LETTERS

Pending Studies at the Time Hospital Discharge

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To the Editors: Kantor et al. studied an important challenge in hospital medicine practice.¹ However, failure to document pending test results in the discharge summary and to communicate with primary physicians is just the tip of the iceberg. A survey of hospitalists, junior residents, and primary care physicians in two tertiary care academic hospitals revealed that 61.6 % were unaware whether actionable pending test orders even existed at the time of discharge.² These test results are likely to be unnecessary or redundant. Miyakis et al. showed that 67.9 % of a total of 24, 482 laboratory tests ordered by trainees at an academic medical center over a 6-month period were not considered to have contributed towards medical management of the patient.³ This study by Kantor et al.¹ also showed that 83 % of pending test results were ultimately normal, and hence may have been unnecessary to begin with. The study showed that 68 % of pending test results were microbiology cultures. From the anecdotal experience of our hospitalist group, the majority of these microbiology cultures are ordered by emergency department physicians or admitting hospitalists for the observation admissions requiring 24–48 hours inpatient antibiotic treatment. The majority of these admissions are for mild to moderately severe infections meeting partial admission criteria. The ordering physician generally does not have an expectation to modify a patient's antibiotic regimen prior to discharge.

This study¹ showed that communications of pending test results in the discharge summary increased from 18 % to 43 % after introduction of the EMR tool. I would argue that researchers are already near the peak rate of compliance that is achievable, as the majority of these tests are unnecessary, and discharging physicians view them as irrelevant information, even after seeing pending tests. For practicing hospitalists in community hospitals, this rate could be even lower. The sole focus on the communication of pending test results misses the bigger picture. We have to ask ourselves why so many test results, unnecessary in the first place, are pending at the time of discharge. This is not to minimize the risk of ignoring even seemingly unimportant test results.

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