

Transfer of Care and Test Results Responsibility

Purpose

This document outlines principles which promote the safe follow up of test results. This relates to medical investigations and tests that occur within hospital settings, are pending at the time of care transfer, and/or are requested from outpatient or community settings.

Transfer of care and confusion around handling of test results are recognised by the Health and Disability Commissioner, the Medical Protection Society, the Royal New Zealand College of General Practitioners and others as times of increased risk of harm to people. There have been a number of cases in New Zealand where people have been adversely affected by the current lack of clarity.

The purpose of setting principles is to improve patient safety and promote equitable health outcomes by reducing ambiguity of responsibility. It is also to ensure that the administrative burden related to viewing and actioning of medical investigations that are requested by clinicians outside of an organisation is reduced.

It is hoped that these principles will be used to inform, national, regional, and local policies and procedures. While we aim to increasingly achieve national consistency, we recognise the need for variations in response to the differing conditions and circumstances across the motu such as IT infrastructure.

Principles

The following are high level principles which apply to all health practitioners who order investigations and are involved in a person's care.

Principle 1

The clinician who orders an investigation (the requestor) is responsible, either personally or delegated through defined team processes¹, for review and actioning of the results regardless of subsequent transfer of care, unless explicitly agreed to and documented, otherwise.

All pending tests at time of transfer of care will be clearly stated including subsequent responsibility for test result. This includes, within organisations, between organisations, between institutions as well as any services. Transfer of care letters and outpatient clinic letters should not include statements suggesting an approach that differs from this principle. If responsibility of pending tests has been agreed upon by the receiving service, this will be explicitly noted on the transfer of care document.

¹ Examples could include junior doctors working within a medical team or other clinicians and professionals in a multidisciplinary team setting such as a pre-operative assessment clinic.

In those instances, where a health professional is copied into results, the responsibility for reviewing and actioning results lies with the requestor however the recipient health professional also has responsibility to ensure results of significant clinical importance² have been acted upon and to obtain adequate knowledge of the patient and clinical circumstance in order to do so. Actioning includes ensuring that the person is aware of their results in a reasonable timeframe.

Principle 2

Where information is shared to add value to care and continuity, copying of results to other clinicians or service providers is appropriate but clear separate communication is required if the recipient is expected to act on the result.

This includes to clinicians outside of the requestor's organisation, including the person's GP. Any results copied require a clear communication from the requestor whether the recipient is expected to act on the result, or if it is just for their information. If action is required, a documented handover, with agreement from the receiving clinician to accept the responsibility, involving closed-loop communication is expected. This is essential if an investigation is particularly time sensitive or important.

Principle 3

Any clinician copied into result which is significantly abnormal needs to ensure appropriate action has been taken.

Clinicians have a duty of care to act on test results they are copied into which may have significant consequences for patients if not followed up despite the prime responsibility remaining with the requestor as per principle 1. The clinician must base their response on sound clinical judgement and the clinical context and information available to them to make that response.

Principle 4

Requirements for regular monitoring and follow up must be agreed between the referring and receiving clinicians.

Some people require regular monitoring. One clinician might ask another clinician to be the requestor, for instance a secondary care clinician may ask the primary care provider to be the requestor for repeat tests, providing the test is readily available in the community setting and the interpretation of the test is within the scope of the recipient professional. The recommended testing interval must be clearly stated, with threshold for response and management plan with agreed actions accepted by the

² The boundary of what constitutes a clinically significant result is not defined but in practice is likely to refer to any result which could lead to mortality or significant morbidity if not acted upon.

responsible clinician. In this setting the new requestor is responsible for acting upon the results in the agreed manner.

Context

Copying test results should never be an automatic process but a carefully considered action, when the person ordering the test is intending that the recipient will need to act on the result, and that this has been made clear to them, in a separate communication. It is important before copying a colleague into test results that these are meaningful and necessary for continuing care and that the colleague will have the understanding necessary to interpret the result.

It cannot be assumed that community-based clinicians (eg, GPs) will follow up on outstanding test results. This requires either a discussion with them or their team to ensure they are prepared to accept responsibility or that explicitly agreed delegation for the responsibility is documented in the discharge summary. It must also be remembered that a 'normal' result may, in some clinical circumstances, be very concerning and that the responsible clinician must be aware of any such implications.

Clinician's access to and ability to 'acknowledge' results across systems varies widely according to the local systems in place. The requesting clinician has responsibility for the results they request, and to ensure timely sign off and action as required.

It is inappropriate to expect other clinicians to be responsible for results that require specialist knowledge or intervention.

