryland, which is affiliated with the Professionals Advocate Insurance Company, is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. MEDICAL MUTUAL designates this educational activity for a maximum of 2.0 AMA PRA *Category 1 Credits*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Instructions—to receive credit, please follow these steps:

1. Read the articles contained in the newsletter and then answer the test questions.

2. Mail or fax your completed answers for grading:

Med•Lantic Management Services, Inc.

Fax: 410-785-2631

225 International Circle

P.O. Box 8016

Hunt Valley, Maryland 21030

Attention: Risk Management Services Dept.

3. One of our goals is to assess the continuing educational needs of our readers so we may enhance the educational effectiveness of the Doctors RX. To achieve this goal, we need your help. You must complete the CME evaluation form to receive credit.

4. Completion Deadline: March 30, 2007.

5. Upon completion of the test and evaluation form, a certificate of credit will be mailed to you. Please allow three weeks to receive your certificate.

1. Patient should be advised that no news is good news when it comes to test results.
A. True B. False
2. There is no need to track missed appointments, since most patients know they need to come back and will reschedule eventually.
A. True B. False
3. Whatever form of tracking system you utilize in your practice, it's a good idea to educate your patients about it.
A. True B. False
4. Non-compliant patients should be brought to the attention of the physician.
A. True B. False
5. It is important to rely on laboratories and radiology departments for making sure reports get back to the practice.
A. True B. False
6. Most practices have a clearly defined, uniform system for managing results.
A. True B. False
7. Simplification maximizes the problem solving required by staff, resulting in a safer system for patients.
A. True B. False
8. Patients should be notified of all test results, whether normal or abnormal.
A. True B. False
9. 72% of those surveyed by Bookhaker and colleagues said they do not notify patients of abnormal results.
A. True B. False
10. Office tracking systems can help practices discover delays in obtaining reports from other facilities.
A. True B. False



There are various systems used in physician practices to track test/consult results. Some electronic medical record systems have built-in tracking components that simplify tracking. But such systems historically have been expensive and many practices do not yet have them. However, with the ever-declining cost of technology, it may be part of the future.

While the ideal tracking system will vary from group to group, based on local needs and resources, error reduction theories suggest that any good system should have the following properties:

Standardization: Adopting one standard process for carrying out a complex task reduces the reliance on memory and helps new employees to quickly understand the process and use it safely. The problem in many practices is that there is no clearly defined, uniform system for managing results. Allowing each physician in the group to use a different method for checking and reporting test/consult results is most risky. This practice should be avoided.

Simplification: Limiting the number of steps involved and the number of handoffs to an essential few will help to make your system easier to follow. Simplification also minimizes the problem-solving required by staff, resulting in a safer system for patients.

Perhaps a decision-tree illustrating the steps in the process included in your practice policy on *Tracking of Test/Consult Reports* would help the staff members to visualize the process and prevent mistakes.

Examples of effective and inexpensive tracking systems are:

Create a logbook of tests ordered: Some offices use a separate log that allows information about patient tests to be logged and tracked. Information entered onto a simple log or notebook should include:

- patient name
- date test/consult was ordered
- the type of test
- date results received
- date and initials of the provider who reviews results*
- documentation that the patient was notified*

* The date and the initials of the provider who reviews the results should be documented on the actual test result before it is filed in the medical record. Any instructions for the follow-up care of the patient and the date the patient was notified and by whom should be documented in the medical record, as well.

Example: A large medical group has implemented a relatively simple but effective test-result tracking system. At the end of each day, a medical assistant reviews the encounter forms for the day and records all patient names and phone numbers and all diagnostic tests/consults into a notebook.



As results come back, the medical assistant or nurse checks them off in the notebook and gives them to the doctor(s) for review and initialing. As the physician reviews results, he/she may write orders for their assistant to call the patient or they may call the patient themselves. Either way, the notification call is documented in the medical record.

Example: One internal medicine practice uses two lateral file drawers as a “hold box” for patient files awaiting test results. The top drawer holds files for which test results are expected within a week, and is checked weekly by a staff member. The bottom drawer is checked every two weeks, and holds files awaiting outstanding data expected to take longer to return. Practices should keep checking for the outstanding data until they have received it, or until they know why they do not have the results, i.e., the patient did not go to have the test or consult done, or they learn that the report was sent to the wrong practice – and they can then request a second copy. This will require them to do some investigation. This should also be documented in their tracking system so that they can prove that they did not just “drop the ball.”

Create a PENDING file: Some offices place a copy of the order in a separate file entitled “PENDING.” Once the test result or consult report is received by the office, the copy is removed from the PENDING file and placed in a separate file for each physician to review before being filed in the medical record. Each week the PENDING file is checked by a staff member to determine if there are any overdue reports. If overdue tests are noted, the staff member makes a call to the laboratory or testing facility to determine if the patient had the test and the status of the results.



