TRAINING UPDATE

Lab Location:	SGMC & WAH	**Date Distributed:**	7/5/2017
Department:	Field Ops, QA & Mgmt staff	**Due Date:**	7/31/2017
		Implementation:	**7/31/2017**

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:
Callback   SGAH.LIS51 v4
Description of change(s):
Section 5: add steps for viewing Callback History (part I) This revised SOP will be implemented on July 31, 2017

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

Non-Technical SOP

Title	**Callback**
Prepared by	Marie Sabonis Date: 11/23/2009
Owner	Marie Sabonis Date: 11/23/2009

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**

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1.   **PURPOSE**

The LIS callback function automates the process for calling results to clients, documenting calls and managing call data. All results that qualify to the callback list are called and/or faxed to the appropriate health care provider by laboratory personnel and properly documented in the LIS. All results called are to be confirmed by the caregiver by reading back patient name, test name, and results.

2.   **SCOPE**

This procedure applies to the documentation of calls in the Callback function. It does not apply to calls that are documented by appending a comment to the result.

3.   **RESPONSIBILITY**

A. **Client Services** personnel perform notification during operating hours (refer to Laboratory Service Expectations policy for hours) and are to report:
1. All **out-patient** callbacks or faxes
2. All **reference lab** critical or STAT
3. All **positive microbiology** results from the callback list
4. **Discharged patient critical** results - called to the patient's ordering physician.
5. The Client Services personnel are also to report any critical inpatient results that are not called or documented by the core laboratory personnel.

B. All personnel are required to have the medical provider receiving results, repeat back those results. The only acceptable way to communicate a critical result is verbally.
NOTE: A critical result can **NEVER** be left on an answering machine/voice mail (also applies to any patient information). A fax can **NOT** be the only contact for a critical result.

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4.   DEFINITIONS

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

Medical Provider – ordering or attending physician, nurse

Timely Notification -
1. All inpatient critical results are to be called within <u>1 hour</u> of the resulting time.
2. All outpatient critical results are to be called or faxed within <u>2 hours</u> of the resulting time. Exception: Critical results for blood bank tests <u>on outpatients only</u> may be called on the next business day when the physician's office opens.

Result Routing -
1. Critical inpatient results are called to the nursing unit and reported to a nurse or physician.
2. Critical ER patient results are called to the ED charge nurse, attending nurse or physician.
3. Critical discharged patient results are called to the ordering physician. If the admitting physician for a discharged inpatient was a hospitalist, the result is called to the on-call hospitalist.
4. Critical outpatient results are called to the ordering physician or the office nurse.

Call Sequence (Callback items should be called in this sequence) -
1. Critical Results
2. Positive Cultures
3. Stat orders
4. All others

Reference Lab Critical/STAT Values -
These must be called and documented in the LIS system using the Callback procedure.
1. Reference Lab results are called to Specimen Processing and followed by fax.
2. Once the fax is received, determine to whom the results should be reported.
3. Access Callback and add a call for the Accession Number – refer to section H under Procedure for details.
4. Fax and call the result. Both steps must be performed but the order may vary depending on the circumstances. In some cases, a call must be made first to obtain the fax number. In other situations, it may be preferred that the receiver have a hard copy in hand when the call is made.

5.   PROCEDURE

A. Understanding and Navigating the Callback Screen

In the Sunquest Gateway window, on the All tab or the Lab tab, double-click
Callback. The Callback view window opens and displays a list of callback records.

The following information is available for each item in the Callback view window:

1. **PR** - Callback Priority
   System-defined priority code between 1 and 5, where the highest call priority is 1
   and the lowest is 5. This is also displayed with color coding.

2. **CS** - Call Status
   a. C - <u>Complete</u>. All tests on the call record have been completed successfully.
   b. I - <u>Incomplete</u>. Some tests on the call record have been called successfully.
   c. P - <u>Pending</u>. No successful calls have been made or new data is available that
       needs to be called.
   d. R - <u>Review</u>. Supervisor must review.
   e. X - <u>Remove</u>. Flagged for removal.

3. **RS** - Result Status
   [Note, an asterisk before the result status indicates that newly entered results,
   modified results, or credited tests have not been viewed]
   a. C - <u>Complete</u>. All tests have been resulted or credited in the battery or order.
   b. I - <u>Incomplete</u>. Some tests have been resulted or credited in the battery or
       order.
   c. P - <u>Pending</u>. Tagged tests have not been resulted or credited in the battery or
       order.

