Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6025.28
February 21, 2020

DAD-MA

SUBJECT: Standard Processes and Procedures for Communication of Laboratory and Radiology Results

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (m), provides procedures for implementing uniform accountability and business rules for communicating clinical laboratory and radiology results.

2. APPLICABILITY. This DHA-PI applies to the Military Departments (MILDEPS), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Office of the Inspector General of the DoD, the Defense Agencies, the DoD Field Activities, Defense Health Agency (DHA) components (activities reporting to DHA, i.e., Markets, Military Medical Treatment Facilities (MTFs), and health facilities), and all other organizational entities within DoD (referred to collectively in this instruction as the "DoD Components").

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (d) through (j) that:

a. Establishes uniform processes, measures, workflows, and business rules which include documentation requirements and performance metrics for standardized notification of patients (or personal representatives, see Glossary, Part II) of laboratory and radiology results

b. In accordance with Reference (f), and in support of high reliability organization principles, uniform business rules in this instruction establish standard procedures for implementing accountability for communicating clinical laboratory and radiology results to patients whose care is managed by DoD MTFs. Standard processes and procedures, established as appropriate for the differing sizes and complexities of MTFs in the Military Health System (MHS), reduce unwarranted variation, improve the patient experience, increase quality of care, minimize the opportunity for errors and support principles of a highly reliable organization.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. RELEASABILITY. **Cleared for public release**. This DHA-PI is available on the Internet from the Health.mil site at: www.health.mil/DHAPublications.

7. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).

RONALD J. PLACE
LTG, MC, USA
Director

Enclosures
1. References
2. Responsibilities
3. Procedures

Glossary

ENCLOSURE 1

REFERENCES

(a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(AH)), September 2013, as amended
(b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013
(c) DHA-Procedural Instruction 5025.01, "Publication System," August 24, 2018
(d) Health Affairs Policy 09-015, "Policy Memorandum Implementation of the 'Patient Centered Medical Home Model of Primary Care in MTFs," September 18, 2009 [1]
(d) TRICARE Operations Manual, September 13, 2018
(e) DHA-Procedural Instruction 6025.06, "Standardized Templates for Primary Care Clinical Encounter Documentation," May 16, 2018
(f) National Defense Authorization Act for Fiscal Year 2017, Title VII: "Conference Report," Washington, D.C.: U.S. G.P.O.[2]
(g) TRICARE Policy Manual, September 13, 2018
(i) DHA-Interim Procedures Memorandum 18-001, "Standard Appointing Processes, Procedures. Hours of Operation, Productivity, Performance Measures and Appointment Types in Primary, Specialty, and Behavioral Health Care in Medical Treatment Facilities (MTFs)," July 12, 2019
(j) DHA-Procedural Instruction 6025.11, "Processes and Standards for Primary Care Empanelment and Capacity in Medical Treatment Facilities (MTFs)," October 9, 2018
(k) DoD Manual 6440.02, "Clinical Laboratory Improvement Program (CLIP) Procedures," May 29, 2014
(l) Mammography Quality Standards Act[3]
(m) Exec. Order No 493.1291, 42 C.F.R. (2011) Standard: Test report

[1] This reference can be located at: https://www.pdhealth.mil/policy-memorandum-implementation-patient-centered-medical-home-model-primary-care-mtfs-0
[2] This reference can be located at: https://www.congress.gov/114/crpt/hrpt840/CRPT-114hrpt840.pdf
[3] This reference can be located at: https://www.fda.gov/radiation-emitting-products/mammography-quality-standards-act-and-program

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, through the Assistant Secretary of Defense for Health Affairs, and in accordance with DoD policies and issuances, the Director, DHA, will:

a. Assign responsibility for tracking compliance with the standard processes, procedures, and workflows outlined in this DHA-PI to the Deputy Assistant Director (DAD), Health Care Operations (HCO) for laboratory and DAD, Medical Affairs (MA) for radiology and supported licensed independent providers.

b. Support the Military Medical Departments, Markets, Defense Health Regions, and MTFs/enhanced Multi-Service Market (eMSMs) by:

(1) Ensuring electronic health record (EHR) MHS GENESIS deployment supports all result communication documentation and reporting requirements. This includes a standardized system to track radiology result communication to ordering providers, ordering provider result acknowledgment, and capability for an ordering provider to assign a designee within the EHR to receive results when they are unavailable.

