FTCA Deeming Application Tracking Policies

HEALTH CENTER FTCA APPLICATION

FTCA Deeming Application Technical Assistance Resource

This document is a technical assistance resource designed to support health centers in meeting the FTCA program and deeming application requirements. Please note that not all areas of the application are covered in this document. Please see the Program Assistance Letter 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

Health Center Program Support:

      Phone: 1-877-462-4772, Option 1

      8:00 AM to 5:30 PM (ET), Monday through Friday (except Federal holidays)

Online: BPHC Contact Form

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 the content of RT policies based upon industry best practices and goes beyond the minimum requirements referenced in the deeming application PAL (please list other documents that may be pertinent here).

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 timeframes for follow-up if results are not received in timely manner.
RT.3	The health center clearly identifies the titles of health center staff who are responsible for executing each of the duties throughout the referral tracking process.
RT.4	The health 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 the number of attempts that will be made and the manner in which those attempts will be made (e.g., two phone calls and one certified letter with mail delivery confirmation).
RT.5	The policy has been signed and approved by the Governing Board, the individual, or the committee that the Governing Board has delegated review and approval authority. 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 the content of HT policies based upon industry best practices and goes beyond the minimum requirements referenced in the deeming application PAL (please list other documents that may be pertinent here).

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 the 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 for following 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, the individual, or the committee that the Governing Board has delegated review and approval authority. 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 the content of DT policies based upon industry best practices and goes beyond the minimum requirements referenced in the deeming application PAL (please list other documents that may be pertinent here).

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 the patient, including unsuccessful communication attempts and follow-up
DT.2	The policy refers to agreements with lab vendors, clearly defining "critical lab values" and processes for contacting the health center providers. If the health center provides on-site lab services, the policy refers to the lab policies and procedures, clearly defining "critical lab values" and notification procedures.
DT.3	**For Critical Test Results**: • Timeframe for communication of results to patients • Acceptable means of communication to provider and patient (e.g., verbal contact only) • Procedures for contacting backup or surrogate providers if the ordering provider is not immediately available to receive results • Every effort is made to contact the patient for follow-up (e.g., visiting the shelter, enlisting help from authorities) • Documentation of successful and unsuccessful attempts to contact the patient • Track critical lab tests, monitor to ensure no problems arise, and report audits to the 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 the patient (e.g., not to exceed 14 days) • Efforts made to contact the patient for follow-up (e.g., visiting the shelter, enlisting help from authorities) • Documentation of successful and unsuccessful attempts to contact the patient (notification should include more than just a certified letter).

Category	Element of Policy
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 the 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) • 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, the individual, or the committee that the Governing Board has delegated review and approval authority. 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.)