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HEALTHCARE | EXPERTISE | CHOICE | THE MEDPRO GROUP DIFFERENCE

Are You on Track? Diagnostic Test Results, Consults and Referrals


EXPLORE Conference August 9 , 2018

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EXPLORE— August 9, 2018

Today's speaker is Brenda Wehrle, BS, LHRM, CPHRM, Senior Patient Safety & Risk Consultant, MedPro Group
 (Brenda.Wehrle@medpro.com)



Brenda is an industry-recognized patient safety and risk management professional with more than 25 years of experience. Most recently, Brenda served as a corporate leader in clinical risk management. Her professional background also includes broad experience in community healthcare facilities, including acute care, long-term care, ambulatory surgery, behavioral health, and physician practices. These opportunities have afforded Brenda valuable insight into the challenges of providing healthcare in today's world and have provided her with extensive experience conducting site surveys, leading root cause analysis teams, developing innovative loss-prevention programs, and providing consultative risk management guidance.

Brenda also has been an instructor at the Florida Risk Management Institute and has presented training and educational sessions to introduce best practices at the national level. She has experience in infection control, patient and employee safety, quality, accreditation, and credentialing. As a TeamCOPS master trainer, Brenda helps healthcare leaders, providers, and staff use communication and teamwork strategies to improve working relationships, enhance patient safety, and reduce the risk of error.

Brenda earned a bachelor of science degree in medical microbiology from the University of Wisconsin. She is licensed as a healthcare risk manager in Florida, is a member of the American Society for Healthcare Risk Management (ASHRM), and has had her American Hospital Association certification as a professional risk manager (CPRM) since 2004.

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Risk Management in the Physician Practice



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Malpractice Claims

Diagnosis-related

- Most common > 35% settlement dollars
- Most costly >\$385,000 average payment/claim
- Most likely to result in significant harm

Primary care: diagnostic errors

- Clinical encounter process
- Communication and patient compliance
- Diagnostic test tracking and follow up

BMJ Qual Safe 22 Apr 2013 JAMA Intern Med 25 Mar 2013

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Frequency of Failure

- Failures to inform patients of clinically significant test results occur in 1 out of 14 tests
- Testing-related errors can lead to serious diagnostic errors
- Few practices have rules for management of test results
- Practices with a partial "EMR" have the highest failure rate



Casalino et al., Frequency of Failure to Inform Patients of Clinically Significant Outpatient Test Results. Arch of Int Med 2009;169(12)

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Risk Assessment Principles


- Steps in the process
- Define governance
- Identify indicators
- Know fundamentals
- Review risk experience
- Set goals
- Focus on highest risk



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Clearly define governance



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Risk Assessment Fundamentals



- Ensure that process reflects business objectives
- Prioritize efforts
- Build support
- Determine best plan for implementation

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Leading indicators provide insight into potential risks



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Review experience and resources

- Incident reports
- Identified near misses
- Corporate request
- Patient complaints
- Self assessment results
- Literature
- Significant change in system or process



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Goals of the risk assessment

Determine:

- Effectiveness & reliability of current system
- Adequacy of policies and procedures
- Level of staff comprehension and implementation
- Inherent risk and potential for system failure
- Provide risk strategies to improve patient safety / prevent harm

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What are the highest risks?

- Diagnostic errors
- Laboratory errors
- Communication breakdowns

AMA: Research in Ambulatory Patient Safety: A 10-Year Review (2011)

Don't sweat the small stuff! (yet)



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Assessing your Readiness

- Discuss why the entire staff should be involved in all patient safety projects, and describe the approach
- Have staff describe their work using data and information and their experience
- Ask staff to identify problems or workarounds in the testing process that consume time and effort.
- Ask staff to identify possible solutions. Be sure to record and keep this information for future meetings.
- Promise to bring relevant practice improvement tools to the next meeting.



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Planning for Improvements


- Well-designed office systems make errors less likely.
- Breaking complex processes into parts will help you decide where a change might make a difference. One change can impact many parts of the testing process.
- Regular staff meetings can improve communication and collaboration and promote shared responsibility for office processes.
- Even if an improvement involves changes for only a few people, it is important to include everyone in the improvement process to foster a culture of safety in your office.



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Testing Problems



- Pre-analytic
 - Ordering the test
 - Implementing the test
- Analytic
 - Performing the test
- Post-analytic
 - Reporting results to the clinician
 - Responding to the results
 - Notifying patient of the results
 - Following-up to ensure the patient took the appropriate action based on test results

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Understand current state

Serial testing

Internal facility testing

Follow-up orders?

Facility transition - Rehab, Hospital, ASC

On call and Covering Drs.

