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| **Review of Patient Master Logs and Fail/Verify Reports** | | | | | | | | | | |
| **Purpose** | This procedure provides instructions for the review of Fail/Verify and Patient Master Logs in the Core Lab. This procedure is intended to provide a guideline for reviewing and documenting review of Sunquest fail/verify patient critical value results each day, to identify and correct inaccurately reported results, and to ensure proper billing codes are used. | | | | | | | | | |
| **Policy Statements** | * This procedure is intended for all personnel responsible for daily review of Fail/Verify reports and patient master logs. * Failure to document notification requires follow up as soon as detected. * The results must be reviewed daily. * Documentation of prompt notification of the physician (or other clinical personnel responsible for patient care) of results of all critical values must be made. * Correct documentation of notification includes *date, time, responsible laboratory individual, person notified (first name and last initial), and test results* * The laboratory is responsible for documenting any failure of attempts to notify the appropriate person of critical results and to document action taken to prevent recurrence of this problem by submitting a Safety Learning Report. * Manually entered results are reviewed against the original log or form as a second check for transcription errors, when applicable. | | | | | | | | | |
| **Scope** | This procedure applied to all technical staff that work in the Hematology and Chemistry sections of the Core Lab.   * All Hematology-related results will be reviewed by the Manual Heme tech. * Minneapolis Chemistry Specialist will review Autocell and Manual Chemistry desk results. * Minneapolis Special Chemistry tech will review special chemistry desk results * Minneapolis Weekends: Manual Chemist/Chemistry Specialist will review all chemistry results * St. Paul Special/Manual Chemist will review chemistry autocell and special chemistry desk results * St. Paul Weekends: Autocell tech will review all chemistry results | | | | | | | | | |
|  |  | | | | | | | | | |
| **Materials** | **Records/Forms/Documents** | | | | | | | | | |
|  | * The 24-hour Master Log will automatically print every day at 0800 on printer 722 in Mpls. and on printer 323 in St.Paul. * Failed Verify Report from Sunquest. * Critical Value Review Logbook * Daily Review of Patient Results and Critical Value Logsheets * Manual Result logs for applicable tests * Instrument printouts, as needed * Remedial action logs, as needed * Refer to the Laboratory Handbook located on Children’s Hospitals and Clinics intranet web site for a complete and current listing of defined critical values. | | | | | | | | | |
|  | **Step** | **Action** | | | | | | | | **Related Document** |
| **Fail/Verify Review Procedure** | 1 | Review report for proper documentation that critical values were called, according to Lab Policy.port for proper documentation that critical values were called. | | | | | | | | [Critical Values or Critical Test Notification and Documentation](http://khan.childrensmn.org/References/labsop/gen/testres/gl-3.1-critical-results-or-critical-test-notification-and-documentation.pdf) |
|  | 2 | **If Either:** | | | **Then:** | | | | |  |
|  | There is no documentation ***or*** “unable to notify” is appended to the critical: | | | 1. Verify notification occurred ***or*** 2. Attempt notification 3. Document notification ***or*** 4. Complete a Patient Safety Learning Report (StarNet) | | | | |  |
|  | There is incorrect documentation of who was notified (must include first name and last initial) ***or*** incorrect documentation of date and time of notification | | | 1. Notify Operations Supervisor or 2. Place report on supervisor desk | | | | |  |
|  | 3 | Initial and date the critical value report with the date reviewed. | | | | | | | |  |
|  | 4 | Place the completed report in the front of the specific department’s “Critical Value Review Notebook. | | | | | | | |  |
|  | 5 | Initial the Fail Verify and Patient Results Log | | | | | | | | [**GL 3.5.f1 Fail Verify and Patient Results Review Log**](http://intranet.childrensmn.org/References/labsop/gen/testres/gl-3.5.f1-fail-verify-and-patient-results-review-log.pdf) |
|  |  | | | | | | | | | |
| **Hematology Master Log Review** | **Step** | **Action** | | | | | | | | **Related Documents** |
|  | 1 | Review CBC results for the following:   1. Correct billing code 2. MCHC within limits 3. Hgb and Hct match times 3 +/- 3 (Rule of three) 4. RBC morphology correlates with MCV, MCH, MCHC, RDW 5. Platelet estimate matches platelet count 6. Do reported Auto diffs meet required criteria? 7. Proper billing code for differential? | | | | | | | | 24 hr. Master Log |
