

## AR0800 – Electronic Distribution of Clinical Documents and Diagnostic Results

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dākelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, syilx, and Tâilhqot'in Nations, where we live, learn, collaborate, and work together.

Interior Health recognizes that diversity in the workplace shapes values, attitudes, expectations, perception of self and others and in turn impacts behaviors in the workplace. The dimension of a diverse workplace includes the protected characteristics under the human rights code of race, color, ancestry, place of origin, political belief, religion, marital status, family status, physical disability, mental disability, sex, sexual orientation, gender identity or expression, age, criminal or summary conviction unrelated to employment.

### 1.0 PURPOSE

To provide direction to Interior Health (IH) employees, IH Medical Staff and Community Medical Practitioners regarding the distribution of Electronic Clinical Documents and Diagnostic Results as part of the delivery of safe, quality care.

### 2.0 DEFINITIONS

TERM	DEFINITION
<b>Clinical Documents and Diagnostic Results</b>	<p><i>Clinical Documents are documents that are generated by an authoring Medical Staff as part of the delivery of care, that need to be distributed to other providers associated with the care of the patient.</i></p> <p><i>Diagnostic Results are distributed back to the ordering provider as well as any providers identified as needing to be copied on the result.</i></p>
<b>Community Medical Practitioner</b>	<i>The physicians, dentists, midwives, and nurse practitioners who are not privileged or credentialed with Interior Health (for example, a private practice primary care physician, contracted nurse practitioner).</i>
<b>Electronic Distribution</b>	<i>The delivery of Clinical Documents and Diagnostic Results via electronic systems by integrating/connecting with IH and. non-IH Electronic Medical Records (EMRs).</i>
<b>IH Medical Staff</b>	<i>The physicians, dentists, midwives, and nurse practitioners who have been granted privileges by the Board to practice in the facilities and programs owned or operated by the Interior Health Authority.</i>

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Policy Steward: Executive Director, Clinical Informatics		
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<b>Most Responsible Practitioner</b>	<i>The practitioner who has accepted the overall responsibility for the management and coordination of care of the patient at any given time (also known as the Attending Practitioner).</i>
<b>Primary Work Location</b>	<p><i>The location where Clinical Documents and Diagnostic Results will be distributed to.</i></p> <p><i>As per the policy below, IH Medical Staff and Community Medical Practitioners are restricted to a single location to be paired with their name for routing distributions. This restriction is due to existing system limitations in the digital BC Healthcare landscape, and not the result of any one system.</i></p>

**3.0 POLICY**

- 3.1.1 Deliver Electronic Clinical Documents and Diagnostic Results to one **Primary Work Location** per provider, and in accordance with [AR0100 Acceptable Use of Digital Information Systems](#) and [AR0400 Privacy and Management of Confidential Information](#).
- 3.1.2 Electronically deliver to IH Medical Staff and Community Medical Practitioners who have authored, ordered, or are copied on Clinical Documents and Diagnostic Results.
- 3.1.3 Maintain provider distribution preferences, monitor results delivery status, and mitigate failed distributions.
- 3.1.4 IH Digital Health will support centralized management, configuration, and performance of electronic distribution systems.
- 3.1.5 IH delivers final and/or modified Clinical Documents and Diagnostic Results to IH Medical Staff and Community Medical Practitioners in the role of Most Responsible Practitioner (MRP) when:
  - MRPs are also designated in the role of ordering provider, copy provider or authoring provider.
  - MRP’s for inpatient encounters use the Worklist in MEDITECH for notification of Clinical Documents and Diagnostic Results.

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### 4.0 PROCEDURES

#### Roles and Responsibilities

##### 4.1 IH Medical Staff

- 4.1.1 Acknowledge that electronic distribution of Clinical Documents and Diagnostic Results does not replace provider-to-provider communication.
- 4.1.2 Provide up to date business contact information and electronic distribution preferences to IH Medical Affairs:  
[medicalstaffcredentialing@interiorhealth.ca](mailto:medicalstaffcredentialing@interiorhealth.ca).
- 4.1.3 Review Clinical Documents and Diagnostic Results in a timely manner and in alignment with applicable college practice standards and professional guidelines (e.g., College of Physicians and Surgeons of BC, BC College of Nurses and Midwives, BC College of Oral Health Professionals etc.).
- 4.1.4 Follow the [IH Managing Privacy and Security Breaches/ Violations Policy \(AR0450\)](#) when an electronic report has been received intended for someone else, or if an electronic distribution is suspected to have failed.
- 4.1.5 Notify IH Medical Affairs, Credentialing and Privileging Department when they leave their IH practice, retire or move to another health jurisdiction external to IH.
- 4.1.6 Adhere to current Medical Staff Bylaws and Rules.

