**Institution Name:** Al Masarra Hospital

**Document Title:** Policy and Procedure of Safe Communication of Pending Test Results to Patients After Discharge

**Approval Process**

| | Name | Title | Institution | Date | Signature |
|---|---|---|---|---|---|
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## Content Table

**Acronyms ……..... 3**

1. **Introduction ……..... 4**
2. **Scope ……..... 4**
3. **Purpose ……..... 4**
4. **Definition ……..... 4-5**
5. **Policy ……..... 5**
5. **Procedure ……..... 5-8**
6. **Responsibilities ……... 8**
7. **Document History and Version Control ……..... 9**
8. **Related Documents ……..... 9**
9. **References ……... 9**
10. **Appendices ……... 10-14**

10.1 **Appendix 1. Audit Tool ……..…… 10-12**

10.2 **Appendix 2. Document Request Form ..……..……..... 13**

10.3 **Appendix 3. Document Validation Checklist …..…… 14**

**Acronyms**

| | |
|---|---|
| **AMRH** | Al Masarra Hospital |
| **HOD** | Head of Department |
| **P&P** | Policy and Procedure |
| **SOP** | Standard Operating Procedure |
| **Vers.** | Version Number |

# Policy and Procedure of Safe Communication of Pending Test Results to Patients After Discharge

## 1. Introduction

An important part of discharge communication is the timely handover of diagnostic tests including results received and those requiring follow-up. Breakdown in this aspect of communication is common and contributes to unsafe patient care by increasing the risk of missed or delayed diagnosis which may lead to patient dissatisfaction and sub-optimal patient outcomes with potential medico-legal implications.

## 2. Scope

This document is applicable to all healthcare providers in Al Masarra Hospital (AMRH) who are involved in patient discharge and follow up of results.

## 3. Purpose

**3.1** To support effective communication of test results among providers and between providers and patients to ensure accurate diagnoses, effective attention and treatment, and optimal patient care.

## 4. Definitions

**4.1. Abnormal Test Result**: test result that requires the ordering provider's attention as soon as possible but is not as urgent or life-threatening as a critical result. Abnormal findings are values that are above or below the established norms for a particular test.

**4.2. Critical Test Result:** test result for a condition that if left untreated, may be life-threatening or will place the patient at serious risk. Patients require urgent clinical attention.

**4.3. Critical Tests:** tests that require immediate follow up of results, whether critical, abnormal, or normal.

**4.4. Direct verbal communication:** communication of test results by telephone, face-to-face encounter, or report personally handed to the ordering provider.

**4.5. Electronic communication:** communication of test results by e-mail, fax, electronic health records, or other electronic means.

**4.6. Ordering doctor:** the provider who initiated a test for a particular patient. The provider is responsible for reviewing, signing, and acting on diagnostic tests under the scope of his or her clinical practice.

**4.7. Test result:** test results include the results of laboratory tests, cardiology tests, radiology, and other diagnostic procedures.

## 5. Policy

5.1 All healthcare providers must have an awareness and understanding on the standards needed for communicating pending test results effectively to patients after discharge.

## 6. Procedure

6.1 An important part of discharge communication is the timely handover of diagnostic tests ordered including results received and those requiring follow-up.

6.2 The caring team should give sufficient, clear and timely information to all patients (and where appropriate, their families or care providers) about diagnostic tests and test results at discharge. This should include details of any follow-up arrangements and contact details for assistance if there are any concerns or delays.

6.3 When a patient is discharged, hospital clinical teams shall have a process in place to ensure that test results are seen, acted on and communicated to patients in a timely and responsive manner.

6.4 Where a consultant delegates responsibility to another team member for any tasks around the communication of diagnostic test results, they should ensure that person understands and fulfills the responsibility.

6.5 All practitioners should have an effective system that will ensure timely and reliable communication of test results to patients and appropriate follow up. It is recommended that it be in writing and, at a minimum, contain the following elements:

6.5.1 Clear definitions to distinguish between test results that are routine and test results that are critical.

6.5.2. A mechanism by which the ordering physician is notified of the receipt of critical test results.

6.5.3 A process to communicate the test results to the patient or guardian in a manner, whether in writing, electronic, telephonic or in person, that ensures the patient receives the test results.

6.5.4 The communication should be in a format and in language that is easily understood by the patient/guardian.

6.5.5 The practitioner should document in the medical record who made the communication, how the communication was made, and when the communication was made.

6.5.6 The communication should comply with the privacy requirements of the health records systems.

6.5.7 Confirmation that the patient/guardian received the test results. Verification of receipt should be documented in the medical record.

6.5.8 Clear instructions to the patient/guardian to enable the patient to contact the practitioner and ask questions about the test results and schedule a follow up appointment with the practitioner. The instructions should be documented in the medical record.

6.5.9 If the test results indicate that treatment may be necessary, the ordering practitioner should discuss potential options with the patient and initiate treatment.

6.5.10. The system should not depend solely on the attentiveness of human beings, but be backed up by technology that prevents test results from being missed, lost or inadequately communicated to the ordering physician or to the patient.

