Pathology Poster - 2019

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Abstract

Our goal, as pathologists on the patient care team, was to better understand the treating clinician's attitudes, preferences, and concepts regarding so-called urgent/alert/critical values in anatomic pathology. This does not refer to critical values in the clinical laboratory, such as elevated potassium levels, but rather to diagnoses rendered on biopsies by surgical pathologists and cytopathologists which may be unexpected or require prompt attention. To facilitate this goal, we developed a web-based survey regarding communication of critical diagnoses and distributed it to 1600 practicing physicians within the Baystate Health system, including attending physicians, residents, and fellows. This project represents the largest and most comprehensive survey-based investigation of the specific preferences of clinicians in regards to how, when, and to whom critical diagnoses should be communicated. Our survey results identified important areas of disagreement between pathologist and clinician regarding issues of what entities should be considered as critical diagnoses and who is responsible for correlating histologic findings with the larger clinical context. Identifying these discordant points of view within the medical community and fostering interdepartmental agreement on the best practices in communication of critical diagnoses is an important patient-care and safety issue and will minimize the risk of a breakdowns in communication, resulting in delayed treatment of serious conditions.

Methods and methodologies

Two questions established basic demographic information: specialty and position. Additional questions posed included:

• What entities should be considered alert-urgent or unexpected diagnoses?
• How should a pathologist determine if a diagnosis is expected or unexpected?
• To whom should alert-urgent diagnoses be communicated?
• In what time frame should they be communicated?
• What are the acceptable methods of communication?
• What should a pathologist do with an alert-urgent diagnosis if they are unable to reach anyone claiming responsibility over patient care?
• How do you document having received an alert-urgent diagnosis?

The responses were stratified by position (attending, resident,fellow, or other) and specialty (medicine, surgery, pathology, or other). Simple data analysis was performed, observing frequency of responses to identify possible discrepancies in the attitudes of alert-urgent diagnoses between pathologists and non-pathologists.

Results

Of the 1308 attending physicians, and 330 residents and fellows to whom the survey was sent, 124 individuals submitted responses, yielding an overall response rate of 7.5%.

Conclusion

• Important areas of disagreement exist within the Baystate Health medical community as to what diagnoses should be considered critical and require expedited communication.
• Discordant expectation between pathologists and clinicians can cause breakdowns in communication, resulting in delayed treatment of serious conditions.
• Because our access to patient interaction is limited, pathologists rely heavily on information provided by the clinician.
• If the clinician fails to include any clinical information, the pathologist must utilize the electronic medical record to determine the urgency of a result.
• Fostering agreement within the interdepartmental medical team of what findings should be considered alert-urgent or unexpected and how they should be communicated is essential to improving patient care and safety.

Recommendations

• With this feedback from our clinical partners in this survey, we have modified our departmental critical diagnoses communication protocols.
• Modernization of the pathologist work station would enable us to better access the clinical information necessary to determine if special communication to the treating team is warranted, and would improve the delivery of critical diagnoses.
• Forming and maintaining a robust quality assurance system is vital to a successful critical diagnosis communication protocol.

References


2. Chapman, C.N. and Otis, C.N. From critical values to critical diagnoses: a review with an emphasis on successful critical diagnosis communication protocol.

Materials and methodologies cont.

Two questions established basic demographic information: specialty and position. Additional questions posed included:

• What entities should be considered alert-urgent or unexpected diagnoses?
• How should a pathologist determine if a diagnosis is expected or unexpected?
• To whom should alert-urgent diagnoses be communicated?
• In what time frame should they be communicated?
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Results cont.

Survey responses to the question, “Which of the following should be considered an "unexpected" malignant conditions.”

Survey responses to the question, “What entities should be considered alert-urgent diagnoses in Anatomic pathology?”

Survey responses to the question, “What should be considered alert-urgent diagnoses in Anatomic pathology?”

Survey responses to the question, “What should be considered alert-urgent diagnoses in Cytopathology?”

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