[Service Letterhead]

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[Organisation Name]

Results and Follow-Up

Policy

Document Control

Policy Title	Results and Follow-Up Policy
Policy Number	P-XXX
Approval Date	DD/MM/YYYY
Amended Date	DD/MM/YYYY
Next Review Date	DD/MM/YYYY
Version Number	1.0
Responsible Officer	Chief Executive Officer
Accreditation Mapping Code	RACGP – Results management; recalls and follow-up; patient communication; clinical records; continuity and coordination of care; clinical governance; quality improvement. NSQHS – Standard 1: Clinical Governance; Standard 2: Partnering with Consumers; Standard 5: Comprehensive Care; Standard 6: Communicating for Safety. NSQPH – Clinical Governance Standard; Partnering with Consumers Standard; Clinical Safety Standard. QIC – Governance; Consumer and Community Engagement; Service Delivery; Continuity and Coordination of Care; Risk Management; Quality Improvement.

1. Purpose

The purpose of this policy is to establish [Organisation Name]'s overarching commitments, requirements and accountabilities for the safe, timely and reliable management of clinical results and follow-up.

[Organisation Name] recognises that results management is a critical component of diagnostic safety, continuity of care and clinical governance. Failures to receive, review, communicate or act upon results, identify missing investigations or complete clinically required follow-up may contribute to delayed or missed diagnosis, delayed treatment, deterioration, preventable harm and loss of trust in healthcare.

Safe results management extends beyond receiving or reviewing a result. It requires reliable systems that support the complete pathway from ordering or initiating an investigation through receipt, clinical review, communication, action, follow-up, escalation and appropriate clinical closure.

As an Aboriginal Community Controlled Health Service (ACCHS), [Organisation Name] recognises that effective follow-up must also consider cultural safety, communication, health literacy, transport, geography, digital access, family and community responsibilities, previous experiences of healthcare and other circumstances that may affect a person's ability to complete recommended care.

[Organisation Name] will maintain structured, risk-based systems that support clear clinical accountability, reduce reliance on individual memory, identify outstanding care and ensure the intensity of follow-up is proportionate to the potential consequences of delay or loss to follow-up.

2. Scope

This policy applies to all persons providing services or undertaking work for or on behalf of [Organisation Name], including the Board / Governing Body and workforce.

It applies to clinical results and information requiring review, communication, action or follow-up, including:

- pathology and diagnostic imaging;
- screening and preventive health results;
- point-of-care testing;
- physiological and other clinical measurements;
- specialist reports and correspondence;
- hospital and emergency department correspondence;
- discharge summaries;
- external clinical reports;
- results received through digital health systems where relevant to care; and
- other clinical information requiring review or follow-up.

This policy applies whether investigations are undertaken within [Organisation Name] or by an external provider.

3. Definitions

Result – Clinical information arising from an investigation, test, examination, screening activity, assessment or other diagnostic process.

Results Management – The systems used to order, receive, identify, review, interpret, communicate, action, document, track and close clinical results.

Clinically Significant Result – A result requiring clinical consideration, communication, intervention, monitoring or follow-up because failure to act may adversely affect a person's health or healthcare.

Critical / Life-Threatening Result – A result indicating an immediate or potentially serious threat to health requiring urgent clinical review and action.

Follow-Up – Action taken to progress or monitor healthcare following an investigation, result, consultation, referral, treatment or other clinical event.

Recall – A proactive request for a patient to return or undertake further action where follow-up is clinically indicated.

Reminder – Communication intended to support routine or preventive healthcare that is not generally associated with an immediate clinically significant finding.

Clinical Closure – The point at which required action relating to a result or follow-up has been appropriately completed, responsibility has been formally transferred, the patient has made an informed decision to decline further care, or an appropriately qualified healthcare practitioner has determined that no further action is required.

