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| **Critical Results or Critical Test Notification and Documentation** | | | | |
| **Purpose** | This procedure describes the required actions for Laboratory personnel for CRITICAL RESULTS OR CRITICAL TEST NOTIFICATION and DOCUMENTATION to the patient’s caregiver through Sunquest:   * Critical results are analytical test values or critical Blood Bank situations that could be life threatening or may require immediate medical intervention. Refer to [“Critical Limits for Test Values”](http://www.childrensmn.org/web/lab/056369.pdf), for the most current listing of critical results and tests. * Critical tests are defined as those tests for which notification is always required regardless of the analytical result. Children’s Laboratory has defined CSF gram stains and frozen sections in Anatomic Pathology as critical tests. | | | |
| **Policy Statements** | * Children’s Laboratory adheres to the [Children's of Minnesota - 220.00 Critical Tests and Critical Results: Notification and Reporting](http://khan.childrensmn.org/manuals/policy/200/125523.asp) policy statements and definitions. * The Laboratory Medical Director, in consultation with the hospital’s Director of Patient Safety or Designee, and the clinicians served, review and approve critical results and critical tests * Children’s Hospital Laboratory has implemented a system with multiple checks to ensure timely, consistent caregiver notification of defined critical results and critical tests within twenty minutes of detection of the critical result or test. Notification includes thorough and accurate documentation and readback of information. * Critical results are reported and/or documented with each occurrence. * Documentation of notification of all critical results and critical test results in the Laboratory Information System includes: responsible laboratory individual, test results, date, time, and first name, last initial and appropriate credentials of the recipient of the critical information as well as the occurrence of a verbal read back from the licensed caregiver. * Heme/Onc patients have unique notification rules:   1. Refer to [“Critical Limits for Test Values”](http://www.childrensmn.org/web/lab/056369.pdf) for notification requirements for patients in Heme Onc Clinic locations, or in house Oncology locations   2. Repeat Blasts results within 14 days of initial detection are not called   3. Critical results for a Hematology/Oncology patient in the Emergency Department or Intensive Care are reported with each occurrence. * Reference Lab Results: Critical results are defined by the reference laboratory performing the test, and are called to Children's Laboratory.  Critical result notices from a reference lab become a Children’s critical result and are governed by this policy. * Point of Care: Critical results detected using point of care testing are aligned with laboratory critical results defined in Appendix A, and are programmed into each device. Caregivers are notified immediately and documentation is recorded in the point of care device. * Unordered Tests: Laboratory personnel are not responsible for notification of critical results on unordered tests. In the event a critical value is detected on an unordered test, laboratory personnel may notify the On-Call Pathologist. Notification of the patient caregiver is then at the discretion of the On-Call Pathologist. * The Day Operations Supervisors or department Technical Specialist or Designee review critical results daily to ensure appropriate communication and to prevent recurrences of missed documentation and/or notification. * The incidence of failure to notify will be monitored and action taken to prevent recurrence. | | | |
| **Critical Values Reporting** | |  |  |  |  | | --- | --- | --- | --- | | Step | **Action** | | **Related Document** | | 1 | Identify critical result through standard result review procedure steps. | | [Critical Limits for Laboratory Test Values](http://www.childrensmn.org/web/lab/056369.pdf) | | 2 | Transmit test result(s) through Sunquest or Downtime procedure if required. All critical results filed in Sunquest are sent to Callback. | |  | | 3 | 1. Immediately, or within 5 minutes, notify the patient’s licensed caregiver capable of taking action (MD, DO, PA, NP or RN). 2. Verbally provide the critical value(s) or test information using the following script: ***“I have a critical test or critical result to report on [patient name/medical record number]. Will you please write it down and read the result back to me to verify accuracy?”*** 3. Request first name, first initial of last name, and appropriate credentials of caregiver for documentation. | |  | | 4 | Document notification of Core Lab critical results or refer to additional department policies | | [Microbiology Critical Results](http://khan.childrensmn.org/Manuals/Lab/SOP/MCVI/ResNotPol/209735.pdf)  [Frozen Sections](http://khan.childrensmn.org/Manuals/Lab/SOP/HIS/CytProc/194545.pdf)  [Transfusion Service Critical Values Reporting](http://khan.childrensmn.org/Manuals/Lab/SOP/TS/SpecRR/202246.pdf) | | **If** | **Then** | | Notification is required and completed per policy: | 1. In Sunquest, click “***Phoned Results.***” SmarTerm button. 2. In the window provided, enter caregiver first name, last initial and credentials (ex: MD, RN) 3. Press “Enter” to accept results | | A critical result does not require notification, such as a Heme Onc patient located in the clinic, and notification does not occur: | Document in Sunquest that the result was not called by clicking the “***HOC Not Phoned***” SmarTerm button. | | You have verified the result is for a HOC patient in a hospitalized HOC patient location, or a HOC Home Health Care patient, and does not require notification: | Document in Sunquest that the result was not called by clicking the “***HOC Confirmed***” button |  | | The critical result is a blast cell on a patient that has had a blast cell reported in the previous 14 days: | Document in Sunquest that the result was not called by clicking the “***Blasts in Last 14 Days***” button |  | | You were unable to notify the patient caregiver within ***5 minutes*** of detection of the reportable critical result: | Press the “***Unable***” button. Accept the result. This allows the event to default to the Sunquest Callback function. |  | | The critical result reaches call back without a comment, or with the “***Unable***” comment: | Designated laboratory staff, responsible for Call back, continuously attempts the notification until successful, or ***20 minutes*** have passed. | [Callback Procedure](http://khan.childrensmn.org/Manuals/Lab/SOP/IS/SQ/ADT/205307.pdf) | | Laboratory Call back staff are unable to contact the responsible caregiver within ***20 minutes*** of detection | Proceed to [Children’s Chain of Command Policy](http://khan.childrensmn.org/Manuals/Policy/200/001148.asp) |  | | 5 | Follow up on missing documentation | |  | | **If** | **Then** | | Notification of caregiver is not performed and documented per policy statements: | * Critical values with missing documentation are completed by calling and/or documenting in Sunquest Callback as soon as detected. * Operational supervisor or designee completes a Patient Safety Learning report | | [Children's Safety Learning Reporting](http://vcprskclmon2.kidsnet.childrenshc.org/RMProWeb/riskweb3.DLL/FrmLogin) | | | | |
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| References | 1. Children’s Hospitals and Clinics of Minnesota Organizational Policy # [220.00 Critical Results of Tests and Diagnostic Procedures](http://khan.childrensmn.org/Manuals/Policy/200/125523.asp) | | | |
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| **Historical Record** | **Version** | **Written/Revised by:** | **Effective Date:** | **Summary of Revisions** |
|  | Linda Lichty | 6/22/2009 | Initial Version. Replace Critical Limits Test Values |
|  | Jennifer Heimkes, Bobbi Kochevar, Judy Wenzel | 7/12/2012 | New format. Revised content |
|  | J. Heimkes |  | Revised content. Combined with critical value reporting, GL 3.2 |
|  |  | Linda Lichty | 7/28/2015 | Updated policy, moved procedure steps, added HOC button steps |
|  |  | Erin Bartos | 8/10/2017 | Biennial Review, added Logo |
|  |  | J. Heimkes | 8/17/2017 | Updated to reflect org policy 220.00, Critical Results of Tests and Diagnostic Procedures. Changed reporting of repeat blasts from 30 to 14 days. Updated link to new critical limits for laboratory test values. Removed CAP reference. |