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| Origination | 7/14/2020 | Document | Jennie Green | |
|--------------|-----------|---------------|---------------------------|--|
| Last | 4/19/2022 | Contact | | |
| Approved | | Area | Laboratory- | |
| Effective | 4/19/2022 | | Quality | |
| Last Revised | 4/19/2022 | Applicability | All Beaumont Hospitals | |
| Next Review | 4/18/2024 | | | |

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 <u>Laboratory Procedure for Canceling Orders and Results on Unacceptable Specimens</u> 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 men. Select "Add Follow up Task".
 - b. For Follow up type, select "Corrected Results". In the comment box, document which results where corrected and who in Customer Service was notified.
 - c. Customer Service phone numbers:

- i. Farmington Hills, Grosse Pointe, Royal Oak and Troy: (248) 551-1155
- ii. Dearborn, Taylor, Trenton and Wayne: (734) 727-1020
- 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 a Quality Safety Report 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 document the communication using a CORRECTED results external canned comment in SOFT BANK which includes the employee 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 <u>Urgent and Significant/Unexpected Diagnoses in Anatomic Pathology Criteria for Use of Alert Banner</u> 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 | 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 | Amy Knaus: Dir, Lab Operations C | 3/7/2022 |
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| Operations Directors | Elzbieta Wystepek: Dir, Lab Operations B | 3/7/2022 |
| Operations Directors | Kimberly Geck: Dir, Lab Operations B | 3/3/2022 |
| Quality Best Practice | Jennie Green: Mgr Laboratory | 3/3/2022 |
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Older Version Approval Signatures

| Medical Directors | Vaishali Pansare: Chief, Pathology | 7/14/2020 |
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| Medical Directors | Peter Millward: Chief, Clinical Pathology | 6/19/2020 |
| Medical Directors | John Pui: Chief, Pathology | 6/17/2020 |
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| Operations Directors | Amy Knaus: Dir, Lab Operations C | 5/16/2020 |
| | Jennie Green: Mgr Laboratory | 5/15/2020 |