Closed-Loop Results Management – A system that supports identification of whether a result has been received, clinically reviewed, appropriately communicated and actioned, and required follow-up has reached appropriate clinical closure.

Outstanding Result – An expected result that has not been received, reviewed or appropriately actioned within the expected timeframe.

Lost to Follow-Up – A situation where clinically required follow-up has not been completed and engagement with the patient has not been achieved despite reasonable action proportionate to clinical risk.

Safety-Netting – Providing information to a patient about what to expect, when and how results or follow-up will occur, signs or symptoms requiring further review and what to do if expected care does not occur or their condition changes.

4. Policy Statement

[Organisation Name] is committed to ensuring clinical results and required follow-up are managed through reliable, timely, culturally safe and risk-based systems that support diagnostic safety, continuity of care and patient safety.

Results and follow-up systems will be embedded across clinical governance, health information management, communication, continuity of care, risk management and continuous quality improvement.

The following principles are non-negotiable:

Every investigation must have a pathway to review. Ordering or initiating an investigation creates an obligation for the organisation to have a reliable pathway for the result to be received, clinically reviewed and appropriately managed.

Responsibility continues until appropriate clinical closure. Ordering, receiving, reviewing or communicating a result does not by itself discharge responsibility. Clinically significant results and required follow-up must remain identifiable until appropriate action has been completed, responsibility has been formally transferred, the patient has made an informed decision to decline further care, or an appropriately qualified healthcare practitioner has determined that no further action is required.

Review, action and closure are distinct. A result being received, viewed, acknowledged or electronically filed does not mean that required clinical action or follow-up has been completed.

Clinical significance determines urgency. Review, communication, escalation and follow-up must be proportionate to the potential consequences of delay or failure to act.

Critical results require immediate attention. Critical, life-threatening or otherwise urgent results must be identified, escalated and acted upon without unnecessary delay.

Responsibility must be identifiable and transferable. Results and outstanding follow-up must not become unmanaged because of practitioner absence, workforce changes, system failures or uncertainty about responsibility.

Patients must not be expected to rely on "no news is good news". Patients should receive appropriate information about how results will be managed, any action they are required to take and what to do if expected results or follow-up are not received.

Systems must not rely solely on individual memory. Clinical information systems, worklists, recalls, alerts and other structured mechanisms must support results management and identification of outstanding care.

Administrative processes must not replace clinical judgement. Decisions about clinical significance, urgency, escalation and required follow-up must be made by appropriately qualified healthcare practitioners.

Follow-up must be proportionate to risk. Higher-risk results, investigations and circumstances require stronger systems for tracking, communication, escalation and confirmation that appropriate action has occurred.

No response does not mean no responsibility. Failure to respond, attend or complete recommended follow-up must be considered according to clinical risk and potential barriers to care.

Follow-up must be equitable and culturally safe. Reasonable efforts must be made to identify and address barriers that may prevent a person from completing clinically important follow-up.

Results management supports diagnostic safety. Systems must consider not only abnormal results, but missing investigations, delayed results, unexpected findings, significant changes or trends and failures across transitions between healthcare providers.

5. Policy

5.1 Results Management and Clinical Accountability

[Organisation Name] will maintain a structured, closed-loop system for managing clinical results and required follow-up.

The system must support appropriate ordering, tracking, receipt, patient matching, clinical review, communication, action, follow-up, escalation, documentation and clinical closure.

Responsibility for clinically significant results and outstanding actions must be identifiable throughout the results management pathway.

Results must not remain without appropriate clinical review or follow-up because of practitioner absence, workforce changes, system failures, administrative error or unclear responsibility.

Where responsibility is uncertain, patient safety must take priority and the matter must be escalated rather than assumed to be another person's responsibility.

5.2 Ordering and Tracking Investigations

Investigations must be ordered or initiated by appropriately authorised healthcare practitioners within their role and scope of practice.

The requesting practitioner must provide sufficient relevant clinical information to support appropriate investigation and interpretation.