(2) Ensuring standard clinical laboratory and radiology results communication and documentation systems are in place to collect data and measure compliance with this DHA-PI.

2. SECRETARIES OF THE MILDEPS. The Secretaries of the MILDEPS must ensure compliance with this DHA-PI through the Surgeons General of the MILDEPS and related military medical commands, organizations, or activities.

3. DHA MARKET DIRECTORS. The DHA Market Directors must:

a. Ensure compliance with the communication processes, procedures, and business rules regarding standard laboratory and radiology results outlined in this DHA-PI.

b. Implement corrective actions, to include provision of additional resources and training as required, to achieve the goals outlined in this DHA-PI.

c. Monitor and track laboratory and radiology results communication performance as outlined in this instruction to support continuous process improvement.

d. Recommend updates to this instruction as necessary with respect to radiology examinations, results and their communication requirements and with additional standard communication and documentation processes and procedures in support of continuous process improvement.

4. DAD-MA. The DAD-MA must:

a. Oversee development of data collection, analysis, and accountability mechanisms to support radiology results communication.

b. Monitor compliance with the guidance outlined in this DHA-PI, including by Managed Care Support Contractors/purchased care providers when current applicable contracts and provider agreements make compliance practicable.

c. Collaborate with DHA Health Information Technology Division to ensure electronic health record (EHR) MHS GENESIS deployment supports all result communication documentation and reporting requirements.

d. Recommend and track performance measures to assess key components for the communication of radiology results, such as length of time between result availability and communication to the responsible ordering provider or designee and patient. Collaborate with DHA Strategy, Plans, and Functional Integration Division to obtain data and analysis of measures.

e. Update this instruction as necessary with respect to radiology examinations, results and their communication requirements and with additional standard result communication processes and procedures in support of continuous process improvement.

5. DAD-HCO. The DAD-HCO must:

a. Oversee development of data collection, analysis, and accountability mechanisms to support laboratory results communication.

b. Monitor compliance with the guidance outlined in this DHA-PI, including by Managed Care Support Contractors/purchased care providers when current applicable contracts and provider agreements make compliance practicable.

c. Ensure that future Managed Care Support Contractor/purchased care provider contracts and provider agreements will support full compliance with this DHA-PI.

d. Collaborate with DHA Health Information Technology Division to ensure EHR MHS GENESIS deployment supports all result communication documentation and reporting requirements.

e. Recommend and track performance measures to assess key components for the communication of laboratory results, such as length of time between result availability and communication to the responsible ordering provider or designee and patient. Collaborate with DHA Strategy, Plans, and Functional Integration Division to obtain data and analysis of measures.

f. Update this DHA-PI as necessary with respect to laboratory tests, results and their communication requirements and with additional standard result communication processes and procedures in support of continuous process improvement.

6. PATIENT CENTERED CARE OPERATIONS BOARD (PCCOB). In support of the DAD-MA and DAD-HCO, the PCCOB will recommend additional standard processes and procedures for communication of results, communicate the recommendations to Governance for approval, and when determined to be appropriate, recommend the update of this DHA-PI in support of continuous improvement and high reliability principles. The PCCOB will utilize the support of subject matter experts as needed.

7. DIRECTOR, MTF. The Director, MTF, is responsible for the care provided at the MTF and must:

a. Ensure a MTF level standard operating procedure is developed that specifies assigned roles, responsibilities, and communication channels for successful implementation of this DHA-PI.

b. Identify critical laboratory tests and radiology examinations and establish critical laboratory test and radiology examination results as directed in this DHA-PI

c. Ensure compliance with required reporting by the MTFs to their respective Large Market, Small Market or Defense Health Region.

