

UNIVERSITY OF PITTSBURGH MEDICAL CENTER
Presbyterian Shadyside
PITTSBURGH, PENNSYLVANIA

Policy # _____

SURGICAL PATHOLOGY POLICIES AND PROCEDURES

**SUBJECT: COMMUNICATION OF SIGNIFICANT UNEXPECTED
SURGICAL PATHOLOGY FINDINGS**

POLICY: "There are circumstances where the final diagnosis for a surgical specimen is *considered particularly significant or unexpected. Such instances may include: malignancy in an uncommon location or specimen type (e.g., hernia sac, intervertebral disk material, tonsil, etc.), absence of chorionic villi when clinically expected (potential ectopic pregnancy), clinically significant change of a frozen section diagnosis after review of permanent sections, amendments to a previous report, any condition that may require urgent/emergent medical intervention (e.g. vasculitis, ischemic organ damage, toxic epidermal necrolysis, hypersensitivity/allergic reactions), positive margins where the pathologist and/or surgeon expected negative ones, absence of a lumen in a specimen where a lumen is essential for operative success (e.g. vas deferens, ureter) or a change in the reported diagnoses of outside cases sent in for consultation/confirmation, and/or mycobacterial, fungal or other significant infectious organisms identified on special stain*", pathologic findings that are significantly discordant with the pre-operative diagnosis, and other unexpected histologic findings in tissues that require clinical explanation. This listing is not meant to be exhaustive; other surgical findings may qualify and should be followed up at that discretion of the pathologist. Under the minimum circumstances as described above, the pathologist is required to notify the patient's physician and properly document such notification" and the following steps must be followed.

PROCEDURE:

1. The sign-out pathologist will call the submitting physician and/or designee (e.g. submitting physician's office manager or nurse) to communicate the findings as soon as the diagnosis becomes evident and the pathologist is prepared to issue the final report. When giving the report by phone, be sure that the person receiving the information reads the result back to you to verify accuracy.
2. In the event that the findings cannot be effectively communicated during the initial notification attempt, the signout pathologist will:
 - a. Leave a message requesting a call-back by the submitting physician or designee within a specific time period not to exceed 72 hours.
 - b. Create a personal reminder (e.g. tickler e-mail) to follow-up with the submitting physician or designee in the event that the call-back does not occur within the established time period.

- c. Send an E-mail to the referring physician(s) indicating an urgent need to telephone to discuss said case.
3. The sign-out pathologist will document the communication of the findings within the pathology report (i.e. Diagnostic Comment field) and will include the following elements.
 - a. Name of the person notified.
 - b. Date that the notification was made
 - c. "RBV" noted on report to document that 'read back verification' occurred.

Example: Dr. Jones verbally notified at 1100 on 01/01/04 RBV
KC, Dr. Smith's nurse, notified at 1330 on 1/01/2004 RBV
4. If unable to reach the clinician, physician assistant, housestaff officer, nurse or secretary, document this failure in your report. Notify Risk Management of this failure and ask them to assist (document this request as well.). In addition to notifying Risk Management, writing a note in the patient's chart, if available, is an option.

REFERENCES:

College of American Pathologists Laboratory Accreditation Committee ANP.12175
Rosai J, Bonfiglio TA, Corson JM, et al. Standardization of the surgical pathology report. *Mod Pathol*.1992 Mar;5(2):197-9
Zarbo RJ, Nakhleh RE, Walsh M; Quality Practices Committee, College of American Pathologists. Customer satisfaction in anatomic pathology. A College of American Pathologists Q-Probes study of 3065 physician surveys from 94 laboratories. *Arch Pathol Lab Med*. 2003 Jan;127(1):23-9.

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Approved by:

Dr S.A. Yousem,

Director of Anatomic Pathology
Department of Pathology



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James Bird, Administrative Director, Department of Pathology



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