Where failure to receive an expected result may create a risk to patient safety, systems must support identification and follow-up of results that have not been received within an appropriate timeframe.

The level of proactive tracking must reflect the clinical significance of the investigation, the potential consequences of delay and the likelihood or consequence of loss to follow-up.

Absence of a result must not be interpreted as meaning an investigation was normal, completed or no longer required.

5.3 Receipt and Clinical Review

Results must be accurately matched to the correct patient and made available to an appropriately responsible healthcare practitioner.

Results must be clinically reviewed within a timeframe proportionate to their significance.

Clinical review must consider the result in the context of relevant history, previous findings, current management and other available clinical information where appropriate.

Review must result in an appropriate clinical decision, which may include no further action, communication with the patient, monitoring, further investigation, treatment, referral, recall, urgent assessment or other clinically appropriate action.

Electronic acknowledgement, filing or marking a result as reviewed must only occur following appropriate clinical consideration.

5.4 Critical and Clinically Significant Results

[Organisation Name] will maintain systems to identify, communicate and escalate critical, life-threatening, seriously abnormal or otherwise clinically significant results according to urgency.

Critical results must receive immediate or timely clinical attention and must not be left awaiting the return of an unavailable practitioner.

Where a result indicates an immediate or significant risk of harm, reasonable action must be taken to facilitate urgent clinical assessment, treatment or transfer to an appropriate level of care.

The organisation will maintain appropriate arrangements for critical or seriously abnormal results identified outside normal operating hours where this risk is reasonably foreseeable.

Communication and action relating to critical and clinically significant results must be appropriately documented.

5.5 Communication and Safety-Netting

Patients must receive sufficient information to understand the purpose of investigations, what will happen next and any action expected of them.

Where appropriate, patients should be informed:

- how and when results are expected to be communicated;
- whether they need to arrange a follow-up appointment;
- what to do if they have not received expected information;
- any required monitoring or further investigation;

- warning signs or symptoms requiring earlier review; and
- where to seek assistance if their condition changes or deteriorates.

Communication of results must be timely, clear, respectful, culturally safe and appropriate to the person's communication needs, health literacy and privacy requirements.

Significant or complex results should be communicated in a manner that provides an appropriate opportunity for clinical discussion.

Workers must not provide clinical interpretation or advice outside their role, competence or authority.

5.6 Recall and Follow-Up

Where a result requires further assessment, treatment, investigation, monitoring, referral or other action, an appropriate recall or follow-up process must be initiated.

Follow-up must be proportionate to clinical risk and the potential consequences of delay.

Clinically significant follow-up must remain identifiable as outstanding until appropriate action or clinical closure occurs.

A recall must not be considered complete solely because a notification has been generated, a message has been sent, an appointment has been offered or a contact attempt has been documented where required clinical action remains outstanding.

Routine preventive reminders must be distinguished from clinically significant recalls requiring active follow-up.

5.7 Failure to Respond, Attend or Complete Follow-Up

Failure to respond to contact, attend an appointment or complete recommended follow-up does not automatically end the organisation's responsibility.

The extent and persistence of further action must be determined according to clinical significance, urgency, potential harm and the person's circumstances.

The organisation will not rely on a fixed number of contact attempts for all clinical situations.

Where clinically warranted, further action may include repeated or alternative methods of contact, clinician review, involvement of appropriate members of the care team, escalation or other reasonable action consistent with privacy, consent and safety requirements.

Decisions to cease further attempts in a clinically significant matter must be clinically considered and appropriately documented.

5.8 People at Increased Risk of Loss to Follow-Up

[Organisation Name] recognises that some people or clinical circumstances may require additional support or stronger follow-up arrangements.

Risk may be increased by the significance of the investigation or result, complex or multiple health conditions, previous loss to follow-up, communication barriers, disability, unstable housing, transport or geographic barriers, digital exclusion, health literacy, social circumstances or other factors affecting healthcare access.

