TRAINING UPDATE

Lab Location:	SGMC	**Date Distributed:**	2/23/2016
Department:	Core	**Due Date:**	3/22/2016
		Implementation:	**3/23/2016**

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:
Critical Value Report SGAH.LIS36 v2 **Failed Delta Value Report SGAH.LIS37 v2**
Description of change(s):
Sections 1, 3 & 5: add TIC Section 5: Item B – add hosp ID ABH *(SG is responsible for this)* This revised SOP will be implemented on March 23, 2016

Document your compliance with this training update by taking the quiz in the MTS system.

Approved draft for training

Non-Technical SOP

Title	**Critical Value Report**	
Prepared by	Leslie Barrett	Date: 8/20/2009
Owner	Marie Sabonis	Date: 8/20/2009

Laboratory Approval		
Print Name and Title	**Signature**	**Date**
Refer to the electronic signature page for approval and approval dates.		
Local Issue Date:	Local Effective Date:	

Review:		
Print Name	**Signature**	**Date**

Form revised 3/31/00

TABLE OF CONTENTS

---

1. PURPOSE

To describe the printing and review of the LIS Critical Value (Verify Failures) report by the Core Lab Group Lead or Tech in Charge (TIC). The report is reviewed to confirm that all critical values were called to the nursing unit / physician and are documented.

2. SCOPE

This procedure applies to all critical values.

3. RESPONSIBILITY

The Group Lead / TIC reviews report daily and follows through on any results without proper documentation.
Laboratory staff is responsible for notification and documentation of critical values in accordance with the laboratory policy.

4. DEFINITIONS

Critical Value – potentially life threatening result for a specific laboratory test

5. PROCEDURE

A. General information
   1. The Laboratory Technologists will call critical values to the charge nurse, nurse caring for the patient, or a physician when results of certain tests exceed critical limits important for prompt patient management.
   2. The LIS Critical Value report is printed daily by the Core Lab Group Lead / TIC to verify that all critical values have proper documentation for notification.

B. Printing the report
   1. Function: **RP**
   2. Printer: enter appropriate LIS printer number
   3. ? prompt: select **6** (Quality Assurance Report)
   4. Date: **T-1**
   5. Hospital ID: **SGAH** or **WAH** as appropriate

Form revised 3/31/00

6. Hospital ID: **ARH** both sites must include this
7. Hospital ID: **ABH** SGAH site must include this
8. Hospital ID: <cr>

9. Accept / Modify / Reject: **A**
10. ? prompt: select **3** (Verify Failures)
11. ? prompt: select **4** (by Lab Location)
12. Tech: <cr>
13. Lab Loc. <cr>
14. Test: <cr>
15. Worksheet: <cr>
16. Techs requested ALL
    Accept / Modify / Reject: **A**
17. Tests requested ALL
    Accept / Modify / Reject: **A**
18. Worksheets requested ALL
    Accept / Modify / Reject: **A**

19. Example of the report:

```
  04/10/2006                              Adventist HealthCare, Inc.
09:19                      QUALITY ASSURANCE REPORT FOR 04/09/2006 (by lab location)
                                          Verify Range Failures
                                            FOR HOSPITAL WAH

                                                                                  COLLECTION
NAME                    DIAGNOSIS          HOSP NO.     LOC    DATE  TIME  ACC #      TEST    RESULT   NML VER DEL   TEC
----                    ---------          --------     ---    ----  ----  ----       ----    ------   --- --- ---   ---

 -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  - Chemistry: SHIFT 3 -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -

LAB LOC: WAH WASHINGTON ADVENTIST HOSPITAL

HOLLAND,BENJAMIN      ; ACUTE ISCHEMIC +  505392       5300   04/08 2305  S25306     TROPI   75.02    *   ^          @
                                                                                                      REP
TYLER,GEORGETTE L     ; HYPOKALEMIA  +    256238       2500   04/09 0230  X5459      TROPI   0.68     *   ^
                                                                                                      CKDP
                                                                                                      COM1

 -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -   Hematology: SHIFT 1 -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -

LAB LOC: WS1 SPEC. PROCESSING 1

SINGH,SATNAM           ; CAD              689268       2500   04/09 0856  X5825       PLTC    12       *   ^
                                                                                                      COM2

 -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -   Hematology: SHIFT 3 -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -

LAB LOC: WS2 SPEC. PROCESSING 2

ZAHN,THOMAS           ; MULTIPLE SACRAL + 185249       4200   04/09 0430  X5151       PLTC    1150     *   ^
                                                                                                      COM3

 -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -   Coagulation: SHIFT 1 -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -

LAB LOC: WS1 SPEC. PROCESSING 1
```