Every consumer has the right to co-operation among providers to ensure quality and continuity of services. Where the clinical care of a person is handed over to a different clinician or service all parties have responsibilities regarding following up investigation results. The clinician transferring the person is expected to have reviewed all test results to hand, and to document tests ordered and notify the accepting clinician of any pending results as well as the results to hand. Any clinician who accepts care of a person is expected to have some familiarity with the results of tests already performed.

It is expected practice that the requestor of a test should take responsibility for checking and acting on the result, however, in hospital settings, many tests will not be requested by the responsible clinician. Nevertheless, the responsible clinician still has the responsibility for ensuring that the result is viewed and accepted or delegated. At times this is managed by clear local procedures and policies outlining how results are managed by the clinical team and who has sign off rights for which types of results and safe escalation pathways.

Cole's Medical Practice in New Zealand states a number of principles for doctors including:

- If you order investigations, it is your responsibility to review, interpret and act on the results.
- If you go off duty before the results are known, you should alert the incoming doctor that there are results outstanding.
- Furthermore, you should check the results when you are next on duty.

- It should be the responsibility of the clinician who has ordered the test to ensure that the results are reviewed, the person is informed, and any necessary action is taken.³

The Royal New Zealand College of General Practitioners has produced guidance for general practitioners about what standards are expected and this includes:

All incoming test results or other investigations are sighted and actioned by the practice team member who requested them or by a designated deputy.⁴

The Medical Protection Society article 'Handling test results' also looks at the issue of doctors' responsibility for tests they did not order and notes that the primary responsibility for following up abnormal results rests with the clinician who ordered the tests.⁵

A clinician that requests a test has a duty of care towards the person to ensure that all test results are reviewed in a timely manner and that any appropriate action is taken. A requestor that is unable to do so must organise appropriate cover within their organisation. Organisations and clinical leads have a responsibility to ensure that the systems for handling results are fit for purpose and have sufficient safeguards. This will necessitate changes such as allocating sufficient time for staff to review results.

There can only be one responsible clinician during any discrete episode of care. Laboratory and radiology systems must ensure results are only allocated to responsible clinicians. Every responsible clinician must have a 'results inbox' available to them when they sign-in to their clinical portal that includes all outstanding unacknowledged results. Electronic results should only appear in the 'results inbox' of one responsible clinician. Registrar clinics must be associated with a named SMO who assumes responsibility for results. Responsibility may be delegated to another person.

Responsibility will be transferred when a person's care transfers to another team such as when people are admitted from ED. By acknowledging a result, a clinician is also taking responsibility for any action required. Simply reviewing a significantly abnormal result⁶ without ensuring appropriate action occurs or that it is brought to the attention of an appropriate responsible clinician is not acceptable. If you view a report this action establishes a clinical relationship between yourself and the person — thus you are now partially responsible for ensuring that the clinical implications of the report that you have seen are dealt with, regardless of who requested the test/procedure. This creates duplicate work for clinicians in who are copied into results without handover of clinical responsibility or context. The

³ Medical Council of New Zealand. 2021. *Cole's Medical Practice in New Zealand*. URL: www.mcnz.org.nz/about-us/publications/coles-medical-practice-in-new-zealand (accessed 18 January 2024).

⁴ RNZCGP. 2016. *Title*. Royal New Zealand College of General Practitioners. URL:

⁵ Medical Protection Society. 2015, 19 May. Handling test results. *Casebook*. URL: www.medicalprotection.org/newzealand/casebook-may-2015/handling-test-results (accessed 18 January 2024).

⁶ The boundary of what constitutes a **clinically significant result** is not defined but in practice is likely to refer to any result which could lead to mortality or significant morbidity.

copied doctor needs to make a reasonable effort to contact the requestor to ensure that they are aware of the result and that appropriate action is taken.

Copying of results is **not** a transfer of care and results should not be routinely copied to any other clinician at the time of request. This ensures that ongoing responsibility lies unambiguously with the requester. If handover of responsibility is requested, this needs to be clearly communicated in writing and with closed loop communications – ie, by phone call.

Significantly abnormal results are to be followed up by the requestor who also holds the primary responsibility of informing the patient in a timely manner⁷.



Dr Rawiri McKree Jansen
Chief Medical Officer
Te Aka Whai Ora | Māori Health Authority



Dr Joe Bourne
Chief Medical Officer
Ministry of Health | Manatū Hauora



Dr Richard Sullivan
Chief Clinical Officer
Health New Zealand | Te Whatu Ora

⁷ Medical Protection Society. 2015, 19 May. Handling test results. *Casebook*. URL:
www.medicalprotection.org/newzealand/casebook-may-2015/handling-test-results (accessed 18 January 2024).