6.6 When the ordering is unavailable, there must be a qualified designee who will assume responsibility to receive test results, notify the patient, and initiate appropriate clinical action and follow up.

6.7 When the patient cannot be reached (e.g., phone number is disconnected), reasonable attempts should be made to contact the patient and attempts should be documented in the medical record.

6.8 Specific procedures for communicating critical, abnormal, and normal tests are as follows:

6.8.1 **Critical results**

6.8.1.1 Critical results must be communicated immediately by direct verbal communication from the laboratory to the ordering doctor or a team member. (Refer to policy and procedure of Communication of Critical Results – AMRH/LAB/GEN/P&P/001/Vers.01)

6.8.1.2 The report receiver must make every attempt to contact the patient/guardian. All communication or attempts to communicate must be documented.

6.8.2. **Abnormal results**

6.8.2.1 Abnormal results must be communicated to the patient or guardian within a set time frame but not to exceed 14 days.

6.8.2.2 The report receiver must make every attempt to contact the patient/guardian. All communication or attempts to communicate must be documented.

6.9 The ordering doctor must document:

6.9.1. Acknowledgment of receipt of results

6.9.2. Actions taken related to the patient

6.9.3. Patient/guardian notification, including date and time of notification, means used to communicate results (e.g., phone call, letter), and person spoken to (if applicable)

6.9.4. All attempts to contact the patient/guardian if the patient cannot be reached.

6.9.5. Other clinical information as appropriate.

6.10. A result is considered potentially actionable if it could change the management of the patient by requiring a new treatment or diagnostic test (or repeated testing), modification or

discontinuation of a treatment or diagnostic testing, scheduling of an earlier follow-up appointment, or referral of the patient to another physician or specialist.

6.11. The urgency of the required action could be rated according to how soon it should occur: within 1 hour, 8 hours, 24 hours, 72 hours, 1 week, or 1 month.

## 7. Responsibilities

### 7.1 Unit Consultant Shall:

7.1.1 Ensure their team members understand and comply with this local process.

### 7.2 Unit Doctors Shall:

7.2.1 Understand and follow the system agreed on in the unit.

## 8. Document History and Version Control

| Document History and Version Control | | | |
|---|---|---|---|
| **Version** | **Description of Amendment** | **Author** | **Review Date** |
| 01 | Initial Release | Dr. Nada Al Tamtami | February 2021 |
| 02 | **Update** | Dr. Nada Al Tamtami | November 2025 |
| **Written by** | **Reviewed by** | **Approved by** | |
| Dr. Nada Al Tamtami | Dr. Said Al Kaabi | Dr. Mohammed Al Balushi | |

## 9. Related Documents

9.1 Appendix 1. Audit Tool.

9.2 Appendix 2. Document Request Form.

9.3 Appendix 3. Document Validation Checklist.

## 10. References

| Title of book/journal/articles/ Website | Author | Year of Publication | Page |
|---|---|---|---|
| Harmonization of critical result management in laboratory medicine, Clinica Chimica Acta 432 | C.A. Campbell a,A.R.Horvath | 2014 | 135–147 |

**Appendix 1. Audit Tool**

**Department: _____** **Date: _____**

| S.N. | Audit Process | Standard / Criteria | Yes | Partial | No | N/A | Comment |
|---|---|---|---|---|---|---|---|
| 1 | Observation<br><br>Interview | Does the caring team give sufficient, clear and timely information to all patients or to their families and care providers about the diagnostic tests and test results at discharge which include details of any follow-up arrangements and contact details for assistance if there are any concerns or delays? | | | | | |
| 2 | Observation<br><br>Interview | Do hospital clinical teams ensure that test results are seen, acted on and communicated to patients in a timely and responsive manner when a patient is discharged | | | | | |
| 3 | Observation<br><br>Interview | Does the consultant ensure that the person understands and fulfills the responsibility when delegating to another team member on any tasks around the communication of diagnostic test results? | | | | | |
| | | **ELEMENTS OF COMMUNICATION** | | | | | |
| 4 | Observation<br>Interview<br>Document Review | Are clear definitions established to distinguish between test results that are routine and test results that are critical? | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 5 | Observation<br>Interview<br>Document Review | Is there a mechanism by which the ordering physician is notified of the receipt of critical test results? | | | | | |
| 6 | Observation<br>Interview<br>Document Review | Is there a process to communicate the test results to the patient/guardian in a manner, whether in writing, electronic, telephonic or in person,that ensures the patient receives the test results? | | | | | |
| 7 | Observation<br>Interview<br>Document Review | Is the communication done in a format and in language that is easily understood by the patient/guardian? | | | | | |
| 8 | Observation<br>Interview<br>Document Review | Does the practitioner document in the medical record who made the communication, how the communication was made, and when the communication was made? | | | | | |
| 9 | Document Review | Does the communication comply with the privacy requirements of the health records systems? | | | | | |
| 10 | Document Review | Does the patient/guardian receive a confirmation that the test results were provided? Is the verification of receipt documented in the medical record? | | | | | |
| 11 | Observation<br>Interview | Are clear instructions to the patient/guardian given to contact the practitioner and ask questions about the test results and schedule a follow up appointment? | | | | | |
| 12 | Observation<br>Interview<br>Document | Does the ordering practitioner discusses potential options with the patient/guardian and initiate treatment if the test results indicate that treatment may be necessary? | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Review | | | | | | |
| 13 | Document Review | Does the system do not depend solely on the attentiveness of human beings, but is backed up by technology that prevents test results from being missed, lost or inadequately communicated to the ordering physician or to the patient/guardian? | | | | | |
| 14 | Observation Interview | Is there a qualified designee who will assume responsibility to receive test results, notify the patient/guardian, and initiate appropriate clinical action and follow up when the ordering is unavailable? | | | | | |
| 15 | Observation Document review | Are attempts made to contact the patient/guardian and are documented in the medical record when the patient cannot be reached? | | | | | |
| | | **CRITICAL RESULTS** | | | | | |
| 16 | Observation Document review | Are critical results communicated immediately by direct verbal communication from the laboratory to the ordering doctor or a team member? | | | | | |
| | | **ABNORMAL RESULTS** | | | | | |
| 17 | Observation Interview Document review | Are abnormal results communicated to the patient/guardian within a set time frame but not exceeding 14 days? | | | | | |