Normal vs. abnormal

Patient didn't show

Paper or electronic?

External testing Labs, Radiology, pathology etc.

Critical Value?

Telephone orders?

Unable to reach patient

Consultant ordered tests and findings

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Tracer Methodology

- Define where to start and end process
- Select a variety of patient or test types
- “Walk through” process as it happens with staff

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Planning for Improvements Tool

This tool can help you design changes to improve your office system for managing lab test results and patient follow-up. Use other tools found in this toolkit to measure whether your changes led to improvements in the testing process within your office.

| List each step needed to accomplish the task you are changing | Who performs this step? | Who performs this step when the primary person is absent? |
|---|-------------------------|---|
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Assessing your testing process

We know that:

- The risk of an event is related to its frequency and the likely severity of harm.
- Balancing these two aspects of risk can be challenging. More common events with less severe harm are easier to overlook, as the risk to patients can be underestimated. The risk to patients of an uncommon event that may cause severe harm (a sentinel event) is often overestimated.
- It is important to stay focused on office systems in managing risk.

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Assessing Your Testing Process Survey

Date: _____ Survey No. _____

This survey is used to collect staff estimates of the frequency of errors and their potential degree of harm.

Describe your experience in the testing process:


- Circle the number that you feel most accurately describes the frequency of errors for each step.
- Circle the number that you feel most accurately describes the harm associated with the error.

Test ordered Test performed per physician's instructions in the office Test properly checked Test results returned to physician office and checked Test results accurately entered Test results documented in chart Physician notified of results Physician reviewed through EMR/EMR

| Code | Code address errors, they occur | How often does this happen? | | | What is the usual harm for patients? | | | | Total |
|------|--|-----------------------------|-------------------------------------|--------------------------------------|--------------------------------------|-------|----------|--------|-------|
| | | Never (0) | Occasionally (1 or 2 times a month) | Frequently (3 or more times a month) | None | Minor | Moderate | Severe | |
| 1 | Ordered test not done | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 |
| 2 | Test performed incorrectly | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 |
| 3 | Test results not logged/tracked | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 |
| 4 | Test results not reported to the physician | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 |
| 5 | Physician does not review all results | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 |
| 6 | Test results not entered in patient's chart | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 |
| 7 | Errors not verified of all test results | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 |
| 8 | Patients with abnormal results not contacted through telephone | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 |

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Patient Engagement

- Patients often do not know what test has been ordered or why it has been ordered.
- Patients may not know when to expect test results.
- Patients often assume or may be told that “no news is good news” and so may not take the initiative to get their results.
- Patients encounter challenges in following up on abnormal results and may require additional support.

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Patient Notification Strategies

- Implement a policy of notification to patients of *all results*.
- Standardize process for normal and abnormal findings and management of urgent and non-urgent status.
- Determine with patient the best means to contact them
- Clarify if messages may be left specific to location (home, work, family)
- Do not leave a message stating results were abnormal
- Define actions when patient cannot be reached
- If electronic means are used to post results, ensure that patient has been informed and understands the process



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Strategies for Reviewing Test Results

- Review (timely) by practitioner prior to filing in the medical record
- Establish back-up process if ordering practitioner is not available
- Report urgent or critical test results immediately to the practitioner or designee by policy
- Document handing off of test results, including date, time, and person

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Serial Testing Strategies

- Identify tests repeated at recommended intervals
- Identify drugs requiring baseline and subsequent monitoring
- Identify patients by condition that require serial testing or monitoring
- Establish a process to track t subsequent tests have been ordered and completed
- Advise patient of purpose and need for follow-up



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Next steps

- Summarize findings for providers and leaders
- Celebrate strengths and successes
- Describe gaps or system weakness
- Communicate plan for risk reduction
- Implement improvements
- Reassess the process



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Successful practice improvement requires:

- The desire to improve.
- Support of office leadership for improving quality and safety.
- Teamwork—everyone should be involved in the improvement process.
- Commitment to honest and open communication.
- Regular discussion of performance improvement at staff meetings.
- A focus on office systems rather than individual performance.
- Persistence—a promise to stick with it.




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Questions?



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Resources & References

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- PREVENTING ERRORS IN YOUR PRACTICE Four Principles for Better Test-Result Tracking
 - <https://www.aafp.org/afp/2002/0700/pd1.html>
- Communicating Critical Test Results
 - <http://www.macoalition.org/initiatives/docs/CT@grawold.pdf>
- Failure to Follow-Up Test Results for Ambulatory Patients: A Systematic Review
 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3445672/>
- Medpro: Communicating Effectively with Patients to Improve Quality and Safety
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