STANDARD

To outline the responsibility Bay of Plenty District Health Board (BOPDHB) Consultants / Senior Medical Officer (SMOs) Midwives and Nurse Practitioners have for the electronic acknowledgement of results and how that responsibility may be delegated to Resident Medical Officer (RMOs).

STANDARDS TO BE MET

1. Principles of Electronic Acknowledgement

1.1. All laboratory and radiology results should now be acknowledged electronically and in general hard (or paper) copies of laboratory and radiology results will no longer be generated and clinicians should expect to receive results only electronically.
1.2. Only results not available electronically should be acknowledged using the hard copy.
1.3. Electronic Acknowledgement is the electronic equivalent of signing the hardcopy paper result and acknowledgement implies that any action required has been taken or has been organised.
1.4. If results are not acknowledged there will be uncertainty as to whether the result has been seen and any required action taken. For this reason no results should be left unacknowledged.
1.5. Results should be acknowledged in a timely way. If results are acknowledged as soon as they have been viewed and action taken this helps prevent a backlog of unacknowledged results.
1.6. As multiple clinicians may be involved in the care of patients in ED a combined effort of all the clinicians (both emergency and inpatient) is required to acknowledge these patients' results.

2. Principles of Responsibility of SMOs / Midwives & Nurse Practitioners for Electronic Acknowledgement

2.1 SMOs, Midwives and Nurse Practitioners are ultimately responsible for the management of patients in hospital under their care or seen in clinic under their name. Having responsibility for patients includes taking responsibility for acknowledgement of results and actions required after tests performed on their patients.
2.2 While it is generally considered that the requestor of a test should take responsibility for checking and acting on the result, in hospital practice many tests will not be requested by the SMO / Midwife.
2.3 Tests may be requested by team RMOs, Midwives and nurses acting under delegated authority, or performed during the ED assessment but responsibility for action passes on to the duty or admitting SMO.
2.4 RMOs will acknowledge the majority of results but they do this under the delegated authority.
2.5 It is the responsibility of SMOs to instruct their RMOs of their expectations and indicate:
   a) when the RMO can independently acknowledge results,
   b) what results the RMO should not acknowledge without discussion (for example histology),
   c) what results the RMO should inform the SMO about before acknowledging.

2.6 It is also the responsibility of the SMO to ensure that results do not go unacknowledged and so to establish a system for ensuring that results are acknowledged within seven (7) days, and for monitoring this.

3. Principles of Delegated Responsibility for Electronic Acknowledgement to RMOs

3.1 RMOs work under delegated responsibility.
3.2 While SMOs are ultimately responsible for the decisions and actions of RMOs, RMOs also have a responsibility to remain within their area of competence and to seek assistance when required.
3.3 RMOs should clarify with their SMOs what their delegated responsibilities are for acknowledging results, if there are results only the SMO can acknowledge and when the SMO wants to be informed about significant results.
3.4 It is expected that results for all inpatients are reviewed each weekday by RMOs, and the SMO informed of any result which might lead to significant patient impact or changes in management.
3.5 Potentially significant but unexpected incidental findings should be discussed with the SMO.
3.6 The on call RMOs need to be informed about any results that need to be followed up out of hours or at weekends. This should be included in written weekend action plans and at handovers.
3.7 By acknowledging a result one is taking responsibility for any action required. RMOs should speak to their SMO if they have any concerns about whether to acknowledge a particular result.
3.8 Through acknowledging a result that result will also disappear off all work lists and memos so RMOs must not acknowledge results that should be viewed and actioned by another doctor.

4. Responsibility of Departments

4.1 Each department needs to develop a process for ensuring all results are acknowledged. The Head of Department needs to accept or delegate responsibility for this happening in their department
4.2 In particular there needs to be a departmental process for acknowledging results of patients when SMOs are on leave and for results that come back after a patient is discharged.

5. Organisational Responsibility

5.1 There should be a reliable process to notify SMOs, Midwives and Nurse Practitioners of results of tests that have been performed.
5.2 Reports should also go to Head of Department, Medical Leader, Nurse / Midwifery Leader to inform them of outstanding unacknowledged results.
5.3 The organisation will provide appropriate computer access and support to allow SMOs, Midwives and Nurse Practitioners to review results electronically and initiate any action required to acknowledging those results.

6. Responsibility of Radiology and Pathology

6.1 A timely electronic report must be generated and preliminary results should be finalised as soon as possible, so they can be acknowledged.

6.2 The test requestor will be contacted only if there are potentially life-threatening findings that were unexpected and / or require urgent action.
6.3 Any significant findings, including incidental findings, which may require action, should be included in the report summary.
6.4 If a report is amended after it has initially been issued, and there are significant changes in the diagnosis as a result, the requestor or the responsible Consultant should be contacted by the Radiologist / Pathologist completing the final report.

REFERENCES

- Waikato DHB. Electronic Result Acknowledgement: The Responsibilities of Consultants and the Delegation of Responsibility to RMOs (1452). March 2013.

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 6.1.2 Medical Responsibility for Patient Care
- Bay of Plenty District Health Board policy 6.1.2 protocol 1 Medical Responsibility for Patient Care - Delegated Responsibility of RMO's : When to Call the Consultant On-Call
- Bay of Plenty District Health Board policy 6.1.2 protocol 2 Medical Responsibility for Patient Care - Admission, Handover of Responsibility & Patient Care Management
- Bay of Plenty District Health Board policy 6.10.2 Clinical Communication
- Bay of Plenty District Health Board policy 2.5.2 protocol 1 Health Record Standards
- Bay of Plenty District Health Board policy 2.5.2 protocol 2 Health Record - Content and Structure
- Bay of Plenty District Health Board Adult Observation Chart (145337) – order through Oracle
- Bay of Plenty District Health Board RMO Handbook