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**Beaumont**

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| Document Contact | Colette Kessler: Mgr, Division Laboratory |
| Area | Laboratory-Chemistry |
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# Automated Chemistry Reporting Critical Results - Royal Oak

Document Type: Procedure

# I. PURPOSE AND OBJECTIVE:

The Clinical Laboratories are legally required to call critical results to the hospital units or to the Physician's office for outpatients. "Critical Results" indicate test results that are of sufficient gravity to warrant informing the physicians responsible for the patient immediately, night or day. The identification (either the full name or the hospital employee number) of the person who receives the Critical Result must be entered into the laboratory information system (LIS). See Automated Chemistry General Policy Procedure Manual or the Laboratory Website for *Critical Values List* for all Clinical Pathology sections and *Critical Values Nursing Home List*. This document describes the procedure for releasing Critical Results.

# II. PROCEDURE:

A. **Medical Technologist (MT) / Medical Laboratory Technician (MLT) Responsibility**

1. Confirm critical results in one of two ways:

   a. **REPEAT** the procedure. The repetition should be noted in the computer as "Result repeated" *in the comment field of the report*. Should the specimen quantity be insufficient (QNS) for repeat analysis, use the comment "QNS FOR REPEAT".

   b. **VERIFY** the result by trending patient history of the same test, or other related tests which have been reported in the same range. This verification should be noted in the computer as "Result Verified" in the comment field of the report.

2. **See current exceptions below for analytes that do NOT require repeat:**

| Analyte(s) | Comment |
|---|---|
| Troponin | Verify trend, if available |
| Arterial Blood Gas (pH, pCO2, pO2) | Verify trend, if available |
| Ionized Calcium | Verify trend, if available |
| Lactic Acid | Verify trend, if available |
| Venous pH | Verify trend, if available |
| Chemistries on the Critical Call List | Verify trend, if available |
| Immunoassays on the Critical Call List | Verify trend, if available |

3. Release critical results as follows, given the patient's location.  If the critical result is routed to Beaumont Reference Laboratory (BRL) Customer Service, personnel will phone the critical result(s) and document successful completion of the call in the LIS.

| Location | How to Release a Critical Result |
|---|---|
| Inpatient | Verify or Post Results in LIS; sends to BRL Customer Services |
| Outpatient | Verify or Post Results in LIS; sends to BRL Customer Services |
| Clinic | Verify or Post Results in LIS; sends to BRL Customer Services |
| Outreach | Verify or Post Results in LIS; sends to BRL Customer Services |
| Nursing Home | Verify or Post Results in LIS; sends to BRL Customer Services |
| Emergency Center (EC) Patient | Call and document critical call in LIS for ALL EC patients, EC Hold patients, and Lower Level |
| Operating Room (OR) | Call and document critical call in LIS for ALL OR patients |
| All Locations | Call and document critical call in LIS for ALL critical blood gases from Stat Lab |

4. There are four approved exceptions for physicians or Nursing Units where critical value notification can be <u>waived</u>.  These exceptions are:

    a. Critical Troponin I results for designated cardiac units. 6 East CCU, (6801-6822) - Customer Service will waive the notification per policy.

    b. Critical BUN and Creatinine results for approved list of Nephrologists. Customer Service will waive the notification per policy.

    c. Critical 3+ ketones for EC patients. The reporting MT/MLT will document waive the notification per policy.

    d. Critical values on **deceased** patients.  Once the patient is confirmed as **deceased**, the Lab should add this information to the computer ("patient

deceased") and not follow through with the usual process of giving the results and requiring the read-back.

5. To document in BEAKER LIS:

   a. Click on "Communication Log"

   b. Edit the message to remove "The following critical results were read back and acknowledged."  Add the statement "**Notification waived per policy**"

   c. **NOTE**: For all EC criticals, this box will automatically display after tech clicks "Verify All" from the Beaker screen.

B. ***The MT/MLT may still choose to directly call any critical result and document in the LIS.  This option allows for any discussion the Tech may wish to initiate with the patient's physician, nurse or Client Services.***

C. Specific calling procedures for patient types follow:

   1. **INPATIENTS**

      a. Obtain nursing unit or licensed appropriate caregiver phone number from the LIS, Inside Beaumont Directory, printed copy, Beaumont operator, etc.

      b. A laboratory staff member shall call the nursing unit or licensed appropriate caregiver and communicate the result directly to a licensed caregiver.

      c. Initiate the conversation with this script:  "Hello.  This is (your name) from Clinical Pathology and I hav**e a critical lab result** to report on the patient _____ (patient's name)."

      d. Request (and match against the LIS screen) two identifiers (patient name, patient medical record number, or patient date of birth) from the phone recipient **before** you deliver the critical result(s).

      e. Deliver the critical result(s).

      f. Request that the phone recipient read back the results being delivered, to ensure accurate verbal transfer.

