State of Washington
Medical Quality Assurance Commission

Guideline

Title:	Transmission of Time Critical Medical Information (TCMI); "Passing the Baton"[1] Guideline	MD2015-02
References:	Included	
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Introduction

Effective communication is a critical component of medical care. Quality patient care requires that study results are conveyed in a timely fashion to those responsible for treatment decisions. Communication should:

(a) be tailored to satisfy the need for timeliness;
(b) encourage physician communication;
(c) identify responsibility to inform the patient; and
(d) minimize the risk of communication errors.

Various factors and circumstances unique to a clinical scenario may influence the methods of communication between those caring for the patient. Timely receipt of the report is as important as the method of and verification of delivery method.

Purpose Statement

The Medical Quality Assurance Commission emphasizes the responsibility of consultants and clinicians to identify and responsibly communicate TCMI in a timeframe and manner that assures the usefulness of the information for quality patient care.

These guidelines also recognize the shared responsibility of administrators, clinicians and interpreting physicians to design and use support systems to ensure and document the timely communication and receipt of TCMI.

[1] These guidelines are Informed by and consistent with the American College of Radiology Practice Guideline revised 2014: http://www.acr.org/~/media/C5D1443C9EA4424AA12477D1AD1D927D.pdf

Recommendation

Clinicians who provide TCMI should, in a collaborative fashion with their stakeholders, identify TCMI and establish transmission and verification policies for TCMI in order to assure timely care and patient safety. Communication of information is only as effective as the system that conveys the information. There is a reciprocal duty of information exchange. The referring clinician or other relevant health care provider also shares in the responsibility for obtaining results of studies ordered. Formulating transmission and verification of test results requires the commitment and cooperation of administrators, clinicians, and interpreting physicians. Providers should identify and communicate who will be responsible to inform the patient.

Guidelines for Communication of TCMI

Expedite Delivery and verify receipt of TCMI

In reporting TCMI, the clinician should expedite the delivery of a TCMI (preliminary or final) in a manner that reasonably assures timely receipt and verification of transmission of the results.

Situations that may require non-routine communication

1. Findings that suggest a need for immediate or urgent intervention:

   Generally, these cases may occur in the emergency and surgical departments or critical care units and may include pneumothorax, pneumoperitoneum, or a significantly misplaced line or tube, critical time sensitive laboratory values, and pathology results that may represent critical or potentially life threatening medical information.

2. Findings that are discrepant with a preceding interpretation of the same examination and where failure to act may adversely affect patient health:

   These cases may occur when the final interpretation is discrepant with a preliminary report or when significant discrepancies are encountered upon subsequent review of a study after a final report has been submitted.

3. Findings that the interpreting physician reasonably believes may be seriously adverse to the patient's health and are unexpected by the treating or referring physician:

   These cases may not require immediate attention but, if not acted on, may worsen over time and possibly result in an adverse patient outcome.

Methods of communication

Communication methods are dynamic and varied. It is important, however, that non-routine communications be handled in a manner most likely to reach the attention of the treating or referring physician in time to provide the appropriate care to the patient. Communication by telephone or in person to the treating or referring physician or representative is appropriate and assures receipt of the findings. There are other forms of communication that provide

documentation of receipt which may also suffice to demonstrate that the communication has been delivered and acknowledged. The system of communication must identify a responsible person and method to confirm that TCMI was received by an appropriate person involved with the patient's care and by the patient.

Documentation of non-routine communications

Documentation of communication of TCMI is best placed contemporaneously in the patient's medical record. Documentation preserves a history for the purpose of substantiating certain findings or events. Documentation may also serve as evidence of such communication, if later contested.

Patient communications

When multiple providers are involved, they should determine who will be responsible for communicating TCMI to the patient. That responsibility and fulfillment of it should be documented in the patient's record.