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Critical Values (Diagnosis) Reporting

Purpose: to provide immediate notification to the most responsible clinician when an abnormal result is acutely life threatening and/or requires immediate clinical action. Reporting and documentation of critical diagnoses is required for the tissue types and diagnoses outlined in the provincial approved list (appendix A).

Note: At pathologist's discretion, any diagnosis may be directly reported regardless of whether the diagnosis fits the critical value criteria.

Procedure:

- Significant and unexpected diagnosis and changes to the report that may impact patient management should be personally communicated to the treating clinician as soon as possible. [1]

Direct phone call to most responsible clinician (MRC).	
If	**Then**
Able to contact MRC	1. Record data: a. Name of clinician contacted b. Date and time contacted 2. Record in internal comment – *searchable* 3. Record in diagnosis comment field of report - *optional*
Unable to reach MRC	1. Contact any or all other physicians listed on requisition in patient electronic health record
	2. Speak directly to the nurse assigned to the patient care: a. Request that information be recorded in patient chart (paper or electronic) b. Require that the report be read back to you for confirmation of accuracy
	3. Continue to attempt to contact MRC, a. three times, over 24 hour period b. leave electronic voice message if possible with contact number

[1] Pan Canadian Quality Assurance Recommendations for Interpretive Pathology. CPAC; 2016; 25.

Documentation of calls to report critical diagnosis	
If	**Then**
Able to contact MRC prior to sign out of report	1. Record data: a. Name of clinician contacted b. Date and time contacted 2. Record in internal comment – *searchable* 3. Record in diagnosis comment field of report - *optional*
Unable to contact MRC prior to sign out of report	1. Record data for each contact attempt: a. Name of clinician contacted b. Date and time contacted 2. Record in internal comment – *searchable*

Secondary review results in diagnosis disagreement that meets critical diagnosis criteria.		
If	**Then**	
Review pathologist located at BCCA or other provincial Pathology Lab	1. Reviewing pathologist to contact the original pathologist, to resolve the disagreement prior to sign out of review report 2. If required original pathologist to issue revised report 3. If required original or reviewing pathologist to contact MRC as per standard process	
	If	**Then review pathologist**
	The original pathologist cannot be reached (i.e. vacation) and if there is clinical urgency	1. Can utilize his/her discretion to contact the MRC (i.e. submitting physician of the original case or review-requesting clinician) to inform the disagreement in diagnosis 2. Sign out the review report 3. Document unsuccessful attempts made to contact the original pathologist in LIS 4. Make additional attempts to contact the original pathologist upon their return to work 5. If required contact ordering oncologist

Review Pathologist located outside Province: i.e. Mayo clinic, Best Doctors	Original pathologist to: 1. Review report received 2. Review patient slides 3. Contact review pathologist to resolve disagreement 4. If required: a. issue revised report b. contact MRC as per standard process

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APPENDIX A:

Immediate Clinical Consequences
Crescents in greater than 50% of glomeruli in a kidney biopsy
Fat in an endometrial curettage
Fat in/with non-Caesarean section placenta
Fat in/with products of conception/retained products
Mesothelial cells in a heart biopsy
Fragments of fat (clearly not submucosal) in colonic endoscope polypectomies
Malignancy in superior vena cava syndrome or unexpected malignancy in a blood clot
Neoplasms causing paralysis
Unexpected or Discrepant Findings
Significant disagreement between frozen section and final diagnoses
Significant disagreement between immediate interpretation and final FNA diagnoses
Significant disagreement between final diagnoses and addendum diagnoses
Unexpected malignancy with immediate risk to patient's life or limb
Significant disagreement and /or change between primary pathologist and outside pathologist consultation (at either the original or consulting institution) - reviewing pathologist contacts original pathologist
Infections
Fungal elements in acute chorioamnionistis / funisitis
Fungi in FNA of immunocompromised patients
Bacteria in heart valve or bone marrow
Herpes in genital biopsies of near-term (third trimester) pregnant patients
Any invasive organism in surgical pathology specimens of immunocompromised patients – first time identified
Bacterial or fungi in cerebrospinal fluid cytology in immunocompromised or immunocompetent patients – first time identified
Pneumocystis, fungi or viral cytopathic changes in bronchoalveolar lavage, bronchial washings, or brushing cytology specimens in immunocompromised or immunocompetent patients
Unexpected Autopsy Findings
Unexpected autopsy findings that may influence completion of the death certificate

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Review History:

Date	Reviewer	Changes / Edits
June 26, 2018	J. Tunnicliffe	Logo change from BCCSS to PHSA