

PROCEDURE: CRITICAL RESULTS NOTIFICATION

Principle and Procedure:

Results that exceed the designated critical threshold as defined by the Medical Director and consulted committee must be communicated to the patient's provider. When communicating a critical result, the patient's full name and date of birth are the demographics used to properly identify the patient. The entire communicated report including the patient's name and date of birth must be correctly "read-back" by the person notified. This communication is documented in the patient record. Soft electronically stamps the identification of the responsible reporting laboratory individual when the documentation is saved in the system.

Documentation of communicated test result must be linked to the critical result and must include:

1. "Called to and readback by" statement
2. DATE and TIME
3. At least first name and initial of last name is required

Notification Algorithm:

The following information should be referenced when notifying health care providers of results that fall into any of the different critical categories:

Inpatients/Patients still in ED at RIH (Rhode Island Hospital), TMH (Miriam Hospital), and NH (Newport Hospital):

- Call unit and ask to speak with the nurse in charge of that patient.
- NH ED – Mid-Level Provider, 5-1120

Discharged Patients at RIH/HCH:

- If the patient was discharged from the Adult ED:
 - Between the hours of 7am and midnight: Call the Chest Pain Unit and ask for the Midlevel Provider (NP or PA) on the unit at 4-9234
 - Between the hours of midnight and 7am: Call results to the Charge RN or B-pod attending
- If the patient was discharged from the Hasbro ED, call 444-4900 and ask to speak with the charge nurse.
- If a patient was discharged from any other RIH location, In OE in SOFT, find the name of the Attending physician. Compare that name to Appendix I (RIH Adult Hospitalists), II, (Adult Teaching Service) and III (Pediatric Hospitalists)
 - If the attending is found on Appendix I, page 350-7541
 - If the attending is found on Appendix II, call the page operator and ask that the Medical Consult Resident be paged
 - If the attending is found on Appendix III, call the page operator and ask that the Pediatric Hospitalist on call be paged.
 - Based on the patient's last name, page either the blue team hospitalist (patient last name A-L) or the red team hospitalist (patient last name M-Z)
 - If the attending is not listed on any of these Appendices, call the attending directly

Discharged Patients at TMH:

- If the patient was discharged from the ED:
 - M-F 8 AM to 4:30P, call the QA Administrator at 33921.
 - Between the hours of 4:30 to midnight, please call 793-4400 and ask for the Attending Physician in Team 4
 - For weekends, holidays, and M – F midnight to 8am, call the Main ED at 793-3004 and ask to speak to a physician
- If the patient was discharged from any other TMH location, in OE in SOFT, find the name of the Attending physician. Compare that name to list of physicians listed in Appendix IV (TMH Hospitalists)
 - If the physician is listed on Appendix IV, call the page operator and ask that the Hospitalist on duty or IMIS be paged.
 - If the attending is not on this Appendix, call the attending directly

Discharged Patients at NH:

- Critical results on patients from the ED (either discharged or if they are still in the ED) are to be called to the ED, 5-1120, and ask to speak to a Mid-level provider.
- Critical results for patients that have been discharged:
 - Go to Order Entry in Soft, find the name of the Attending Physician. Compare that name to Appendix V. If the attending is on the list, page the attending directly
 - If the doctor is not listed in the Appendix, the hospitalist service covers all other admissions. There is one admitting doctor on during the day and Nocturnist on at night. The beeper number is 350-9512.

Outreach Patients:

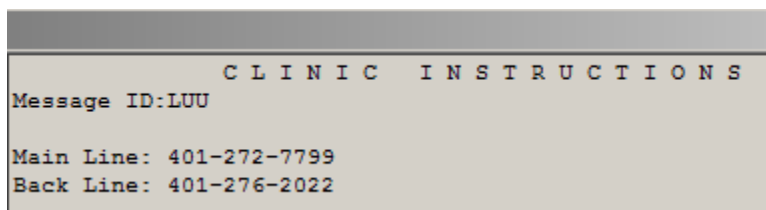
- Call the ordering provider’s office directly within the specified amount of time based on call Category.
- The phone number to call is located in Order Entry:



- Open the Call Box:



- There also might be a 2nd box with Clinic instructions that pops up:



Private MD (non-outreach) & Brown University:

- Call MD office directly within the specified amount of time based on call Category. See Appendix VI for Brown University patients (MLBU).

Clinic Patients:

- Refer to the Critical Result Reporting for Outpatient Areas, Appendix VII.

