	Tenet Physician Resources Policy Job Aid	No.: JA.TPR.CQM.107.00
	Title: CHART COMPLETION: REVIEW AND APPROVAL OF CLINICAL ENCOUNTERS, TEST RESULTS AND CLINICAL CORRESPONDENCE	**Page:** 1 of 7
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I. POLICY DEFINITIONS:

"**Non-Physician Provider**" or "**NPP**" – Personnel who are licensed by the State in which they practice to assist or act in the place of a Physician. Most commonly, these include physician assistants, nurse practitioners, clinical nurse specialists and certified nurse-midwives.

"**Provider**" – A Physician (MD or DO) or Non-Physician Provider, collectively "Provider."

"**Covering Provider**" – A Physician or NPP designated to perform the responsibilities of the ordering Provider or NPP if they are unable to perform within the standards.

"**Unlicensed assistive personnel**" or "**UAP**" **-** Refers to health care workers who may be trained and certified in a clinical profession but are not licensed to perform nursing tasks. These personnel are trained to function in a supportive role by providing patient/client care activities as delegated by a licensed professional. The term includes, but is not limited to certified medical assistants (CMA), nurse aides, orderlies, attendants, or technicians. UAP function under the nurse practice act of each state.

"**Licensed Professional**" **–** As used in the context of the policy job aid, refers to a health care worker who is licensed to perform nursing tasks.

"**Clinical Inbox**" or **"Baskets"** (collectively, "**Inbox**") – An Inbox in the Electronic Health Record (EHR) containing results, reports, and other clinical items requiring action by a Provider. The name of this feature will vary by EHR system. For a Physician Practice not utilizing an EHR, the Provider will maintain a manual Inbox.

"**Interface Message Queue Manager**" (collectively, "**Interface Queue**") – An application where orders and results are reconciled or matched. This may have a different name depending on the EHR system in use. For a Physician Practice not utilizing an EHR, a manual system of reconciliation will be maintained.

"**Practice Dashboard**" **–** A report or methodology for tracking the workflow of a Provider's response to items in the Inbox (*e.g.*, Documents, Images, Lab Results, Notes and Reports or Clinical Correspondence). This may have a different name depending on the EHR system in use. For a Physician Practice not utilizing an EHR, a manual system of monitoring Provider Acceptance of results and correspondence will be maintained.

"**Accept**" or "**Acceptance**" is a sign-off by the Provider acknowledging receipt, review, completeness of the clinical encounter, test result, and clinical report.

"**Flag**" – Flagging is a systematic method – electronic or manual – of drawing attention to item or situation. This may be to an abnormal result, to identify results that are outstanding or other circumstance requiring attention by a Provider.

"**Daily**" means Business Days during the Physician Practice hours of operation.

II. PROCEDURE:

A. Electronic Health Record (EHR) Processes

The expectations and standards outlined in this Job Aid will be met through different processes depending on the EHR system of the Physician Practice. Those processes and instructions, or a link to where the instructional documents are stored, will be attachments to the Job Aid. A Physician Practice not utilizing an EHR will attach its manual process and instruction to the Job Aid.

B. Electronic Communication

1. The Physician Practice utilizing an Electronic Health Record (EHR) will electronically communicate internally, and with testing facilities outside the Physician Practice, to include reference laboratories and imaging facilities.

2. Communication includes ordering tests, retrieving results, reconciling unmatched orders and results or reports, and monitoring for outstanding results.

3. In the event a Physician Practice is not utilizing an EHR, the Physician Practice Provider and Manager or designee will establish protocols regarding ordering tests and retrieving results (*e.g.*, by facsimile), and maintain a manual system for monitoring and tracking.

C. Documentation of Clinical Encounters, Receipt of Results and Reports

1. On a daily basis, the assigned Clinical Support Staff member or designee (hereafter "UAP") will track the orders of all laboratory and imaging tests, whether performed internally or externally, to assure results are received and to identify outstanding orders. In office test results will be documented in the EHR and signed off by the provider. The tracking process will vary by EHR, and for a Physician Practice with no EHR, a manual system will be established and maintained.

2. If applicable, reports received outside of electronic communication, will on the day of receipt, be scanned into the patient's EHR, or filed in the manual record; the result will be routed to the Provider or NPP to review and sign-off

3. All orders will be tracked through completion (*e.g.*, receipt of results, reports, or other expected outcome).

4. The UAP or designee will:

    a. If applicable for the EHR, monitor the Interface Queue daily and reconcile all unmatched results with their orders.

    b. Flag all outstanding orders, based on a designated period of expected turnaround time for the test as determined by the specific test, with consideration of patient acuity and with guidance by the Provider.

        i. Stat Tests – 24 hours

        ii. Routine Tests – 4 weeks

        iii. Screening (*e.g.*, mammogram) – 8 weeks

        iv. Diagnostic (*e.g.,* ordered following abnormal screening) – 2 weeks

    c. In the event a test is outstanding after the designated time frame of expected results notification, the UAP or designee will contact the laboratory or diagnostic facility to determine the status of the results. If necessary, the patient is contacted.

5. In some EHRs, an electronic date stamp is applied automatically when the result is received. In the event the Physician Practice's EHR does not have this feature or in a Physician Practice with no EHR, the UAP or designee will acknowledge or record all results and reports on the day of receipt with a manual or electronic date stamp.