B. Processing a Call Request in Callback
Double click on a call from the list in Callback

This is the Anatomy of the Display window for Callback
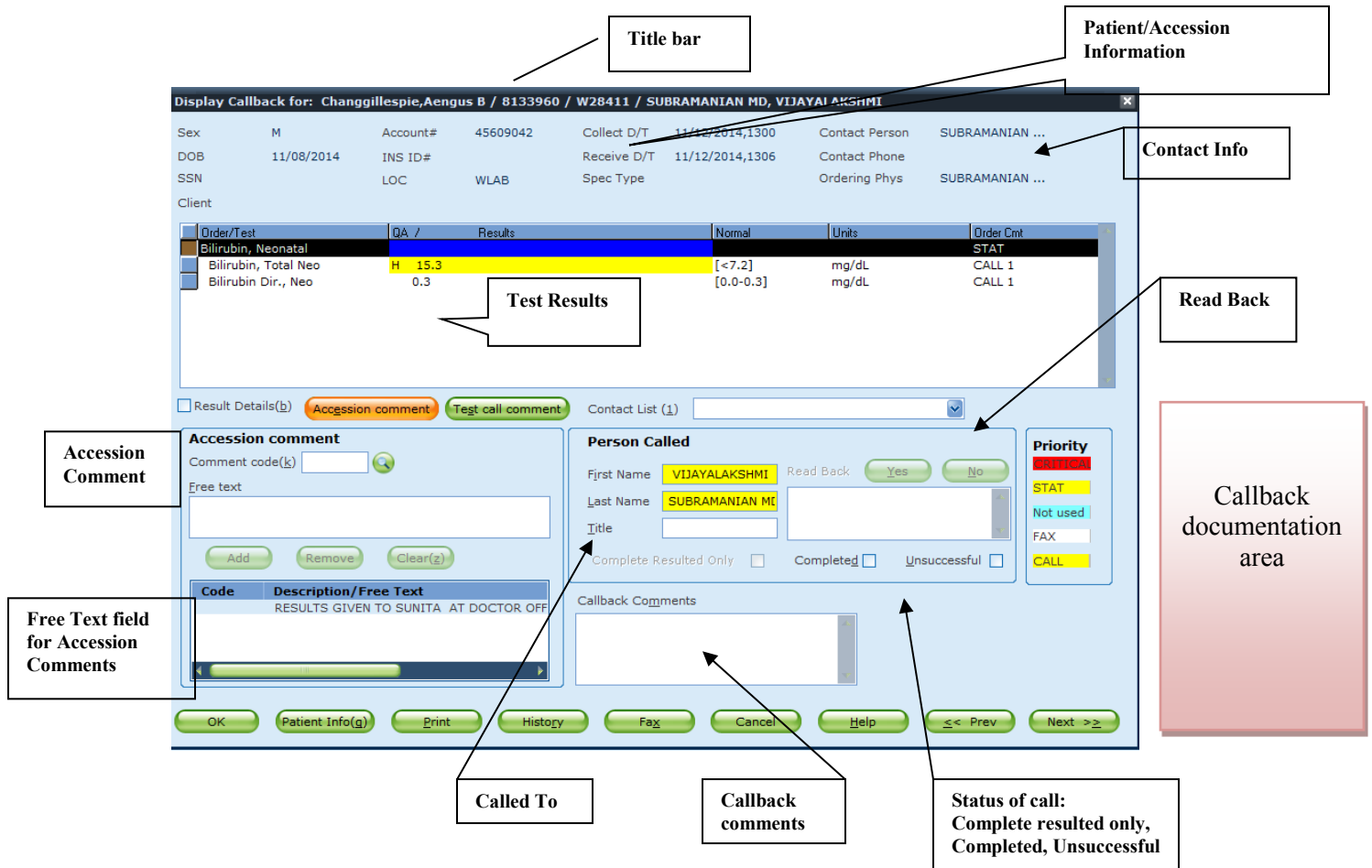
1. **The Title Bar** - the title bar across the top of the window. This gives you quick access to vital information. It will contain the Patient's Name, Medical Record Number, Accession Number, and Doctor.

2. **The Patient / Accession Information** - The top third of the screen. It provides patient information on the left (gender, DOB, location, SSN, account number). The right hand side provides accession information (Collection and received date and time, ordering physician, specimen type)

3. **Test Results** - Test, Results (these will flag if high low or critical), Normal Range, and Units.

4. **Callback documentation -** This area is for creating a record of calls. Fields in this area that are mandatory are highlighted in yellow.

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    a. Comment fields:

        1) **Accession comments** - These comments are for documenting successful calls and will appear on some types of reports attached to the accession number header.

        2) **Callback Comments -** These comments do not print on reports and cannot be viewed outside of Callback. This is the area to document failed calls.

    b. **Read Back** - A mandatory field that requires you to click on Yes or No before you can save your Call.
        If you check 'No' a comment field becomes mandatory to document why there was no readback and which member of management it was reported to.

