CLAHRC BITE

Brokering Innovation Through Evidence



A bite-sized summary of a piece of research supported by NIHR CLAHRC West Midlands

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Current methods to communicate blood test results to patients are haphazard and can be improved by a few simple steps

TRaCKED Study – Test Result Communication, Knowledge, Evaluation and Development

Background and introduction to study

- "I've had a terrible time getting my test results. One doctor told me to make an appointment just to get the results, implying that I wouldn't get them otherwise. In another case I was told that since the results weren't in my file they must have been posted meaning they were normal. Nothing came in the post."
- There are currently no clear guidelines in place for the communication of test results to patients in general practice. Audits have shown that current systems are fallible, with patients failing to receive results. A literature review revealed little existing research.
- The variation in how test results are communicated can lead to confusion and failure to give proper care. In addition, some steps in communicating results waste time and resources.
- The TRaCKED study gathered data from a series of focus group discussions with patients and staff, to assess strengths and weaknesses of current systems, and to identify areas and strategies for improvement that account for patient preference, staff capabilities, and logistical feasibility.
- New systems were introduced at participating practices and evaluated using focus groups and questionnaires.

Findings

Six key areas and strategies for improvement were determined:

- 1 Reduce delay in blood sample being taken a wait of a week is common before sampling, leading to anxiety for patients and usually necessitating a return trip to the surgery. Additional phlebotomy appointments have been introduced at two practices.
- 2 Introduce failsafe there is currently no mechanism in place for ensuring test results have been returned to practices by the laboratory, or have reached patients. Further work is required in this area.
- 3 Routine communication of (normal) results patients were interested in use of modern technologies to standardise communication of normal results. One practice has introduced SMS messaging for normal results.
- 4 **Improvement of default system** patients had difficulty getting through to practices by telephone for blood test results. Call waiting was introduced at one practice.
- 5 Training for non-clinical staff patients expressed concern about reception staff communicating sensitive information in public areas and being unable to answer further questions about results. A follow-up study is in the application phase.
- 6 Unambiguous protocol for result communication no clear protocol was in place at any of the practices. Patient information leaflets were introduced at two practices specifying the blood test ordered, explaining how to retrieve results, outlining the protocol employed by their practice for communicating results, and providing an electronic link to an existing source of information about blood tests.

References

Litchfield IJ, Bentham LM, Lilford RJ, Greenfield SM. Test result communication in primary care: clinical and office staff perspectives. *Fam Pract*. 2014; **31**(5): 592-7. [Link].









Recommendations for practice

Communication of blood test results in primary care can be improved by practices providing clear information, reducing delays and being open to adopting new technologies.

What is NIHR CLAHRC West Midlands?

The Collaborations for Leadership in Applied Health Research and Care (CLAHRC) is a partnership between universities (Birmingham, Warwick and Keele) and a number of health and social care organisations in the West Midlands. We are funded by the National Institute for Health Research with a mission to undertake high-quality applied health research focused on the needs of patients to improve health services locally and beyond.

For further information, visit: www.clahrc-wm.nihr.ac.uk

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