**Result handling**

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **1** | **Are there patient and practice policies on results handling?** | | | |
| There is a written practice policy or protocol for dealing with results. |  |  |  |
| Patients are fully informed of how to obtain results *(e.g. verbally, through the website or practice leaflet).* |  |  |
| All team members are aware of their responsibilities in dealing with specimens and results. |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **2** | **Is the system robust?** | | | |
| When a need for testing is identified this is documented. |  |  |  |
| When a need for testing is identified this is diarised *(where the patient is not contacted immediately).* |  |  |
| There is a system to ensure that all tests requested by GPs are carried out. |  |  |
| There are adequate arrangements in place *(as above)* when the specimen is taken in the patient’s home. |  |  |
| There are adequate arrangements in place *(as above)* when the specimen is taken by a treatment room nurse. |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **3** | **Are results matched against specimens taken?** | | | |
| There is a system for ensuring that ALL specimens are logged when sent out to the lab, and that matching results are logged as returned. |  |  |  |
| This system includes instances where specimens are taken outside the practice. |  |  |
| There is a clear system for ensuring that all outstanding specimens are ‘flagged’ and followed up to obtain results. |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **4** | **Are your workflow processes robust?** | | | |
| All results are date stamped upon receipt *(if processed as a paper result – if processed electronically the practices scanning software should date stamp the result).* |  |  |  |
| Mail is distributed in accordance with practices which are known and understood by all concerned in the process. |  |  |
| If locums are sometimes asked to view results they are always informed fully of practice systems before duties are delegated. |  |  |
| There are safe standards for checking and signing off results as seen. |  |  |
| These standards are monitored regularly and action taken when necessary. |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **5** | **Are your internal results communications effective?** | | | |
| There is a clear method for clinicians to indicate which action is required with respect to each result *(e.g. ink or electronic stamp/free text).* |  |  |  |
| Choices for action and messages in free text are unambiguous. |  |  |
| There is a process to deal with mail which has not been marked for action. |  |  |
| Results could never be filed without being firstly checked by a clinician. |  |  |
| Clinician requests for action are always passed to an appropriate team member. |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **6** | **Are results given out appropriately and safely?** | | | |
| There are checks in place to ensure that ALL appropriate actions occur and patients informed where necessary. |  |  |  |
| The urgency of any required actions *(by staff or patients)* is unambiguous. |  |  |
| Messages about results from clinicians to patients are always unambiguous and clear. |  |  |
| Team members checking results for patients are always aware how many results are expected for each patient. |  |  |
| Patients should never be informed that all results are normal when some are outstanding. |  |  |
| There are adequate measures in place to check the identity of a patient when they call for results. |  |  |
| There is a policy in place to deal with relatives who call on behalf of patients. |  |  |
| There is a policy in place to deal with requests for accessing children’s results. |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **7** | **Are urgent actions followed up?** | | | |
| The practice have an escalation protocol to inform patients of results that are of increasing clinical importance. |  |  |  |
| There is an agreed process for contacting patients when follow-up action is required. |  |  |
| There are checks in place to ensure that appropriate action takes place when a clinician is concerned about a result. |  |  |
| There are checks in place to ensure that appropriate action is taken where a patient fails to attend a follow up appointment or fails to bring in another specimen. |  |  |
| The practice has a policy for dealing with patients who persistently DNA for routine monitoring/follow-up. |  |  |

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|  | **Action Points** | **Yes** | **No** | **Action Required** |
| **8** | **Does the practice have a known mechanism for dealing with adverse events?** | | | |
| The practice has a robust reporting system for adverse events and near misses. |  |  |  |
| There is a practice system in place for investigating adverse events. |  |  |
| There is an induction program for new staff on the results handling system and potential hazards. |  |  |