Bradley Patients:

- Bradley Laboratory Services via pager 350- 6192 (07:00-15:00) or the Nursing Supervisor via hospital operator #21000 (15:00-07:00 and weekends)

Long Term Care Facility Patients

- Inpatient rules apply to these patients
- Refer to Appendix VIII for site codes and phone numbers

Critical Categories and Notification time limits:

- Red Category – Immediate clinical action required (< 1 hr)
- Orange Category – Prompt clinical action (6-8 hrs)
- Yellow Category– Timely and reliable clinical notification (1-3 days)
- Every effort should be made to call ALL CATEGORIES as soon as the result is available
- **For ALL results called, document in the computer, who and when notification of a significant result was reported.** If unable to contact the healthcare provider, within the specified time, contact the Medical Director during work hours and after hours, contact the Pathology Resident on-call, Beeper # 350-2945. If the resident has not called back within 15 minutes, call their cell phone. The number can be found : <http://intra.lifespan.org/directory/list.php>
- Be sure to document the failed attempts in the culture worksheet.
- Refer to *Table 1 - Critical Results* for results that are included in these categories.

Non – Critical Results

Non-critical results that are rare or unusual will be evaluated on a case-by-case basis. If the results are deemed significant by the Microbiology department, the physician will be called.

Notification of Infection Control

In addition to the healthcare provider, these results must also be called to Infection Control.

- Positive acid-fast smears and/or cultures (inpatients only)
- Meningococcus from sterile body sites
- RIDOH confirmed ID of a potential agent of bioterrorism (Anthrax, Brucella, Francisella, etc.)
- VISA/VRSA
- *Candida auris*
- Carbapenemase Resistant Enterobacteriaceae (CRE) – Protocol performed by a Sr. technologist
 - If RIDOH confirms the result, contact the appropriate IC department as soon as possible, utilizing the on-call phone if necessary.
 - Continue to place scanned copies of all RIDOH screening results in the shared folder M:drive\.RIDOH CRO-Infection Control (Copies will be moved to the "Reconciled" folder by Infection Control when the information has been processed.

Contact Information:

RIH: 444-4773
 TMH: 793-4625
 NPH: 845-1557

After Hours (on Call) for all Facilities: 401-255-2189

Rhode Island Department of Health Reportable Isolates

There is an interface between Lifespan and RIDOH, the ELR, in which results are automatically sent every hour to ensure timely release of results.

- Postive AFB Stains
- **Bacillus anthracis*
- **Brucella* spp.
- **Burkholderia mallei/ pseudomallei*
- *Calymmatobacterium granulomatis* (Granuloma inguinale)
- *Campylobacter* spp.
- *Chlamydia trachomatis*
- **Clostridium botulinum*
- *Coccidioides* spp.
- *Corynebacterium diphtheria*
- *Cryptosporidium* spp.
- *E. coli* O157:H7 and other toxin producing strains
- **Francisella tularensis*
- *Giardia lamblia*
- *Histoplasma capsulatum*
- *Legionella* species
- *Listeria monocytogenes*
- *Mycobacterium* - all species
- *Neisseria gonorrhoeae*
- *Neisseria meningitidis*
- *Salmonella* spp.
- *Shigella* spp. (Shigellosis)
- *Streptococcus pneumoniae* (CSF/BLD)
- *Vibrio* spp.
- *Yersinia enterocolitica*
- **Yersinia pestis*
- *Respiratory Pathogens, including COVID*

*Even if these isolates have been auto reported to Dept of Health, it is still imperative that procedure be followed if results are deemed critical and DOH protocol requires a STAT CALL in addition to a hard copy instant report.

Please refer to Dept of Health Documentation for notification updates and requirements

Table 1: Critical Results

Red <1hr	Clinical smears, culture, or Molecular Assays from sterile sites* (example: CSF, tissues, corneas, HSV and EV from CSF)
	Positive Blood cultures – First incidence, different organism, different admission, and blood cultures still positive after 7 days
	Positive AFB's first incidence, different admission, different site
	GC in eye specimens
	Positive urine gram stains in children < 6 months old in the ED
Orange 6-8 hrs	none
Yellow 1-3 days	1st Incidence for positive results of: <ul style="list-style-type: none"> • PJP
	1st Incidence, Inpatients ONLY for positive results of: <ul style="list-style-type: none"> • Infection Control results (i.e. MRSA, VRE, ESBL-producing <i>Klebsiella spp.</i>, CRE, C Difficile, MDRO ACA, Enteric pathogens)
	All positive results of GC, CT, Trichomonas, and herpes on patients <14

* Note: The Path Resident can be called if the technologist is uncertain on a positive gram stain from sterile sites on 2nd and 3rd shift and on weekends

Revisions:

- 11/19/2019 - Added notification guidelines for Newport Hospital ED patients
- 09/02/2020 - Updated to only call ESBL producing *Klebsiella spp.*
- 04/02/2021 - Updated the Outpatient algorithm and included COVID in the RIDOH reportables
- 08/19/2021 - Updated the outpatient algorithm and added Long Term Care Facilities
- 05/02/2022 - Removed calling Newport Hospital Lab for critical results on discharged patients, updated call policy for positive blood cultures, updated notification algorithm for RIH ED patients
- 08/05/2022 - Updated Pediatric Hospitalist algorithm for RIH/HCH
- 04/08/2024 - Updated Infection Control reporting protocols