ENCLOSURE 3

PROCEDURES

1. OVERVIEW. This DHA-PI clarifies roles and responsibilities for laboratory and radiology result communication amongst patients and family members, ordering licensed independent providers requesting these tests and examinations, and laboratory and radiology staff providing the results. To the extent practicable, this instruction applies to all DHA-funded operations. The purpose of this instruction is to standardize workflow, documentation, and responsibilities to eliminate delayed or absent result communication, increase patient awareness and engagement in their care delivery, and improve care efficacy, safety, and timeliness.

2. TIMELINE. Full compliance with this DHA-PI is required within 6 months from signature for all MTFs, including those in enhanced Multi-Service Markets.

3. COMPLIANCE. The DHA PCCOB will set the standard format for monthly reporting by the MTFs to their respective Markets, and for the Markets to collate the reports received into quarterly reports to the DAD-HCO for laboratory, and DAD-MA for radiology and licensed independent providers.

4. CRITICAL EXAMINATIONS, TESTS AND RESULTS.

a. Critical laboratory tests are identified on the basis of generally accepted standards of medical practice and further refined locally by laboratory staff in coordination with the medical staff. Ordering providers must communicate directly with the performing department to establish the critical nature of the test in relation to the care and treatment of a specific patient(s) when not otherwise defined by applicable guidance. Critical laboratory tests must include frozen section tissue examination and intraoperative parathyroid hormone tests at facilities that offer those services.

b. Critical laboratory results are defined as any result that suggests an imminently life-threatening condition. These critical results are established on the basis of generally accepted standards of medical practice and further refined locally by laboratory staff in coordination with medical staff as critical or alert values, in accordance with Sections 493.1241(c)(1), 493.1251(b)(13), and 493.1291(g) of Reference (m), as implemented by Enclosure 3, Sections 13b(3)(a), 14b(2)(m), and 15b(7) of Reference (k). Clinical laboratory personnel may also elect to communicate any result as critical based on professional judgment and clinical circumstances.

c. Critical radiology examinations are identified on the basis of generally accepted standards of medical practice and further refined locally in coordination with radiology and medical staff. Ordering providers must communicate directly with the performing department to establish the critical nature of the examination in relation to the care and treatment of a specific patient(s)

when not otherwise defined by applicable guidance. Critical radiology examinations must include non-contrast head computed tomography for stroke evaluation and intraoperative radiographs for unintentionally retained foreign object evaluation at facilities that offer those services.

d. The interpreting radiologist will use clinical judgment to determine if new or unexpected findings suggest life-threatening conditions, or require immediate or urgent intervention to avert harm. Findings include, but are not limited to:

(1) Acute intracranial hemorrhage or herniation

(2) Unstable spinal fracture

(3) Aortic dissection or occlusion

(4) Pneumothorax, not previously reported

(5) Unexplained pneumoperitoneum

(6) Major vascular injury or active extravasation

(7) Acute pulmonary embolism or deep venous thrombosis

(8) Gonadal torsion

(9) Clinically significant line/tube misplacement, not previously reported

(10) Ectopic pregnancy

(11) Bowel ischemia

e. If the ordering provider determines that a result is critical based on their professional clinical judgment, that provider must communicate those results to their patient in compliance with this instruction.

5. COMMUNICATION RESPONSIBILITIES AND REQUIREMENTS

a. Specific result communication timeliness requirements defined throughout this instruction are meant to establish minimum reasonable goals for performance to promote clinical quality and safety. The requirements are not intended to restrict MTFs from establishing more stringent goals that may further improve quality and safety. The minimum requirements must be followed for Critical results at all times, however those for non-Critical results are not intended to be achievable in all circumstances due to resource limitations. Significant persistent performance gaps relative to these requirements should assist leadership at all levels in both identifying

opportunities for improvement and measuring process changes. Table 1, Laboratory and Radiology Result Communication Summary, provides a summary of result communication requirements as described in this procedural instruction.

b. Simply issuing a routine electronic result in the EHR is insufficient for communication of critical and urgent results. All critical and urgent results require a non-routine communication with acknowledgement by the responsible ordering provider or designee. A "read back" summarizing findings should be used for acknowledgment during synchronous communication. A written reply stating acknowledgment or summarizing findings should be used for acknowledgment when using asynchronous communication.

