

Hand-off orientation in oral pathology: Bridging the gap for better patient care

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Abstract

The practice of hand-off orientation in oral pathology plays a pivotal role in ensuring efficient and high-quality patient care. Given the intricate nature of oral health, the seamless transition of patient care from one healthcare provider to another is critical. Hand-off orientation in oral pathology begins with a comprehensive referral of oral biopsy specimens from a general dentist or clinical specialist to the oral pathology laboratory. Obtaining detailed information about oral biopsy tissue and complete patient information from clinicians is indeed crucial for a variety of reasons, including accurate diagnosis and treatment planning. This collaborative approach ensures that patients receive timely and accurate care, reducing the potential for misdiagnosis or treatment delays. In the field of oral pathology, effective hand-off orientation is a cornerstone of patient safety and positive outcomes.

Keywords: Hand-off orientation, proposed checklist, oral pathology

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INTRODUCTION

The uniqueness of every oral biopsy sample has been related to the complex nature of head and neck specimens. This complexity may result in medical errors because of inadequate transfer of patient details from one caregiver to another. In surgical pathology, 4–10% of errors are due to defective specimens, 27–38% due to wrong identification, and defective reports account for 28–44% of errors.^[1] Hence, careful and accurate examination of the submitted biopsy specimens is crucial to deliver accurate pathological reports. In this regard, hand-off orientation forms an important tool to bridge the gap between the oral surgeon and the oral pathologist. Hand-off orientation

refers to the “face-to-face” interaction between the surgeon and the pathologist to exchange information about the surgical specimen. It is the immediate and orderly transfer of patient-specific information to ease the process of grossing, processing, and reporting the biopsy specimens.^[2,3] However, the practice of hand-off orientation with standard protocols is not widely used in a dental setup. This may lead to miscommunication between the oral surgical and pathology teams, leading to failure to obtain all specimen-related data and errors in handling the specimens. Thus, every dental setup should practice the implementation of hand-off orientation protocols for the benefit of the patient.

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KEY FEATURES OF HAND-OFF ORIENTATION

In the oral pathology laboratory setup, hand-off orientation facilitates the procurement of relevant clinical data like the site of the lesion, radiographic and laboratory investigations, any intra-operative findings of significance, type of surgery, special equipment (like lasers, cautery) used during surgery which may have an impact on the microscopic examination, etc. In addition, hand-offs help to achieve workload balance and improve the confidence of pathology residents and staff.^[1,3] Further, in radical neck specimens, hand-off orientations help to identify areas of interest to the surgeon for accurate identification of surgical margins, surgical relocation of controversial areas within the specimen, and accurate dissection of levels of cervical lymph nodes.^[2] Hand-off orientation parameters and their implications are depicted in Table 1.

Once the relevant information is obtained, hand-off orientation improves turn-around time (TAT), which is the gap between the receipt of the specimen to the pathology lab and the delivery of the final report. Also, it helps to provide patient/specimen information between the pathologists who are subjected to scheduled rotations of postings. It also aids in the coverage of services in the scope of the pathologists in situations like planned or

Table 1: Summary of various hand-off orientation parameters and their implications.^[1-5]

Parameter	Implication
Type of fixative used to store the specimen	Helps to identify the reason for failure to appreciate histopathologic changes
Proper labelling if multiple specimens from a single patient are received	Ensures accurate identification
Adequacy of the depth of biopsy	intensifies Diagnostic accuracy
Confirmation of submission of all the excised tissue	Avoid losing of tissue of diagnostic representation
Intra-operative findings that may have an impact on the final report	Guide surgical management
Orientation of the specimen with the help of diagrammatic representation and specimen photographs	Helps to recall and avoid memory dependency
Identification of Inking/suturing of specimen margins	Aids in accurate identification of margins
Whether the margin is from tumor-bed or specimen driven	Helps in therapeutic decision-making
Identification of single or multiple lymph nodes at each level	Ensures identification of each lymph node and avoids fear of missing metastatic deposits
Record of any verbal communication on the case	Helps the pathology team to address the drop-out information
Any special note from the surgeon on the case	Aids in clinico-pathologic correlation for appropriate final diagnosis
Information on a previous pathology report	Helps to draft final histopathologic report

unplanned absences. Also, hand-off orientation minimises the errors in the final pathological diagnosis and reporting, which may occur due to a lack of communication between the surgical and pathology teams. This ultimately results in adequate patient care and positive treatment outcomes.^[1,3-5]

PROPOSED CHECKLIST FOR HAND-OFF ORIENTATION

Good practices to improve the efficiency of hand-off orientation^[1];

- Designing a structured hand-off checklist
- Periodic updating of hand-off checklist if desired.
- Use of electronic-aided hand-off tools
- Error analysis with corrective and preventive action
- Periodic audits for quality assurance
- Conduct training for residents and the pathology team.

CONCLUSION

In oral pathology, a robust hand-off orientation is indispensable. It increases the efficiency of the pathology team, enhances the scope of service, facilitates effective training of pathology residents, and improves the quality of service. It is important to maintain standardised hand-off orientation procedures, which minimise the risk of errors, enhance diagnostic accuracy, and support tailored treatment plans. Moreover, it fosters continuity of care, which is vital in chronic and complex oral health cases. Hence, Hand-Off orientation is an essential practice in oral pathology, facilitating the provision of high-quality, well-informed, and patient-centric care.

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Conflicts of interest

There are no conflicts of interest.

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