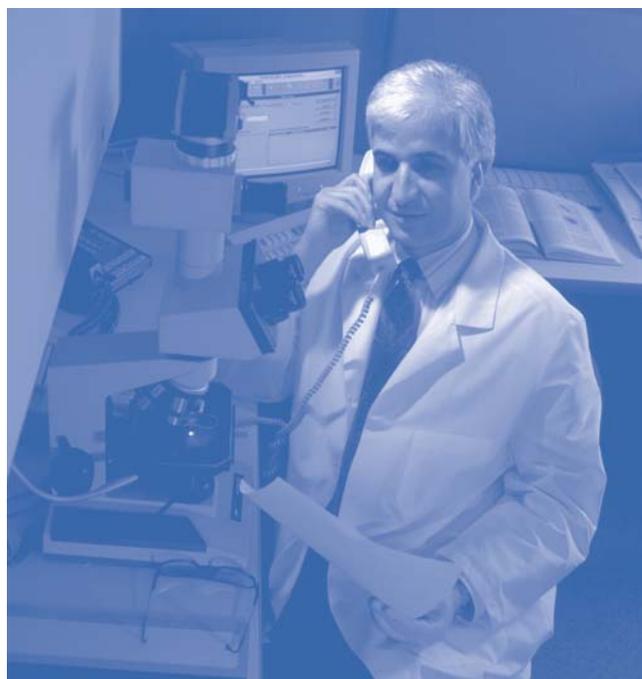
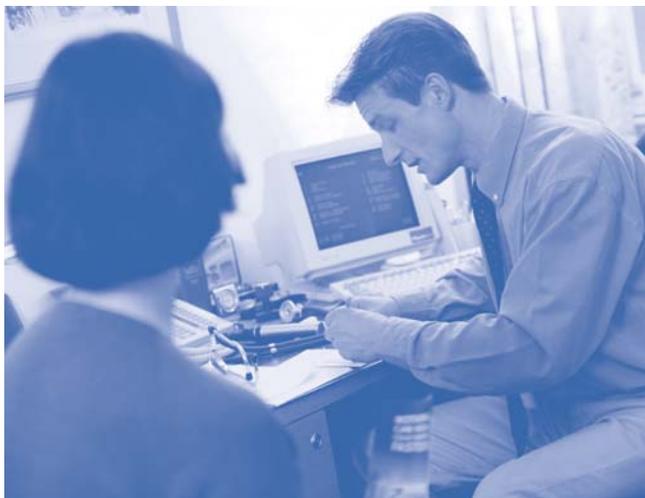
Create a PENDING chart rack: This is a variation of the pending file in which some offices segregate any medical record in which the physician has outstanding orders written. The medical record is placed in the PENDING chart rack until all outstanding tests/consult orders are returned at which time the chart is returned to the master file rack. As above, a staff member is assigned the responsibility to check the charts in the PENDING file rack weekly to determine whether any reports are overdue and to initiate follow-up.

Tickler systems: Copies of all orders are placed in a monthly file drawer or other receptacle which is checked bi-weekly by an assigned staff person to determine if any reports are overdue and to initiate follow-up when indicated.

Electronic systems: There are systems available within EMR software to track test results electronically. If you are implementing an EMR system, ask your vendor to include this feature in your system. *Caution:* Remember to create a back-up system for those times when your electronic system may go down.

Involve Your Patients

No news is *not* good news when it comes to patient test results. Some practices have a standard procedure of telling patients, “If you don’t hear from us, your test results are fine.” This should NOT be normal procedure. To ensure patient safety and satisfaction and to ensure no test result “slips through the cracks,” it should be standard procedure to inform patients of all test results, whether normal or abnormal. Notifying only patients with abnormal test results can be problematic. If a lab test or consult report is not returned to your office – got lost along the way – got sent to the wrong doctor, for example, then using a “no news is good news routine” the patient will assume the results were normal and they may not always be so.



Instruct patients that they will hear from you regardless of the results in x number of days after the test is done. Tell them, “If you don’t hear from us, call us so we can find out where your results are.” Most patients want that responsibility. It empowers them to access their own test results. However, this is only another safety net, not the primary one.

Phone systems (Lab Talk, Phone Tree) exist that allow patients to call into the system to retrieve their test results. Each patient is provided with a code to access his or her test result. When test results are received by the practice, the doctor notes the findings and makes comments on the report. Then the medical assistant simply records a message in the system for the patient to hear. The system logs the date the test result is available and the date it was retrieved by the patient.

These systems still need to be monitored by office staff for patients who fail to call for results and for patients who call and discover their results are missing, so that follow-up can be initiated. Factors to consider when deciding how aggressive the follow-up should be include how critical the result is to any treatment recommendation and how urgent the information is for successful treatment.

Whatever system is used to track test results, medical practices should consider educating their patients on the system in place to track results. The patients would therefore know who to call if they do not receive their information. Explanations could also curb unrealistic expectations that some results will be available the next day and will reduce the number of calls into the practice from patients.



