Critical Value Reporting

Policy
For proper patient care, the laboratory must ensure prompt notification of the appropriate health-care provider of results of laboratory tests which are deemed to be critical to the patient’s health-care.

Procedure:

• **Definition:** A critical result is one that is outside of the reference range and could have a significant immediate impact on the care of the patient.

• **How results are to be reported (default method):**
  — For all critical values, the laboratory personnel should request and receive a read-back of the reported values. The critical result must be called to a licensed health-care provider.
  — **Inpatients**—Report to the nurse caring for the patient. In his/her absence, the following individuals should be contacted, in this order, until the result has been submitted; charge nurse, nurse manager, ordering physician, attending physician. If there are problems identifying the correct physician, the pathologist on call should be notified for resolution. The caller must document the date/time of the call, and the person receiving and reading back the information, in a comment in the Cerner computer system. Critical values are called within 15 minutes of test completion.
  — **Outpatients**—Report to the nurse caring for the patient. In his/her absence, the result should be given to the ordering physician or physician on call for the service. If neither is contacted, the pathologist on call should be notified. Document, in a comment in the Cerner computer system, the date/time of call, person receiving and reading back the results, and the person calling the results. Critical values are called within 30 minutes of test completion.

• **Blood Bank:** Blood Bank personnel will call all positive Kleihauer-Betke, direct antiglobulin tests, and direct Coombs as directed in the section above for inpatients and outpatients.

• **Microbiology:** Microbiology will call to the fast track station for all discharged Emergency Room (ER) patients all positive results appearing on the critical results list as directed in the section above for inpatients and outpatients.

• **Hematology and Chemistry:**
  — **Inpatients**—Hematology and chemistry (all shifts) will call inpatient critical values.
  — **Outpatients**—On day shift, hematology and chemistry staff will call front office when they have a critical value. After the call, a copy of the result should automatically print out on front office printer with a header of “Critical Result.” If nothing prints out, front office staff is responsible to contact appropriate department for patient’s name and critical information. Front office will call physician’s office. When front office is not staffed, hematology and chemistry staff will call critical values.

• **Home Care:** Call results to the physician of record. If physician of record is not available, call Home Care Office for assistance. Pathologist on call should be notified if unable to locate physician of record.

• **Procedure for Calls to Physician’s Office:**
  — Critical result should be given directly to physician of record.
  — If physician of record is unavailable, result may be given to another health-care provider, preferably a nurse
  — If person receiving result does not acknowledge that it is his/her patient, the individual making the call must go back to the prescription to confirm the physician who ordered test.
  — If there are problems identifying correct physician, the office coordinator, laboratory manager, and/or pathologist should be notified for resolution.
  — If physician’s call service is on, leave a message for the physician to return the call. If there is no call within 30 minutes, call again. If after second call there is no response back within 15 minutes, call pathologist on call. When physician calls back, give information and document. If physician indicates that it is not his patient, review original order or prescription. If it is confirmed to be his patient, call him again, and advise him of the confirmation. If it is found to be the patient of another physician, call that physician with result. Refer all of the paperwork to outreach coordinator and/or laboratory manager.