

Communicating Diagnostic Test Results: A Family Medicine Residency Clinic QI Project

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Purpose

Great variance existed between how test results were being communicated to patients in our residency clinics, decreasing patient satisfaction and posing a threat to patient safety. The purpose of this quality improvement study was to create a standard work flow for communicating both critical and normal test results to patients that will be used across our residency clinics by both residents and faculty, utilize our support staff to the top of licensing, and improve patient satisfaction, patient safety, and prevent clinical inertia.

The Problem

- There is no clear set goal/target to communicate normal/abnormal test results to patient and no standard practice between providers
- Each provider has different practice for communicating results
- Resident's access varies (in-clinic vs. away months)
- RNs and MA's not always working to top of license

Goals

- Maintain continuity for patients and to match the Aurora Policy on Test Results
- CG CAHPS (Clinician and Group Consumer Assessment of Healthcare Providers and Systems) Scores: improve & sustain above 85%
- 100% Test communication: abnormal within 2 business days, normal within 4 business days

Methods

A committee of residents, faculty, clinic managers, nurses, medical assistance, and research support staff was formed. Data collection and analysis was completed using a standard A3 systemic problem solving method. Focus groups were formed to create standard workflow, which then were combined to create an overall standard workflow. Data will be analyzed after implementation of the standard work to evaluate the effectiveness in improving the communication of test results to patient.

Results: "Current" Conditions

- Mean time for provider to review test results after the tests were resultated was 1.3 days
- Mean time from provider review to contact with a patient regarding their test results was 2.8 days
- Mean time from tests being resultated to communication with the patient was 6.58 days

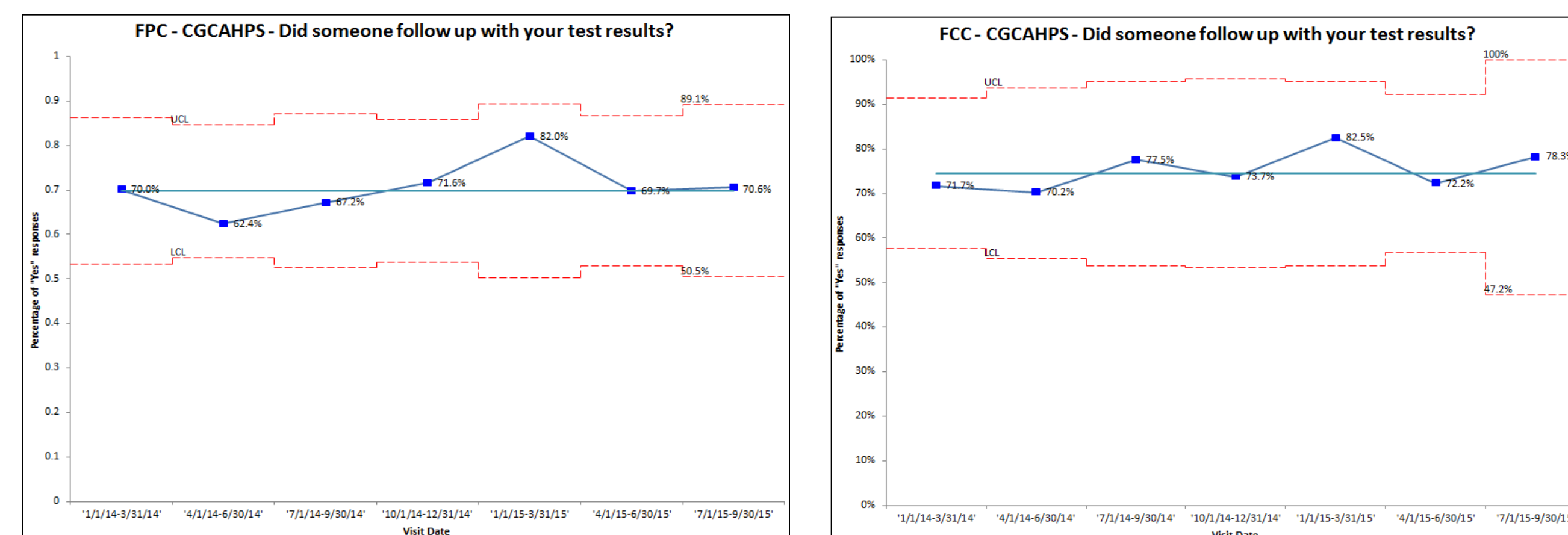


Figure 1 and 2: CGCAHPS test result communication percentage for Family Practice Center and Family Care Center clinics, at QI initiation.

Collection to Results (days)		
Min	0.1	Average
25th percentile	0.4	
Median	0.5	
75th percentile	0.6	
Max	3.6	

Provider Review - Pt Contact (days)		
Min	0.0	Average
25th percentile	0.0	
Median	1.1	
75th percentile	4.0	
Max	30.7	

Results to Provider Review (days)		
Min	0.0	Average
25th percentile	0.3	
Median	0.6	
75th percentile	2.0	
Max	11.1	

Results - Pt Contact (Business days)		
1	Average	
2		
4		
9		
24		

Figure 3 and 4: Test result averages and distribution at QI initiation.

