

TRAINING UPDATE

Lab Location: GEC, SGMC & WAH
Department: Core Lab

Date Distributed: 3/16/2018
Due Date: 4/6/2018
Implementation: 3/20/2018

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:
Critical Value Report SGAH.LIS36 v3 Failed Delta Value Report SGAH.LIS37 v3 <i>These have been converted to system SOPs</i>
Description of change(s):
<p>Header: add other sites</p> <p>Section 5: updated disposition of log <i>Rational for the change – bench logs and corresponding documents will be retained for a sufficient period of time (1 month) to aid in investigating complaints or RL occurrences. There is no need to send for off-storage and incur additional cost to the lab.</i></p> <p>These revised SOPs will be implemented on March 20, 2018</p>

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

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
<i>Refer to the electronic signature page for approval and approval dates.</i>		
Local Issue Date:		Local Effective Date:

Review:		
Print Name	Signature	Date

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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 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

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
 09:19

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

NAME	DIAGNOSIS	HOSP NO.	LOC	DATE	TIME	COLLECTION 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	*	^		@
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 indicates ARH at Takoma Park and ARHR indicates 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 attached to the Pass Down Log.**

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
2	3/8/18	Header: add other sites Section 5: updated disposition of log to match practice	L Barrett	M Sabonis

9. ADDENDA AND APPENDICES

None

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
<i>Refer to the electronic signature page for approval and approval dates.</i>		
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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:

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 09:19

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

NAME	DIAGNOSIS	HOSP NO.	LOC	DATE	TIME	COLLECTION 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	*	^		@
TCHOUATE,JACQUES	; PNEUMONIA 486, +	477466	4200	04/09	0550	X5129	K	6.7	*	^		COM1
BROOKS,HORACE	; CHEST PAIN CARDIAC	690680	5300	04/09	0730	X5160	TROPI	31.08	*	^		COM2
GENTILCORE,ANTHONY P	; ACUTE ISCHEMIC +	411375	5300	04/09	0800	X5486	TROPI	101.11	*	^	0.59	@
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	*	^		@
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 indicates ARH at Takoma Park and ARHR indicates 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 attached to the Pass Down Log.

6. **RELATED DOCUMENTS**

Delta Check, QA procedure
 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
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9. **ADDENDA AND APPENDICES**

None