## Appendix 2. Document Request Form

| **Document Request Form** | | | |
|---|---|---|---|
| **Section A: Completed by Document Requester** | | | |
| 1. Requester Details | | | |
| Name | Dr. Nada Al Tamtami | Date of Request | November 2022 |
| Institute | Al Masarra Hospital | Mobile | 99442469 |
| Department | Laboratory | Email | nadatamimi@gmail.com |
| The Purpose of Request | | | |
| ☐ Develop New Document | ● Modification of Document | ☐ Cancelling of Document | |
| 1. Document Information | | | |
| Document Title | Policy and Procedure of Safe Communication of Pending Test Results to Patients After Discharge | | |
| Document Code | AMRH/LAB/GEN/P&P/006/Vers.02 | | |
| **Section B: Completed by Document Controller** | | | |
| ☑ Approved | ☐ Cancelled | ☐ Forward To:…….. | |
| Comment and Recommendation: Proceed with the document | | | |
| Name | Kunooz Balushi | Date | November 2022 |
| Signature |  | Stamp |  |

## Appendix 3. Validation Checklist

| Document Validation Checklist | | | | | |
|---|---|---|---|---|---|
| **Document Title:** Policy & Procedure of Safe Communication of Pending Test Results to Patients After Discharge | | **Document Code:** AMRH/LAB/GEN/P&P/006/Vers.02 | | | |
| No | Criteria | **Meets the Criteria** | | | **Comments** |
| | | **Yes** | **No** | **N/A** | |
| **1.** | **Approved format used** | | | | |
| 1.1 | Clear title – Clear Applicability | ✓ | | | |
| 1.2 | Index number stated | ✓ | | | |
| 1.3 | Header/ Footer complete | ✓ | | | |
| 1.4 | Accurate page numbering | ✓ | | | |
| 1.5 | Involved departments contributed | ✓ | | | |
| 1.6 | Involved personnel signature /approval | ✓ | | | |
| 1.7 | Clear Stamp | ✓ | | | |
| **2.** | **Document Content** | | | | |
| 2.1 | Clear purpose and scope | ✓ | | | |
| 2.2 | Clear definitions | ✓ | | | |
| 2.3 | Clear policy statements (if any) | | | ✓ | |
| **3.** | **Well defined procedures and steps** | | | | |
| 3.1 | Procedures in orderly manner | ✓ | | | |
| 3.2 | Procedure define personnel to carry out step | ✓ | | | |
| 3.3 | Procedures define the use of relevant forms | | | ✓ | |
| 3.4 | Procedures to define flowchart | | | ✓ | |
| 3.5 | Responsibilities are clearly defined | ✓ | | | |
| 3.6 | Necessary forms and equipment are listed | | | ✓ | |
| 3.7 | Forms are numbered | ✓ | | | |
| 3.8 | References are clearly stated | ✓ | | | |
| **4.** | **General Criteria** | | | | |
| 4.1 | Policy is adherent to MOH rules and regulations | ✓ | | | |
| 4.2 | Policy within hospital/department scope | ✓ | | | |
| 4.3 | Relevant policies are reviewed | ✓ | | | |
| 4.4 | Items numbering is well outlined | ✓ | | | |
| 4.5 | Used of approved font type and size | ✓ | | | |
| 4.6 | Language is clear, understood and well structured | ✓ | | | |
| Recommendations ..... For implementation ...✓..... More revision ..... To be cancelled | | | | | |
| **Reviewed by:** ...Kunooz Balushi ..... | | **Reviewed by:** Maria Claudia Fajardo-Bala | | | |

AL-MASARRA HOSPITAL – MINISTRY OF HEALTH – SULTANATE OF OMAN – QUALITY MANAGEMENT DEPT.