Form revised 3/31/00

```
ARTHUR,VIRGINIa      ; ARTERIAL +        690192      5100   04/09 1237  X6168      PTT     73       *   ^   112
                                                                                                        REP
                                                                                                        CBACK
                                                                                                        COM4

  COM1  RN MARIE @ 0400
  COM2  CALLED JEN RN 2500 AT 1004
  COM3  CALLED STERAPHINE RN 4200 AT 0550
  COM4  RN NANCY/5100/1340
```

C. Reviewing the report:
   1. Review the results on the report to confirm that the results were called. This is noted by "COM…." followed by the comment number.
      Note: On the Adventist Rehab Hospital (ARH) report, patient location ARHT denotes ARH at Takoma Park and ARHR denotes ARH at Rockville. Review results for the location appropriate to the laboratory site.
   2. Review the comment to verify that documentation includes the first and last name of the nurse/physician, and date / time of call.
   3. A Quality Variance (QV) report is generated for all results that do not have valid documentation.
   4. Critical value reports are retained for two years, and may be sent to off-site storage.

6. RELATED DOCUMENTS

Critical Values, General Laboratory policy
Critical Values – Accepting Results in LIS, LIS procedure

7. REFERENCES

None

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes SOP LIS034.001		
000	1/3/14	Sections 1, 3 & 5: update Group Lead title Section 5: Item B – add hosp ID ARH; Item C – add note for ARH; update PI to QV report Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13.	L. Barrett	M. Sabonis
1	2/12/16	Sections 1, 3 & 5: add TIC Section 5: Item B – add hosp ID ABH	M. Sabonis	M. Sabonis

9. ADDENDA AND APPENDICES

None

Form revised 3/31/00

Approved draft for training

Non-Technical SOP

Title	**Failed Delta Value Report**	
Prepared by	Leslie Barrett	Date: 8/20/2009
Owner	Marie Sabonis	Date: 8/20/2009

Laboratory Approval		
Print Name and Title	**Signature**	**Date**
Refer to the electronic signature page for approval and approval dates.		
Local Issue Date:	Local Effective Date:	

Review:		
Print Name	**Signature**	**Date**

Form revised 3/31/00

TABLE OF CONTENTS

1. PURPOSE

To describe the printing and review of the LIS Failed Delta Value report by the Core Lab Group Lead or Tech in Charge (TIC). The report is reviewed to confirm that all appropriate action is taken.

2. SCOPE

This procedure applies to all failed delta values.

3. RESPONSIBILITY

The Group Lead / TIC reviews report daily and checks that delta failures are investigated and documented by the technologist. The reviewer checks the report for trends such as an unusual number of delta failures for an analyte that may not be seen by a single technologist and takes appropriate corrective action as needed.

4. DEFINITIONS

Delta check: a comparison of consecutive values for a given test in a patient's laboratory file used to detect abrupt changes, usually generated as a part of a computer-based quality control program.

5. PROCEDURE

A. General information
   1. Delta check parameters are set up in the test files in the Laboratory Information System (LIS). During delta checking, the LIS compares the current result to the previous result. When the difference exceeds predetermined limits (%D and abs D), the LIS alerts the technologist to the delta check failure.
   2. Laboratory technical staff is responsible for verifying the validity of any result that fails delta checking. This validity check is documented as a comment in the LIS.
   3. The LIS Failed Delta Value report is printed daily by the Core Lab Group Lead / TIC to verify that all delta failures have appropriate documentation recorded.

