

**SALEM HOSPITAL
SALEM, OREGON 97309**

Department: Regional Laboratory	TITLE: Critical Value Notification Policy
Area: All	Effective Date: 01/03/01
Authored By: Hematology Manager, Admin Director	Revised: 02/02/02, 03/2004, 05/2004, 7/2004, 11/2004
Policy #: LAB 01.06	
Attachments: Critical values flow chart Documentation example	Date removed from service:

POLICY:

It is the responsibility of the Medical Technologist performing an analysis to immediately alert the physician/practitioner of any critical value and to document that notification.

- ◆ **INPATIENTS:** Phone results to the physician or nurse in charge of the patient and identify results as critical values. If unavailable, results may be given to a responsible person delegated by the nursing floor. Test results that continue in the critical range need not be phoned unless a significant change occurs.
- ◆ **OUTPATIENTS:** Phone results to the physician/practitioner location. If the outpatient is from a Salem Hospital outpatient service, such as SHAPES or Home Care, page the RN on call. Follow up all calls by faxing a report, with a comment already appended, to the outpatient service office.
- ◆ **SKILLED NURSING FACILITIES AND OTHER OUTREACH LOCATIONS:** Phone results directly to the facility. If the facility has multiple patient units, call directly to the designated patient unit. Follow up the phone call immediately with a fax report with the appended comment. The nursing staff at the facility is responsible for calling the physician. If the order is from an outreach hospital, phone results to their lab.
- ◆ **INITIAL IDENTIFICATION OF CRITICAL VALUE** – If there is no indication that a critical value has been identified previously for the parameter tested the physician/designee must be notified and documented.
- ◆ **PREVIOUSLY IDENTIFIED CRITICAL VALUE** – If there is documentation that a critical value has been previously identified and the physician/designee was notified and there is no significant change in the results, the result need not be phoned. See below for documentation instructions.
- ◆ **CRITICAL VALUE ON NON ORDERED TESTS** – Various instruments test analytes that have not been ordered. Normally the result is hidden and not reported. In the event a critical value is identified on a test that has not been ordered, call the report as defined in this procedure. Do not report the numerical value. Report the name of the test and that the critical value is over or below our critical level of XXX. If they order the test, the actual value can be reported. See below for documentation instructions.

PROCEDURE:

1. Verify any result identified as a critical value. As soon as the result is verified, contact the physician or responsible person as indicated above for the patient type. The technologist may delegate the responsibility for phoning the report, however, it is still the technologist's responsibility to append the comment.

To delegate the call, the technologist must give a printed copy of the result to the CSR or Lab Assistant. Following phone notification, the person phoning the report will document the person notified, location and the time (military time) of the call as described below. This information is to be returned, in written form, to the technologist who will append the notification to the critical value.

2. Laboratory results print dynamically on the nursing unit, based on patient location, as soon as results are accepted in the Laboratory Information System. When notifying by phone, if a hard copy report is not readily available to the person receiving the call, they must read back the results to ensure accuracy. It is important to note that if the technologist has not accepted the results, they will not be available. This policy applies to all critical values from in-house testing as well as outside reference laboratories. Document with ETC, "VRRB" *Verbal Report Read Back*. (See example in #3.)

3. Document the call. The technologist must append free text to the result as follows: **Phoned to (person) (location)(military time)**. The location is not required when the physician is contacted directly.

Examples: K: 6.8 -;PHONED TO JANICE 5NE 1500
 K: 6.8 -;PHONED TO DR MUNSTER 1435
 K: 6.8 -VRRB-;PHONED TO JANICE 5NE 1500

Be sure to use the hyphen (-) to begin the comment or the result will be replaced with the comment.

Critical values from reference laboratories – Reference laboratories will notify Salem Hospital Laboratory of a critical value on a referred test. It is the responsibility of the person taking the call to immediately notify the physician or designee. Document the call from the reference laboratory as well as the call to the physician in function RCOM.

Reference lab example:

CALL FROM ROBERT AT OML CRITICAL VALUE (NAME OF TEST AND RESULT)
 -VRRB-; PHONED TO JANICE 5NE 1500

Previous critical value reported – Document previously reported critical values with no significant changes by appending the ETC “CPCV” – *consistent with previously reported critical value*.

K: 6.8 -CPCV

Critical values on non ordered tests –

Critical level reported with no numeric value – Physician **does not** order test

- ◆ Order RCOM
- ◆ Result ;PLATELET COUNT NOT ORDERED LESS THAN 20,000 PHONED TO JANICE 5NE 1500

Critical level reported – Physician orders test

- ◆ Append documentation to result as defined in above procedure

4. In the event, the physician or responsible person cannot be reached, append a comment to the result indicating that the attempt was made. (Unable to contact physician, phoned at 1500 and 1530.)
5. The section manager or designee reviews daily reports of reported critical values. A summary of these reports is included in the Monthly Department Report given to the Laboratory Director and Department Pathologist for review. Documentation in this manner will allow review and process improvement actions for any issues identified to eliminate a potential recurrence. Any marked delay or notification failure will be documented on a Performance Improvement Occurrence Report for follow up.

NOTES:

Verification of results: If there is no history of a previous critical value, verify the result, if possible, and document. (It may not be appropriate to repeat some testing, i.e. micro tests, or there may be insufficient volume.)

POC testing is performed at the bedside. Critical values are given directly to the RN or physician at the time of testing. See POC test policies for documentation requirements on each instrument.

Code 99 gases: Where test results are hand-carried to the treating physician, append the ETC “C99” (CODE 99). No other comments are necessary. (Most code gases are done by POC, not in the lab.)

Microbiology:

- For smear results, enter the critical value statement at the DE#? Prompt in Function MDE.
 Example: DE#?: -;PHONED TO JANICE 5NE 1500
- For culture results, append to the appropriate culture observation in Function MCE or at a new ORG#? prompt.

DISTRIBUTION:

Administrative Manual
 Urgent Care Manual

PROCEDURE ACCEPTANCE AND REVIEW	
Validated by: Pat Harri	Date: 11.12.04
Section Supervisor: N/A	Date:
Admin. Director: Barb Nelson-Whitford	DATE: 11.12.04
Pathologist: Melissa Beal, MD	DATE: 11.12.04
Reviewed Annually By:	DATE
	DATE: