UC Davis Health
Sacramento, CA
Department of Pathology and Laboratory Medicine

REPORTING CRITICAL VALUES **Administrative Procedure** 110.A.1

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 will be called by the laboratory staff after confirmation of the results. All personnel are to be knowledgeable of the Critical Value Test List (Administrative Procedure 110.A.3) for their technical area.

DEFINITIONS:

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

NOTIFICATION PROCEDURE:

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

B. When a critical value is obtained, the laboratory personnel doing the test should confirm that the result is correct. Confirmation may include any steps deemed necessary by the testing personnel (e.g., checking controls, and rechecking patient/specimen identification).

C. After the critical value has been confirmed, the critical values are to be reported immediately within one hour of test result confirmation. Notify the appropriate party by taking steps listed in hospital policy # 2720 (https://ucdavishealth.ellucid.com/documents/Policy 2720).
Additional details on reporting a critical value after hours, on weekends or holidays for Hospital-Based Outpatient Clinics (HBC) and Primary Care Network (PCN) Clinic Patients are presented in the Administrative Procedure 110.A.2.

D. Results from referral laboratories (e.g. ARUP, Mayo) identified as critical values by the performing lab will be called to UCDH 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 UCDH 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] [medical record 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. To obtain read back from the licensed caregiver, staff should ask "Would you please state patient's full name and medical record number and read that (result) back to me?"

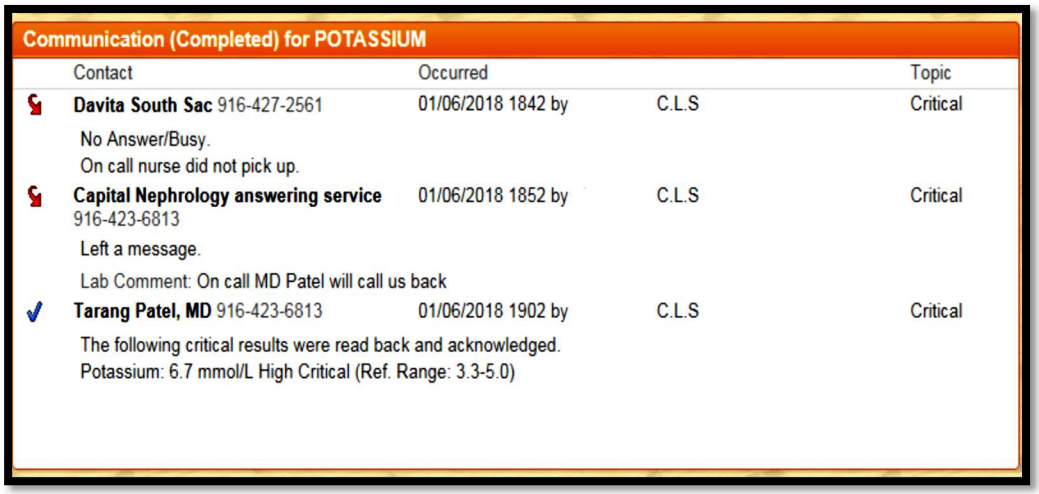
G. Ask for the person's name and title, if they have not already identified themselves. Document any additional identification provided, such as PI#.
Note: the first name alone is not sufficient for critical value documentation.

H. Document the called critical value in the LIS, as a permanent record. In the LIS open the Communication Log (Comm Log) to document communication of the critical value result. Complete the Comm Log entering the name of the person contacted and the action completed.

I. If the report call is refused or caller is having trouble reporting Critical Value, contact alternatives per hospital policy #2720. For cases where primary contacts are not reached within 40 minutes and on-call clinical pathology resident or attending pathologist is contacted, final documentation in LIS should include the information about physician notified by pathology resident. Document all time stamps for attempts made to page the physician in LIS as stated in example below:

- Attempt 1 - Paged on call Folsom IM –Dr. ABC (816-xxxx) at 1800
- Attempt 2 - Paged 816-xxxx at 1820
- Attempt 3 - Paged 816-xxxx and also page Pathology resident at 816-2400 at 1840 and pass on all the information regarding attempts made to contact the

on call physician for which service.
Complete your final documentation to include information provided by path resident if they were able to notify the appropriate caregiver with read back confirmed. Completed Comm Log after final verify will show all attempts made to contact the and notify appropriate caregiver as follows:



Note: Pathology residents cannot be documented in LIS as notified physicians. Appropriate caregiver notified by pathology resident should be included in the final documentation.

J. Review of timely reporting by Laboratory and LIS documentation of critical value test results will be done routinely by each technical section staff as applicable. Section supervisors will sign the QA form acknowledging that critical value call documentation was reviewed, and any issues were addressed. 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. Section supervisor documents proposed changes in draft copy of the current approved CV Test List. Draft copy may be obtained from the 110.A.3 P&P "owner".

2. Collates information from the Medical Director on clinical rationale and impact and sends to Quality Supervisor.
3. Submits an online Beaker Enhancement request after approval received from Quality Supervisor.
4. Drafts the Lab Test Directory change and sends to Quality Assurance section for updating the Lab Test Directory.
5. Section supervisor drafts First Tuesday notification and, after review by the section medical director, sends to Client Services Supervisor, and Assistant Director for posting on First Tuesday.
6. Section supervisor updates Lab Section policies and procedures as applicable.

C. Quality Supervisor:
   1. Makes all revisions to the lab CV Test list (Administrative Procedure 110.A.3) and submit with section justifications to the CLIA Director.
   2. Notifies Client Services Supervisor and Assistant Director that Test Change Notification can be finalized.
   3. Notifies section supervisor when policy has been approved by Regulatory Accreditation Committee, Pharmacy and Therapeutics Committee and Medical Staff Executive Committee.

D. CLIA Director will review and approve the Pathology Administrative Policy 110.A.3. The Critical Value Test list will be sent to hospital committee representatives for review and final approval by Regulatory Accreditation Committee, Pharmacy and Therapeutics Committee and Medical Staff Executive Committee.

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;	4/30/15	L. Howell

		added approval process; changed Chemistry & Hematology values		
04/17	N. Kaur	Revised: Updated to match current processes and revised CV for Chemistry, Hematology and Microbiology	4/25/17	L. Howell
05/18	N. Kaur	Revised: Updated with Beaker related changes and revised CV for Troponin T.	05/18	L. Howell Via OnBase
09/18	N. Kaur	Revised; updated supervisor review	09/18	L. Howell Via OnBase
05/20	N. Kaur	Revised: Updated to match current titles and removed CV for Troponin I	05/20	L. Howell Via OnBase
11/21	B. Brownlow	Minor typo/correction, not routed for approval		
02/22	E. Karanja	Revised: Updated Critical Value List (CK-MB and TDM units), removed general information on pediatrics	2/22	L. Howell via OnBase
04/22	E. Karanja	Revised: New process for Anticoag Clinic afterhours. Minor addition of HBC Abbreviation		