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| Area | Laboratory-Quality |
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# Laboratory Communication

Document Type: Procedure



# I. PURPOSE AND OBJECTIVE:

The laboratory must have a written procedure for communicating information about pending specimens, tests and patient care issues when responsibility is “handed off” from one person to another, such as at a change in shift, or when the responsibility for a case is transferred from one pathologist to another. In addition, includes departmental communication. The procedure should include provision for asking and responding to questions.

# II. DEFINITIONS:

A. **“Hand-off”**: An effective “hand-off” is an interactive communication between caregivers (about a patient’s care, treatment, and services, current condition, and any recent or anticipated changes) which allows the opportunity for asking and responding to questions. The information communicated during a “hand-off” must be *accurate*.

# III. POLICY:

A. The laboratory will follow a standardized procedure when communicating information about the following:
    1. Specimens, tests, or results
    2. Patient care issues, when responsibility is "handed-off" from one person to another, such as:
        a. At shift change
        b. When handling specimens which are shared between sections of the

laboratory

c. When the responsibility of a case is transferred from one pathologist to another

d. When handling incoming calls for "add-on" tests

e. When communicating results verbally, as with STATs, Critical calls, and other results.

f. When communicating information related to delayed testing.

B. In order to facilitate the implementation of an effective **"hand-off"** communication, include the following actions within the defined process:

1. **Interactive communications:** Allow an opportunity for questioning between the giver and receiver of the patient information.
2. **Up-to-date information** about the patient, patient specimen(s), patient results, etc.
3. **A process for verification** of the received information. Include repeat-back/readback when giving results or when taking "add-on" requests, and as appropriate in other communication instances.

a. **Called-results:** Document the call-activity on-line, in the laboratory information system.

b. **"Add-on" tests:** The person receiving the "add-on" request should write down the complete (add-on) order, then read it back, and receive confirmation from the person who gave the order.

c. An opportunity for the receiver of the hand-off information to **review relevant patient historical data**, as is necessary.

d. **Limit interruptions** during the "hand-off" process. Limiting interruptions will minimize opportunities for error in the "hand-off" communication process.

e. **Timelines of communication:** Communicate "hand-off" information in a timely manner.

f. **Be aware** of individual human limitations (high workload, time pressure, or workstress). **Work together** as a coherent team to provide and receive accurate information.

C. Department Communication

1. It is the responsibility of each employee to communicate to the Manager, Supervisor, or Lead Technologist any problems or potential concerns or issues before leaving the laboratory at change of shift, lunch or breaks.
2. Status notes will be attached to instruments waiting for service and/or in need of repair.
3. When a supervisor or manager is not on site, notify the next person in charge (example: Lead Technologist, Lead Phlebotomist, etc). One of their responsibilities is to communicate with the previous shift and to the next shift the status of operations and any concerns or problems. If there is not a manager, supervisor or

lead on site, utilize the communication log/board at the site.

4. Procedural changes are reviewed and initialed by all of the staff involved.
5. Verbal communication with one's peers about shift operations issues is encouraged.
6. Department meetings should be held. Minutes may be forwarded to the Laboratory Director.
7. Repetitive issues or on-going concerns are reviewed at staff meetings and potential solutions are discussed. The appropriate resolution is implemented and communicated to staff.
8. Email communication may be used.
9. There is a member of the Management Team and the Laboratory Information Services Team on call when the supervisory staff is not on site.
10. There is a monthly Pathologist On-Call schedule that is printed and posted throughout the laboratory. The Pathologist On-Call is listed along with a phone number and pager number.
11. The Huddle process brings employees and managers together for an informal, 5- to 10-minute discussion about specific topics. The Huddle is also an opportunity to share important unit, site and system-wide announcements.
12. Pending logs are reviewed each shift to monitor workload and ensure that specimens are collected and resulted in a timely manner.
13. Departmental Communication policies are followed as appropriate.
14. Bulletin boards are used throughout the laboratory for posting schedules, laboratory performance monitors, site and corporate information, read and sign information, newsletters and other information as necessary.
15. When a pathologist has not completed a case or is unavailable to follow-up on a case, i.e. answer inquiries from a clinician, the pathologist should inform and assign another pathologist who will be available to answer inquiries regarding the status of the case. The second pathologist may complete the case for sign out if necessary.
16. Slides reviewed by the cytotechnologist that require pathologist review (non-gyn cases and select gyn cases) are placed on the assigned pathologist's work-list. If the pathologist is unable to complete work or has another assignment, he/she must communicate with cytology laboratory to reassign the case(s) to another pathologist. If a previously signed out cytology case comes up for review or a clinician inquires and needs immediate attention, the case is handled in the following manner: taken to Director of Cytology, then to cytopathologist of the day, then taken to Medical Director of the Laboratory.

# IV. REFERENCES:


A. 2024 Laboratory National Patient Safety Goals
B. CAP Laboratory General (Inspection) Checklist. College of American Pathologists. most current version- GEN.61750 Hand Off Communication
C. Facts about the Joint Commission

## Approval Signatures

| Step Description | Approver | Date |
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| CLIA Site Licensed Medical Directors | Ryan Johnson: OUWB Clinical Faculty | 7/23/2024 |
| CLIA Site Licensed Medical Directors | Hassan Kanaan: OUWB Clinical Faculty | 7/17/2024 |
| CLIA Site Licensed Medical Directors | Muhammad Arshad: Chief, Pathology | 7/17/2024 |
| CLIA Site Licensed Medical Directors | Subhashree Mallika Krishnan: Staff Physician | 7/17/2024 |
| CLIA Site Licensed Medical Directors | Jeremy Powers: Chief, Pathology | 7/17/2024 |
| CLIA Site Licensed Medical Directors | John Pui: Chief, Pathology | 7/17/2024 |
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| CLIA Site Licensed Medical Directors | Kurt Bernacki: System Med Dir, Surgical Path | 7/17/2024 |
| CLIA Site Licensed Medical Directors | Ann Marie Blenc: System Med Dir, Hematopath | 7/17/2024 |
| Policy and Forms Steering Committee Approval (if needed) | Kimberly Cole: Spec, Operations | 7/17/2024 |
| | Sarah Britton: VP, Laboratory Svcs | 7/16/2024 |
| Operations Directors | Joan Wehby: Dir, Lab Services | 7/16/2024 |
| Operations Directors | Brittnie Berger: Dir Sr, Lab Operations | 5/29/2024 |
| Operations Directors | Amy Knaus: Dir, Lab Operations C | 5/24/2024 |
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| Operations Directors | Christopher Ferguson: Dir, Lab Operations B | 5/22/2024 |

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| | Kimberly Cole: Spec, Operations | 5/22/2024 |

## Applicability

Dearborn, Farmington Hills, Grosse Pointe, Royal Oak, Taylor, Trenton, Troy, Wayne