##### 4.2 Community Medical Practitioners

- 4.2.1 Community Medical Practitioners that utilize IH services to receive electronic clinical documents and diagnostic results are responsible to provide up to date business contact information and electronic distribution preferences to: [ResultsDistribution@interiorhealth.ca](mailto:ResultsDistribution@interiorhealth.ca)
- 4.2.2 Review Clinical Documents and Diagnostic Results in a timely manner and in alignment with applicable college practice standards and professional guidelines (e.g., College of Physicians and Surgeons of BC, BC College of Nurses and Midwives, BC College of Oral Health Professionals etc.).

#### Distribution of Clinical Documents and Diagnostic Results

Distribution of Clinical Documents and Diagnostic Results is enabled through MEDITECH by the addition of IH Medical Staff and Community Medical Practitioners demographic information to a provider dictionary. All IH Medical Staff and Community Medical Practitioners are by default set to receive documents and results by FAX.

##### 4.3 IH Medical Staff using MEDITECH EMR

IH Medical Staff who primarily work within IH facilities using MEDITECH as their primary EMR will be able to review Clinical Documents and Diagnostic Results in

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MEDITECH. IH Medical Staff can choose to keep the default settings (i.e. FAX), turn off faxing, or have documents and results sent to their primary EMR.

### 4.4 IH Medical Staff and Community Medical Practitioners without access to MEDITECH EMR

Community Medical Practitioners, out of province or IH Medical Staff who do not have access to MEDITECH must chose one of two options for Clinical Documentation and Diagnostic Results Distribution:

- a) Electronic Distribution – results are pushed electronically to a primary EMR, or FAX (default).

### 4.5 Electronic Distribution Procedure

Medical Affairs will provide the *Electronic Distribution for Diagnostic Results and Clinical Documents Form* as part of the onboarding and credentialling package for new IH Medical Staff. The form will be redistributed at the time of the biannual credentialling process.

Requests for or changes to the Electronic Distribution method may occur outside the onboarding and credentialling cycles, or by Community Medical Practitioners. In this case, Digital Health will provide IH Medical Staff and Community Medical Practitioners with the *Electronic Distribution for Diagnostic Results and Clinical Documents Form*. Digital Health will be the custodians of the completed forms. Once the form is received by Digital Health, distribution preferences will be enabled.

All changes to Electronic Distribution methods will be tracked and sent as a consent agenda item for consideration by the governing body, the Clinical Informatics Sub Committee (CISC). Any requests by IH Medical Staff or Community Medical Practitioners to deviate from this policy will be escalated to CISC and in consultation with Health Authority Medical Advisory Committee (HAMAC).

Any questions or concerns regarding this policy and procedures can be directed to [ResultsDistribution@interiorhealth.ca](mailto:ResultsDistribution@interiorhealth.ca).

## 5.0 REFERENCES

1. Vancouver Island Health Authority. (2020, January 09). Management of Message Centre Notifications, External Distribution and eNotifications 16.6.5P. Victoria, British Columbia, Canada: Vancouver Island Health Authority.
2. College of Physicians and Surgeons of British Columbia. (2022, May 6). *Practice Standard: Medical Records Management*. The College of Physicians and Surgeons of British Columbia. <https://www.cpsbc.ca/files/pdf/PSG-Medical-Records-Management.pdf>

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3. College of Physicians and Surgeons of British Columbia. (2022, May 6). *Practice Standard: Leaving practice*. The College of Physicians and Surgeons of British Columbia. <https://www.cpsbc.ca/files/pdf/PSG-Leaving-Practice.pdf>
4. Interior Health. (2013, September 11). *Medical Staff Bylaws for Interior Health Authority*. Interior Health. <https://www.interiorhealth.ca/sites/default/files/PDFS/medical-staff-bylaws.pdf>

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