FTCA Deeming Application Tracking Policies

CY 2019 HEALTH CENTER FTCA APPLICATION

2019

FTCA Deeming Application Technical Assistance Resource

This document is a technical assistance resource designed to support health centers in meeting FTCA program and deeming application requirements. Please note, not all areas of the application are covered in this document. Please see Program Assistance Letter (PAL) 2018-01 for complete application information. You should also review the FTCA Health Center Policy Manual and the Health Center Compliance Manual for complete policy information and regulations related to FTCA deeming and medical malpractice coverage. In addition, for more helpful resources please utilize the following sites:

ECRI Institute at ECRI Website

FTCA/BPHC Help Line:

Phone: 1-877-974-BPHC (877-974-2742), Option 2

8:00 AM to 5:30 PM (ET)

Online Contact: contact us

FTCA Website: **FTCA Website**

Referral Tracking (RT)

The FTCA Deeming Application requires health centers to submit RT policies or procedures to demonstrate how the health center mitigates risks to patient safety. The following chart provides technical assistance regarding content of RT policies based upon industry best practices and go beyond the minimum requirements referenced in the deeming application PAL (please list other documents that may be pertinent here). (Click link for Webcast: CY 2018 Health Center Deeming)

Category	Element of Policy
RT.1	The health center has implemented a system to track all referrals from their origin until they are returned and evaluated by a provider. This tracking system should include: • The origin of the referral • Status of the referral • The administrative and clinical details of the referral
RT.2	The health center follows up with referral provider(s) in a timely manner to ensure that information is received back from the referral provider(s). This must include: • Specific process and timeframes for the transmission and receipt of referral results. • Specific process and times frames for follow-up if results are not received in timely manner.
RT.3	The health center clearly identifies titles of health center staff who are responsible for executing each of the duties throughout the referral tracking process.
RT.4	The heath center documents all patient referrals in the patient's medical records and makes documented efforts to follow up with patients who miss referral appointments. This must include number of attempts that will be made and the manner in which those attempts will be made (i.e., two phone calls, one certified letter with mail delivery confirmation).
RT.5	The policy has been signed and approved by the Governing Board or the individual or the committee that the Governing Board has delegated review and approval authority to. If delegation of authority has occurred, there should be a clear delegation of authority statement within the policy. (See Health Center Compliance Manual, Chapter 19: Board Authority for more information on the health center governing board's role in approving policies.)

Hospitalization Tracking (HT)

The FTCA Deeming Application requires health centers to submit HT policies or procedures to demonstrate how the health center mitigates risks to patient safety. The following chart provides technical assistance regarding content of HT policies based upon industry best practices and go beyond the minimum requirements referenced in the deeming application PAL (please list other documents that may be pertinent here). (Click link for Webcast: CY 2018 Health Center Deeming)

Category	Element of Policy
HT.1	The health center has a tracking and monitoring system for receiving information regarding hospital or ED admissions. At a minimum the tracking system must include: • Patient information • Date of admission or visit • Date of notification • Reason for visit, if known • Documentation received • Documentation requested (includes date requested) Follow-up initiated with hospital and or patient (includes date initiated). Note: This relates to admissions where the health center sends the patient to the ED and cases where the patient may have entered the ED on their own.
HT.2	The health center has identified staff members, by title, who are responsible for receiving ED and hospital admission information and monitoring the mechanism that is utilized for receiving hospital and ED admission information.
HT.3	The health center has implemented a mechanism to follow up with the patient, provider, or outside facility to request pertinent medical information (e.g., diagnostic studies, discharge summary) related to a hospital or ED visit.
HT.4	The policy has been signed and approved by the Governing Board or the individual or the committee that the Governing Board has delegated review and approval authority to. If delegation of authority has occurred, there should be a clear delegation of authority statement within the policy. (See Health Center Compliance Manual, Chapter 19: Board Authority for more information on the health center governing board's role in approving policies.)

Diagnostic Tracking (DT)

The FTCA Deeming Application requires health centers to submit DT policies or procedures to demonstrate how the health center mitigates risks to patient safety. The following chart provides technical assistance regarding content of DT policies based upon industry best practices and go beyond the minimum requirements referenced in the deeming application PAL (please list other documents that may be pertinent here). (Click link for Webcast: CY 2018 Health Center Deeming)

Category	Element of Policy
DT.1	A tracking and monitoring system is maintained for all diagnostic orders. The system must include at a minimum: • Patient information • Date test ordered • Ordering provider • List of tests ordered • Date results received • Provider who reviewed results • Follow-up recommended by provider • Communication of results to patient, including unsuccessful communication attempts and follow-up
DT.2	The policy speaks to agreements with lab vendors which clearly define "critical lab values" and processes for contacting the health center providers. If the health center provides on-site lab services, the policy speaks to the lab policies and procedures, clearly defining "critical lab values" and notification procedures.
DT.3	For **Critical Test Results**: • Time frame for communication of results to patients • Acceptable means of communication to provider and patient (e.g., verbal contact only) • Procedures for contacting back-up or surrogate providers if ordering provider is not immediately available to receive results • Every effort is made to contact patient for follow-up (e.g., visiting shelter, enlisting help from authorities) • Documentation of successful and unsuccessful attempts to contact patient • Tracking critical lab tests, monitoring to ensure no problems arise, audits reported to QI/QA committee as part of the program.
DT.4	For **Abnormal Test Results**: • Acceptable means of communication to provider and patient (e.g., verbal, electronic) • Timeframe for communicating results to patient (e.g., not to exceed 14 days) • Efforts made to contact patient for follow-up (e.g., visiting shelter, enlisting help from authorities) • Documentation of successful and unsuccessful attempts to contact patient (notification should include more than just a certified letter).
DT.5	Responsibility is assigned for documentation of all pertinent diagnostic tracking activities and is maintained as part of the patient's medical record to include the following items: • Acknowledgment of receipt of result • Actions taken related to the patient • Patient notification, including date and time of notification, means used to communicate results (e.g., phone call, letter), and person spoken to (if applicable)

	FTCA DEEMING APPLICATION TRACKING POLICIES
Category	**Element of Policy**
	• All attempts to contact the patient if the patient cannot be reached • Other clinical information as appropriate
DT.6	The policy has been signed and approved by the Governing Board or the individual or the committee that the Governing Board has delegated review and approval authority to. If delegation of authority has occurred, there should be a clear delegation of authority statement within the policy. (See Health Center Compliance Manual, Chapter 19: Board Authority for more information on the health center governing board's role in approving policies.)