When a surgical procedure includes a biopsy, the tissue specimen goes to a laboratory for analysis, and the result comes back to the physician. That much is clear, wherever the surgery took place. What happens next, however, can be a mystery in the context of an ambulatory surgery center (ASC).

All too often, there is no formal procedure for making sure the physician’s office has received all lab results and has communicated them to the referring physician and to the patient.

Thus, it is not uncommon for an ASC or surgeon to receive a call from a patient: “What happened to my test results? What is my condition?”

Award-winning answers

The Endoscopy Center of Colorado Springs (ECCS) in Colorado took decisive action to eliminate such calls. For its effort, the center received one of the 2008 Innovation in Quality Improvement awards from the Accreditation Association for Ambulatory Health Care (AAAHC) Institute for Quality Improvement.

According to the AAAHC announcement, “the goals of the program are to reduce the incidence of patients who do not receive their test results or don’t follow up for needed tests or procedures and to make pathology reports understandable and meaningful for patients.”

At the center, a 5-step procedure replaces the usual phone calls to tell patients that their lab results are back and what they need to do next. Since the procedure was initiated about a year ago, it has improved reporting of pathology results to 100% from 77%.

The problem arose because of the different structures of ASCs and hospitals, according to director Monica Clayton, RN, MS, CGRN.

In a hospital, we [clinicians] take biopsies and never worry about them again,” she says, because a different department follows up with patients.

When ECCS opened and began performing biopsies, there was no coordinated followup, she recalls. From the viewpoint of the surgery center staff, “The physicians’ office was supposed to take care of it, but we found that wasn’t happening.”

In addition, while physicians received reports directly from the reference lab at nearby Penrose Hospital, they had no way of knowing if additional reports were missing—that is, until a concerned patient called.

Only endoscopic procedures that include taking tissue samples are subject to pathology reporting, so tracking reports is not simply a matter of comparing reports with patient schedules.

In 2006, Clayton organized a study in which ASC staff telephoned 60 past patients to ask if they received their lab results and if they understood them. The poll showed 23% never received a lab report. Of those who did receive reports, 40% actually understood them, but only 25% had a follow-up appointment date or knew what other action to take.

So Clayton and her staff developed a letter template for physicians to use to report results.

The exception was a diagnosis of cancer, which still requires a phone call or office visit.

The letters proved to be helpful in aiding patient understanding. A second telephone survey showed 70% of patients had received their reports and knew what
steps to take next. However, 22% still had not received their letters.

Clayton realized there was still no way to track a lab report as it traveled from the Penrose lab to the patient.

“So we came up with a redundant system,” she says.

**Making a list, checking it twice**

The ASC created a cross-referencing between the specimens sent to pathology and the patients receiving biopsies. When a surgeon performs a biopsy, the patient’s name is entered on a “pathology list” and simultaneously in a “specimen book.”

In the specimen book next to the patient’s name is a sticker with the name of the test. It is checked at the time the ASC sends the specimen to the lab.

The procedure list goes back to the physician’s office, along with the form letter to the patient and an addressed envelope, to make the system as convenient as possible for the physician.

When the physician’s office receives the lab report, usually within 1 week, a staff member checks off the patient’s name on the pathology list and gives the report and letter to the physician to be completed and mailed. The physician’s office then returns a copy of the lab report and letter to the ASC, which in turn forwards them to the referring physician and saves an additional copy for the ASC files, including a notation on the patient’s chart.

**Closing the loop**

The systems’ main components are:

• cross-referencing a daily pathology list and the specimen log book to ensure both lists are 100% accurate

• a letter that reports pathology results in consumer-friendly language and recommends appropriate follow-up, for physicians to fill out and mail to their patients

• coordination between the ASC and physician’s office staff to assure letters are sent to all patients on the pathology list and their referring physicians

• using the specimen log to confirm that the endoscopy center has received the pathology results and patient letter from the physician

• placing both the pathology report and the patient letter on the patient’s chart.

The process is what Clayton calls “closing the loop.” She has even added a staff position to compare the pathology and specimen lists each day to be sure every outgoing specimen has ended in a report sent to a patient, or if not, to call the physician’s office to find out why not. (This person has other duties.)

“Occasionally we have had to track down a missing pathology report,” Clayton says. “We haven’t had one we couldn’t track down yet.”

**A perfect score**

With the new system in place, in January 2007, Clayton conducted a third telephone survey. This time it had a perfect score. Of the 30 patients polled, 100% had received their letters, understood the results, and could explain the physician’s recommendation for follow-up treatment.

Clayton says she may tinker a bit more with the contents of the letter, “but the system is working wonderfully. We haven’t had to make any changes.”

Noting that both AAAHC and the Joint Commission mandate informing patients of lab test results, she believes the Endoscopy Center’s system could serve as an example to other ASCs. Past surveys show that many ASCs do not have systems to track lab reports, and others inform patients only of positive results.

“The problem is more common than you would think,” she says.

—Paula DeJohn

*Paula DeJohn is a freelance writer in Denver.*