6. The Provider and/or authorized UAP or designee will document any contact with a patient based on the review of the result/report, and then note the next action to be taken and by whom. All parties will document actions and communications via the appropriate EHR template/tool or in the manual record for a Physician Practice with no EHR.

    a. In the event, the UAP or designee is unsuccessful in their efforts to speak with the patient after three attempts; the practice will send written communication to the address on file for the patient and close the task. Documentation of these efforts must be entered into the EHR either on the result or communication tool for the respective EHR.

D. Provider Review, Action, and Sign-off

1. The Provider is responsible for reviewing and acting on all inbound results and reports within two business days of receipt unless there are extraordinary circumstances preventing timely response in which case the circumstance will be reported to and documented by the Practice Manager or designee. A Provider who is unable to meet this standard due to vacation or other absence will have a designated Covering Provider who will fulfill this responsibility.

2. Abnormal or positive laboratory and imaging test results are flagged by the UAP or Covering Provider for more immediate Provider attention.

3. Abnormal results with critical values or high risk labs (*e.g.,* PT/INR monitoring for Coumadin, positive cultures, or other urgency based on the condition being monitored) are immediately communicated by the UAP or designee to the patient's Provider via an electronic and verbal alert. If the Provider is unable to be notified within fifteen (15) minutes of result receipt, another Provider will be located to determine the clinically appropriate action to be taken, including what requires immediate attention or what can be acted upon before end of business day.

4. The Provider will electronically sign all results or clinical documents to indicate results/reports were reviewed within 2 business days of receipt. The Provider will manually sign the documents only if no electronic option is available.

5. The provider is responsible to completely document each visit and close all clinical encounters with 36 hours.

6. The Provider will reassign or forward reports belonging to another Provider to that Provider.

E. Communication of Results

1. The Provider or authorized clinical designee will communicate results to every patient whose test result is normal. "Normal" is defined by the best clinical judgment of the Provider based on the patient's specific health history.

    a) The communication will be in person or via a HIPAA compliant method as authorized by the patient, to include: by letter, verbally by telephone, sent via a secure Patient Portal, posted to a secure website, or recorded on an automated test result retrieval system.

    b) The notification informs the patient of the test results and related values.

c) The patient is advised of any further action or follow-up.

2. A UAP may communicate normal results to patients after review and direction by the Provider. A licensed professional may review results for a Provider if operating under an approved Protocol and authorized by the Provider to do so. The licensed professional will bring results to the Provider's attention, and may communicate normal results to patients as directed.

3. All positive or abnormal results:

   a) Will be reported to the patient by telephone or in person, with written report to follow. The Provider may designate these to be reported by his authorized designee, with the exception that the Provider will **personally** present all sensitive information (*e.g.,* HIV, STDs, communicable diseases or results with high risk for malignancy) to the patient by telephone or in person.

   b) The Provider or authorized designee will make his or her best clinical attempt to contact the patient including a minimum of two telephone calls, followed by written notification of the results by regular mail. Results with a high risk of malignancy or other concern by Provider will also be sent by registered/certified mail/return receipt requested. The communication will contain a recommendation to contact the Physician Practice immediately.

   c) All manner of communication attempts will be documented in the patient's medical record.

   d) In extenuating circumstances, the Provider or designee will consult the Market Operations Director or designee for next steps. Market Operations may consult the Senior Director Operations, Chief Medical Officer, Legal Counsel, and/or Tenet Risk Management depending on the nature of the circumstance.

4. All communication with patients will be documented in the patient's EHR or manual health record.

F. Outstanding Screening Orders

In the event a patient does not follow-up on a Screening Order within six months of the due date and is non-responsive to contacts by the UAP or other representative of the Physician Practice, the steps for notification and documentation outlined in II.C.6.a. will be followed after which the order will be closed in the EHR with a script

or notation documenting the closure and reason for closure. A Physician Practice without an EHR will document the same in the patient's manual health record.

G. Practice Dashboard Task and Action Levels

1. Each Provider's individual clinical inbox will be reviewed as outlined in the Auditing and Monitoring Section of the Policy.

2. At the time of this Job Aid, the tasks or action item limit is set at 100 per category for the individual provider. This number is subject to change and when changed, will be communicated to the Markets by the National Senior Director of Operations and Physician Practice Compliance Office.

3. When the Market learns a Provider will be terminating, the Market Operations Manager, Practice Manager, or designees will notify transition team to initial the off boarding process. Market Operations will work with the provider to implement steps necessary to bring all tasks and clinical encounters to zero by the last day of employment.

II. MEASUREMENTS:

Clinical Inbox or manual log if no EHR

III. STANDARDS:

100% of results received are reviewed and acknowledged by the Ordering or Covering Provider or within two (2) business days of receipt except in extraordinary circumstances as reported to the Practice Manager or designee.

100% of clinical encounters are closed within 24 hours of creation.

100% of normal results communicated to patient by appropriate, authorized staff after Provider review.

100% of positive or abnormal results communicated to patient in person, by telephone, and regular mail. Results with a high risk of malignancy or other Provider concern will additionally be reported by registered/certified/return receipt mail if patient cannot be reached.

100% of sensitive results communicated to patient by Provider personally.

100% of communications documented in the patient's electronic or manual health record.

100% of screening orders followed up on within six months of the due date.

100% of Providers in the Physician Practice will have a Covering Provider assigned.

IV. REFERENCES:

A. TPR.CQM.107.00 – Review of Test Results and Clinical Correspondence
B. TPR.CQM.112.00 – Unlicensed Assistive Personnel in the Physician Practice

V. ATTACHMENTS:

NONE