D.26 CRITICAL RESULTS PROCEDURE

I. PRINCIPLE

This procedure defines the course of action for Pathology & Laboratory Medicine Service (PLMS) personnel to follow when reporting and documenting critical results for specified laboratory tests and procedures. The documentation and reporting are critical to patient care and mandated by The Joint Commission and College of American Pathologists.

II. POLICY

For appropriate management of patient care the laboratory is obligated to recognize results associated with life-threatening conditions, verify the validity of the results, and immediately bring them to the attention of the responsible clinician. This is "best care" practice, and is mandated by both VA policy and regulatory/accrediting agencies. A list of critical laboratory results has been approved by the Medical Executive Board (Critical Values). Critical results are reported to the responsible clinician within 15 minutes, with a goal of 10 minutes.

III. DEFINITIONS

A. Critical Results: (*Also referred to as "Critical Values*") Lab results that *always* require rapid verbal reporting to a responsible clinician.

B. Responsible Clinician: The individual involved with the care of a patient who can facilitate prompt intervention and affect the handling and treatment of the patient.

IV. PROCEDURE

A. General:

1. Upon verification of a critical result, the technologist will report it to the responsible clinician in a timely fashion.

2. Critical results (as listed in Critical Values) must be verbally reported to the responsible clinician within 15 minutes after verification, with a goal of 10 minutes.

3. Once a critical result has been communicated to the responsible clinician, the clinician must "read back" the information to the reporting technologist.

4. Documentation is made by a comment entry into VistA. It includes:

   - The full name of the individual to whom the critical result is reported.
   - The date and time of the notification using the 24 hour military time format.
   - The name of the technologist (initials or other form of identification) reporting the critical value.
   - That "read back" or "confirmed by" of the results has been completed by the clinical staff.
   - PLMS supervisors will ensure that current lists of the house staff provider contact numbers are available.

B. Inpatients:

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1. The technologist calls the ward and asks for the provider covering the patient at this time. The provider is called or paged with the critical value result. The outcome is documented.

2. If the provider physician does not return the page within 10 minutes, the attending/hospitalist of record is paged or called on cell phone with the help of the VA operator.

C. Outpatient Clinics (CBOCs):

1. Monday – Friday, Day Shift [8 AM to 4:30 PM]:

A. The technologist calls the clinic provider noted on the lab test order. If no answer in 5 minutes, the technologist pages the ordering provider.

B. If no answer in 5 minutes, the technologist calls the patient's primary care provider as identified in CPRS.

C. If no answer in 5 minutes, the technologist calls the clinic and asks for the RN.

2. Monday – Friday, 2nd and 3rd Shifts [After 4:30 PM]:

A. 4:30 pm to 5 pm Mon- Fri outpatient critical lab values will be called to the hospitalist provider.

B. After 5 pm, calls are made to the Emergency Department Attending.

3. Weekends and Holidays, All Shifts:

A. The technologist calls the Emergency Department attending physician.

D. For Emergency Department (ED) Patients: (Microbiology Significant Findings)

The technologist calls the ED physician or the ED nurse (RN) in charge of that patient. If the patient was transferred to a ward, the technologist calls the physician or charge nurse on the appropriate ward and follows the procedure for inpatients.

E. Previously Critical Troponins:

If a patient has a previously critical Troponin within the last 24 hours AND the value is decreasing, it is not necessary to call the value to a provider. Place a comment on the results, "Troponin Previously Critical, Value Decreasing". Values that are increasing or have no previously critical result must still be called and properly documented.

F. Turnaround Time for Calling of Critical Laboratory Results:

The turnaround time (TAT) for reporting critical results monitored. TAT is measured from the time of verification to the time the critical result is successfully reported to the responsible clinician. TAT will be <15 minutes, with a goal of <10 minutes.

G. Monitoring of Critical Values:

1. Department supervisors monitor critical results daily to ensure that all critical values are called and documented in a timely fashion.

2. TAT of critical result calls, and who received the call, are both monitored monthly by the laboratory and reported to the safety committee quarterly.

3. It is the responsibility of the supervisors/leads to report outliers and follow up appropriately. Process improvement is ongoing. Reporting is to the laboratory manager and director.

4. It is the responsibility of the laboratory to ensure the collection, aggregation and analysis of the appropriate data for monitoring the critical results reporting process. The data is used for quality improvement in each area.

V. ATTACHMENT

- Critical Values

VI. REFERENCES

- Joint Commission National Patient Safety Goal 2c, “Measure, assess and take action to improve the timeliness of reporting critical test results and lab values to the appropriate responsible clinician.
- Joint Commission, FAQ’s for the National Patient Safety Goals, Goal #2c, Communications
- College of American Pathologist Checklists.