

CRITICAL VALUE WORK INSTRUCTION

- St. Joseph Medical Center Tacoma, WA St. Clare Hospital Lakewood, WA St. Elizabeth Hospital Enumclaw, WA
- St. Francis Hospital Federal Way, WA St. Anthony Hospital Gig Harbor, WA PSC

PURPOSE

To provide the detailed steps involved in reporting of a lab value designated as critical, once the result(s) is determined.

BACKGROUND

Patient safety is dependent upon prompt notification of test results that meet critical value standards. Laboratory has defined procedures to guide staff in reporting these results.

RELATED DOCUMENTS

- Critical Value Policy R-PO-AD-0551
- Critical Value Process Flowchart R-PR-AD-0550

STEPS

1. Determine if the result meets the CV limit by reviewing for a C flag in the LIS (if result is numeric or alpha) or is a CV based on the CV test list.
2. Determine if the patient with the CV is a hospital department patient or an outpatient and whether the location is open 24/7 or currently closed.
3. If the location is open, contact the department/nursing unit immediately. Follow Step 9 below “announcement script” for completion of the CV notification and documentation.
4. If contact was not immediately made (Hospital or Outpatients), verify the test and continue with notification attempts. Do not hold up verification pending notification.
5. If the test result is from an outpatient location, collect the patient’s home phone number before calling an outside facility/location in case it is needed especially after hours or if the provider that is calling is not at the office or has limited knowledge of the patient. **NOTE:** Patient’s phone number is located using PBQ (Patient Billing Inquiry), field #09.
6. Determine the phone number of an outside physician/client/facility by branching to RIE from TSA or by using phone contact information available in the lab.
7. From RIE, select Client. Admitting Doctor Information is displayed on the right side of the screen and client information will be on the left side. For ordering doctor information (if different from admitting doctor) or additional phone contact information (i.e., secondary phone numbers, pagers, calling CV instructions, etc), locate ordering Doctor name and inquire in DTI for additional contact information.
8. Follow Step 9 below “announcement script” for completion of the CV.
9. Announce to the recipient the following script:

- A. *“This is (Susan), from (St. Francis Lab)”. “I have a critical value on patient (Jane M Doe)”. “May I speak to the patient’s nurse?”*
- B. The recipient will either be able to take the call because they have been authorized to take CV’s for their location or request someone else come to the phone. Continue with the notification taking care to provide 2 patient identifiers before release of the result.
- C. *“I have a Critical LOW Hematocrit on patient (name of patient) with MRN of 940-99-9999”, or give Date of Birth as the 2nd patient identifier if calling an outpatient location.*
- For **Hospital departments** – State whether the result is LOW or HIGH (as applicable), the name of the test and the result. *“The Critical LOW Hematocrit is (20)”*. Tell the recipient that you will be verifying the result and will be viewable in ACIS.
 - For **Non-Hospital or Outpatient locations** – Report the result verbally as ACIS is not available to non-FHS departments, *“The Critical LOW Hematocrit is (20)”*. You may be asked to fax the result(s) so that the receiver has a hard copy to refer to. The fax can be sent via the CCC program of Cerner.
- D. Ask the recipient to READ BACK the result they have recorded. *“Could you read back the critical value you’ve written down?” Listen carefully to ensure the result(s) read back are the exact results on your instrument printout or displayed in the LIS.*
- E. The recipient should read back the hematocrit of 20.
- F. Ask the caller for their identity, *“May I get your full last name and first initial for documentation please?” “Thank you”*.

10. Use the template CCALL to document the nurse/doctor/caregiver was notified of the CV result. Add a chartable (above the line) footnote in TSA if the notification was given before the result was verified. **DO NOT HOLD UP VERIFICATION IF NOTIFICATION IS DELAYED.** Include in your CCALL documentation that you verbally indicated if the CV was LOW or HIGH when applicable.

KEYPOINT: If the result has been verified before the result notification, add the CCALL template to make a non-chartable Order Comment/footnote Non-chartable (below the dotted line in OID). Commenting above the line **after** a test has been verified will trigger a corrected result in electronic systems. It is important to make any Order comments below the line if the result is already verified).

If you encounter an answering machine, leave a message on the machine with your name, location, phone number you can be reached at (whenever possible, use a phone number that is a direct dial line that you will answer when the call is returned), the patient’s name and request a call back. (It is fine to leave the results, but a follow-up call MUST be made to insure the results were received).

11. For Outpatient locations, if notification attempts fail and you have been unable to reach the ordering or on-call doctor/caregiver within 2 hours, review of the CV result with a TIC, MT Coordinator, Supervisor/Manager is suggested to determine whether to continue call attempts after hours. Some considerations when notification attempts fail are:
- Review of the results against previously reported results
 - Review sample integrity (i.e., hemolysis impact, impact to glucose or potassium results due to age of sample)
 - Storage condition of the sample prior to testing (i.e., sample placed near ice pack, very low temps in outside locked box, etc)

- Possible sample contamination from IV
 - Patient diagnosis and/or known condition of the patient
12. If CV still needs immediate notification and no call back from provider within 4 hours, contact a pathologist on site or on-call by calling the PSIP 1-800-234-7224 answering service. Assist the pathologist with the details needed (call attempts to reach the provider, patient's contact phone number, provider's contact phone number) so that action can be taken to reach a provider and/or care for the patient.
 13. When call attempts fail or are delayed due to office/clinic closure, order a CRITICAL test code in LIS to create a method of tracking & documentation of actions taken. See steps 15 - 22 below.

CRITICAL test code ORDER/RESULT ENTRY - Use if there is a delay in reporting the CV or if after hours and there's a suspicion the CV is caused by a sample quality issue.

(This test is for internal lab use only and does not chart)

14. Order a CRITICAL test code in COE (add to existing accession number) if needed to track the task of notifying the CV and documenting the call attempts.
15. Select the footnote key while in COE and enter a non-chartable (below dotted line) comment describing what action needs to be taken. (Comment should include what test(s) need to be called and any pertinent info about previous call attempts, phone number to call, etc).
16. If a CRITICAL test has been ordered begin working those requests as appropriate; i.e., same day if follow up is still underway, the next a.m. if ordered previous night when provider was not reached. Every effort to notify providers/caregivers of CVs by 10am next day should be made. Contact the on-call pathologist if assistance is needed when no contact is made.
17. Pull all pending CRITICAL requests using RQW (Request Worksheet) at any time of day. Until CRITICAL test code is verified as DONE, this pending test stays in the queue and will print each time the RQW is pulled.
18. Contact the ordering provider or on-call designee with the results using the same steps as 6-9 above.
19. Complete the notification documentation by adding a footnote (above the dotted line) to the CRITICAL test code in OID using the CVCALL and/or CCALL template.
20. If the pathologist took action to contact a provider or patient, they will contact the lab so that documentation of his/her actions can be included. Do not verify the CRITICAL test if the provider has not yet been reached. If necessary, contact attempts should continue into next business day to ensure the ordering provider or on-call designee is aware of the CV result.
21. Verify the CRITICAL test by entering DONE in PRE or TSA.

DOCUMENT APPROVAL Purpose of Document / Reason for Change:

No content change except added related documents. Format only.

No significant change to process in above revision. Per CAP, this revision does not require further Medical Director approval.

<p>Committee Approval Date</p>	<p><input type="checkbox"/> Date: 8/29/13 <input type="checkbox"/> N/A – revision of department-specific document which is used at only one facility</p>	<p>Medical Director Approval <i>(Electronic Signature)</i></p>	<p> 8/30/13</p>
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