The purpose of this MTS is to review our critical value policy and procedures. Pay close attention to # 7 which states that in the event an OP‘s physician cannot be reached, within 60 minutes CALL A PATHOLOGIST for disposition.

Recently a physician could not be reached through one to one. The voice mail asked that if this was an emergency to call 911. Any other calls should be made to office during regular business hours.

This patient had critical values that needed dealt with ASAP.

The pathologists would make the call to get the OP to ER ASAP and inform the ER physician of the results and reason for visit.

There are additional points highlighted that we need to be reminded of also.

For a list of all critical values, see policy and procedure # nvml.corp.001

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Policy and Procedure Manual

Policy Number: nvml.corp.001

SUBJECT:

Critical Values

POLICY:

PROCEDURE:

The laboratory will identify test results that have critical values and will notify

within 30 minutes the physician or other clinical personnel responsible for

patient care when validated critical values are obtained.

A. Critical value results will be validated prior to reporting according to

standard operating procedures for each test and by the general

procedure outlined below.

1. Compare the critical value with prior results and correlation with

other clinical data and clinical condition. Report value if results are

consistent with findings.

2. If a previous value is not available and/or results are not consistent

with findings proceed as described below, reporting the result at the

point when the value has been validated.

Note: The nursing unit and/or physician must be notified that there

will be a delay for verification and re-testing. Values obtained in initial

testing can be given verbally to the physician with the reminder that

the result is preliminary and must be confirmed.

a. Examine the specimen for patient identification, fibrin, clots,

hemolysis, and correct sample type.

b. Verify that the correct patient has been collected.

c. Re-run the test using a fresh aliquot from the primary tube

sample if examination indicates there is no problem with

specimen integrity or identification.

d. Immediately alert all involved testing areas if a re-draw is

requested.

e. Request a stat redraw of all specimens (if possible) and

document the reason needed and any special requirements in

the re-collect function. Notify the patient care area of the situation

and the need for re-draw.

f. Run the new specimen and re-validate any critical value

obtained.

B. The physician or other clinical personnel responsible for patient care

must be notified immediately (within 30 minutes) of all critical values.

1. For testing performed in the laboratory, the technologist or customer

service staff will call the appropriate location, identify the patient

using two patient identifiers (patient’s name and account number for

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inpatients; patient’s name and date of birth for outpatients), the test

name(s), and the critical result(s) to physician, clinical person, or

designee, and indicate that the result exceeds critical limits.

a. Have the person that is accepting the critical value, read back the

two patient identifiers, the test name(s), and the critical value(s).

Obtain the name (first and last) of the person to whom the result

was given.

b. Document the call in the LIS (In SCC, the “Call” function is used.)

including the person’s name, the time of the call, and “RBO” as

verification of “read back obtained.” If the person refuses to read

back the result, document the refusal with the person’s name and

“RBR” to indicate “read back refused.”

c. Exception reports will be monitored periodically (at SRMC,

VWCH, PCACC), to verify that all critical values have been called

to an appropriate person. If there is no documentation of the call,

the critical value must be called by the person monitoring the

exception report.

2. For emergency or urgent care patients at the ambulatory care

centers (PE-PCACC, DE-DACC, and UC-ESUC,WU-WSUC), printed

copies of the reports can be given directly to the attending physician

in lieu of calling the critical value. This direct delivery of the critical

report must be documented in the LIS as in B.1.c. above.(ie.,

“Printed report given to Dr. Smith.”) When blood is received at

NVML after the urgent care closes, and testing produces a critical

result, the critical value will be called to PCACC’s emergency

department at 419-226-4400 for documentation and follow up. This

is for Emergency patients only. Out patients from the urgent cares

(DA-DACC, PO-PCACC, EO- ESUC,WO-WSUC) will still need

critical values called to the ordering physician.

3. For testing performed at a reference laboratory, the physician or

other clinical personnel responsible for patient care will be notified

immediately of all results flagged as critical by the reference

laboratory as in step B.1.a-c above. Reference laboratories are

given a laboratory contact phone number only. Critical values are

therefore called directly to laboratory staff.

4. For POCT testing such as POC Glucose, the testing personnel will

follow the physician’s orders and established Nursing Service

protocol for physician notification and patient treatment. Appropriate

comment codes can be appended in the analyzer to document

actions taken.

5. Certain identified consistent long term patient critical values may not

be called after the initial notification.

6. Certain surgical pathology may be considered particularly significant

or unexpected. Such findings are communicated to the physician by

the pathologist. Documentation of that communication will be

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included in the pathology report dictated by the pathologist.

Point of this MTS

7. If an outpatient’s physician or other clinical personnel responsible for

patient care is unavailable after 60 minutes, call the Pathologist for

disposition.