Title: MOH Health Records ,Results Disclosure and Pathology Information	
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Approved by: MOH committee on hospital clinical services and policies	
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1.0 Introduction:

As per the kuwait medical practice law and the ministry of health code of ethics, patients have a right to know the contents of their health record. However, ethical and clinical concerns arise about the timing of results' availability and potential harms stemming from early access to results without a clinician to help interpret and contextualize those results.

The benefits of access and the risks of possible misinterpretation of results by the patients and the consequent emotional sequelae and stress from learning abnormal results without adequate clinical guidance must accordingly be weighed.

Currently, *reporting* results and the timeframe in which they become available vary among institutions in the governmental and private sectors. Furthermore, the *access* of results and emergence of electronic health records (EHR) has added to the need to establish standards for patient information access.

An important goal of EHR is to have a record that is easily accessed at any medical center for any patient. Access to laboratory values could allow patients to get second opinions more easily. Having results available to other physicians might minimize unnecessary test duplication. It has also been postulated that patients' access to the electronic records could decrease errors (when patients identify incorrect information and alert their physicians accordingly).

2.0 Purpose

The purpose of this policy is to set standards and principles for the disclosure of the results of different investigations to the respective patients in accordance with the Medical Practice law #70/2020 and the ministry of health code of ethics by decree 209/2022.

3.0 Definition

3.1
MOH: ministry of health.

3.2
Attending : any physician of the rank of specialist and above.

3.3
Most Responsible physician (MRP): refers to the physician or other regulated healthcare professional who has overall responsibility for directing and coordinating the care and management of a patient at a specific point in time.

3.4
Medical practitioner : refer to article 2 of the Medical Practice law #70/2020

"*Medical practitioner shall be a person who undertakes by themself, through others or by any other means any of the following activities:*
1 - Providing medical advice for the purpose of diagnosing or evaluating disease progression, prevention, treatment or improvement of human health.
2 - Prescribing, administering, or applying a treatment for the disease, to prevent it, or to improve human health.
3 - Carrying out any examination, inspection, procedure, intervention, or any medical or surgical act.
4 - Withdrawing and extracting samples from the human body for a medical test with the intention of diagnosis, treatment, prevention, or improvement of human health.
5 - Requesting laboratory tests and evaluating their results for the purpose of diagnosis, treatment, prevention, or improvement of human health.
6 - The use of X-rays and radioactive materials of all kinds for the purpose of diagnosis, treatment, prevention or improvement of human health.
7 - Using physical techniques and materials such as ultrasound, light waves and other materials for the purpose of diagnosis, treatment, prevention, or improvement of human health.
8 - Giving a medical certificate or report regarding the health condition."

3.5
Allied services :refer to article 3 of the Medical Practice law #70/2020

"*The following professions shall be considered allied to the medical profession:*
1 - Nursing and allied nursing services.
2 - Oral health and dental laboratories.
3 - Physiotherapy and occupational therapy.
4 - Optics.
5 - Radiology, nuclear medicine and radiation protection.
6 - Medical and health laboratories.
7 - Prosthetics.
8 - Medical emergencies.
9 - Speech and auditory.
10 - Public health.
11 - Therapeutic Diets and nutrition.
12 - Psychotherapy and psychological counseling.
13 - Sterilization.
14 - Other Allied Medical Services as follows: (Tissue transplantation, organ preservation, electroencephalogram, heart and muscle mapping, anesthesia, artificial heart and respiratory therapy, genetic tests, foot therapy, preparation and control of drugs)"

3.6
Health care facility (HCF): any facility in which the care , management or investigations is provided to a patient by health care providers.

3.7
Index facility: the facility in which the care or management of the patient is provided by the MRP.

3.8
Out of facility services : medical services provided out of the index facility.

3.9 Time frame :

3.9.1
Time to result/report:
Time from sample receival in the laboratory to result issue to requesting physician or facility.

3.9.2
Time to access:
Time from issue of result by the laboratory to patient access to the result.

3.10
EHR: electronic health record

4.0 Responsibility of the requester/MRP

4.1
To ensure the source of the request is clear, licensed and valid (licensed facility, valid practice license, valid address)

4.2
To ensure contact details of the source is provided, valid and licensed.

4.3
To ensure follow up on the results of investigations required/requested. (may elect to delegate follow up of the results to another health care practitioner)

4.4
To ensure informing the respective patients about the results of the investigation (or delegating a health care practitioner for that purpose) in the appropriate time frame.

4.5
To provide the patient or his/her legal representative/guardian (after patient consent) with copies of the respective results upon request.

5.0 Responsibilities of laboratory services within a HCF

5.1
To ensure contact details of the requesting source/physician is provided, valid and licensed (including patient and physician contact information)

5.2
To ensure contact details of the source issuing the result is provided, valid and licensed.

5.3
To ensure maintaining copies of results of the investigations required/requested as per required standards set by the MOH.

5.4
To ensure informing the respective requesting source/physician about the results of the investigation (or delegating health care practitioner for that purpose)

5.5
To ensure providing the respective patients with the results of the investigation (or delegating health care practitioner for that purpose when necessary and within a set time frame)

5.6
To provide the patient or his/her legal representative/guardian with copies of the respective results when requested.

5.7
To designate results which are considered red flags, critical or sensitive and the time frame and tiers required to disclosure to the appropriate recipient for the necessary action (e.g. treating physician, respective department and patient)

5.8
To ensure a tiered standard of patient results disclosure for specified investigations (e.g pathological and viral results) in the event of patient demand and need of diagnosis specific management requiring physician assisted disclosure.

Suggested tiers
1st tier: treating/requesting physician
2nd tier: chair of the department of the treating/requesting physician (who may elect to delegate the responsibility to a physician)

*If the patient demands acquisition of the result without physician assisted disclosure, the result is to be issued accordingly after waiver of right.

