

CHAPTER 10

Diagnostic Services

I. POLICY

The California Department of Corrections and Rehabilitation (CDCR) health care staff shall provide diagnostic services based on medical necessity as ordered by the Primary Care Provider (PCP).

II. PURPOSE

To provide diagnostic services in a timely manner to assist in the diagnosis and treatment of medical conditions.

III. PROCEDURE

A. *General Requirements*

1. The medical clinic and laboratory shall maintain the laboratory tracking system for all ordered laboratory studies and the x-ray technologist or designated health care staff shall maintain the radiology tracking system for all ordered radiology studies.
2. The PCP shall complete a CDCR Form 7221, Physician's Order, for each diagnostic service ordered.
3. The PCP shall provide the CDCR Form 7221/Unit Health Record (UHR) to the Registered Nurse (RN), Medical Technical Assistant, or Licensed Psychiatric Technician (nursing staff).
4. Licensed health care staff shall review the orders for urgency.
5. Nursing staff shall complete the appropriate requisition form(s).
6. The health care staff shall enter the information into the appropriate tracking systems and note the order.
7. Only standardized departmental forms shall be used when requesting diagnostic tests.
8. The request for a laboratory test shall include the following information:
 - Name of the clinician ordering the test
 - Name and CDCR number of the inmate-patient
 - Name of the test ordered and urgency of request
 - Date and time the specimen must be obtained
 - Date and time the laboratory must complete the test
 - Any special handling information
 - Name and location of laboratory
9. The radiology request form shall include:
 - Name of the clinician ordering the test
 - Name and CDCR number of the inmate-patient
 - Pertinent clinical history and suggested rule out related to the examination requested.
10. All diagnostic tests shall be performed as ordered by the PCP.
11. Each institution shall maintain a contract with an outside agency to provide twenty-four (24) hour emergency services and to have x-ray reports and/or laboratory results sent back to the facility in a timely manner.
12. The PCP, nursing staff, laboratory technician, or radiology technologist shall explain the procedure to the inmate-patient and use proper technique to collect the specimen or perform the procedure.

13. When nursing staff (including lab technicians and phlebotomists) collect the specimen(s), they shall label the specimen container with the inmate-patient's name, CDCR number, date and time of collection, and name of PCP, and institution, if applicable.
14. Nursing staff shall document on a CDCR Form 7230, Interdisciplinary Progress Note, to be filed in the UHR, the date, time, specimen collected, and when appropriate, the site of collection and how the patient tolerated the procedure.
15. If specimen collection or radiological procedure is unsuccessful, the nursing staff, laboratory technician, or radiology technologist shall notify the PCP for further direction and document this information on a CDCR Form 7230.
16. The PCP shall review, initial, and date all diagnostic reports received including radiology. The PCP shall review laboratory results within two business days of the date test was received.
17. If the diagnostic test results meet the high-risk criteria, the inmate-patient shall be referred to be seen by a Qualified High Risk Provider (QHRP) as clinically indicated but no longer than 14 days from the date the test results were reviewed by the PCP.
18. The PCP or designee shall complete the CDCR Form 7393, Notification of Diagnostic Test Results, within two business days of the date of receipt of the diagnostic service lab result, forward a copy to the inmate-patient and document clinically significant diagnostic tests results, treatments and orders on a CDCR Form 7230, Interdisciplinary Progress Note, and CDCR Form 7221, to be filed in the UHR. This requirement does not apply to RC inmate-patients' intake diagnostic tests when results are negative.
19. The PCP or designee shall inform the inmate-patient of clinically significant diagnostic test results and shall request a follow-up appointment for the inmate-patient within a clinically appropriate period of time after review of significant diagnostic reports.
20. Inmate-patients shall be educated for an appointment with the PCP to review abnormal diagnostic test results.
21. The review of diagnostic test results with an inmate-patient shall not require a co-payment charge.
22. The Health Care Manager (HCM) or designee shall oversee a process whereby all diagnostic reports are reviewed within seven (7) calendar days by a clinician when the ordering PCP is absent.
23. If the inmate-patient is a "no-show" for a diagnostic appointment or refuses the diagnostic service, the nursing staff, radiology technologist, or laboratory technician shall contact custody staff to have the inmate-patient escorted to the medical area for the diagnostic appointment. The health care staff shall interview the inmate-patient and provide education regarding the implications/consequences of refusal of the diagnostic service. The interview/education shall include effective communication consistent with the inmate-patient's ability to understand. If a competent inmate-patient continues to refuse the diagnostic service, the nursing staff shall have the inmate-patient sign a CDCR Form 7225, Refusal of Examination and/or Treatment on which are documented the implications/consequences of the refusal of the diagnostic service as they were explained.

