Capsule Commentaries

Capsule Commentary on Dalal et al., The Impact of Automated Notification on Follow-up of Actionable Tests Pending at Discharge: a Cluster-Randomized Controlled TrialSarah A. Stella, MD, FHM^{1,2}¹Division of Hospital Medicine, Department of Medicine, Denver Health and Hospital Authority, Denver, CO, USA; ²Department of Medicine, University of Colorado School of Medicine, Aurora, CO, USA.

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Communication regarding tests pending at discharge (TPAD) is an important yet often poorly executed aspect of hospital discharge transition. Previous research has indicated that a substantial proportion (41%) of patients leave the hospital before labs, that radiology and other tests have been finalized,¹ and that failure to follow up such results may result in a multitude of preventable adverse outcomes.² Yet relatively few studies have examined documented follow-up of TPADs within the electronic health record (HER) in the period following discharge.

In this novel cluster-randomized controlled trial, Dalal and colleagues³ evaluate the impact of a previously implemented automated email intervention⁴—designed to alert hospital clinicians and primary care providers (PCPs) of actionable TPADs in general medicine and cardiology patients discharged from a tertiary care hospital—on documented *action* or *acknowledgment* of actionable TPAD, median time to documented follow-up, and 30-day readmissions. There was no statistically significant difference in the proportion of actionable TPADs with documented action or acknowledgement between the intervention and usual care groups. However, the time to documented action was significantly shorter in the intervention group.

Interpretation of these findings is hampered by several methodological limitations. Notably, the lack of apparent effectiveness of the intervention might be explained by the inclusion of patients with both in-network and out-of-network PCPs in the study sample, which may have diluted the effect of the intervention given that outside charts were not reviewed. A subgroup analysis did show that the intervention had a greater impact on documented action for patients with

in-network PCPs. In addition, since orders were not reviewed, some “actions” may have been missed.

Nevertheless, the high rates of actionable TPADs (~40%) without *any* documented follow-up reported in this study represent a continued serious patient safety threat, which automated notifications are unlikely to ameliorate.⁵ Future research should be directed at better understanding how and under which circumstances such notifications should be utilized, and how they can be seamlessly integrated with the EHR. In addition, healthcare organizations should enact policies and employ a multifaceted approach to address this important communication gap and ensure patient safety.

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Compliance with Ethical Standards:

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

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