**Result handling**

Page 2 of 3

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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. |[ ] [ ]   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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. |[ ] [ ]   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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. |[ ] [ ]   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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. |[ ] [ ]   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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. |[ ] [ ]   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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. |[ ] [ ]   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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. |[ ] [ ]   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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. |[ ] [ ]   |