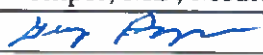
	COMMUNICATION OF SIGNIFICANT OR UNEXPECTED FINDINGS	Dept:	Pathology
		Effective Date:	8/18
		Revised Date:	
		Contact:	Pathology Department CLIA Director
Name & Title: Gregory Pomper, MD, Medical Director of Clinical Laboratories			
Signature: 		Date:	8/21/18

1) General Policy Statement:

Certain surgical pathology and cytopathology diagnoses may be considered particularly urgent, significant, or unexpected. Urgent diagnoses are considered medical conditions that, in most cases, should be addressed as soon as possible. Significant, unexpected diagnoses are considered medical conditions that are clinically unusual, or unforeseen and should be addressed.

Scope: All WFBMC Department of Pathology faculty and staff are responsible for complying with this policy.

Responsible Department/Party/Parties:

- i. Procedure owner: Department of Pathology
- ii. Procedure: Department of Pathology
- iii. Supervision: Department of Pathology CLIA Lab Director
- iv. Implementation: Department of Pathology Chair, CLIA Lab Director and Directors of Surgical Pathology and Cytology.

2) Definitions:

- a) **WFBMC:** Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), all on-site subsidiaries as well as those off-site governed by WFBMC policies and procedures.
- b) **Policy:** As defined in the Policy on Creating and Amending Policy, a statement of principle that is developed for the purpose of guiding decisions and activities related to governance, administration, or management of care, treatment, services or other activities of WFBMC. A policy may help to ensure compliance with applicable laws and regulations, promote one or more of the missions of WFBMC, contain guidelines for governance, and set parameters within which faculty, staff, students, visitors and others are expected to operate.

3) Policy Guidelines:

The Pathology Department may use communications with the clinical staff to determine specific urgent diagnoses, and/or use pathologists experience and judgment.

These diagnoses may include situations in which urgently conveying the information may directly affect patient care. An example of an urgent diagnosis is an unknown life-threatening infection in an immune-compromised patient (i.e. invasive fungal sinusitis) or an unexpected malignancy.

By their nature, urgent, significant and unexpected diagnoses cannot always be anticipated. Frozen section–permanent section discordance that affects patient care or a clinically unsuspected malignancy may be considered an example for this category.

When urgent and/or unexpected diagnoses are encountered, prompt communication of such results by telephone or pager with the physician of record should follow. If that physician is not available, Wake On Call can be contacted for a backup communication plan. This communication may be documented in the report, though the report should not be delayed to include this. If the communication occurs after the case was signed out, an addendum report should be issued. In all cases the documentation should include: the person with whom the case was discussed, the time and date, and when appropriate, the means of communication.

4) Review/Revision/Implementation:

- a) **Review Cycle:** This policy shall be reviewed by the Pathology Leadership every two (2) years from the effective date.
- b) **Office of Record:** Department of Pathology

5) Related Policies:

N/A

6) References, National Professional Organizations, etc.:

Nakhleh RE, Myers JL, Allen TC, et al. Consensus statement on effective communication of urgent diagnoses and significant, unexpected diagnoses in surgical pathology and cytopathology from the College of American Pathologists and Association of Directors of Anatomic and Surgical Pathology. Arch Pathol Lab Med. 2012 Feb;136(2):148-54.

7) Attachments: N/A

8) Revision Dates: