**Process for Incoming Documents**

This process will detail how medical information from outside sources will be communicated to the ordering provider and captured in the medical record. The type of medical information discussed includes lab results, consult notes and reports, ED faxes, and nurse agency notes. Lab results will be discussed initially followed by other medical information.

**Each provider will now have the responsibility of checking their PAQ box and their inbox on days subsequent to patient care sessions.**

**Lab Results**

The majority of labs ordered are through Quest Diagnostics. Until the interface is developed between Quest Diagnostics and NextGen, the process will be the following:

* All laboratory test request forms will have the ordering provider listed. In continuity clinic and GP, the Attending physician who is the rendering physician will be listed. In the comment section, the resident physician who ordered the lab will be listed.
* Laboratory reports will be pulled from the fax by an RN and separated into abnormal results and normal results. This will occur in the morning before clinical sessions
* Abnormal results will be given to medical records for scanning to be completed no later than 9am daily.
* Abnormal lab results will be distributed as follows:
* Lab results for patients seen in continuity clinic and GP will placed in the PAQ for the rendering attending physician.
* Lab results for patients seen by their primary provider (physician or NP) will be placed in the PAQ for that provider.
* Critical abnormal values

Any critical lab, or positive blood, urine, throat or wound culture result identified by a RN, will be communicated to a provider in the following manner:

* Nelson- The RN will verbally communicate the critical result to the ordering provider if present for a patient care session. If the ordering provider is not available, the RN will verbally communicate the critical value to a provider seeing patients. The lab result will be scanned to the PAQ of the provider who received verbal communication. It will be the responsibility of the provider to communicate result and management with the ordering provider.
* Hospital-The RN will verbally communicate the critical result to a GP attending or a Continuity clinic attending depending on the origin of lab request. The lab result will be scanned into the PAQ of the provider receiving verbal communication. The provider will be responsible for communication of the result and development of management plan with the ordering provider.
* Normal laboratory results will be placed in the PAQ for the ordering physician on the same day the lab result is received. (Priority will be given to the abnormal labs for scanning)

**Other medical information:**

* Medical information other then labs will be collected by the executive secretary. Before scanning, determination of the primary provider will be made by the executive secretary.
* Those patients without a primary provider will default to the provider addressed in the communication.
* Information will be scanned in the day of receipt of reports.
* The designated primary care provider will receive the medical information in their PAQ.

**Provider responsibilities**

When a provider orders a laboratory test or sends a patient for a referred visit to a specialist, it is the responsibility of that provider to follow up and communicate to the patient if necessary. **It will be the expectation that all providers are checking their PAQ for reports and labs and inboxes for messages on a regular basis and especially on days after patient care sessions.**

The following backup processes will be in place for coverage of physicians away on vacation, night float, unit rotation, etc.

* All providers- Attending physicians and NPs will have the ability to check each other’s PAQ. Provider group members should be aware of absences within their groups.
* Attending physicians for each continuity clinic day will have access to all of the resident’s PAQ on their continuity clinic day.
* Providers should acknowledge review of the medical information and specify a plan in the medical record.

Attending physician and resident physician communication

* It is the responsibility of the attending physician to use their clinical judgment on how to handle abnormal lab results. The resident physician should be involved in the decision making process.
* Attending physicians should use this interaction as an educational opportunity on medical management.
* The resident physician should make sure to address normal labs appropriately. Some normal labs have more important clinical implications and need to be discussed with their attending physician. These opportunities should be defined when ordering the lab test.

Consult reports may need to be discussed with attending physicians as well.

rlb2/29/12