**Diagnostic Safety Toolkit: Activity Three  
Conduct Institutional Inventory: Current Communication Processes & Practices**

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### Purpose and Goal

The purpose of this institutional self-assessment tool is to identify:

* Practices and protocols in place to support communication best practices.
* Effectiveness of current practices.
* Individualized strategies to address potential safety gaps not directly covered by existing practices and protocol.

Systematically evaluating successes and failures enables identification of strategies to improve the communication processes across the institution.

The institutional self-assessment focuses on uncovering information in the following areas:

* Current practices.
* Areas of success.
* Potential problem areas.
* Areas targeted for improvement.

*Note:* it may be useful to refer back to the discussions surrounding the vignettes and the communication gaps that were identified.

### Seven-Step Process

As you complete each of the seven steps of this institutional self-assessment exercise, it is vital to analyze how the policies of your healthcare system may affect patients in disparate ways, depending on factors such as race, gender, age, sexual orientation, and socioeconomic status.

It’s also important to analyze patterns of patients’ use of online portals and messaging systems to assess whether certain patient groups are using these resources. Look for factors such as demographic differences in portal use to help assess the need for engaging with different groups of patients regarding their communication preferences.

## Step 1: Identify the Assessment Team

The core team may be involved in all the steps of this activity. However, other stakeholders and subject matter experts may need to be involved on an ad hoc basis.

Follow-up of laboratory and radiology results is a complex process that involves many stakeholders. It may be impossible to get all involved parties in the same room or virtual meeting at the same time.

Because of different roles at each individual institution, there is no single correct way to assign responsibilities to your group members.

In selecting your team, you may find the DACI responsibility matrix a useful tool as you identify personnel, assign tasks, and organize the efforts of your multidisciplinary team. The DACI model acronym stands for driver, approver, contributor, and informed, giving each a different role:

* Driver: The leader of the overall project who determines the direction of the team.
* Approvers: One or more individuals who make project decisions.
* Contributors: Subject matter experts who provide information and resources.
* Informed: Individuals to be kept up to date on progress but who do not have responsibilities for decisions or tasks.

For more information, refer to [”What Is DACI: an Explainer.”](https://blog.capterra.com/what-is-a-daci-matrix/)

### Roles and Services to Consider Including in the Assessment Team

* Assessment leader
* Patient representative
* Resident
* Fellow
* Medical student
* Pathology and laboratory medicine
* Radiology (diagnostic and interventional)
* Inpatient hospital medicine
* Inpatient subspecialty services
* Outpatient primary care and subspecialty clinics
* Emergency medicine services
* Risk management/legal services
* Care coordinators/navigators
* Health information technology

### Involve Trainees

Because trainees are often the most directly involved in day-to-day operations, they can provide critical insight into current practices and may provide ideas for innovation and improvement. Participation in this assessment, as well as in the entire improvement process, provides trainees an opportunity to become engaged at an early stage in their career.

*Note*: In working with trainees, consider using the [checklist](#_Appendix_A:_Trainees) below as a fact-finding tool to assess communication practices among learners at your institution. Program directors can think of incorporating this exercise into existing educational conferences such as morning report or noon conference.

## Step 2: Recognize and Discuss Current Successes

Before delving into the shortcomings and gaps, it can be helpful to focus on the positive by identifying highly reliable systems within your institution, and determining which practices have been effective for follow-up of laboratory and radiologic abnormalities.

For example, if the radiology department has been highly successful in follow-up of incidental lung nodules, examine the successful protocol to answer the following questions:

* What is the workflow for communicating results?
* Are there any factors that make this process uniquely successful?
* What resources does this require?
* What aspects of the successful practice could be applied to other patient scenarios?

For a more structured approach to identifying successes, consider using Appreciative Inquiry, a philosophy of relationship building and problem solving.

The [Appreciative Inquiry Model](https://appreciativeinquiry.champlain.edu/) uses a five-phased approach to exploring the situation: Defining, Discovering, Dreaming, Designing, and Destiny (or Deploying).

During these phases, participants first specifically define the topic at hand that needs to be addressed. Then they discover what is working well, dream of ways to make it even better, and finally, design implementation of a final solution. This approach can take minutes, hours, or even longer, depending on the depth of the conversations.

The model flips the focus from what isn’t working to what is working, and how to build on that. By highlighting the positives of a situation or relationship, stakeholders are energized, responses are constructive, and confidence in a strategy for moving forward becomes mutual.

A variation of the full Appreciative Inquiry model is to streamline the process into about one hour by using a series of interviews. [Liberating Structures](https://www.liberatingstructures.com/5-appreciative-interviews-ai/) adapted the five-phased approach by adding more organization to each phase with targeted interview-style questioning and incorporating more structure to the inquiry exercises.

## Step 3: Document Legal and Accreditation Requirements

|  |
| --- |
| 1. What accrediting bodies are in place that address potential gaps in communication identified throughout this project so far?   (These may include but are not limited to: Joint Commission; College of American Pathology; American College of Radiology; State requirements; federal regulations, including the Centers for Medicare & Medicaid Services.) |
|  |
| 1. What are some of the reasons policies may or may not be followed on a routine basis? |
|  |

In this section, participants will evaluate existing legal and accreditation requirements that address potential communication gaps. Consider questions such as:

For each clinical care team (e.g., general medicine, surgery, cardiology, etc.) or clinical service group (e.g., laboratory, radiology) responsible for acute care of patients, consider asking a designated representative to compile the checklist below.

This task needs to be completed apart from and prior to an in-person or virtual discussion.

