



Jersey Shore University Medical Center
Neptune, NJ 07754

SUBJECT: REPORTING OF RESULTS	TITLE: CRITICAL RESULTS AND VALUES
EFFECTIVE DATE: June 2001	SECTION: All Common Checklist
APPROVED: <i>Brian Johnson</i> MBA	POSITION RESPONSIBLE FOR REVIEW: <i>Brian Johnson</i> MBA Laboratory Manager or Designee

PURPOSE: To ensure that critical results and values are communicated to the appropriate staff and to comply with the regulatory standards of the Joint Commission and College of American Pathologists.

RESPONSIBILITY: All Laboratory Technologists / Technicians

POLICY: A critical result is a value which is identified as potentially life threatening which may indicate the need for prompt clinical intervention.

It is the policy of the Department of Laboratories that appropriate personnel be notified if certain results exceed critical limits. This includes tests performed at any of the five Meridian Hospitals and at various reference laboratories.

Critical results are those results which will always require rapid communication.

A. In-Patient Critical Results:

Laboratory personnel will notify the physician or nurse immediately upon identifying a value as critical.

When communicating critical results and values, the laboratory personnel will indicate verbally to the recipient (physician or nurse) that the result is a "CRITICAL VALUE". The technologist will add the comment code "CVC" to the critical result, and then append the date, time and first initial and last name of the person who received the information. In addition, the technologist will also confirm that critical results have been read back, using two patient identifiers.

B. Out-Patient Critical Results (during business hours):

Laboratory personnel will call the office of the physician of record to report the critical value to the physician.

When communicating critical results and values, the laboratory personnel will indicate verbally to the recipient (physician or nurse) that the result is a "CRITICAL VALUE". The technologist will add the comment code "CVC" to the critical result, and then append the date, time and first initial and last name of the person who received the information. In addition, the technologist will also confirm that critical results have been read back, using two patient identifiers.

C. Out-Patient Critical Results (after hours):

Laboratory personnel will call the office of the physician of record to report the critical value to the physician.

When communicating critical results and values, the laboratory personnel will indicate verbally to the recipient (physician or nurse) that the result is a "CRITICAL VALUE". The technologist will add the comment code "CVC" to the critical result, and then append the date, time and first initial



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and last name of the person who received the information. In addition, the technologist will also confirm that critical results have been read back, using two patient identifiers.

Laboratory personnel will make three attempts to contact the physician of record *within one hour* of obtaining the test result as follows: attempt #1 at result; attempt #2, 30 minutes from the first attempt; attempt #3, 30 minutes from the second attempt. All attempts to contact the physician of record will be documented in the LIS computer system including date and time of attempted contact.

IF the after three attempts, the physician of record cannot be reached to report the critical result, the tech must escalate the reporting of the test result to a pathologist as follows:

- Contact the pathologist on-call at the Meridian campus where the specimen originated by calling the campus to obtain the on-call pathologist name and phone number.
- Provide the pathologist with the patient's full name and phone number when reporting the critical result.
- Document in the LIS computer system the date, time and name of the pathologist the critical result was given to, using the CVC comment code, including documentation that the pathologist has read back and confirmed the critical value being reported.

NOTE: As requested by Dr. Kenneth Nahum, critical value results on his patients that are obtained after 5pm are to be held and called to his office on the next business day. These results will be documented in the Lab Customer Service Problem Book. Customer service will call the results to Dr. Nahum's office the following morning (Monday thru Friday), and document the call/fax in the LIS computer system. **Upon receipt of a critical result for a patient of Dr. Nahum after 5pm, the technologist will document the following canned comment code next to the critical result:

CVDN (*As per Dr Nahum critical value to be called to office next business day*)

D. Discharged Emergency Room (ER) Patient Critical Results

Laboratory personnel will call results to the ER to report the critical value to a physician.

When calling the ER, the laboratory personnel will indicate that they are reporting a critical value on a patient that has been discharged and will ask to speak to a physician.

IF an ER physician refuses to take the critical value, the laboratory personnel will ask to speak to Dr. Sweeney, Medical Director of the Emergency Department.

IF Dr. Sweeney is not available the laboratory personnel will report the critical value to the pathologist on-call.

Critical results should NOT be given to an RN for a discharged ER patient.

E. All Patients Critical Results Reference Lab Testing (after hours):

The following reference lab tests with critical values will be called to the ordering physician:

- Phenytoin, Free and Total
- Valproic Acid, Free
- Isopropanol (Includes Acetone)

All other reference lab testing critical values will be called the following morning by Meridian Laboratory Customer Service team. Document the first initial and last name of the individual who took the result. This information will then be documented in the LIS by a technical supervisor or charge tech.

F. The "Weekly Called Criticals" report generated by LIS will be reviewed by the Department Manager and the Core Lab Technical Supervisor for documentation accuracy.

REFERENCE:

COM.30000, .30100
JCAHO 2004 National Patient Safety Goal #2