REPORTING CRITICAL VALUES **Administrative Procedure** 110.A

PURPOSE:

To provide a mechanism for communication of critical laboratory values. A critical laboratory value is a value at such variance with normal as to represent a patho-physiological state which is immediately life threatening unless some action is taken in an emergency fashion, and for which that appropriate action is feasible and possible.

POLICY:

All critical values as established by the Critical Value Committee will be called by the laboratory staff after verification of the results. All personnel are to be knowledgeable of the critical value list for their technical area (Attachment 1).

DEFINITIONS:

Critical Values ages are listed in the Critical Test Value List and in the Laboratory Information System (LIS) by specific ages.

For general information, Pediatricians use the following ages for pediatric patients:

Patient	Age
Neonate/Newborn	Less than 30 days old
Infant	Less than 12 months old
Pediatric	Less than 18 years old
Adult	Greater than 17 years old

NOTIFICATION PROCEDURE:

A. Identify critical value results from testing performed in-house from the attached Critical Value list or the specific technical test procedure.

B. When a critical value is obtained, the Clinical Laboratory Scientist (CLS) doing the test should verify that the result is correct. Verification may include any steps deemed necessary by the CLS (e.g., checking controls, and rechecking patient/specimen identification).

C. After the critical value has been verified, the critical values are to be reported immediately within one hour of test verification. Notify the appropriate party by taking steps listed in hospital policy # 2720 (http://intranet.ucdmc.ucdavis.edu/policies/hospital_policies_and_procedures/patients_medical_management/2720.shtml).

D. Results from referral laboratories (e.g. ARUP, Mayo) identified as critical values by the performing lab will be called to UCDMC laboratory contact listed in referral agreement. Laboratory staff will call the critical value to the appropriate physician

as listed in #2720 above. If notified physician has questions, refer him/her to the referral laboratory consultant or UCDMC CLS or Pathologist. Script should include a statement that the results are identified as critical by another testing laboratory. Document notification in the LIS Specimen Comments.

E. Use the following "script" when calling the report:
"This is [your first and last name] from [your location]. I have a critical value result, which requires immediate evaluation *by the physician (if result taken by person other than the physician)* for [patient's name] [unit number]. The specimen was collected [date/time of collection]. The [test name] is [result]." The caller may include additional information such as reference intervals.

F. Ask the person receiving the verbal result to ***read back*** the critical test results.

G. Ask for the person's name and title, if they have not already identified themselves. Document any additional identification provided, such as PI#.
Note: the first name alone is not sufficient for critical value documentation.

H. Document the called critical value in the LIS, as a permanent record. In the LIS append the canned text "C" to the critical value result. The canned text requires the following fields be documented:

CRITICAL VALUE PHONED
TO: (Name and Title)
LOCATION:
READBACKCONFIRMED (Y/N)?:
DATE/TIME CALL INITIATED: Date and Time (defaults to current date and time, unless changed)
DATE/TIME CALL COMPLETED: Date and time (defaults to today's date and time, unless changed)

I. If the report call is refused or caller is having trouble reporting Critical Value within one hour, contact alternatives per hospital policy #2720.

J. Auditing of timely reporting by Laboratory and LIS documentation of critical value test results will be done monthly. These reports will be submitted to Pathology quality committee(s). Audits of nursing documentation of critical results are provided to HIM for inclusion in the STAT Committee Monitoring Dashboard. Analysis of possible trends will be reviewed for necessary process improvements.

APPROVAL PROCESS AND RESPONSIBILITIES:
Changes to the Critical Values (CV) may be requested or recommended by clinicians, Pathologists or Section Medical Directors, CLSs, etc. The following steps are required:

A. Section Medical Director:
   1. Approves changes to CV for his/her section. If another lab section could be impacted by the change, each Section Medical Director should have input.
   2. State clinical reasons for the recommended change(s) and expected impact.
   3. Obtain references and communications and collate to present with draft revisions.