## Step 4 Categorize Results

Diagnostic results may fall into the following categories: abnormal critical, abnormal non-critical requires follow-up, abnormal non-critical follow-up not required, normal. For each result category, ask the designated representatives from each service to determine the following, **as they currently exist**:

* Which results fall into each category for your service and/or practice.
* An acceptable time frame for follow-up.
* Where the time frame for follow-up is documented.
* Acceptable methods of notification (e.g., letter, phone call, office visit) for each category.
* Who may receive these results.
* How soon the information is available to patients via portal and/or medical record.
* Escalation procedures in place to ensure follow-up.

A sample table is provided below. This step is also completed as homework, keeping in mind that these are examples only and are not intended to be a comprehensive list. Note: NA (not applicable) is an acceptable answer.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Categorizing Patient Results** | | | | | | | |
| **Team members:** | | | | | | | |
| **Clinical service:** | | | | | | | |
| **Escalation procedures:** | | | | | | | |
| **Category** | **Examples: Types of Results** | **Time Frame for Follow-Up** | **Time Frame for Documentation** | **Notification Method** | **Who is the Notifier?** | **Who is the Notifyee?** | **How is this notification documented?** |
| **Abnormal Critical** |  |  |  |  |  |  |  |
| **Abnormal Non-Critical, Requires Follow-up** |  |  |  |  |  |  |  |
| **Abnormal Non-Critical, Follow-up Not Required** |  |  |  |  |  |  |  |
| **Normal** |  |  |  |  |  |  |  |

## Step 5: Identify Communication Practices for Various Follow-Up Scenarios

The type of communication follow-up required will differ depending on the patient scenario.

For example, a hospital patient without an established primary care provider being discharged with multiple pending laboratory and radiology tests will require more intensive communication follow-up than an outpatient who had an imaging study ordered by their established primary care provider.

Identify one or more of the following patient scenarios for which your institution has established communication follow-up protocols. There is space in the table to add a case scenario you consider significant.

| **Diagnostic Follow-up Scenario** | **Established Protocol?** | **Type of Communication Required** |
| --- | --- | --- |
| Inpatient transferred to a different inpatient service in the same hospital. | ☐ Y ☐ N |  |
| Inpatient transferred from another hospital/healthcare system to the AMC. | ☐ Y ☐ N |  |
| Inpatient transferred from the AMC to another hospital/healthcare system. | ☐ Y ☐ N |  |
| Patient being discharged from inpatient or emergency department: | | |
| * Primary care provider or responsible specialist within the same healthcare system. | ☐ Y ☐ N |  |
| * Primary care provider or responsible specialist outside the healthcare system. | ☐ Y ☐ N |  |
| * No primary care provider or responsible specialist identified. | ☐ Y ☐ N |  |
| Patient presenting for specialized testing ordered by another provider (e.g., bronchoscopy or biopsy by interventional radiology) in the health system. | ☐ Y ☐ N |  |
| Patient presenting for specialized testing ordered by another provider (e.g., bronchoscopy or biopsy by interventional radiology) outside the health system. | ☐ Y ☐ N |  |
| [Add your own scenario] | ☐ Y ☐ N |  |

## Step 6: Document Communication Practices and Procedures

In the previous step, you were asked to inventory communication practices for different patient scenarios. It is also important to have written procedures in place. Copy the communication practices you identified in Step 5 into the table below, and identify the who, when, and how for each practice or procedure.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Documenting Your Existing Communication Practices** | | | | |
| **Type of Communication Practice or Procedure** | **Who should receive the communication?** | **When should communication be sent?** | **How is the communication accessed?\*** | **How is communication loop closed and documented?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\* Examples of access methods: email, patient portal, telephone, and text.

|  |
| --- |
| **Using Patient Portals** |
| **How does your system document and ensure that results provided via portal are accessed by the patient?** |
|  |

## Step 7: Determine the Level of Institutional Support

It is not enough to simply have the proper communication practices and procedures in place. It is also vital to make sure the system is designed to support the execution of best practices. Consider if your facility supports and encourages effective communication and continuity of care through the following practices.

|  |  |
| --- | --- |
| **Institutional Support for Communication Best Practices** | |
| **Practice or Procedure:** | **Type of Support Provided** |
| Designated individuals are assigned for follow-up of abnormal laboratory/imaging results in these situations: |  |
| * Discharge from the emergency department |  |
| * Discharged inpatients |  |
| Dedicated time is provided for communicating and documenting follow-up for results. |  |
| Staff and providers who demonstrate best practices in communication and patient safety are rewarded  (e.g., a “Good Catch” award). |  |
| A system is in place to report and analyze patient safety events related to failures in communication. |  |
| [Add your own] |  |

## Appendix A: Trainees Fact-Finding Tool

|  |
| --- |
| Procedure (if any) for trainees to be notified of results on their patients, after an episode of care for the following settings: |
| Inpatient service |
| Outpatient service |
| Emergency department |
| Procedure (if any) for trainees to be notified of results after they have completed their rotation and moved to a different service: |
|  |
| Procedure for handoffs when completing a rotation regarding pending diagnostic testing information: |
|  |
| Who has the ultimate responsibility for trainee ordered tests? How is that person notified of pending tests done under their supervision, as well as test results? |
|  |
| Trainee awareness of existing policies and practices for onboarding: |
|  |
| Do trainees receive formal didactic training on the following subjects? |
| * Evidence-based follow-up of abnormal laboratory and radiology findings. |
| * Discharge planning with respect to diagnostic information. |
| * Handoffs for diagnostic information. |
| * Communication strategies for diagnostic information. |