Capsule Commentary on Kantor et al. Pending Studies at Hospital Discharge: A Pre-Post Analysis of an Electronic Medical Record Tool to Improve Communication at Hospital Discharge

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Many patients are discharged from the hospital with pending diagnostic studies, "unfinished business," so to speak. The presence of those pending studies and a plan for follow-up should be communicated at discharge to achieve a safe transition of care,[1] but rarely does this occur.[2] Kantor et al.[3] developed an EMR-based tool that generated a list of pending studies at discharge and evaluated its effectiveness in increasing the communication of those pending studies using a pre-post analysis. Upon putting the tool into practice, the communication of the presence of pending studies in the discharge summary significantly increased from 18 to 43 %. The authors also conducted a survey of house staff that revealed differing opinions on who is responsible for following up with pending studies after discharge and inconsistent systems for keeping track of pending studies for later follow-up.

The mechanisms by which physicians are alerted to the presence of pending studies at discharge vary widely, from no mechanism to an automated population of electronic discharge summary templates. The discharge summary is the only mandated communication tool at hospital discharge,[1] but even if the inclusion of critical information (such as pending diagnostic studies) in that tool is perfected, confusion still remains as to the responsible party for follow-up post-discharge.[4]

Care transitions are complicated. Improving communication, information transfer, and designation of follow-up during care transitions, such as discharge from the hospital, will require a multifaceted and interdisciplinary approach. The Kantor et al. study is a step in the right direction in solving this complicated problem in modern health care, but knowledge gaps remain. Additionally, it is unlikely that any proposed solution will be "one size fits all," considering the differences in size, staffing, procedures, patient populations, and location among health care facilities in the US.

Conflict of Interest: *The author declares that he/she does not have a conflict of interest.*

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REFERENCES

1. **Kripalani S, Lefevre F, Phillips CO, Williams MV, Basaviah P, Baker DW.** Deficits in communication and information transfer between hospital-based and primary care physicians: Implications for patient safety and continuity of care. JAMA. 2007;297(8):831–841.
2. **Walz SE, Smith M, Cox E, Sattin J, Kind AJH.** Pending laboratory tests and the hospital discharge summary in patients discharged to sub-acute care. J Gen Intern Med. 2010;26(4):393–398.
3. **Kantor MA, Evans KH, Shieh L.** Pending studies at hospital discharge: a pre-post analysis of an electronic medical record tool to improve communication at hospital discharge. J Gen Intern Med. 2014 Month; (Article SPI# 3064).
4. **Wahls T, Haugen T, Cram P.** The continuing problem of missed test results in an integrated health system with an advanced electronic medical record. Jt Comm J Qual Patient Saf. 2007;33:485–492.

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