Critical Results/Values Policy

Purpose

This document outlines the criteria for immediate notification of the licensed caregiver responsible for the care of a patient when critical results/values of specified test results are exceeded.

Scope

This policy covers the criteria and process in calling Critical Tests/Values to a licensed caregiver.

Definitions

Critical Results/Values: Defined as those test results that indicate that the patient is in imminent danger of death, significant morbidity, or serious adverse consequences, which would require medical intervention of an urgent nature, or which require immediate attention or action by the provider.

Critical Result/Value Measurement Parameter: Defined as the elapsed time from when the critical (abnormally high or low) result was first known to the time it is reported to the licensed responsible caregiver.

Licensed Caregiver: Any licensed caregiver who will be able to respond to the critical results to provide the needed care to the patient in a timely manner. This includes the Physician (MD), Certified Nurse Anesthetist (CRNA), Perfusionist, Nurse Practitioner (NP), Physician Assistant (PA), the Registered Nurse (RN), or Licensed Vocational Nurse (LVN).

Read-Back: A process that could be accomplished by following the steps below:

1. The laboratory staff calls the critical test result to the licensed caregiver.
2. The laboratory staff solicits “read back” of the critical test result from the licensed caregiver, including patient name and medical record number (MRN).
3. The laboratory staff acknowledges that the licensed caregiver received the critical test results correctly, including patient name and medical record number (MRN).

Repeat-Back: A process wherein the licensed caregiver is repeating back as the critical result is being written down.

Continued on next page

Critical Results/Values Policy, Continued

Policy

The SCPMG/KFH Laboratory Systems requires that all critical results/values to be called verbally to a licensed caregiver responsible for the care of the patient.

The laboratory staff solicits and documents "read-back" process whenever communicating critical results/values verbally.

Repeat-back is only allowed in certain situations such as a code, emergency situations, or in the OR, where a formal Read-back is not feasible.

List of defined Laboratory Critical Test Results/Values is maintained and periodically reviewed by the SCPMG Laboratory Operations (OPC), Quality Subcommittee (QSC), and in consult with other clinical specialty groups to establish appropriate aspect of patient care.

Note:
See attachment or click on the link below for the complete list of Critical Test Results/Values.
http://kpnet.kp.org:81/california/scpmg/labnet/testmenu/documents/Regional-Critical-Values.pdf

There is no defined critical result/value in Anatomic Pathology and Transfusion Services.

There is no requirement to repeat critical result/value. However, it is required to verify specimen integrity, e.g., hemolysis, lipemia, icterus, etc. before releasing the critical result/value.

Provisions

- Timeliness of Notification
- Reporting and Documentation
- Data Analysis and Monitoring

Continued on next page

Critical Results/Values Policy, Continued

Timeliness of Notification

Critical Results/Values

Inpatient Notification:

Notify the licensed caregiver within 15 minutes from the time the final laboratory critical result/value is verified.

Outpatient Notification:

Notify the licensed caregiver within 60 minutes from the time the final laboratory critical result/value is verified.

Note:
For any outpatient after-hours notification, refer to the area after-hours notification policy.

Reporting and Documentation

Laboratory staff immediately notifies the patient's licensed caregiver responsible for the patient's care, as appropriate, whenever a critical result/value for a specified laboratory result is obtained.

Note:
If requested, faxing of critical results/values is allowed* only after *verbal notification and read-back have occurred and documented.

The laboratory staff documents the critical result/value call in the Laboratory Information System. This documentation includes, laboratory staff's NUID, date and time of call, first and last names or NUID of the recipient, and "read-back" of the critical test result.

If unable to notify the licensed caregiver within the specified timeframes, or if the licensed caregiver refuses to receive the critical result/value, notify a Laboratory Supervisor, Laboratory Manager, Laboratory Director, a Pathologist, or area Nursing Administrators, as applicable; or follow the established laboratory notification/escalation process.

Document all actions taken by all parties in the notification process using the Unusual Occurrence Report (UOR), and forward the UOR to the area Risk Management.

Continued on next page

Critical Results/Values Policy, Continued

Data Analysis and Monitoring

Each area medical center laboratory periodically (at least monthly) collects and analyzes data, improves, and monitors the timeliness of calling critical results/values.

Data collected for monitoring may include a representation on a sampling of critical results/values.

This data, including data regarding any delay or refusal of the critical call by the licensed caregiver, will be presented to the area Quality/Patient Safety Committee or Medical Executive Committee, as applicable, and quarterly to the Laboratory Quality Subcommittee (QSC).

Non-Controlled Documents

The following non-controlled document supports this policy.

- TJC Comprehensive Accreditation Manual

Controlled Documents

The following controlled document supports this policy.

Reference	
Document Number	**Document Name**
QM.5.8.8.400	SCPMG Laboratory Systems Regional Critical Values

Critical Results/Values Policy, Continued

Reviewed and approved by (for Medical Center Area Approval Only):

SIGNATURE	DATE
Name:_____ **Operations Director, Area Laboratory**	
Name:_____ **CLIA Laboratory Director**	

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Critical Results/Values Policy, Continued

HISTORY PAGE

Type of Change: New Major, Minor	Description of Change(s)	Quality Systems Leader/Date	Operations Director, Area Laboratory Review/Date	CLIA Laboratory Director Review/Date	Date Change Implemented

Signature Manifest

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Critical Results/Values Policy

Initial Approval

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Final Approval

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Set Effective Date

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