Policy and Procedure
Dignity Health Central Coast Service Area

**SUBJECT**: Review of Results

**ORIGIN**: Laboratory/Administrative

**NUMBER**: 7500. A.F.26

| **Applies to:** |
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| **☐** Santa Maria Campus,Marian Regional Medical Center | **☐** Arroyo Grande Campus,Marian Regional Medical Center | **☒** French Hospital Medical Center |
| **☐** St. John’s Pleasant Valley Hospital | **☐** St. John’s Regional Medical Center |

# PURPOSE:

To provide guidelines for daily review of the previous day’s work by the Clinical Laboratory Scientist. Work, defined as patient testing, quality control testing, and preventative maintenance, needs to be reviewed in a timely manner to find missed or incorrect work and allow timely corrective action to be taken. This procedure provides a systematic approach to reviewing test results and receiving feedback and a clear pathway for corrective action to maintain Good Laboratory Practice.

# DEFINITIONS:

NA

# POLICY:

All patient test results shall be reviewed and verified by licensed Clinical Laboratory Scientists prior to being reported. No patient results shall be reported if quality control values do not meet acceptable standards.

# PROCEDURE:

## Critical value and abnormal results and those results inconsistent with previous results (delta checks), with other tests performed, or with the patient's condition, shall be investigated by a Clinical Laboratory Scientist prior to being reported.

## The investigation can include but is not limited to:

### Repeat testing, clarification of patient treatment or condition

### Verification of specimen identity and integrity, re-testing on a new specimen, and review of prior patient test results.

### Critical values and abnormal results which are not resolved by a Clinical Laboratory Scientist’s investigation are to be referred to the CLS Lead, Lab Manager or Pathologist.

### All actions taken shall be documented in the computer system or in department records as appropriate.

### All reports of corrected results shall clearly indicate the results have been corrected and shall clearly indicate the correct and incorrect values, notification of appropriate caregivers, time/date, and other actions taken.

## Daily review of patient results

### Review that all critical values were called and documented.

### Correction report reviewed for all laboratory departments.

### Daily screening for all manually entered test results. All paperwork that is manually entered is kept in a Daily Manual Review folder and signed off by the Laboratory Supervisor or CLS Lead after review. Review includes verifying accurate results in Cerner. Any discrepancies will be resolved with a corrected report.

### Any unresolved discrepancies will be directed to the Lab Manager for troubleshooting.

## Quality Control Testing Review

### Department CLS Leads review QC results daily for any trends or instrument issues.

### Quality Control results including standard deviation, mean and coefficient of variation are compared to peer group data from the previous month to identify any problems in the pre-analytic, analytic, and post-analytic processes at least monthly.

### Quality Controls that are not transmitted to Cerner will be printed monthly and signed off by the CLS Lead and/or Lab Manager.

## Preventative Maintenance Review

### All maintenance logs are to be reviewed by the Department CLS Leads daily to ensure daily, weekly and monthly maintenance are all completed on time.

### Department CLS Leads and Lab Manager to sign off on completed maintenance logs monthly.

# REFERENCES:

NA

# ASSOCIATED DOCUMENTS:

NA