B. Laboratory Services

- **STAT Orders-** When the PCP writes a STAT order, the PCP shall inform the inmate-patient that the specimen shall be collected immediately and notify the nursing staff of the STAT order. Nursing or lab staff shall provide collection containers and instruct the

inmate-patient on proper collection of a urine, sputum, or stool specimen. The inmate-patient will submit the collected specimen to the nursing staff. When the specimen to be collected is blood, nursing staff may collect the specimen if there is no phlebotomist available. The PCP may collect the specimen himself/herself or the inmate-patient may be sent to the laboratory on-site for the laboratory technician to collect the specimen. If the specimen is collected in the clinic, nursing staff shall write the date and time of collection on the CDCR Form 7221, Physician's Order and the requisition form and note the physician's order. Nursing staff appropriately packages the specimen container(s) and the requisition form(s) and arranges for the specimen to be transported to the lab.

- **Critical Lab results-** The nursing staff shall maintain a record of all critical lab values called to them by the lab staff. The nursing staff shall record the date and time of the call, the inmate-patient's name and CDCR number and the date and time the PCP was notified of the critical lab values.
- **Urgent Order-** Inmate-patients shall be ducated by the laboratory technician or RN/MTA to the clinic or laboratory the next business day for urgent orders. When the inmate-patient is to have the specimen(s) collected in the institution's laboratory the health care staff completing the requisition and noting the order shall contact the laboratory technician and send the requisition to the laboratory. The laboratory technician will schedule and ducat the patient.
- **Routine Order-** Inmate-patients shall have the blood drawn at the time of the order or shall be ducated to the clinic or laboratory within fourteen (14) calendar days for routine orders by the laboratory technician or RN/MTA. When the inmate-patient will have the specimen(s) collected in the institutions laboratory, the nurse completing the requisition and noting the order shall send the requisition to the laboratory.

C. Laboratory Results

1. STAT

A contract with an outside laboratory shall be maintained to provide STAT and critical results to a clinician within a specified and reasonable amount of time. STAT and critical laboratory results shall be reported by the contract laboratory via telephone.

- **Offsite-** The Triage and Treatment Area (TTA) RN shall notify the ordering PCP or physician on call (POC) of the laboratory results immediately. The RN shall obtain the UHR for reviewing the results with data in the UHR. The TTA RN shall document the date and time the results were called in, the date, time, and name of the PCP or POC to whom the results were reported, and any treatment and/or orders received on a progress note. The TTA RN shall write any treatment and/or orders on a CDCR Form 7221. The TTA RN shall forward copies of the CDCR Form 7221 and CDCR Form 7230 to the appropriate clinic. The PCP or POC shall countersign the orders within forty-eight (48) hours.
- **Onsite-**The laboratory technician shall contact the ordering PCP with the results. If the PCP is not available the laboratory technician shall contact the clinic nursing staff. The clinic nursing staff shall then notify the PCP or POC with the laboratory results. The clinic nursing staff shall document the date and time the results were called in, the date, time, and name of the PCP or POC who he/she notified, and any treatment

and/or orders received. The clinic nursing staff shall write any treatment and/or orders on a CDCR Form 7221. The PCP or POC shall countersign the orders within forty-eight (48) hours.

2. Routine

Routine laboratory results received into the laboratory each day shall be distributed to the PCP prior to the end of the business day.

D. Radiology Services

1. STAT

When the PCP writes a STAT order, the PCP informs the inmate-patient that the radiology exam will be performed immediately and notifies the nursing staff. The nursing staff notes the order and notifies the radiology technologist of the STAT order. Nursing staff places the completed requisition in a sealed envelope to maintain confidentiality of inmate-patient information, to be delivered to the radiology technologist with the inmate-patient. The radiology technologist takes and processes the radiographs and fluoroscopes.

The radiology technologist sends the films and the inmate-patient back to the PCP for the PCP to “wet read” the films. After viewing the films and documenting his/her findings on the progress note, the PCP shall return the films to the radiology department for prompt reading. The radiology technologist forwards the x-ray films to the radiologist for a reading and a diagnostic written report. The radiology technologist shall call or fax a report to the PCP if the radiologist finds abnormal results.

2. Routine

Routine orders (for plain film) shall be completed within fourteen calendar days. The radiology technologist schedules the appointment and escorts the inmate-patient to the department. The radiology technologist sends the preliminary report to the PCP as soon as possible.

When the appointment is scheduled more than fourteen (14) days from the date of the order, the radiology technologist notifies the Health Care Manager (HCM). The HCM/CMO, Chief Physician and Surgeon, or physician designee reviews and prioritizes pending radiology orders.

3. Scans and contrast studies

Time lines for these studies follow the requirements of specialty services policy contained in IMSP Volume 4, Chapter 8.