c. MTF Laboratory leaders will establish a plan to satisfy the communication guidance described in this DHA-PI, coordinating addition of any local requirements such as expansion of critical test definitions or more stringent reporting of timeliness goals with the medical staff. The notification plan should be appropriate for the size, organizational complexity, and services provided by the facility.

d. MTF Radiology leaders will implement a plan to satisfy the communication guidance described in this instruction, coordinating addition of any local requirements such as expansion of critical exam definitions or more stringent reporting of timeliness goals with the medical staff.

e. Laboratory and radiology staff may need to escalate critical and urgent result communications in order to ensure timely receipt of information when the ordering provider or designee cannot be expeditiously contacted. Table 2, Result Communication Escalation Matrix (Escalation Matrix), provides a recommended escalation pathway to meet timeliness requirements based on different patient settings, but alternative means to prevent adverse outcome may be required.

f. MTF Chief Medical Officers will implement a plan to ensure ordering providers satisfy the communication guidance described in this instruction, coordinating addition of any local requirements such as expansion of critical test definitions or more stringent reporting timeliness goals with the medical staff, and laboratory, and radiology departments.

g. Notification standards shall apply equally when the laboratory or radiologic study performed in a DoD operated facility is ordered by a civilian purchased care provider for whom acceptable means of urgent communication have been provided. Laboratory and radiology staff will notify the civilian provider of a critical result within the timeframes noted in this instruction only when sufficient available means of urgent communication are on record for the ordering provider or designee. When urgent means of communication are not available, communication is recommended to proceed as outlined in the Escalation Matrix.

6. COMMUNICATION TO PROVIDERS AND PATIENTS OF RESULTS THAT ARE IMMEDIATELY OR IMMINENTLY LIFE THREATENING (CRITICAL RESULTS)

a. The communication timeliness goal for non-contrast head computed tomography for stroke evaluation and intraoperative radiographs for unintentionally retained foreign object evaluation, as measured by the length of time between examination completion and ordering provider or designee acknowledgement of communication, is 30 minutes.

b. The timeliness goal for radiology critical result communications, as measured by length of time between identification of the finding by the interpreting radiologist and ordering provider or designee acknowledgement of the communication is 60 minutes.

c. The timeliness goal for laboratory critical result communications, as measured by length of time between identification of the finding by laboratory staff and ordering provider or designee acknowledgement of the communication, is 60 minutes.

d. Critical laboratory and radiology results require immediate, interruptive synchronous communication to the ordering provider or designee.

e. The ordering provider or designee is responsible for direct communication of critical results to the patient and for taking any action that may avert an adverse outcome. For the communication process to be complete, the patient must acknowledge, if able, results and/or the provider or designee must take action immediately or within a short window of time. The provider or designee must also document this communication or action in the EHR.

7. COMMUNICATION TO PROVIDERS AND PATIENTS OF RESULTS THAT SUGGEST A NEED FOR ACTION BUT ARE NOT IMMEDIATELY LIFE THREATENING (URGENT RESULTS)

a. Urgent laboratory results that suggest a need for action, but are not immediately life threatening are established and identified on the basis of generally accepted standards of medical practice and further refined locally by laboratory staff in coordination with medical staff.

b. Urgent radiology results are any new or unexpected findings that suggest conditions that may cause mortality or significant morbidity without appropriate clinical intervention or additional investigation but are not life-threatening within a period of days to weeks (e.g., suspected malignancy). Urgent radiology results that suggest a need for action, but are not immediately life threatening are established on the basis of generally accepted standards of medical practice and further refined locally by radiology staff in coordination with medical staff

c. Results will be communicated by the diagnostic provider to the ordering provider or designee by synchronous or asynchronous communication within seven calendar days from the time of the examination.

d. Results will be communicated to the patient by synchronous or asynchronous communication within seven calendar days from the time the results are made available to the ordering provider.

(1) Responsibility for communication of the result is with the ordering provider or designee.

