Abnormal Results and Follow-Up Documentation Policy

Effective Date: 08/15/2025

Approved By: Director of Medical and Clinical Services

Review Schedule: Annually or as Needed

Applies To: Integrated Primary Care/Behavioral Health

Policy Statement

REACH for Tomorrow is committed to ensuring timely review, documentation, communication, and appropriate follow-up of all abnormal laboratory, imaging, and diagnostic results.

All medical and behavioral health providers are responsible for reviewing, documenting, and acting upon abnormal or critical results to protect client safety and ensure continuity of care. Communication and follow-up efforts must be clearly documented within the Electronic Health Record (EHR), demonstrating prompt clinical decision-making and coordination among team members.

This policy establishes a standardized process to ensure that no abnormal result is overlooked, delayed, or unaddressed.

Purpose

The purpose of this policy is to:

- Ensure timely review, documentation, and follow-up of all abnormal and critical results;
- Provide clear communication pathways between providers, clients, and external laboratories;
- Maintain compliance with CARF, HIPAA, HRSA, and state medical documentation requirements;
- Minimize clinical risks associated with delayed or missed follow-up; and
- Ensure that clients receive appropriate, coordinated, and documented care.

Scope

This policy applies to all staff involved in the ordering, reviewing, and communicating of laboratory, imaging, or diagnostic results, including:

- Nurse Practitioners and Medical Providers;
- Behavioral Health Clinicians;
- Medical Assistants and Clinical Support Staff;
- Case Managers and Care Coordinators; and
- Supervisors responsible for medical and clinical quality oversight.

It applies to all laboratory, radiologic, and point-of-care (POCT) results obtained internally or from external providers.

POLICY AND PROCEDURE

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Definitions

- Abnormal Result: Any test result outside the established reference range that may require additional evaluation or treatment.
- Critical Result: A life-threatening or time-sensitive value that requires immediate clinical intervention or communication.
- Result Review: The process of reviewing, interpreting, and documenting findings and actions in the EHR.
- Follow-Up: The documented process of contacting the client, updating the care plan, scheduling interventions, and communicating results to team members.
- EHR: The secure electronic health record used by REACH for Tomorrow to document all results and communications.

Procedures

1. Result Routing and Review

- All results, internal or external, are routed directly to the ordering provider through the EHR.
- In the provider's absence, results are assigned to the covering provider for review.
- All results must be reviewed within 48 business hours of receipt, or immediately for critical results.
- The provider documents interpretation, clinical significance, and actions taken in the EHR.

2. Identification of Abnormal or Critical Results

- Laboratories communicate critical results via phone within one hour of verification.
- The receiving clinician documents the call details in the EHR (date, time, lab contact, summary).
- Providers immediately assess urgency, contact the client, and initiate interventions as necessary.
- If a critical result is not addressed within one hour, it must be escalated to the Medical Director or on-call provider.

3. Documentation Requirements

Each abnormal or critical result must include in the EHR:

- Date/time result received;
- Result details and abnormal values;
- Provider interpretation and action plan;
- Client communication (method, date/time, and summary);
- Follow-up arrangements (tests, referrals, appointments);
- Notifications to team members;
- Documentation that the client understood next steps.

4. Client Notification

- Clients must be informed of abnormal or critical results within two business days of

review, or sooner if urgent.
- Communication occurs through secure methods: phone, telehealth, portal, or certified mail if unreachable.
- All communication attempts, including unsuccessful ones, must be documented.
- If the client cannot be reached after three attempts, the case manager must assist with follow-up outreach.

5. Follow-Up and Care Coordination
- Providers document follow-up plans, including medication changes, referrals, and re-testing schedules.
- Care Coordinators ensure appointments are completed and outcomes documented.
- All actions are entered into the Follow-Up Documentation Log in the EHR.
- Behavioral and medical staff collaborate when results impact shared treatment goals or medications.

6. Tracking and Monitoring
- An Abnormal Results Tracking Log is maintained in the EHR or secure quality dashboard.
- The log includes date of receipt, provider review date, client notification date, and completion of follow-up.
- The Clinical Director and QI Committee review logs monthly to ensure completion and identify trends.

7. Quality Oversight and Auditing
- The Clinical Director conducts quarterly audits of abnormal result follow-up documentation.
- Audits verify timeliness, completeness, communication, and follow-up actions.
- Audit results are reviewed by the QI Committee for corrective action and training needs.

8. Staff Roles and Responsibilities
Role | Responsibilities
Ordering Provider | Reviews and interprets results, documents actions, initiates follow-up.
Covering Provider | Acts on results in the absence of the ordering provider.
Medical Assistant/Nurse | Flags abnormal results, assists with client communication, updates documentation.
Case Manager/Care Coordinator | Tracks appointments and ensures follow-up completion.
Clinical Director | Oversees compliance, conducts audits, ensures timely review.
QI Committee | Monitors trends and recommends quality improvements.

9. Performance Indicators
- 100% of critical results reviewed and acted upon within one hour of notification.
- 100% of abnormal results reviewed and documented within 48 hours.
- 100% of clients with abnormal results notified within two business days.
- ≥95% compliance with quarterly audit standards.

- 100% of staff complete annual training on abnormal result documentation and follow-up.

10. Review and Revision
This policy shall be reviewed annually or upon updates to CARF, HRSA, or state follow-up standards, or when QI findings indicate a need for revision. Revisions are approved by the Medical Director, Clinical Director, and Quality Improvement Committee.