

<b>DEPARTMENT: Doylestown Healthcare Partnership</b>	
<b>FACILITY:</b>	
<b>DATE OF ORIGIN: 11/1/2019</b>	<b>NEXT REVIEW DATE: 11/1/2020</b>
<b>AUTHOR (ROLE): ADM Director DHP</b>	
<b>APPROVED BY (ROLE): Network Development / DHP Managing Committee</b>	

**PURPOSE:**

To provide guidelines for notification of outpatient test results.

**SCOPE:**

This policy applies to all Doylestown Healthcare Partnership Providers who notify patients of outpatient test results.

**POLICY:**

All patient’s documents and results that are clinical relevant of urgency are to be reviewed within one (1) business days of being resultated to the provider. Normal results are to be reviewed within 14 business days. If the provider is off for several days another provider of the practice is responsible for reviewing the documents and results especially for critical, urgent and significant abnormalities.

**PROCEDURE:**

1. Documentation is placed in the EMR that results were reviewed.
2. Patient’s contacted per office policy (mail, portal calls).
3. Act 112 compliance (will attach Radiology policy)

**Summary of the Act 112 Law**

The **Patient Test Result Information Act (Act 112)** was signed into law on October 24, 2018. The hospital has the obligation to directly notify the patient in writing any time a “diagnostic imaging” test is read as having a “significant abnormality”. These important terms are defined as follows:

**“Diagnostic Imaging”** - - A medical imaging test performed on a patient that is intended to diagnose the presence or absence of a disease, including, but not limited to, a malignancy.

**“Significant Abnormality”** - - A finding [on a diagnostic imaging test] of an abnormality or anomaly which would cause a reasonably prudent person to seek additional or follow-up medical care within three (3) months.

The letter must be sent within 20 days from when the results are sent to the ordering practitioner; the letter also must have certain required language.

Importantly, there are **three (3) exceptions** to the requirement to send the letter:

1. Routine ultrasounds to monitor a fetus
2. Imaging on inpatients and patients in the ED
3. X-rays

Example of Act 112 Patient Notification Letter below:

[Pt First name] [Pt last name]  
[Pt address 1]  
[Pt address2]  
[Pt City], [Pt state] [Pt zip]

Dear [Patient name],

On [ServiceDateTime] you had a [exam performed] performed at Doylestown Hospital, ordered by [requesting physician]. The full report of your study was sent within 72 hours of your study date to [Requesting Physician]. In accordance to PA -ACT 112 you are receiving this notice as a result of a determination by Doylestown diagnostic imaging services that further discussions of your test results are warranted and would be beneficial to you.

The complete results of your test or tests have been or will be sent to the health care practitioner who ordered the test or tests. It is recommended that you contact [Requesting Physician] office to discuss your results as soon as possible.

If you wish to obtain the full report of your study please access your Doylestown patient portal at <http://myHealthDoylestown.com> or call Doylestown Hospital's Medical Records Department at (215) 345-2200.

Sincerely,  
[Doylestown Hospital]

*Reviewed:*

*Revised:*