Implementation

An implementation plan was devised to list all of the tasks needed for change and to keep the team accountable to a timeline. Implementation plan included:

- Creating standard work for residents, attending group, and Caregivers (**completed**)
- Create "Quick Actions" templates in Epic (**in progress**)
- Education of providers and Caregivers on standard work (**in progress**)
- Reviewing progress and obtaining feedback on standard work (**upcoming**)

Countermeasures

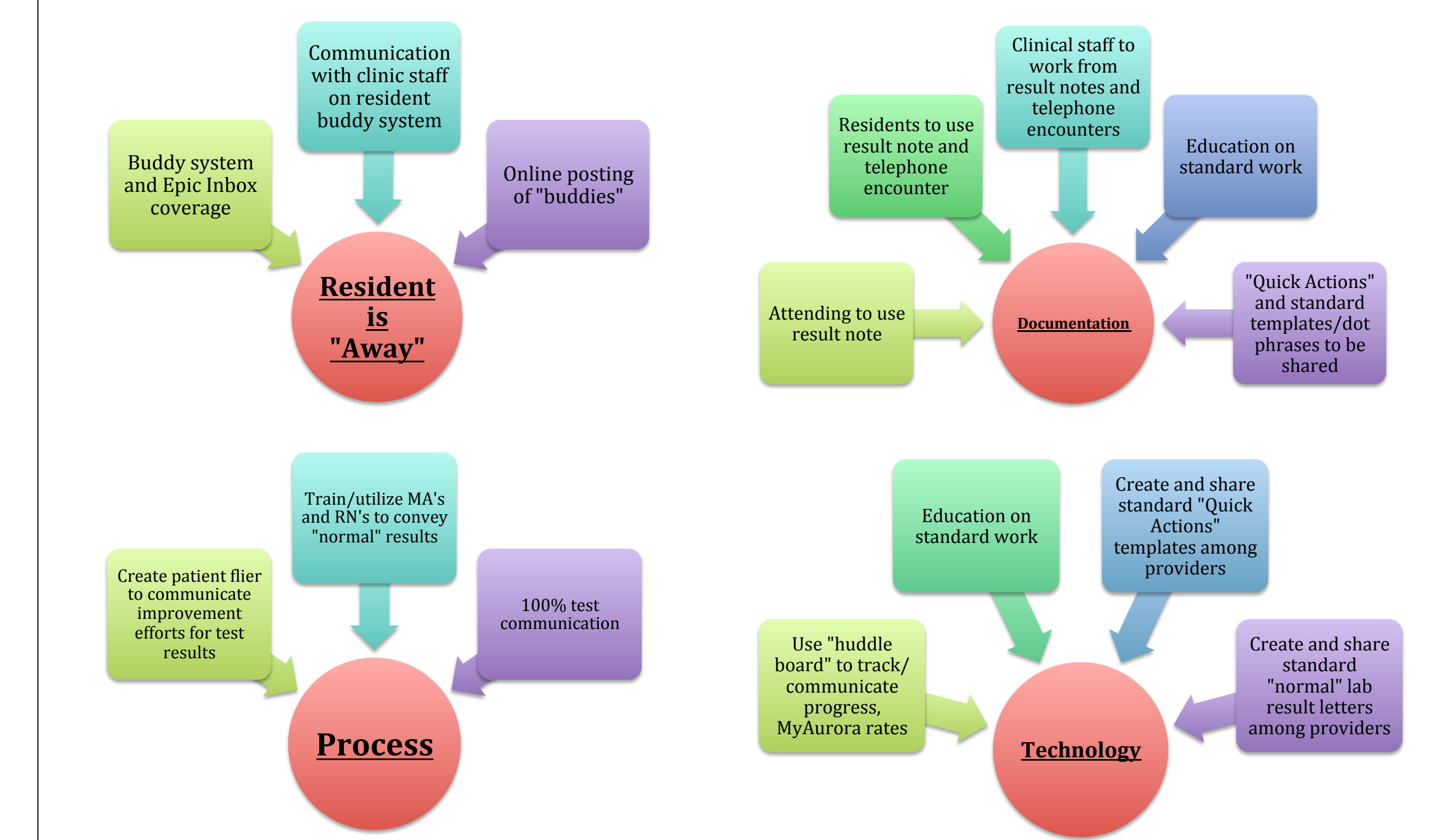


Figure 5: Countermeasures developed to address issues identified while residents are "away," with documentation, the process, and technology issues.

Follow Up and Next Steps

- CG CAHPS for test results and test results inspections will be emailed to team monthly
- Next two resident-faculty meetings will include an open forum agenda item to facilitate the transition and request feedback
- Resident's end of year survey to include a question(s) to gauge the perceived effect of the project amongst residents
- Continual improvement of standard work to communicate test results

Acknowledgements

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About Aurora Family Medicine

- Located in Milwaukee, Wisconsin, serving an urban underserved population; multiple special interest tracts
- 10 residents per year, 3 residency clinics, MD and DO dual accreditation
- **Want to know more?**
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