        Note: This is not the field for comments on an unsuccessful call that is still pending. Clicking 'No' and saving will complete the callback with NO notification.

    c. **Called To** - A set of three fields. If a contact person is entered at the time of order, their name will default here. First and Last Name are mandatory, Title is optional.

    d. **Contact Info** - Information on who to call with results

    e. **Complete / Unsuccessful** - You must choose the status of the Callback before you can save. Options are:

        1) **Complete -** for results that were successfully called and documented. Selecting this option will finalize the Callback.

        2) **Complete Resulted Only** - for the completed portion of a preliminary report. This option will complete the call back for the tests that currently have results, but will leave the Callback open for the pending tests.
           Example: a positive culture that has a pending susceptibility.

        3) **Unsuccessful -** For results that have not yet been called and read back.
           Example: if you are unable to reach the RN or waiting for a Doctor to return a page.

C. Documentation of a Call:

Call the Results, the contact phone number is in the upper right corner of the screen. The person receiving the call MUST read back the patient name, test name, and result AND give their full name.

1. **If this was a successful call that is now complete:**
    a. In the "Comment code" box type **CBACK**<enter>. This will translate below under Description/Free Text as "Called to and read back by:"
    b. In the "Free text" box type in the contact information Use the exact format: **First Name Last Name and Title, date, time, and your tech code**. Type the name of the test that was called in the report comment field.

    c. Click "**Add**" to move the free text down in to the Description/Free Text box.

    d. The contact name associated with the call will default in the "Person Called" area. If this is not the person you notified, enter the correct name and title of the medical provider. This field is mandatory.

    e. Check the "**Completed**" box.

    f. At the Read Back: prompt Click the "**YES**" button.

    g. Click **OK** to save comments and return to the Callback list.

2. **If the call was unsuccessful:**

    Example: Waiting for physician to call back after being paged.

    a. Check the "**Unsuccessful**" box near the Person Called fields.

    b. In the "Callback Comments" field, document your attempt to call with the time and date, your tech code, and any appropriate comments. This will create a time stamp as the first attempt for the call.

    c. Callback comments are internal only and only appear in the Callback function. This comment shows up on the Callback list, so the next person processing Callback can also see the comment.

    d. Do NOT put unsuccessful call comments in the Accession comment fields. These will print on the patient report.

3. **If the call was successful but this is a preliminary or partial result, with more to follow:**

    Example: Culture results with a sensitivity to follow.

    a. In the "Comment code" box type **CBACK**<enter>. This will translate below under Description/Free Text as "Called to and read back by:"

    b. In the "Free text" box type in the contact information Use the <u>exact format</u>: **First Name Last Name and Title, date, time, and your tech code**. Type the name of the test that was called in the report comment field.

    c. Click "**Add**" to move the free text down in to the Description/Free Text box.

    d. The contact name associated with the call will default in the "Person Called" area. If this is not the person you notified, enter the correct name and title of the medical provider. This field is mandatory.

    e. Check the "**Complete Resulted Only**" box.

    f. At the Read Back: prompt Click the "**YES**" button

    g. The call comments will attach to the completed results, but the call status will remain pending until the rest of the test results are resulted and called.

        Note: You must check all Chantilly reports for pending status. If the result is still PENDING for more results use the "Complete Resulted Only".

    Note: If multiple calls were ordered, the contact list drop down menu will let you select the calls and complete them one after the other.

D. Faxing Results from Callback

1. Select a Call from the "Callback List" screen and double click. The "Display Callback" screen for that call opens.

2. Select "**Fax**" on the bottom of the screen. The "Fax Interim Report" screen opens.
3. From the drop down menu select the correct FAX device
   (This is the location from which you are faxing the results from)
   WAH: 1000 or 2000
   SGAH: 3000 or 4000
4. Click on **OK** in the "Fax Interim Report" window. The "Enter a Fax Number" window opens.
5. The pre-defined fax number for this contact populates the fax number field.
6. Highlight the number, right click the mouse and select **Copy**.
7. Click on the Comment Code field on the left side of the screen and type "**FRT**" and then <enter>. The comment will translate to "Faxed results to"
8. Press <tab> to move down to the free text field and right click and paste the fax number.
9. If the result does NOT need to be called then check the "Completed " box.
   a. At the Read Back: prompt Click the "NO" button.
   b. The field below read back will turn yellow making an explanation mandatory.
   c. Type "Faxed"
10. Click OK to save comments and return to the Callback list.

E. Creating a hard copy of the call (printing an interim report)

1. Click on the accession number.
2. Select "**print**" on the bottom of the screen.
3. Enter a printer number in the "printer device" field.
4. Click "**OK**".

