



Failure to perform or communicate test results is a preventable error that can lead to unnecessary harm to patients and costly medical malpractice claims. In a recent Harvard Risk Management Foundation review of claims arising out of physicians' offices, the top cause

was failure or delay in ordering tests. Although many times this is a result of cognitive factors such as judgment, vigilance, memory or lack of knowledge, failure or delay in ordering tests can often be prevented by making simple changes to the system. To mitigate the

risk of system errors that could lead testing errors and claims, reform and standardize practices across the facility.

Error-Proof Your Systems

Consider the following points to make your system less susceptible to medical malpractice claims as a result of testing errors:

- Document the conversation with the patient in which the doctor explains tests to be performed.
- Create checklists or prompts in assessment and order forms, reminding physicians to order tests
- Ensure that referral forms are comprehensive and that they include the following information
 - Patient history
 - Physical examination findings
 - Test results
 - Differential diagnosis

- Expectations of the consultation
- Urgency level
- Allow access to test results by consultants.
- Establish a test result management system to ensure all tests are completed. Standardized order forms combined with either an electronic or paper database should document the following:
 - Complete list of ordered tests

Although many times failure or delay in ordering tests is a result of cognitive factors, it can often be prevented with changes to the system.

- Results
- · Review by physicians
- · Follow-up with the patient
- Additional studies
- · Space to mark when completed
- Require physicians to sign and date all of these forms with each step.
- Establish a dissemination policy for critical test results.

- Define which results require expedited, reliable communication, and develop critical test values.
- Define appropriate time parameters for action on critical test results.
- Flag critical results so they are acted on quickly.
- Establish criteria for escalating critical results to a back-up physician in the absence of the referring physician.

Successful Implementation

To effectively mitigate the risk of claims arising out of testing errors, the cooperation of all staff is critical. Work with staff to identify best practices and integrate them into new programs. When staff members are engaged and participate in the process, they are more likely to support and effectively implement changes to your system, reducing the risk of testing errors.