B. Printing the report

1. Function: **RP**
2. Printer: enter appropriate LIS printer number
3. ? prompt: select **6** (Quality Assurance Report)
4. Date: **T-1**
5. Hospital ID: **SGAH** or **WAH** as appropriate
6. Hospital ID: **ARH** both sites must include this
7. Hospital ID: **ABH** SGAH site must include this
8. Hospital ID: <cr>
9. Accept / Modify / Reject: **A**
10. ? prompt: select **2** (Delta Failures)
11. ? prompt: select **4** (by Lab Location)
12. Tech: <cr>
13. Lab Loc. <cr>
14. Test: <cr>
15. Worksheet: <cr>
16. Techs requested ALL
    Accept / Modify / Reject: **A**
17. Tests requested ALL
    Accept / Modify / Reject: **A**
18. Worksheets requested ALL
    Accept / Modify / Reject: **A**

19. Example of the report:

```
     04/10/2006                              Adventist HealthCare, Inc.
09:19                    QUALITY ASSURANCE REPORT FOR 04/09/2006 (by lab location)
                                        Verify Range Failures
                                          FOR HOSPITAL WAH

                                                                                COLLECTION
NAME                  DIAGNOSIS           HOSP NO.    LOC    DATE  TIME  ACC #     TEST    RESULT   NML VER DEL TEC
----                  ---------           --------    ---    ----  ----  ----      ----    ------   --- --- ---  --

 -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  - Chemistry: SHIFT 1 -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -

 LAB LOC: WS1 SPEC. PROCESSING 1

HOOD,NANCY            ; ALTERED MENTAL +  690754      4300   04/09 1207  X6121     GLUC    623      *   ^          @
                                                                                                        COM1
TCHOUATE,JACQUES      ; PNEUMONIA 486, +  477466      4200   04/09 0550  X5129     K       6.7      *   ^
                                                                                                        COM2
BROOKS,HORACE         ; CHEST PAIN CARDIAC690680      5300   04/09 0730  X5160     TROPI   31.08    *   ^
                                                                                                        COM3
GENTILCORE,ANTHONY P  ; ACUTE ISCHEMIC +  411375      5300   04/09 0800  X5486     TROPI   101.11   *   ^   0.59  @
                                                                                                        COM4

LAB LOC: R ROUTINE

HOOD,NANCY            ; ALTERED MENTAL +  690754      4300   04/09 1443  X6313     GLUCO   589      *   ^

 -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  - Chemistry: SHIFT 2 -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -  -


LAB LOC: WS1 SPEC. PROCESSING 1

GENTILCORE,ANTHONY P  ; ACUTE ISCHEMIC +  411375      5300   04/09 1600  X5487     TROPI   70.37    *   ^          @
                                                                                                        TROPC
SOMMERS,ROBERT T       ; CVA  PNEUMONIA   586609      2500   04/09 1735  X6425     TROPI   0.94     *   ^   0.20
                                                                                                        COM5
```

Form revised 3/31/00

```
COM1  CALLED TO NANCY. TEST REPEATED.
COM2  CALLED TO PAT. TEST REPEATED.
COM3  CALLED TO PODDAR.
COM4  CALLED TO KAREN. TEST REPEATED.
COM5  CLD TO SHADON AT 1915/2500
```

C. Reviewing the report:
   1. Review the results on the report to confirm that appropriate follow up was taken. This is noted by a comment or English text code following the result. **Note**: On the Adventist Rehab Hospital (ARH) report, patient location ARHT denotes ARH at Takoma Park and ARHR denotes ARH at Rockville. Review results for the location appropriate to the laboratory site.
   2. A Quality Variance (QV) report is generated for all results that do not have valid documentation.
   3. Failed delta value reports are retained for two years, and may be sent to off-site storage.

6. RELATED DOCUMENTS

Delta Check, QA policy
Delta Value - LIS Investigation, LIS procedure

7. REFERENCES

None

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes SOP LIS035.001		
000	1/3/14	Sections 1, 3 & 5: update Group Lead title Section 5: Item B – add hosp ID ARH; Item C – add note for ARH; update PI to QV report Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13.	L. Barrett	M. Sabonis
1	2/12/16	Sections 1, 3 & 5: add TIC Section 5: Item B – add hosp ID ABH	M. Sabonis	M. Sabonis

9. ADDENDA AND APPENDICES

None

Form revised 3/31/00