D	00		100		-
D	ea	lu i	M	O.	Ш

Next Review 4/18/2024

Document Brittnie Berger:
Contact Dir, Lab
Operations C

Area LaboratoryQuality

Applicability All Beaumont

Hospitals

Communicating Critical Laboratory Results

Document Type: Procedure

I. PURPOSE AND OBJECTIVE:

The laboratory is responsible to call all critical results/values to the registered nurse, physician or physician assistant (PA) in a timely manner.

II. DEFINITIONS:

- A. **Critical (Panic) Values**: Result(s) which are so far beyond the normal that they carry a high probability of harm to the patient if rapid clinical intervention is not undertaken
- B. **Read-back**: The act of verbally repeating the critical result back to the person who called the result. This "read back" is done by the person receiving the critical result.

III. POLICIES:

- A. The Laboratory staff plays an integral role in providing prompt and critical results for patients. Strict adherence to the process must be followed for prompt treatment for the patients.
- B. Beaumont Laboratory maintains a list of Critical (Panic) Values for the designated tests for Inpatients, Outpatients and Outreach departments. Refer to the most current version of the Critical (Panic) Values list on the Beaumont Laboratory Website under <u>Beaumont Laboratory Testing Information</u>.
- C. Results for tests, which appear on the Critical (Panic) Values list, must be promptly communicated verbally to the physician and/or licensed care givers.
- D. The goals for Critical Tests from resulting to reaching the end-caregiver are:
 - 1. For Emergency Center (EC) and Inpatients: ≤15 minutes

- 2. For Outpatient/Outreach patients: ≤50 minutes
- E. Critical results are NOT to be called to Unit Secretaries or the answering service staff for Outpatient/Outreach. EXCEPTION: If the physician has given approval, the answering service may accept critical results given by a Customer Service Representative.

IV. PROCEDURE:

A. Documentation:

- A laboratory staff person shall call the nursing unit or licensed appropriate caregiver and communicate the result directly to a licensed caregiver. Two identifiers are used for the release of critical values, patient name and patient medical record number or the date of birth.
- The staff member who calls the critical result/value documents in the lab
 information system (LIS) the employee full name and/or the employee identification
 number of the person accepting the critical result, the test that was critical and that
 the read back was completed. The time/date of call is generated by the lab LIS.
- The staff member, who receives the critical result from the laboratory, "reads-back" the result given to them by Lab staff and records this information. This is to verify accurate verbal transfer of information.
- 4. The majority of the Critical Calls are made by Beaumont Laboratory's Customer Service team. Calls are documented in the lab LIS. However, each site also has specific requirements on making the Critical Calls:
 - a. **Farmington Hills:** Technical staff calls all critical results to EC, Pre-Op, and OR and blood gas results.
 - b. **Grosse Pointe**: Technical staff calls all critical results to EC, Pre-Op and OR
 - c. **Royal Oak:** STAT Lab technical staff calls critical results to EC, Pre-Op and OR and blood gas results.
 - d. Troy: Technical staff calls all critical blood gas and all critical results to EC, OR, and Cath Lab.
 - e. **Dearborn, Taylor, Trenton and Wayne**: Technical staff calls all critical results to EC, Pre-Op, and OR and blood gas results.
- 5. If a report is called to a nurse and the patient has been discharged, the nurse should inform the Lab. The Lab is then responsible for notifying the physician directly. In the case of a discharged EC patient, the patient will be notified at the discretion of the EC physician.

B. Escalation:

 If a licensed caregiver is not available to take the value, contact the unit manager, charge nurse or nursing supervisor. If still unable to contact a member of the nursing leadership, use the escalation process (pathologist on day shift/off hoursresident on call). C. Monitoring: Per <u>Critical Tests-Reporting Results/Values</u>: All departments responsible for communicating critical results / values will audit the timeliness of reporting. Control charts are generated on a monthly basis and are reviewed at the respective Beaumont Laboratory Quality meeting(s).

V. REFERENCES:

- A. College of American Pathologists: Lab General Checklist (current version)
- B. Joint Commission: Provision of Care 02.01.03, EP #20 Before taking action on a verbal order or verbal report of a test result, staff uses a record and "read back" process to verify the information.
- C. Joint Commission: National Patient Safety Goal 02.03.01 Get important test results to the right staff person on time.
- D. Critical Tests Reporting Results/Values
- E. International Standards Organization (ISO) 9001
- F. Chain of Command

Approval Signatures							
Step Description	Approver	Date					
CLIA Site Licensed Medical Directors	Ryan Johnson: OUWB Clinical Faculty	4/19/2022					
CLIA Site Licensed Medical Directors	Mitual Amin: Chair, Pathology - OUWB	4/18/2022					
CLIA Site Licensed Medical Directors	Muhammad Arshad: Physician	4/4/2022					
CLIA Site Licensed Medical Directors	Jeremy Powers: Chief, Pathology	3/28/2022					
CLIA Site Licensed Medical Directors	Ann Marie Blenc: System Med Dir, Hematopath	3/25/2022					
CLIA Site Licensed Medical Directors	Vaishali Pansare: Chief, Pathology	3/25/2022					
CLIA Site Licensed Medical Directors	John Pui: Chief, Pathology	3/24/2022					
Policy and Forms Steering Committee Approval (if needed)	Jennie Green: Mgr Laboratory	3/24/2022					

Policy and Forms Steering Committee Approval (if needed)	Gail Juleff: Project Mgr Policy	3/24/2022
Operations Directors	Sarah Britton: VP Laboratory Svcs	3/24/2022
Operations Directors	Brittnie Berger: Dir, Lab Operations C	3/21/2022
Operations Directors	Joan Wehby: Dir, Lab Operations C	3/10/2022
Operations Directors	Amy Conners: Dir, Lab Operations A	3/8/2022
Operations Directors	Elzbieta Wystepek: Dir, Lab Operations B	3/8/2022
Operations Directors	Amy Knaus: Dir, Lab Operations C	3/7/2022
Operations Directors	Kimberly Geck: Dir, Lab Operations B	3/3/2022
Quality Best Practice	Jennie Green: Mgr Laboratory	3/3/2022
	Jennie Green: Mgr Laboratory	3/3/2022