      g. Request the phone recipient's employee ID number or name.  Also, be prepared to offer your employee ID number and name.

      h. To complete the documentation of critical result, click on Communication Log.  Under Topic drop-down menu select **2-Critical Result**.  Verify Contact.  Document Outcome.

      i. **NEVER leave a critical result with an answering service or on an answering machine.**

      j. **NEVER fax results. If request is received, transfer them to the Customer Service.**

   2. **EMERGENCY CENTER PATIENT**

      a. Use Mobile Heartbeat to contact the EC physician covering the patient.  If you are unable to reach the physician phone the EC Call Center at **x89111**

and request to speak with the EC physician covering this patient.

b. Initiate the conversation with this script: "Hello, this is (your name) from Stat Lab (or Urinalysis, etc.) with a **critical lab result** on _____ patient's name. The patient's **birth date** is (month/day/year). Would you please read back this name and birth date to me."

c. The EC physician must read back the *patient's name* and *birth date* or *medical record number (MRN)* before you deliver the critical result(s).

d. Deliver the critical result(s).

e. Request that the EC physician *read back* the critical result(s) to ensure accurate verbal transfer.

f. Request the EC physician's pager number or full name.

g. To complete the documentation of critical result, click on Communication Log. Under Topic drop-down menu select **2-Critical Result.** Verify Contact (insert EC physician recipient's pager number or full name). Document Outcome.

h. **Procedure if EC physician cannot take the critical call**

   i. The Lab Tech politely states "I'm sorry, Doctor _____. I will call the nurse with these critical results."

   ii. Call back to EC Call Center x89111 and request to speak with the nurse taking care of the given patient. If the patient's nurse is unavailable, call the EC Charge Nurse at x87505.

   iii. In either of these cases, the critical call procedure is the same as described above for inpatients (#3-#7):

   iv. Request (and match against the LIS screen) the patient's Name and MRN from the nurse phone recipient **before** you deliver the critical result(s).

   v. Deliver the critical result(s).

   vi. Request that the **phone recipient read back** the results being delivered, to ensure accurate verbal transfer.

   vii. Request the phone recipient's employee ID number or name. Also be prepared to offer your employee ID number and name.

   viii. To complete the documentation of critical result, click on Communication Log. Under Topic drop-down menu select **2-Critical Result.** Verify Contact (insert employee number or full name). Document Outcome.

i. **Procedure if patient is an "EC HOLD" patient or Lower Level EC:**

   i. If you attempt to call EC with a critical value and are informed that the patient is an EC hold patient.

   ii. Use Mobile Heartbeat to reach the physician. If you are unable to reach the physician call the charge nurse. If unable to reach

the charge nurse call or text 9-1-947-520-0093 for the APP ACRT Assignment 1 EC Hold Royal Oak.

    iii.  Text message"Critical result for EC hold [specific location] [Callback ext]"

    iv.  When you receive the call back, state "This is (your name) from Clinical Pathology and I have a **critical lab result** to report on the patient _____ (patient's name)."

    v.  Request (and match against the LIS screen) the patient's Medical Record Number (MRN) from the phone recipient **before** you deliver the critical result(s).

    vi.  Deliver the critical result(s).

    vii.  Request that the **phone recipient read back** the results being delivered, to ensure accurate verbal transfer.

    viii.  Request the phone recipient's employee ID number or name. Also, be prepared to offer your employee ID number and name.

    ix.  To complete the documentation of critical result, click on Communication Log. Under Topic drop-down menu select **2-Critical Result.** Verify Contact (insert employee number or full name). Document Outcome.

D.  Exceptions to Critical Call Policy

    1.  If no contact is made within approximately 5-15 minutes:

        a.  Check another source to confirm the phone/beeper number.

        b.  In LIS Communication Log, under Outcome choose No Answer:

        c.  Verify the result and turn the problem over to a supervisor or designated in- charge MT.

        d.  The supervisor will make further attempts to call the result or delegate the task to another MT/MLT

        e.  **Never leave a critical result on an answering machine!**

        f.  Continue calling until successful.

        g.  Log all attempts in the Communication Log.

## Approval Signatures

| Step Description | Approver | Date |
|---|---|---|
| Medical Director | Ann Marie Blenc: System Med Dir, Hematopath | 11/1/2022 |

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| Policy and Forms Steering Committee Approval (if needed) | Colette Kessler: Mgr, Division Laboratory | 10/26/2022 |
| Policy and Forms Steering Committee Approval (if needed) | Gail Juleff: Project Mgr Policy | 10/18/2022 |
| Lab Chemistry Best Practice Committee | Caitlin Schein: Staff Physician | 10/18/2022 |
| Lab Chemistry Best Practice Committee | Qian Sun: Tech Dir, Clin Chemistry, Path | 10/12/2022 |
| | Colette Kessler: Mgr, Division Laboratory | 10/11/2022 |