

PATIENTS DISCHARGED *with* LABS STILL PENDING

DISCHARGED PATIENTS LIST vs SPECIAL LISTS

A comparison for the Individual Physician Practice

INTRODUCTION

In a single year, there were **over 180,000 lab results** returned after patients were discharged from hospitals within the Calgary Zone. **Nearly 1 in 5** (19.1%) of these were classified as “abnormal,” and the true number is likely higher because it does not include tests that cannot be flagged, such as pathology reports.

It was recognized by medical staff that a reliable and easy method is needed for tracking these pending lab tests in order to optimize safety and continuity of care for patients. The Lab Results Review & Reporting (LR³) project has worked with a number of stakeholders to develop processes to ensure the lab tests that you ordered (and are therefore responsible for) can be reliably tracked.

One feature that already exists in SCM is the *Criteria-Based List*, which is an auto-populated patient list based on preselected search parameters. One such example comes pre-loaded on every physician’s profile, and that is the **Discharged Patients Past 30 Days, Me Attending** list (referred to here as the “Discharged Patients list”). Many physicians use this list to quickly view lab results that have come back since the patient was discharged.

While a criteria-based list has its advantages, this document outlines why LR³ recommends adopting another method instead that uses **Special Lists** to manage pending results.

BENEFITS *of the* DISCHARGED PATIENT LIST

While criteria-based lists are *not* the recommended approach for managing post-discharge pending lab results, they are still handy and do have their place.

FAMILIARITY *to* PHYSICIANS

Many physicians are already familiar with the Discharged Patients list as it comes preinstalled. Since it appears automatically as an available list, many curious physicians have already played with this list and have incorporated it into their practice in some form or another.

LISTS *are* BUILT AUTOMATICALLY

As with any criteria-based list, a discharged patient will automatically appear on the list as long as they fulfill the established search parameters (in this case, discharged within the past 30 days with you listed as the attending physician). In this manner, patients that meet the criteria will be brought to your attention.

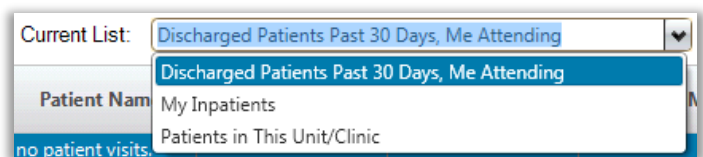
The IMPORTANCE *of* RELIABILITY

The process that you adopt—and the tools you use to support that process—needs to reliably keep track of patients that have pending lab results. If the system has gaps (an incomplete algorithm, improper search criteria, a lack of habit, etc.) then patients may not be properly followed and lab results left unseen.

For a robust and reliable process, please see the recommended LR³ individual process that uses Special Lists, available at www.ahs.ca/LR3.

PARAMETERS *are* CUSTOMIZABLE

Several options are available for modifying a criteria-based list. You can narrow the search according to your role or to a specific location, provider or service. You can also limit the results to return specific orders (e.g., DI or lab orders; completed or pending status). The most common tweak to the Discharged Patients list is to increase the number of days searched to 60 or 90.



DRAWBACKS *of* USING a CRITERIA-BASED LIST

Despite the above, there are many risks to using a criteria-based list for managing pending lab results, and users should be aware of them. The LR³ project team recommends the use of special lists to best keep track of post-discharge lab results. Be sure to visit www.ahs.ca/LR3 for more information.

YOUR ROLE *versus* REALITY

Only patients that were discharged while your name was attached as the attending physician will appear on the Discharged Patients list. However, as you approach the time of discharge and there's a transfer of care, the timing of the transfer process (depending on who and how it is performed) might not align with the discharge from Clinibase, and as a result the person listed as attending might not match person who ordered the test or performed the discharge.

RELIANCE *on* SEARCH PARAMETERS

Unless you have the *exact* matching criteria to get the precise list of patients you expect, some patients might not appear on the list and you wouldn't know it.

Expanding the search criteria will result in more patients appearing in the list, perhaps too many. Parameters that are too loose will yield lists that are difficult to manage due to the sheer number of names that appear. This can be discouraging.

Large lists might be controlled through tweaking the search criteria to reduce the numbers, but parameters that are too restrictive might not include all the patients that should be followed.

PATIENTS *can* DROP OFF *the* LIST

Patients can disappear from a criteria-based list once they no longer fit the search criteria. With the Discharged Patients list set to 30 days, a patient will stop appearing on day 31. The sudden absence of a name on the list will be difficult to spot.

CANNOT ADD *or* REMOVE PATIENTS *without* CHANGING CRITERIA

The resulting list of patients generated by a criteria-based list cannot be altered. If there is a particular patient or group of patients you want to follow, you will not be able to add them manually to this list.

By the same token, if you have dealt with a patient's pending lab results, you cannot remove their name from the list and you will have to wait until they drop off on their own. This could clutter up your field of vision with extra names and camouflage the real patients of interest.

LISTS *are* NOT EASILY SHARED

At times, you may expect important results to arrive while you are away, and to ensure continuity of care for your patients you may ask a colleague to look out for those pending lab results. When handing off to a colleague, searches need to be rebuilt from scratch

While the default Discharged Patients list is a convenient method of viewing patients discharged within the past 30 days with you listed as the attending physician, the LR³ project team recommends a more reliable and robust method that uses Special Lists. Setting up and managing a special list to manage your discharged patients is very quick and easy – visit www.ahs.ca/LR3 for instructions on how to do so.

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