The organisation will seek to identify circumstances where failure to complete follow-up could result in significant harm and apply additional tracking, communication, care coordination or escalation where reasonably required.

The level of additional support must be proportionate to clinical need, patient preference and organisational capability.

5.9 Referrals, External Results and Transitions of Care

Results, reports and clinical correspondence received from hospitals, specialists, pathology providers, diagnostic imaging services and other healthcare providers must be incorporated into appropriate clinical review and follow-up systems where relevant to care.

Issuing a referral does not automatically complete responsibility for follow-up where ongoing clinical responsibility remains with [Organisation Name].

Where clinical risk warrants it, systems must support monitoring of whether clinically important referrals or investigations have been completed and whether further action is required.

Following significant hospital or emergency department care, relevant diagnoses, results, medication changes, outstanding investigations, referrals and follow-up recommendations should be reviewed where [Organisation Name] becomes aware of the event and ongoing care is required.

Where responsibility between providers is unclear and patient safety may be affected, responsibility must be clarified or the matter escalated.

5.10 Practitioner Absence and Transfer of Responsibility

Results and required follow-up must not become unmanaged because a practitioner is on leave, unexpectedly absent, resigns, retires or otherwise ceases responsibility for care.

[Organisation Name] will maintain arrangements for reassignment and review of incoming and unreviewed results, outstanding recalls, pending investigations, referrals and other clinically significant actions.

Planned practitioner absence or departure must include appropriate clinical handover of outstanding care.

Transfer of responsibility must be clear and sufficient to support continuity and clinical accountability.

5.11 Screening, Preventive Care and Point-of-Care Results

Results arising from screening, health assessments, preventive healthcare and point-of-care testing must be appropriately reviewed, documented and followed up according to clinical significance.

Positive, abnormal or incomplete screening outcomes requiring further assessment must be actively managed.

Point-of-care results must be interpreted by appropriately trained and authorised workers and must not be considered lower risk solely because testing occurred within the service.

Systems should support appropriate identification of people due or overdue for clinically recommended preventive and monitoring activities.

5.12 Patient Choice and Informed Refusal

Patients have the right to decline recommended investigation, treatment, referral or follow-up where they have decision-making capacity.

Where clinically significant care is declined, the healthcare practitioner must take reasonable steps to ensure the patient understands the recommended action, significant risks of declining or delaying care, available alternatives and when to seek further assistance.

The discussion, patient decision and relevant advice must be appropriately documented.

An informed decision to decline care must be respected and must not result in punitive treatment or inappropriate restriction of future healthcare.

5.13 Documentation and Health Information

Results management and follow-up activities must be appropriately documented in the patient health record.

Documentation must be sufficient to demonstrate, where relevant:

- clinical review and interpretation;
- action required;

- communication with the patient;
- advice and safety-netting;
- recall and follow-up requirements;
- clinically significant contact attempts;
- escalation;
- referrals;
- informed refusal;
- transfer of responsibility; and
- clinical closure.

Important results or follow-up information must not be maintained solely in informal communication channels or systems inaccessible to other authorised members of the care team.

Documentation must support another appropriately authorised healthcare practitioner to understand outstanding care and safely continue management.

5.14 Digital Systems, Automation and Business Continuity

Clinical information systems may support results management through inboxes, alerts, recalls, tasks, worklists, messaging and automated notifications.

Automation must support rather than replace clinical judgement and accountability.

Automatically generated messages, filing rules or electronic workflows must not result in clinically significant information being communicated, filed or closed without appropriate clinical oversight.

System configurations and automated workflows affecting results management must be appropriately governed and monitored.

[Organisation Name] will maintain business continuity arrangements for clinically significant results and follow-up during information technology outages, telecommunications failures and other service disruptions.

Following restoration, systems must support reconciliation of information that may have been received, generated, delayed or missed during the disruption.