5.9
Establishing a routine appropriate time to patient access to reports of specified investigations (e.g pathological and viral results) on electronic health records (or related apps/platforms) if available.

6.0 Responsibilities of out of HCF Laboratory services

6.1
To ensure contact details of the requesting source is provided, valid and licensed.

6.2
To ensure contact details of the source issuing the result is provided, valid and licensed.

6.3
To ensure maintaining copies of results of the investigations required/requested as per required MOH standards.

6.4
To ensure informing the respective requesting source/physician about the results of the investigation (or delegating a health care practitioner for that purpose) with copies returned to the requesting source/physician (by email, fax, courier etc) with traceable log.

6.5
To ensure providing the respective patients with the results of the investigation (or delegating a health care practitioner for that purpose when necessary and within a set time frame)

6.6
To provide the patient or his/her legal representative/guardian with copies of the respective results when requested.

6.7
To designate results and that are considered red flags, critical or sensitive and the time frame and tiers required to disclosure to the appropriate recipient for the necessary action (e.g. treating physician, respective department and patient)

6.8
To ensure a tiered standard of patient results disclosure for specified investigations (e.g pathological and viral results) in the event of patient demand and need of result/diagnosis related management requiring physician assisted disclosure.

Suggested tiers
1st tier: treating/requesting physician
2nd tier: chair of the department of the treating/requesting physician (who may elect to delegate the responsibility to a physician)
3rd tier: referral to a physician based on written request and consent of the patient.
4th tier: disclosure by the lab facility designated physician.
5th tier: issuance of the report on the EHR for patient access.

*If the patient demands acquisition of the result without physician assisted disclosure, the result is to be issued accordingly after waiver of right.

6.9
Establishing a routine appropriate time to patient access to reports of specified investigations (e.g pathological and viral results) on electronic health records (or related apps/platforms) if available.

7.0 Responsibilities of the patient

7.1
To ensure all provided personal necessary credentials are correct and valid

7.2
To ensure follow up with the treating, referring and requesting physician after issuance of the results.

7.3
To ensure follow up of the results of the requested investigation and in the absence of the treating physician to explain the results, to practice the personal right to pursue second health care professional opinions for result disclosure.

8.0 MOH pathology results disclosure

8.1
Histopathology results (once issued) will be posted on the HIS of the index hospital for access by the treating physician.

8.2
If results are deemed red flags, critical or sensitive, disclosure to the appropriate recipient for the necessary action (e.g. treating physician, respective department chair and patient) is to be done by the respective lab physician.

8.3
Histopathology results sent by treating physicians out of the index facility will be sent by ministry courier to the respective source facility and physician once issued (pending establishment of HIS link between facilities or paperless access e.g. official MOH emails)

8.4
The patient will receive, through the ministry SAHEL or Q8seha app, notification of issuance of the result and the need to proceed with follow up with the referring physician for disclosure of the results.

8.5
The ministry SAHEL or Q8seha app, notification of issuance of the result will include instructions of the date of online access to the report.

8.6
The patient will receive ,through the ministry SAHEL or Q8seha app, the official report to view, 2 weeks after receiving the notification in article 8.4

8.7
If the patient demands acquisition of the result without physician assisted disclosure, a copy of the result is to be issued in paper form from the respective facility lab accordingly after waiver of right by the patient from the index lab.

9.0 MOH microbiology results disclosure

9.1
Results of communicable diseases (viruses, bacteria, parasites, sexually transmitted pathogens), once issued, will be posted on the HIS of the index hospital for access by the treating physician, MRP.

9.2
If results are deemed red flags, critical or sensitive, disclosure to the appropriate recipient for the necessary action (e.g. treating physician, MRP, respective department chair and patient) is to be done by the respective lab physician.

9.3
results sent by treating physicians out of the index facility will be sent by ministry courier to the respective source facility and physician once issued (pending establishment of HIS link between facilities or paperless access e.g. official MOH emails)

9.4
The patient will receive, through the ministry SAHEL or Q8seha app, notification of issuance of the result of hepatitis B,C and other nonaerosol communicable diseases and the need to proceed with follow up with the referring physician for disclosure of the results.

9.4.1
The patient will receive, through the ministry SAHEL or Q8seha app, the official report to view, 2 weeks after receiving the notification in article 9.4

9.5
The ministry SAHEL or Q8seha app, notification of issuance of the above results will include instructions of date of online access to the report.

9.6
The patient will receive ,through the ministry SAHEL or Q8seha app, the official report to view, of all results of communicable diseases (excluding HIV, HBV, HCV) as soon as they are issued in the respective Hospital HIS.

9.7
If the patient demands acquisition of the result without physician assisted disclosure, a copy of the result is to be issued in paper form from the respective facility lab accordingly after waiver of right by the patient.

9.8
Disclosure of HIV results are subject to the confidentiality and process stated in law #62 for the year 1992 and law #8 for the year 1969 .

9.9
Disclosure of results of communicable diseases are subject to the confidentiality and process stated in law #8 for the year 1969.

9.10
Disclosure of results of all communicable diseases, shall be relayed from the processing laboratory to the preventive medicine department for action accordingly within 24 hours of result issuance and in accordance with law #8 for the year 1969.

**the above applies to the MOH facilities.*

References

-*MOH Code of Ethics for Medical , allied health care professionals , trainees and students (Ministerial decree 209/2022)*

-Medical practice Law #70/2020
Articles 2,3 ,9,10, 13, 27, 28, 29, 34, 67

Attached form with list of communicable diseases to be declared to preventive medicine

Law #62 of the year 1992 regarding AIDS
Law #8 of the year 1969 regarding communicable diseases