(2) Providers with access to the EHR must document to whom and when the communication occurred, any action to be taken, and the follow-up plan.

(3) For MHS patients, purchased care providers must comply with timeliness goals when current applicable contracts and provider agreements make compliance practicable.

8. COMMUNICATION TO PROVIDERS AND PATIENTS OF NON-CRITICAL, NON-URGENT RESULTS

a. Non-Critical, Non-Urgent Results are communicated to the ordering provider or designee via routine electronic report in the EHR or for providers without access to the EHR, via established channels of communication. Acknowledgment that the ordering provider or designee has reviewed the result is recorded by the EHR for quality assurance monitoring purposes.

b. Non-Critical, Non-Urgent Results are made available directly to the patient via the TRICARE Online Patient Portal (or MHS GENESIS Patient Portal). At the time of order entry, patients should be informed how to view their results and be encouraged to call the clinic or use secure messaging if they have questions or concerns. Per federal law, The Mammography Quality Standards Act states every patient must be informed of mammography results in writing, even if the results are normal. MTFs will determine which other tests, such as cancer screenings, are of such significance to the patient's health and wellbeing that the results should be communicated to the patient, even if normal.

c. For patient ages 12-17, Non-Critical, Non-Urgent results related to conditions for which minors have the legal authority to confidential consent for counseling, diagnosis, and treatment shall be communicated directly to the patient. This communication will be made by synchronous or asynchronous communication within 14 business days from the time the result was made available to the ordering provider. Communication will be documented in the EHR. Such conditions include but are not limited to:

(1) Pregnancy and reproductive health;

(2) Counseling for drug, alcohol, and tobacco abuse;

(3) Counseling and treatment for sexually transmitted disease; and medical conditions with immediate threat to life or limb.

(4) Conditions related to alleged abuse by a parent or legal guardian; and

(5) Conditions or circumstances dictated by prevailing law in the applicable jurisdiction

d. For patients ages less than 12 and for patients ages 12-17 where conditions in the above paragraph do not apply, a parent or legal guardian will receive the results. Results are communicated to the ordering provider or designee and the parent or legal guardian as Non-Critical, Non-Urgent Results described in this section.

9. COMMUNICATION OF RESULTS ORIGINATING FROM NON-DOD LABORATORY AND DIAGNOSTIC IMAGING PROVIDERS

a. MTFs will ensure laboratory and radiology results received from non-DoD diagnostic and health care providers and health care organizations are available in DoD's Healthcare Artifact and Image Management Solution (HAIMS) or approved EHR within 3 business days of receipt of the results.

b. MTFs will notify the patient's direct care Primary Care Manager or designee of the new non critical results or reports by creating a telephone consult encounter in Armed Forces Health Longitudinal Technology Application (AHLTA), or in MHS GENESIS, within 3 business days of receiving new results or reports.

c. The Primary Care Manager or designee will acknowledge review of the results in the EHR within 3 business days of result availability in the EHR.

d. PCM or designee will communicate new non-critical results to their patient within seven calendar days from the time the results are made available to the provider.

10. DOCUMENTATION OF COMMUNICATION OF CRITICAL AND URGENT RESULTS TO ORDERING PROVIDERS OR DESIGNEES

a. To support quality assurance monitoring of critical radiology communication, the interpreting radiologist must document communication of critical and urgent results to the ordering provider or designee in a standardized format in the final report. This may necessitate one or multiple addenda when asynchronous notification methods are used.

b. Documentation of critical and urgent radiology communications must include these elements:

(1) Person reporting and receiving results,

(2) Method of communication,

(3) Date and time of finding identification, result communication, and acknowledgment.

(a) Synchronous communication example: "Dr. Jane Doe identified findings at 0755 on January 1, 2019, and notified Dr. John Smith by telephone at 0800 the same day."

(b) Asynchronous communication example: "I identified findings at 0755 on January 1, 2019 and notified Dr. John Smith of the findings at 0800 the same day by secure messaging" and a subsequent addendum, "Dr. John Smith acknowledged results at 0930 on January 2, 2019 by secure messaging."

c. Documentation of critical and urgent laboratory communication will include, at a minimum, the date, time, test results, and person reporting and receiving the test results.

