

# Chapter 33

## Communication of Autopsy Results

*Peter B. Baker, MD*

### Scope of Chapter

- Methods for communicating autopsy results
- Time allotted for completion of preliminary and final reports
- Report distribution

### Introduction

Efficient and prompt communication of autopsy results to the appropriate physicians will help stimulate interest in the autopsy and enhance its contributions to education and quality improvement. There are three issues that will be addressed in this chapter: methods for communication of autopsy results; the time allotted for completion of preliminary and final reports; and the distribution of autopsy reports.

### Communication of Autopsy Results

Communication of preliminary autopsy findings should be prompt.<sup>1,2</sup> Ideally, attending clinicians and residents responsible for the patient's care will be present at the time of autopsy to observe the findings firsthand and discuss them with the pathologist. At teaching institutions, the presence of medical students should be encouraged. Busy schedules often preclude the presence of attending clinicians at the autopsy. In this situation, a telephone call from the pathologist to the clinician immediately following the autopsy is highly recommended as an alternative method for rapidly communicating the results. Clinical questions elicited by the pathologist prior to the autopsy should be specifically addressed.<sup>3</sup>

If a computerized clinical information system is available, the preliminary and final autopsy reports should be entered into the system for review by the attending physician. These systems also provide for rapid delivery of the written report to other appropriate hospital personnel. Other communication modalities that could be used to send autopsy results are infrequently used, including e-mail and fax.<sup>4</sup>

Clinicians appreciate being informed of the preliminary autopsy findings before they talk with the family. Since family members might contact the clinician within a short time following the autopsy, prompt communication of autopsy findings is important.<sup>3</sup>

Prior to completion of the final autopsy report, it may be desirable to inform the attending clinician and the clinical residents when new information becomes available. This might include microbiologic culture results, cytogenetic studies, toxicology tests, or pertinent histologic findings.

## **Preliminary and Final Report Turnaround Times**

According to current accreditation requirements from the College of American Pathologists, the written preliminary report must be submitted within 2 working days. The final report must be submitted within 30 working days for routine cases and within 3 months for complicated cases.<sup>5</sup> Individual institutions may consider establishing criteria for classifying autopsies as “complicated cases.” The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires the provisional diagnosis to be recorded in the medical record within 3 days and the complete protocol to be made part of the record within 60 days unless exceptions for special studies are established by the medical staff.<sup>6</sup> These accreditation requirements should be considered the maximum turnaround times. Individual institutions must consider the time required to collect ancillary study results and to accommodate pathology house staff education while optimizing report turnaround time.

## **Report Distribution**

Attending clinicians responsible for the patient’s care, as well as other physicians, consultants, and referring physicians, receive autopsy results. In teaching institutions, house staff involved in the patient’s care also receive a report. Clinicians who request autopsy reports but were not directly involved in the patient’s care may be directed to contact the patient’s representative for proper authorization. This will usually be administered through the medical records department. To readily identify physicians who are to receive a copy of the autopsy report, a line for listing the names of these physicians may be included on the autopsy permission form. In many cases, a copy of the entire final autopsy report is not necessary, and a summary may be sufficient.<sup>3</sup>

Routine submission of complete autopsy reports to the family is often not helpful because these medical documents contain technical language that may be misinterpreted or misunderstood. It is important, however, for the family to receive timely and useful information concerning the autopsy. The pathologist may send a letter to the next of kin or other responsible family member in appropriate circumstances. Also, provide a copy of the letter to the attending clinician. Alternatively, the pathologist may draft a letter for the family, which is cosigned by the attending clinician. Direct requests from the family for a copy of the final autopsy report should be handled according to local laws and institutional policies for release of medical records. To expedite these requests, the institutional medical records department may provide the appropriate forms for release of the autopsy reports directly from the Pathology Department.

In selected cases, it may be appropriate for the pathologist to forward autopsy reports to institutional offices such as infection control, risk management, utilization review, and quality management. If standard procedures have been established for referring cases to these offices, autopsy referrals should follow those procedures. Aggregate autopsy data, including autopsy rate statistics, may be submitted routinely to department chairs, the medical director, the quality management office, and other appropriate persons.<sup>4</sup>

Autopsy results can be incorporated into educational and quality improvement programs of the institution. Many of these activities can be accomplished while maintaining patient confidentiality. Intradepartmental activities may include review of gross findings, review of brain pathology,

presentation of completed cases, and correlation with previous surgical or cytology material. Examples of interdepartmental activities include mortality conference, clinical pathological conferences, presentation of completed case to correlate with clinical findings, and family death conference.<sup>4</sup> These activities may also address accreditation inspection requirements for incorporating autopsy findings into institutional quality improvement programs.<sup>5</sup>

Distribution of the autopsy report will be determined by local practice and applicable statutes within the jurisdiction. In general, it is appropriate to treat the autopsy report as a component of the medical record and, therefore, subject it to the usual confidentiality considerations. Issues surrounding the confidentiality of human immunodeficiency virus status on autopsy reports has been addressed by the Council on Ethical and Judicial Affairs of the American Medical Association.<sup>7</sup> In brief, it is recommended that physicians maintain the confidentiality of human immunodeficiency virus status on autopsy reports to the greatest extent possible because this information is part of the medical record. However, pathologists must be aware of their reporting obligations to public health authorities and other parties at risk, as mandated under state law.

## References

1. Autopsy quality improvement. In: Travers H, ed. *Quality Improvement Manual in Anatomic Pathology*. Northfield, Ill: College of American Pathologists 1993:Ch. 5.
2. Council on Scientific Affairs. Autopsy. a comprehensive review of current issues. *JAMA*. 1987;258:364-369.
3. Hutchins GM, Berman JJ, Moore GW, Hanzlick R, Autopsy Committee of the College of American Pathologists. Practice guidelines for autopsy pathology: autopsy reporting. *Arch Pathol Lab Med*. 1995;119:123-130.
4. Nakhleh RE, Baker PB, Zarbo RJ. Autopsy result utilization: College of American Pathologists Q-Probes study of 256 laboratories. *Arch Pathol Lab Med*. 1999;123:290-295.
5. Commission on Laboratory Accreditation. *2000 Inspection Checklist: Autopsy Pathology*. Northfield, Ill: College of American Pathologists; 2000.
6. Joint Commission on Accreditation of Healthcare Organizations (JCAHO). *Accreditation Manual for Hospitals*. Oakbrook Terrace, Ill: JCAHO; 2001.
7. Council on Ethical and Judicial Affairs. American Medical Association. Confidentiality of human immunodeficiency virus status on autopsy reports. *Arch Pathol Lab Med*. 1992;116:1124-1127.