5.15 Diagnostic Safety and Clinical Closure

[Organisation Name] recognises results management as an important component of diagnostic safety.

Systems will seek to identify and reduce risks associated with:

- investigations not completed;
- expected results not received;
- delayed clinical review;
- incorrect patient allocation;
- failure to recognise significant findings;
- failure to act on abnormal or unexpected results;
- clinically important trends across multiple results;
- communication failures;
- incomplete referrals;
- patients lost to follow-up;
- unclear clinical responsibility; and
- failures during transitions between practitioners or services.

Clinically significant results and follow-up must remain identifiable as outstanding until appropriate clinical closure occurs.

Clinical closure may occur where required care has been completed, responsibility has been formally transferred and accepted, the patient has made an informed decision to decline further care, or an appropriately qualified healthcare practitioner determines and documents that no further action is required.

Administrative completion of a task must not be used to close clinically significant follow-up while required clinical action remains outstanding.

6. Roles and Responsibilities

Role	Responsibilities
Board / Governing Body	Provide governance oversight of results and follow-up systems and significant associated risks.
Chief Executive Officer	Ensure appropriate governance, resources, systems and accountability for safe and effective results management.
Clinical Leaders / Senior Clinicians	Provide clinical oversight of results, recalls, escalation, diagnostic safety and follow-up systems.
Managers / Practice Managers	Maintain operational systems supporting receipt, tracking and follow-up and escalate identified risks.
Healthcare Practitioners	Review and act on results within their responsibility, communicate appropriately and ensure required follow-up is managed.
Administration / Reception Workers	Support approved results and recall processes, maintain confidentiality and escalate clinical matters appropriately.
All Workers	Follow approved systems and promptly report or escalate results and follow-up risks.

7 . Cultural Considerations

As an Aboriginal Community Controlled Health Service, [Organisation Name] recognises that effective results management and follow-up depend on culturally safe relationships, communication, trust and an understanding of the circumstances affecting a person's ability to access and continue healthcare.

Aboriginal and Torres Strait Islander people may experience barriers to follow-up associated with racism or previous discrimination, communication, transport, geography, financial or social circumstances, family and community responsibilities, digital access and previous experiences of healthcare.

Failure to respond to a recall, attend an appointment or complete recommended follow-up must not automatically be interpreted as unwillingness to engage or as "non-compliance".

Results and follow-up arrangements will seek to:

- provide culturally safe, respectful and understandable communication;
- recognise family, kinship, community and cultural obligations;
- support involvement of Aboriginal Health Workers and Aboriginal Health Practitioners where appropriate, available and desired;
- identify and respond to practical barriers to clinically important follow-up;

- avoid judgemental or deficit-based assumptions about non-attendance;
- support continuity with trusted healthcare practitioners where practicable;
- provide qualified interpreters and communication support where required; and
- recognise that different approaches may be necessary to achieve equitable outcomes.

Particular care must be taken to protect privacy and confidentiality in small communities. Family, kin and community relationships may support healthcare engagement but must not be used to disclose health information without appropriate consent or lawful authority.

[Organisation Name] also recognises the cultural, linguistic, spiritual and religious diversity of all people accessing its services and will make reasonable efforts to respond to individual communication and follow-up needs.

8. Related Policies & Documents

- Clinical Governance Policy
- Access and Continuity of Care Policy
- Health Information Management Policy
- Patient Rights, Responsibilities and Person-Centred Care Policy
- Cultural Safety Policy
- Communication Policy
- Risk Management Policy / Framework
- Incident Management Policy
- Business Continuity Plan
- Results Management, Recall and Follow-Up Procedure
- Clinical Handover Procedure
- Referral and Care Coordination Procedure
- Patient Identification Procedure
- Interpreter Procedure
- Open Disclosure Procedure
- Continuous Quality Improvement Framework

9. Monitoring & Review

[Organisation Name] will monitor implementation and effectiveness of results and follow-up systems through clinical governance, audit, incident management, patient feedback, risk management and continuous quality improvement.

