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Notification of Corrected Laboratory Results

Document Type: Procedure

I. PURPOSE AND OBJECTIVE:

This procedure is written to provide guidance for staff to follow in reporting and calling corrected results on verified tests. Staff is expected to correct errors detected in patient test reports, to notify responsible clinical personnel, and to issue the corrected report.

II. DEFINITIONS:

Corrected/correction: *A change in a previously issued clinical pathology test report intended to correct an inaccuracy, including changes in test results, patient identification, reference intervals, interpretation, or other content*." (College of American Pathologists (CAP) Lab General Checklist, Definition of Terms)

III. PROCEDURE:

A. Refer to the section "Result Correction of Verified Test Result(s)" in Laboratory Procedure for Canceling Orders and Results on Unacceptable Specimens for the process in Beaker to perform a result correction.

B. **Outpatients**

1. For corrections on outpatients, the testing department/medical technologist will enter a Beaker Follow Up task for a corrected result and call Customer Service.
    a. From **Result Entry** or **Specimen Inquiry**, click the **Actions** menu. Select "Add Follow-up Task".
    b. Select the test that has the corrected result.
    c. For Follow-up type, select "Corrected Results". In the comment box,

document which results where corrected and who in Customer Service was notified. Then click **Accept**.

d. Customer Service phone numbers:

i. Customer Service Phone Number: (248) 551-1155, option 5

ii. Customer Service Toll-Free Number: (800) 551-0488, option 5

2. The Customer Service Representative (CSR) will call the corrected results to the physician or facility as soon as possible, 24 hours a day, seven days a week unless otherwise excluded from calling after hours critical results due to test type (e.g. BUN, Creatinine, Glucose, Urine Ketone, Vancomycin, etc.)
3. If the corrected results change from one normal value to another normal value, results will be called only during normal office hours. If the patient was ordered through a Nursing Home (NH) or other 24-hour facility, results would be called as soon as possible, 24 hours a day.
4. Include in the follow-up task documentation of all action(s) taken. The follow-up task will be handed-off from one CSR to the next, if contact is not made due to shift change or other issue.
5. Document all attempts to contact the physician or facility in the follow up task.
6. For **serious** Corrected Report incidents (i.e. those with potential to cause patient harm), generate an Event Report Summary (ERS) in RL solutions. Refer to RL Solutions Quality/Safety Report Instructions.

C. **Inpatients**

1. The laboratory personnel will call the nurse/physician and make notification of the corrected result.
2. The laboratory personnel will use **2 patient identifiers** to identify the patient.
3. The laboratory personnel will give corrected results to the nurse/ physician, and then ask for a verification “read-back” of the results to ensure accuracy.
4. The laboratory personnel will complete the documentation of the corrected results in the Communication log by changing the topic field to "Result Correction". The lab personnel should document in the white (external) comment box which result(s) was corrected and the employee full name and/or identification number of the person notified.

a. **NOTE:** Blood Bank staff correct results in Safetrace using the process outlined in the Transfusion Medicine policy, Safetrace (Blood Bank) Application; Correcting a Result. A Corrected result notification comment is added to the result to document the name and/or identification number of the person notified.

D. **Reporting of Notifiable (Infectious) Diseases to Local Health Departments**

1. For changes in reports that involve notifiable infectious diseases, refer to Reporting Infectious Organisms and Other Notifiable Diseases to Local and State Agencies.

E. **Testing Area Follow Up**

1. Notify the department Manager, Supervisor, or Medical Technologist Lead of the corrected results.
    a. Example: Corrected Reports in Blood Bank are documented as an internal variance and reviewed in accordance with the Blood Bank Variance reporting procedures.
2. For changes made to Anatomic Pathology reports that result in urgent or significant changes to the diagnosis, refer to Urgent and Significant/Unexpected Diagnoses in Anatomic Pathology - Criteria for Use of Alert Banner for how to document communications.

NOTE: Corrected reports contain both the original results and corrected results. Per the *CAP," All corrected reports of previously reported, incorrect patient results are identified as corrected, and both the corrected and original data are clearly identified as such."* (CAP LAB.GEN Checklist, GEN.41310)

IV. REFERENCES:

College of American Pathologists (CAP) Checklist, Lab General, Current version

Approval Signatures

Step Description	Approver	Date
CLIA Site Licensed Medical Directors	Ann Marie Blenc: System Med Dir, Hematopath	10/25/2024
CLIA Site Licensed Medical Directors	Kurt Bernacki: System Med Dir, Surgical Path	10/24/2024
CLIA Site Licensed Medical Directors	Jeremy Powers: Chief, Pathology	10/23/2024
CLIA Site Licensed Medical Directors	John Pui: Chief, Pathology	10/23/2024
CLIA Site Licensed Medical Directors	Subhashree Mallika Krishnan: Staff Physician	10/22/2024
CLIA Site Licensed Medical Directors	Muhammad Arshad: Chief, Pathology	10/22/2024
CLIA Site Licensed Medical Directors	Ryan Johnson: OUWB Clinical Faculty	10/21/2024
CLIA Site Licensed Medical Directors	Masood Siddiqui: Staff Pathologist	10/21/2024
CLIA Site Licensed Medical Directors	Hassan Kanaan: OUWB Clinical Faculty	10/21/2024

Policy and Forms Steering Committee Approval (if needed)	Michele Sedlak: Lab Quality Coord	10/21/2024
	Sarah Britton: VP, Laboratory Svcs	10/21/2024
Operations Directors	Joan Wehby: Dir, Lab Services	10/18/2024
Operations Directors	Brittnie Berger: Dir Sr, Lab Operations	10/16/2024
Operations Directors	Amy Knaus: Dir, Pathology Service Line	10/11/2024
Operations Directors	Christopher Ferguson: Dir, Lab Services	10/10/2024
Operations Directors	Elzbieta Wystepek: Dir, Lab Services	10/9/2024
	Michele Sedlak: Lab Quality Coord	10/9/2024

Applicability

Dearborn, Farmington Hills, Grosse Pointe, Royal Oak, Taylor, Trenton, Troy, Wayne