F. Removing calls from Callback
      **Calls should ONLY be removed when they are completed

1. From the Callback list highlight the test to be removed.
2. Click on the trash can icon on the top of the screen.
3. At the next screen, check the "**remove**" selection and click on **OK**.
4. Call status will become X to show it is flagged for removal, but it will not leave the list until you refresh or exit.

G. Exiting Call back

Select File, Exit. DO NOT save any changes.

H. Adding an Accession Number to Callback
1. Click on the "**add Callback**" button (button with a "+ sign and a picture of a phone"). It is located on the tool bar at the top of the callback screen.
2. Two boxes pop up. In the box on the left, arrow down and choose "**accession No**". Enter the accession number in the box on the right, and click the "**OK**" button.

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3. A box will pop up that says 'accession list.' This list has all of the patient's accession numbers. Arrow down and find the accession number to be added. Double click on that accession number.
4. In the top right hand corner, arrow down and choose the correct contact person to add.
5. In the bottom left corner you will find a box to choose the priority level of the accession number.
6. Then click the "**OK**" box located along the left side of the bottom of the Callback screen.
7. You will return to the accession list.
8. If you need to add another accession number for the same patient, simply choose the next accession number and follow the above instructions.
9. If you do not need to add another accession number, click the "**Close**" button and you will return to the callback list.
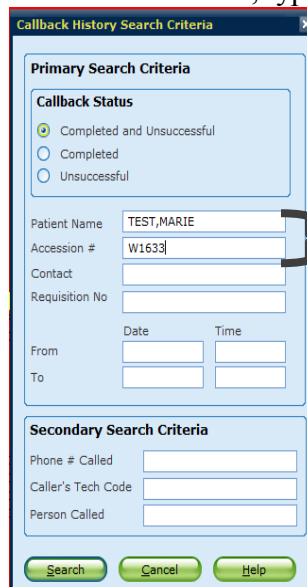
I.   Looking up Callback History on Patient and Accession

Warning: The results of the search do not include the name of the patient or the accession number. You are therefore urged to always include the patient <u>name</u> and <u>accession number</u> in the search to avoid errors interpreting the data.

1. On the view menu, click **History** *(open book).* The Callback history Search Criteria window opens.
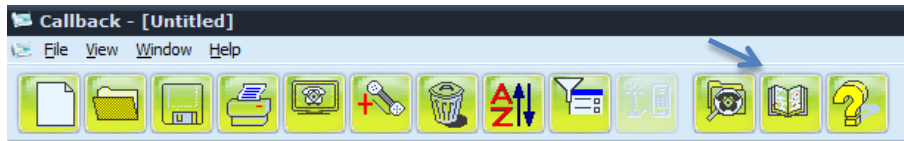
2. Under the primary Search Criteria, type in the patient's name (last name,first name) and in the Accession # box, type in the accession.

Warning: Enter both a patient name and an accession number. Not doing so can lead to errors interpreting the call history data. The Call History window displays the call history data without a patient or order identifier.

3. Click **Search**. The Call History window opens and shows the call record. The display includes the batteries and tests, result(s), comments (if applicable), and the contact information (who was called, when, who made the call, whether the call was successful and whether the results were read back to the caller).

4. To close the window, click **OK**. Click Yes or No to indicate if you want to perform another search.
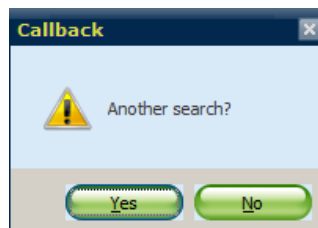
Note: If Call History information is NOT displaying, then the computer that you are using may not have rights to view the Callback History.
   - Contact LIS staff
   - If LIS staff in not available then open ticket with Help Desk. State in ticket that *rights on the PC need to be changed to view Callback History for Sunquest GUI.*
     Under C:\Program Files/Mysis and Common\Mysis folders, add (everyone) under the security tab and give it read/write permissions.

6.   RELATED DOCUMENTS
   Laboratory Service Expectations, Laboratory policy
   Critical Values, Laboratory policy
   Critical Values - Accepting Results in LIS, LIS procedure

7.   REFERENCES
N/A

8.   REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes CS011.002		
000	12/13/10	Section 3: update times	M Sabonis	M Sabonis
001	1/22/15	Section 2: clarify scope Section 3: remove Client Service hours and process for technologist documentation, add service policy Section 4: add Critical Value Section 5: placed sub-sections in appropriate order, update screen shots and steps due to LIS upgrade Section 6: add policies and SOP Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13	M Sabonis L Barrett	M Sabonis
2	1/23/17	Header: add WAH	L Barrett	M Sabonis
3	6/7/17	Section 5: add steps for viewing Callback History	M Sabonis	M Sabonis

9.   ADDENDA AND APPENDICES
None

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