B. CLS Supervisor, CLS Specialists and/or designee:
   1. Documents proposed changes in draft copy of the current approved CV List. Draft copy may be obtained from the 110.A P&P "owner".
   2. Collects test volumes for test(s) to be changed to show impact of changing the CV
      a.# tests done with CV at current CV level
      b.# tests that are expected to require CV reporting based on revision
   3. Collates information from the Medical Director on clinical rationale and impact, and sends to Quality Manager
   4. Creates a draft of the LIS Dictionary Request form and sends to LIS
   5. Create a draft of the Lab Test Directory change and sends to Lab Test Directory Manager
   6. Creates draft First Tuesday notification and sends to Client Services Manager
   7. Updates Lab Sections' policies and procedures as applicable

C. Quality Manager:
   1. Makes all revisions to the lab CV list (attachment 1) and submit with section justifications to the CLIA Director.
   2. Notifies Client Services Manager and CAO that Test Change Notification can be finalized.
   3. Notifies LIS when policy has been approved by STAT committee.

D. CLIA Director will review and approve the Pathology policy # 110.A. The Critical Value list will be sent to hospital committee representatives for review and final approval (Medical Staff Executive Committee and Self Testing Accreditation Committee). Once approved by hospital committees, the Quality Manager will notify LIS to make changes.

E. The LIS team implements changes in LIS from final approved P&P.

REFERENCES:
Hospital Policies and Procedures #2720: Communicating Critical Lab Values
CAP All Common Checklist: Critical Result Notification
The Joint Commission (TJC) National Patient Safety Goals NPSG.02.03.01

PROCEDURE HISTORY

Date	Written/ Revised by	Revision	Approved Date	Approved by
11/88	R. Lowe	New	11/88	M. Gardner
2/93	G. Kost	Revised	2/93	R.D. Cardiff
7/94	D. O'Sullivan	Revised	7/94	R.D. Cardiff
4/96	D. O'Sullivan	Annual Review	4/96	R.D. Cardiff
10/96	D. O'Sullivan	Annual Review	10/96	R. Green
9/97	K. Omand	Revised	10/97	R. Green
4/98	D. Brown	Revised	6/98	E. Larkin
4/99	K. Omand	Revised	4/99	E. Larkin
12/99	J. Jeffries	Revised	12/99	E. Larkin
3/00	J. Jeffries	Annual Review	3/00	E. Larkin
7/01	J. Jeffries	Annual Review	7/01	E. Larkin
7/02	C. Jarvinen	Revised	7/02	E. Larkin
2/03	D. O'Sullivan	Annual Review	2/03	E.Larkin
2/04	D. O'Sullivan	Revised	2/04	E.Larkin
11/05	G. Kost	Revised	11/05	G. Kost
5/06	G. Kost	Revised	5/06	G. Kost
6/06	G. Kost	Revised	6/06	G. Kost
11/07	D. O'Sullivan	Revised	11/16/07	G. Kost
06/08	D. Wright	Revised	6/20/08	G. Kost
6/09	D. Wright	Revised	6/09	L. Howell
11/09	D. Wright	Revised	11/09	L. Howell
5/10	D. Wright	Revised	5/10	Dr. L. Howell
5/11	D. Wright	Revised	5/11	Dr. L. Howell
7/11	J. Frey	Revised values	7/11	Dr. L. Howell
8/11	D. Wright	Revised values	8/11	Dr. L. Howell
10/13	T. Cox	Revised: notification MD nurse, references; Attach1	10/13	L.Howell
12/13	T. Cox	Revised: hemolyzed K+; Attachment 1 sent to Hosp P&P 2720	12/13	L.Howell
06/14	T. Cox	Revised: added high GLU; link to 2720	6/14	L.Howell

PROCEDURE HISTORY

Date	Written/ Revised by	Revision	Approved Date	Approved by
04/15	T. Cox/ E/Padilla	Revised: removed first name for notification; added approval process; changed Chemistry & Hematology values	4/30/15	L.Howell