11. PROVIDER RESPONSIBILITIES ON TEMPORARY OR PERMANAENT SUSPENSION OF A PATIENT'S CARE

a. When temporarily suspending care for a patient, ordering providers are responsible for assigning designees in accordance with locally defined policy and process to ensure safe hand-off of this responsibility. Such situations include, but are not limited to temporary absences, departmental shift-work such as in an emergency department, on-call coverage, or permanent change of station.

b. When an ordering provider permanently suspends care with a patient, that provider continues to be responsible for communication of results as required in this Instruction until that responsibility is formally transferred to the provider acquiring responsibility for the care of that patient.

Table 1. Laboratory and Radiology Result Communication Summary

			Timeliness Goal		
Result Classification	**Diagnostic Provider**	**Means of Communication**	**Communication to Ordering Provider or Designee**	**Communication to Patient***	**Other**
Result from non-contrast head computed tomography for stroke evaluation and; Intraoperative radiographs for unintentionally retained foreign object evaluation	**Radiology**	Immediate, interruptive synchronous communication	30 minutes from completion of the exam	Must be communicated and/or acted upon as clinically appropriate by the ordering provider or their designee immediately or within a short window of time.	Ordering provider/designee completes "Read back" to diagnostic provider summarizing critical findings and associated suggested interventions for acknowledgment during synchronous communication of Critical Results.
Critical Results – Immediately or imminently life threatening	**Radiology and Laboratory**	Immediate, interruptive synchronous communication	60 minutes from completion of the exam	Must be communicated and/or acted upon as clinically appropriate by the ordering provider or their designee immediately or within a short window of time.	Ordering provider/designee completes "Read back" to diagnostic provider summarizing critical findings and associated suggested interventions for acknowledgment during synchronous communication of Critical Results.

Urgent Results – Not Immediately or imminently life threatening	**Radiology and Laboratory**	Synchronous or asynchronous communication	Seven calendar days from completion of the exam	Within seven calendar days from the time the results are made available to the ordering provider	Ordering provider should acknowledge receipt of results (route of informing and when informed) in the patient's EHR. Direct-care system treating provider (provider assuming responsibility for patient and results) should acknowledge results and document any actions to be taken, and the follow-up plan. Non-DoD providers should follow the requirements of their contracts/agreements.
Non-Critical, Non-Urgent Results	**Radiology and Laboratory**	Asynchronous communication	Results are communicated to the ordering provider or designee via routine electronic report in the EHR. For providers without access to the EHR, via established channels of communication.	Results are made available directly to the patient via the TRICARE Online Patient Portal (or MHS GENESIS Patient Portal)	Acknowledgment that the ordering provider or designee has reviewed the result is date/time recorded by the EHR for quality assurance monitoring purposes.

New Non-Critical Results	**Results received from non-DoD diagnostic and health care providers and health care organizations**	Results are available in DoD's Healthcare Artifact and Image Management Solution (HAIMS) or approved EHR within 3 business days of receipt of the results.	For new non-critical results, MTFs will notify the patient's direct care Primary Care Manager (PCM) or designee within 3 business days of receiving new results.	PCM or designee will communicate new non-critical results to their patient within seven calendar days from the time the results are made available to the provider	MTF notification by creating a telephone consult encounter in Armed Forces Health Longitudinal Technology Application (AHLTA), or by using messaging center in MHS GENESIS. PCM or designee will acknowledge review of the results in the EHR within 3 business days of result availability in the EHR.
Non-Critical, Non-Urgent Results for 12-17 year old persons related to conditions for which minors have the legal authority to confidential consent for counseling, diagnosis, and treatment	**Radiology and Laboratory**	Synchronous or asynchronous communication	Results are communicated to the ordering provider or designee via routine electronic report in the EHR. For providers without access to the EHR, via established channels of communication.	Results are communicated by designated health care team member directly to the patient within 14 business days from the time the result was made available to the ordering provider	Communication will be documented in the EHR.

