Critical Test Results Management and Its Importance to Patient Safety

By Jonathan W. Berlin, MD, MBA | February 15, 2012

As the healthcare system becomes more fragmented, the communication of critical patient information among healthcare providers has become increasingly important.

Decades ago when a patient was ill, a physician came to her house. Most patients had only one doctor, and that doctor knew their complete health history. Back then, many sophisticated tests that healthcare providers rely on in the present age for accurate diagnosis were not even invented yet.

Obviously, the situation today is extremely different. In most cases, ill patients will see multiple healthcare providers, often at different facilities, and often over many years and in a variety of geographic locations. In many cases, the healthcare providers will be in different disciplines of medicine. This leads to the fragmentation of healthcare delivery.

Compounding this situation, recent trends suggest that healthcare providers will continue to see more patients in a given amount of time. This confluence of factors can lead to suboptimal communication among healthcare providers which itself can lead to less than optimal patient outcomes in certain cases. The Joint Commission has identified healthcare provider communication breakdowns as a leading cause of sentinel events, or events that cause suboptimal patient outcomes that are not due to the patient’s illness or disease.

There are many reasons for healthcare provider communication breakdowns, including the harried nature of today’s healthcare environment. Other factors, including language, cultural, or even institutional barriers, can also play a role in poor healthcare provider communications. Particularly vulnerable times in healthcare provider communication occur in patient handoffs, such as the transfer of a hospital inpatient from one healthcare team to another. Patient test result communication can also present a challenging situation for effective healthcare provider communication as well.

The problem with poor communications between healthcare providers is that they can occasionally contribute to suboptimal care and patient outcomes. For example, if a healthcare provider is unaware of a drug allergy because this information was not properly communicated to them by another healthcare provider, the result can be deleterious if the patient mistakenly receives the offending drug. As another example, if an internist is unaware that their patient went to a local emergency room and had a chest X-ray with findings concerning for cancer, the patient may not receive appropriate follow-up.
Most healthcare providers know that good communication is extremely important for patient outcomes. However, providers may not know who to communicate results to, or the appropriate healthcare provider may be unreachable at a critical moment. Some healthcare policy leaders have advocated communicating all findings to patients directly. While this approach can be effective in some situations, communicating findings in a thorough manner to a patient may not be possible in an urgent setting or if there is a language or mental status barrier to appropriate understanding of crucial information.

What is the most optimal solution to the communications conundrum? That is difficult to say, and it is likely that there is no one uniform communication solution for every healthcare provider in every setting. The goal though is real-time thorough communication of significant patient health information between providers in a way that ensures patient privacy and confidentiality in as many cases as possible.

Information technology, such as critical test result management software, can play a significant role in ensuring communication, as can voice dictation systems that decrease patient test result reporting time. Computerized medical records are also helpful in many cases, as they present an opportunity to centralize patient information among healthcare providers with access to them.

If possible, closed loop communication, which can be defined as communication that ensures receipt and understanding of the communicated material, should be a goal. It is important to realize however that closed loop communication may not be obtainable in all patient care settings. As healthcare providers, we are grateful for the communication innovations provided by our partnering healthcare information technology vendors. As communication platforms continue to improve in simplicity, speed, and reliability, the problem of ineffective communication among healthcare providers will hopefully continue to be addressed.

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Berlin will be speaking on this topic at HIMSS12 on February 23. Click here for more details.