Monitoring may include:

- unreviewed or overdue results;
- outstanding recalls and follow-up;
- critical and clinically significant results;
- timeliness of review and action;
- patients lost to follow-up;
- results-related incidents and near misses;
- documentation and clinical closure;
- practitioner absence and reassignment;
- patient complaints and feedback;

- diagnostic delays or missed opportunities;
- accreditation findings; and
- corrective and quality improvement activities.

Monitoring must consider whether results are appropriately received, reviewed, communicated, actioned and clinically closed, rather than simply whether electronic or administrative tasks have been completed.

Incidents, near misses, complaints and audit findings must be used to identify individual and systemic contributing factors and inform improvement to results and follow-up systems.

Recurring delays, unreviewed results, failed recalls, communication failures, diagnostic safety concerns or other systemic risks must be investigated and addressed. Significant trends and risks will be escalated through appropriate governance structures.

This policy will be reviewed every two years, or earlier where significant changes occur to legislation, accreditation requirements, clinical systems, organisational services or identified risks.

10. Breach of Policy

Failure to comply with this policy may contribute to delayed or missed diagnosis, delayed treatment, clinical deterioration, unmanaged significant results, loss to follow-up or preventable patient harm.

Actual or suspected breaches must be identified, reported and managed according to their nature, severity and level of risk.

Where a breach creates an immediate or significant risk to a patient, prompt action must be taken to protect the patient, address outstanding healthcare needs and escalate the matter appropriately.

Breaches may be managed through:

- immediate corrective action;
- urgent patient follow-up;
- clinical review;
- incident management;
- reassignment of outstanding care;
- education, supervision or support;
- system or process review;
- performance or disciplinary processes;
- open disclosure where applicable;
- external notification where required; or
- continuous quality improvement.

Where a breach identifies a broader organisational or systemic issue, contributing factors must be addressed through clinical governance, risk management and continuous quality improvement rather than relying solely on individual corrective action.

11. Appendix

Referenced Documents and Resources

The following external and internal resources have informed the development of this policy:

Document Title	Type	Location / Access
RACGP Standards for General Practices	External – RACGP	RACGP Standards for General Practices
National Safety and Quality Health Service (NSQHS) Standards	External – ACSQHC	NSQHS Standards
Communicating for Safety Standard	External – ACSQHC	Communicating for Safety Standard
National Safety and Quality Primary and Community Healthcare Standards	External – ACSQHC	Primary and Community Healthcare Standards
Primary and Community Healthcare Standards – Guide for Healthcare Services	External – ACSQHC	Guide for Healthcare Services
Primary and Community Healthcare – Clinical Governance Standard	External – ACSQHC	Clinical Governance Standard
Primary and Community Healthcare – Partnering with Consumers Standard	External – ACSQHC	Partnering with Consumers Standard
Australian Charter of Healthcare Rights	External – ACSQHC	Australian Charter of Healthcare Rights
Privacy Act 1988 (Cth)	External – Commonwealth Legislation	Privacy Act 1988
Health Records and Information Privacy Act 2002 (NSW)	External – NSW Legislation	Health Records and Information Privacy Act 2002

Document Title	Type	Location / Access
Clinical Governance Policy	Internal	Internal Document
Access and Continuity of Care Policy	Internal	Internal Document
Health Information Management Policy	Internal	Internal Document
Patient Rights and Person-Centred Care Policy	Internal	Internal Document
Cultural Safety Policy	Internal	Internal Document
Communication Policy	Internal	Internal Document
Risk Management Framework	Internal	Internal Document
Business Continuity Plan	Internal	Internal Document
Results Management, Recall and Follow-Up Procedure	Internal	Internal Document

12. Version History

Version	Date	Author	Change Summary
1.0	DD/MM/YYYY	[Your Name]	Initial draft