Relay to Safety: Introducing the OPH Relay Center for Subcritical Test Results

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Background

- "Subcritical" is a test result category created by UCSF and defined as those results that pose a significant risk of harm to patients if not addressed.
- Over 20 years ago, Clinical Lab Directors created list of results and workflows to handle them in a pre-EPIC era.
- Until 2023, handling of subcritical results was completed by administrative staff in the Clinical Lab department.
- The Office of Population Health (OPH) serves centralized functions at UCSF and OPH leaders and staff bring skills and experience with program redesign.

Critical
- Immediately life-threatening
- Must be reported immediately to provider

Subcritical
- Significant risk if not addressed
- No requirement to separately notify provider

Radiology	Microbiology	General Lab
Flagged by radiologist: • Likely alter management • Incidental pulmonary nodules • Unsuspected malignancy • Recommendations for follow-up	• Positive Cultures • Diseases reportable to the department of public health • Positive Clostridium-difficile • Cytomegalovirus	• Hepatitis A, B, & C • Human Immunodeficiency Virus • Syphilis • Coccidioides

Project Goals

- Centralize the handling of subcritical results
- Update workflows, integrating APeX and Voalte communication
- Incorporate nursing clinical oversight into workflow design and daily work
- Partner with stakeholders to improve operational efficiencies
  - Review/confirm/edit/validate the list of what's considered "subcritical"
  - Refine criteria for subcritical result designation through cross-department partnerships
- Reduce the potential for patient harm

Dec, 2022 • Hired New Staff → 1/9/23 • Radiology Launch → 2/6/23 • Microbiology Launch → 3/15/23 • Gen Lab Launch

PROBLEM STATEMENT:
Workflows in the previous iteration of the Relay Center had inefficiencies and potential gaps in notifying the appropriate providers about results that could have significant risk to patients and the health system if not addressed.

WE REDESIGNED UCSF'S RELAY CENTER AS A NURSE-LED PROGRAM WITH A CLOSED-LOOP PROCESS TO ENSURE THAT APPROPRIATE PROVIDERS ARE NOTIFIED OF SUBCRITICAL TEST RESULTS

Project Plan and Intervention(s)

Closing the Loop with Clinical Approach

Non-Clinical	Clinical
Look at providers in APeX	Chart review appropriate provider
Verbal confirm with IP	Voalte message to IP
2 call max	No attempt limit
Fax to non-UCSF clinics	Send via APeX, CareEverywhere
No PCP in chart, close case	Call patients to coordinate care
No phone number, close case	Mail letters to patients

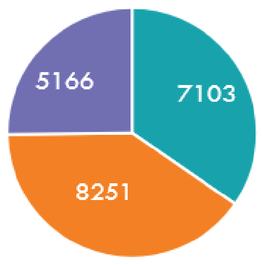
Our Workflow & Process

Prepare Lists	Populate our Master Tracker from emailed reports
Assess	Ordering provider and PCP – Internal or External?
Review Chart	Determine if results are already known and addressed
Notify	Call non-UCSF clinics or route to UCSF providers in APeX

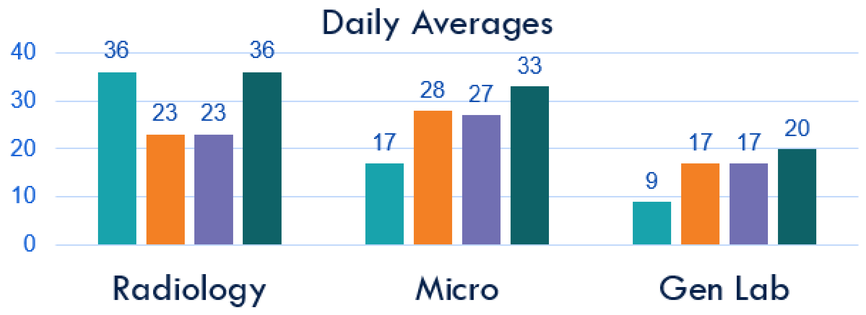
Project Outcomes, Results & Impact

Data are for Jan 2023 – April 2024
Total Volume: **20,520** Subcritical Results Addressed

Result Types



Daily Averages



Patient Example
- Admitted w/ pancreatitis, AUD
- CT Abd/Pelvis
- No PCP, declined help
- Referral to UCSF PC
- 6 follow-up items
- Frank's encouragement
- Women's Health 1 week later

Provider Feedback
- "Thanks for the note, I ordered the ultrasound. (I would have missed that finding at the very bottom of the report if you had not alerted me.)"
- "I did not see this! Thank you so much – not sure how I missed this."
- "This is a very good program, I didn't know about it."
- "Thank you – I just sent her a message and will be sure to follow up re: symptoms, next imaging/studies and possible referral."
- "Thank you for touching base. Very helpful with sending this as I had not seen the … neoplasm on first glance of the report. Thanks again."
- "Thank you for the heads up – I will review the chart more – and I will see if this is a new finding and let the patient know asap. Thank you."

Conclusions, Next Steps, & Lessons Learned

Conclusions: The closed-loop process ensures that all subcritical test results are relayed to an appropriate provider for follow-up; nurse-designed workflows allow the team to focus on results that are not already known/addressed.
Next Steps: Building a Workbench Report in APeX to generate a list of results and manage daily workflow.
Lessons Learned: Removing attempt limits added to the volume of work, but this was offset by the integration of nursing decision-making, leveraging new forms of communicating with providers, and data-driven process changes. Collecting and sharing data with Clinical Lab, Microbiology, and Radiology leadership led to process changes in other departments as well as ours.

> **"I have fallen through the cracks at other hospitals, that's why I will only get my care at UCSF. Thank you for doing what you do."**
>
> Inbound call from an anxious, appreciative patient

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