Non-Critical, Non-Urgent Results for patients aged less than 12 and for 12-17 year old persons related to conditions for which minors Do Not have the legal authority to confidential consent for counseling, diagnosis, and treatment	**Radiology and Laboratory**	Asynchronous communication	Results are communicated to the ordering provider or designee via routine electronic report in the EHR. For providers without access to the EHR, via established channels of communication.	Results are made available directly to a parent or legal guardian via the TRICARE Online Patient Portal (or MHS GENESIS Patient Portal) Mammography results must be communicated by the radiology department to the patient in writing, even if the results are normal.	Acknowledgment that the ordering provider or designee has reviewed the result is recorded by the EHR for quality assurance monitoring purposes.

Table 2. Result Communication Escalation Matrix†

Escalation Matrix for Communication of Results to Providers*				
Treatment Setting	Step I Communication**		Step II Communication**	Step III Communication**
	Business Hours	After Business Hours		
Inpatient	1. Ordering provider 2. Designee		1. Intern 2. Resident 3. Fellow	1. Attending physician 2. Chief Medical Officer
Emergency Department/Urgent Care Clinic	1. Ordering Provider 2. Designee		1. Emergency Department/Urgent Care Clinic Medical Director	1. Chief Medical Officer
Operating Room	1. Surgeon or anesthesia provider 2. Designee		1. Surgery resident on-call 2. Surgery fellow on-call	1. Attending physician 2. Chief Medical Officer
Outpatient	1. Ordering provider 2. Designee	Primary on-call provider for ordering department	Secondary on-call provider for ordering department	1. Department chief 2. Chief Medical Officer
Non-DoD Ordering Provider	1. Ordering provider 2. Designee	Primary on-call provider for outside department	Secondary on-call provider for outside department	Direct patient to nearest emergency department

†The matrix can be used for communication of critical and urgent results
*Communications must take place within timeliness standards set in this DHA-PI including communications initiated on the basis of the Escalation Matrix
**Communication attempts are prioritized in numbered order

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

DAD	Deputy Assistant Director
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
EHR	electronic health record
HAIMS	Healthcare Artifact and Image Management Solution
HCO	Health Care Operations
MA	Medical Affairs
MILDEP	Military Department
MHS	Military Health System
MTF	Military Medical Treatment Facility
PCCOB	Patient Centered Care Operations Board
RN	registered nurse

PART II. DEFINITIONS

Unless otherwise noted, these terms and their definitions are for the purposes of this DHA-PI.

asynchronous communication. The exchange of data between two or more parties not present at the same time, without the requirement for all the recipients to respond immediately, such as secure messaging, fax or letter.

designee. A clinical team member authorized by the ordering provider who acts on behalf of the ordering provider to receive information from the diagnostic provider (in the absence of the ordering provider) and/or notifies patients of test results in a timely manner and discusses such results with the patients, in accordance with this Instruction. For critical communications, the designee must have both ability and authority to initiate appropriate clinical intervention in a time-frame to potentially avert an adverse outcome.

diagnostic provider. A diagnostic provider is an ancillary services provider who performs or supervises the performance and interpretation of diagnostic tests either through privileges or by acting under a scope of practice.

Market. DHA construct of MTFs within a contained region.

ordering provider. An ordering provider is a provider authorized to enter and sign orders for diagnostic tests.

patient. For the purposes of this instruction patient refers to an individual receiving medical services or a personal representative of that individual, who under applicable law, has authority to act on their behalf. This may include power of attorney, legal guardianship of an individual, the executor of the estate of a deceased individual, or someone under Federal, state, local or tribal law with such authority (e.g., parent of a minor).

PCCOB. A DHA-led board with Service lead voting representatives for primary and specialty care. The PCCOB is supported by Service representatives from access, medical management/ population health, telehealth, referral management, coding/medical records, a DHA representative for the TRICARE Health Plan Enterprise Support Activity Work Group (when private sector care issues are discussed) and other key working groups.

synchronous communication. The exchange of data between two or more parties present at the same time, with the requirement for all the recipients to respond immediately, such as e.g., in person, telephone call, or video chat.