|  | 2 | Review Urinalysis results for the following:   1. Proper billing code? 2. Do microscopic results correlate with what is indicated on the Clinitek Advantus. | | | | | | | | 24 hr. Master Log |
|  | 3 | Review all results for:   1. Multiple nonsense results (i.e. slt-mod poly) 2. Codes replacing values (i.e. ckd) 3. Worksheets are reviewed for results obtained by manual methods. 4. Corrected reports   • If a report is corrected other than WBC for NRBC, or ANC on Auto Diff with slide review, investigate and note on master log sheet.  • If patient care was potentially affected, file a Safety Learning Report (SLR). | | | | | | | | 24 hr. Master Log |
|  | 4. | Initial the Hematology Fail Verify and Patient Results Review Log | | | | | | | | **GL 7.05.f1 Fail Verify and Patient Results Log** |
|  |  | | | | | | | | | |
| **Chemistry Patient Results/Master Log Review** |  | Review all results for:   1. Absence of results (replaced by comment) 2. Accuracy of results reported as < or > (make sure maximum dilution and lowest possible dilution have been taken into account) 3. Batteries are fully resulted ( [ next to code is fully resulted, % is partially resulted) 4. Appropriate comments (CKD, ICE, etc.) are added 5. Appropriate specimen type (arterial vs. venous for blood gases) 6. Unreasonable results (wrong decimal point, beyond measuring range high or low, DBIL > TBIL, VBG O2Sat >90% etc.) 7. Accuracy of manually entered results | | | | | | | | 24 hr. Master Log |
|  | 5. | Review Sweat Chloride results:   1. Ensure weight/volume of sample is adequate. No samples less than 15ul/15mg will be reported. 2. Ensure math is correct for volume determination and decimal points are appropriate on weighed values. | | | | | | | | [Sweat Chloride Procedure](http://intranet.childrensmn.org/References/labsop/chem/assays/ch-6.78-sweat-chloride.pdf) |
| **Reprinting Fail/Verify Report** | When the automatic printing of the daily Fail/Verify Report does not generate a report, follow these steps to generate a substitute report. Contact LIS to correct the automatic report.   |  |  |  | | --- | --- | --- | | **Prompt** | **Action** | | | FUNCTION: | RP <ENTER> | | | PRINTER: | **If** | **Then** | | MIN | 722 | | STP | 323 | | ? | 6 <ENTER> (Quality Assurance Reports) | | | DATE: | T-1 <ENTER> (or appropriate day) | | | HOSPITAL ID: | MIN or STP | | | ACCEPT: | A | | | ? | 3 <ENTER> (Verify Failures) | | | ? | 3 <ENTER> (Patient Location) | | | LOCATION: | REVENUE <ENTER> | | | TECH: | <ENTER> | | | LAB LOC: | <ENTER> | | | TEST: | <ENTER> | | | WORKSHEET: | **If** | **Then** | | Chemistry | C | | Hematology | HUCS | | Accept all displayed parameters | A <ENTER> at each prompt | |   Note: The format will look different, from the daily scheduled printout, however, all necessary information is there for review. | | | | | | | | | |
| Reprinting the Master Log | **Step** | | **Prompt** | | | | **Action** | | | |
|  | 1 | | FUNCTION: | | | | LO<ENTER> | |  | |
| 2 | | PRINTER: | | | | **If** | | **Then** | |
| Minneapolis | | 722 | |
| St. Paul | | 323 | |
| 3 | | SELECT OPTION? | | | | 4 <ENTER> (Patient Master Log | | | |
| 4 | | Start Date | | | | Enter Date Here | | | |
| 5 | | Start Time | | | | 0000 | | | |
| 6 | | End Date | | | | Enter Same Date Here | | | |
| 7 | | End time | | | | 2359 | | | |
| 7 | | Department | | | | **If** | | **Then** | |
| Chemistry | | C | |
| Hematology | | H | |
| 9 | | Sort within Department? | | | | No | | | |
| 10 | | Hospital ID | | | | **If** | | **Then** | |
| Minneapolis | | MIN | |
| St. Paul | | STP | |
| 11 | | Accept | | | | <ENTER> | | | |
| **Limitations** | * Results of tests performed by pump techs during cardiac procedures do not require notification by laboratory staff. * Results of point of care testing do not require notification by laboratory staff. | | | | | | | | | |
| **Appendices** | [GL 3.1 Critical Results or Critical Test Notification](http://khan.childrensmn.org/Manuals/Lab/SOP/Gen/TestRes/203317.pdf) | | | | | | | | | |
| **References** | 1. Laboratory Policy and Procedure Manual, GL 3.1 Critical Values Notification, L. Lichty, 2015. 2. College of American Pathologists Chemistry and Toxicology Checklist, 08.15.2016 3. College of American Pathologists Hematology Checklist, 08.15.2016 4. [Children's Minnesota Critical Results of Tests and Diagnostic Procedures Policy](http://khan.childrensmn.org/references/policy/200/220.00-critical-results-of-tests-and-diagnostic-procedures.htm) | | | | | | | | | |
|  | 2 | | | | | | | | | |
| **Historical Record** |  | | | **Written/Revised by:** | | **Effective Date:** | | **Summary of Revisions** | | |
| 1 | | | Allen Quigley, Erin Bartos | | 8/7/2017 | | Previously HEM 8.6 and CH 7.05, CH7.04: combined into one document.  Renamed as Lab General Procedure. Assigned review to sections | | |
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