Other Follow-Up

Missed appointments: Although missed appointments are usually considered a patient compliance issue, they too, should be tracked in your office. When a patient misses an appointment, it is the obligation of the physician's office to attempt to reschedule. This is important not only for safe effective health care, but to demonstrate that a reasonable effort has been made to contact the patient so that the physician may not be held liable for the consequences of failure to treat. Each day the receptionist should alert the physician regarding the missed appointments and attempt to reschedule them at a time consistent with the urgency of the case as determined by the physician. Keep clear and specific records of both missed and canceled appointments and the efforts to follow up.

Recall files: You may also want to develop a patient recall file. This can be used if a patient needs to return for needed follow-up for a test or procedure. A simple file can be set up using a month-by-month folder and 3x5 index cards with the patient's name, address, and telephone number. At the beginning of each month, the receptionist sends out reminders to patients that need to return for follow-up. If the patient does not show for the follow-up appointment, a phone contact is made. Any non-compliance or refusal should be carefully documented in the chart and brought to the attention of the physician.

These follow-up systems need not be foolproof to be reasonable, and doing everything possible is not expected. But non-compliant patients pose a safety risk to themselves and a liability risk to the provider. Therefore, it is important to be able to demonstrate that the office has a reasonable practice of follow-up, and that it is consistently applied.

Summary

The increased amount of time and commitment by physicians and their staffs to address tracking of test and consult reports, and missed appointments and patient follow up may be viewed by some as impractical. However, by daily use of simple safeguards, practices can substantially reduce this risk exposure which may lead to "failure to diagnose and delay in treatment" allegations. As well, efforts expended to contact patients who miss appointments and to assure follow-up care for patients go a long way toward reducing unnecessary consumption of valuable resources that are wasted through non-compliance and direct those resources into other areas of patient care.

Additional Resources

An excellent resource on the topic of Tracking Systems for Office Practice is available from the Academy of Family Physicians National Research Network, "Errors in the Testing Process in Primary Care" authored by John Hicker, University of Chicago, Nancy Elder, University of Cincinnati, Debbie Graham – AAFP NRN, Kansas City, Elias Brandt, AAFP, NRN, Kansas City, Sue Dovey, Otago University, New Zealand, Caroline Bublitz, University of Colorado, Robert Phillips, Robert Graham Center, Washington, DC. Available at www.aafp.org, select National Research Network, select Recent Studies.

²Elder, NC, Hicker, J. et al, Errors in the Testing Process in Primary Care: A report from the American Academy of Family Physicians, National Research Network, April, 2005.

³Lowes, Robert., Malpractice: How to stay out of harm's way. Slipshod office procedures can trigger a lawsuit, *Medical Economics*, November, 2004.

⁴White, Brandi, Assoc Ed. Four Principles for Better Test-Result Tracking. *Family Practice Management*, August, 2002.

Numbers you should know!

Home Office Switchboard	410-785-0050
Toll Free	800-492-0193
Incident/Claim/ Lawsuit Reporting	ext. 163
Risk Management Seminar Info	ext. 215 or 225
Risk Management Questions	ext. 224
Main Fax	410-785-2631
Claims Department Fax	410-785-1670
Web Site	www.weinsuredocs.com

Doctors RX

Elizabeth A. Svoisky, J.D., *Editor*
Director of Risk Management Services

D. Ted Lewers, M.D., *Chair of the Board*
MEDICAL MUTUAL Liability Insurance Society of Maryland

Copyright © 2006. All rights reserved.
MEDICAL MUTUAL Liability Insurance Society of Maryland

Articles reprinted in this newsletter are used with permission. The information contained in this newsletter is obtained from sources generally considered to be reliable, however, accuracy and completeness are not guaranteed. The information is intended as risk management advice. It does not constitute a legal opinion, nor is it a substitute for legal advice. Legal inquiries about topics covered in this newsletter should be directed to your attorney.

All faculty/authors participating in continuing medical education activities sponsored by MEDICAL MUTUAL are expected to disclose to the program participants any real or apparent conflict(s) of interest related to the content of their presentation(s). James W. Saxton, Esq. and Patricia M. Kearney, RN, MPA, ARM have indicated that they have nothing to disclose.



Look for our new 2007 risk management programs!

MEDICAL MUTUAL/Professionals Advocate will mail announcements of our new Risk Management educational programs in February 2007. Review the information and register promptly to be sure you get the program, date and location of your choice. And don't forget, participants can earn CME credits and a 5% discount on their next medical professional liability renewal policy.

Register online! It's easy, quick and secure.
www.weinsuredocs.com



Publication of MEDICAL MUTUAL/Professionals Advocate®

DOCTORS



Volume 14, No. 2

Winter 2006

PRST STD
U.S. POSTAGE
PAID
PERMIT NO. 5415
BALTIMORE, MD

Home Office: Box 8016, 225 International Circle
Hunt Valley, MD 21030 • 410-785-0050 • 800-492-0193

Professionals Advocate Insurance Company

MEDICAL MUTUAL Liability Insurance Society of Maryland