Critical Test Results Management

Critical
Values and Test Results

PURPOSE:

To promote accurate and timely communication of critical and/or unexpected test results.


DEFINITIONS

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- **Critical Results** = A critical result is defined as a finding/value that represents a pathophysiological state at such variance with normal (expected results/values) as to be life-threatening unless something is done promptly and for which some corrective action potentially could be taken.
- **Alert Results (Reference labs ONLY) =** alert results are significantly abnormal lab test results generated by the reference lab that are not expected to be immediately life threatening. These will only appear with lab results generated by LabCorp.
- **Unexpected Findings** = These are findings, typically of relatively low acuity, but that constitute a condition that may pose some significant proximate risk to the patient that requires careful and relatively prompt follow up. Though these are not critical, they will be treated as critical results. This is information that cannot be left to the routine reporting systems because of potential danger to the health of the patient.

CRITICAL VALUES

- Critical values may imply a life-threatening situation for the patient and must be brought to the immediate attention of the physician and/or the patient care staff responsible for the patient.
- Prompt notification of potentially life-threatening test results is important to ensure appropriate care is administered.
- Critical (panic) values are established for a normal population, though in some instances may not be considered “critical” when related to particular disease states.
- Interpretation of test results is the responsibility of the physician caring for the patient.

UNEXPECTED FINDINGS

- ***Unexpected finding (high acuity must be verbally communicated)*:** Non-calcified, previously unidentified lung nodule on a preoperative chest x-ray; however, exercising sound clinical judgement—this would be elevated to a critical result status if the patient is scheduled for surgery within 24 hours. CSF fluid for cytology reveals microorganisms.
- ***Unexpected finding (moderate acuity must be verbally communicated):*** Non-calcified previously unidentified lung nodule on a routine chest x-ray or indeterminate adrenal mass on a spinal MRI. Previously identified micro-organisms with a different susceptibility profile.
- ***Unexpected finding (low acuity and not needing verbal communication):*** Incidental thyroid nodules confined to the gland with no evidence of related cervical adenopathy or simple renal or liver cysts that can be clearly identified as simple.

ALERT RESULTS

Alert lab values/results will be communicated to providers in the same time frames and with the same escalation procedures as critical lab results/values are communicated. Alert values/results will not be recorded or monitored via logging as critical results and values are.

REPORTING

REPORTING

- Interpreting Physicians are always encouraged to use their good judgment to determine if a result is critical and/or unexpected and should be communicated immediately to the referring/ordering physician or service whenever possible.
- Interpreting Physicians are not limited in any way by the categorization of results listed that should be communicated in a timely manner. The need for an urgent or emergent call to ordering physician does not necessarily apply to previously diagnosed conditions or those already under treatment.
- The lists are meant to serve as a guideline and is not to be considered all-inclusive or exclusive. In effect, part of the physician's training is to be able to recognize a situation where immediate action must be taken to save a life or effect a treatment, to recognize a situation where treatment is urgent and should be undertaken within hours, and to recognize a situation where treatment is needed but a short delay will not affect the outcome.

REPORTING

- Critical values and/or Unexpected findings, most often will be called in from the reference lab, POCT personnel, study/test interpreting physicians, technicians and RN’s.
- Critical results reported verbally or by telephone will be read back to the person reporting the results, thus providing verification of the test result heard.
- These results will be reported immediately or ASAP to the ordering physician/physician currently taking care of the patient or designated staff.

REPORTING

To ensure timely communication of critical test results/values, an escalation procedure specific to each department and/or specialty/service will be followed or ran simultaneously in rapid succession if initial contact of ordering/attending/responsible physician is not reachable/available in a designated time period.

PROCEDURE

CRITICAL RESULTS PROCEDURE

A.

The most common practice is to report critical results / tests/ findings directly to the Ordering/Attending Physician/Provider. When that provider is unavailable, the reporting person will follow the reporting escalation process as outlined below to expedite communication of the critical result to another provider associated with the patient's care.

CRITICAL RESULTS PROCEDURE

B.

Critical test results will be verbally provided to a licensed care provider responsible for the care of the patient whose result is being reported. To verify accurate transfer of verbal information, staff reporting a critical test result(s) will first confirm the care provider / patient assignment, and then ask the patient's care provider to repeat-back/verify the patient's name, DOB and test result.

The reporting staff will use the following script:

"I have a critical result to report. You will need to verify the information back to me for accuracy"

Read-Back of Critical Value / Critical Results: To verify the accuracy of patient information communicated via the telephone, the physician or designee responsible for patient care is required to repeat-back/verify the patient name, DOB, and the critical test result(s).

CRITICAL RESULTS PROCEDURE

C.

Any person receiving a critical test result should write down and read-back for verification. This can be on a nursing or progress note.

CRITICAL RESULTS PROCEDURE

D.

Continued attempts at verbal contact are made until the result is conveyed to a responsible provider associated with the patient's care.

CRITICAL RESULTS PROCEDURE

E.

Approved designees include:

- Registered Nurse responsible for the patient
- Provider's Medical Assistant (M.A.)
- Nurse in the same department or unit
- Radiology/cardiology technologists
- DON
- Lab Technologist

CRITICAL RESULTS PROCEDURE

F.

Notification must include the following:

- Patient's full name
- DOB
- Date and time of specimen collection (ONLY: lab, path, microbiology, POCT)
- Date of test
- Test name
- Patient test result and/or reference range.
- Any additional pertinent information

CRITICAL RESULTS PROCEDURE

G.

Notification and verification of repeat-back back must be documented:

Critical values/results are documented in the Critical Results Log. Repeat-back documentation must include the identity (first and last name) of the person called & receiving the information.

CRITICAL RESULTS PROCEDURE

H.

Critical results from tests which have not been ordered: unexpected findings of high and moderate acuity, (e.g. platelet count on a hemoglobin test, parasite/fungal organisms on a body fluid smear prepared for a different test, etc.) are also subject to the same notification and documentation as critical results reporting as outlined above.

PROCEDURE

ESCALATION PROCEDURE

To ensure timely communication of critical test results/values, the following escalation will occur in rapid succession if initial contact of ordering/attending/responsible physician is not reachable/available in designated time:

ESCALATION PROCEDURE

INPATIENT:

- ***Ref Lab, Microbiology, Pathology, Blood Bank***: Lab → Patient's Nurse → LIP on duty/DON → Patient's Attending Physician or covering physician → CMO/CEO notified
- ***POCT***: POCT Personnel → Nurses station → physician Nurse/MA/covering physician → LIP on duty/DON → Patient's Attending Physician or covering physician → CMO
- **Radiology:** Interpreting radiologist → lead radiology tech → LIP on duty/DON → Patient's Attending Physician or covering physician → CMO/CEO
- ***Cardiology*** *(EKG, ECHO, Stress testing, Holter)*: tech/cardiologist → LIP on duty/DON → Patient's Attending Physician or covering physician → CMO/CEO
- ***Vitals****:* RN/tech → covering physician → physician Nurse/MA/LPN → LIP on duty/DON → CMO/CEO

ESCALATION PROCEDURE

OUTPATIENT:

Ordering doctors Clinic Nurse/MA → If no nurse or after hours, patient's Attending Physician or covering physician

- ***Ref Lab, Microbiology, Pathology, Blood Bank***: Lab → Patient's Nurse/MA → LIP on duty → Patient's covering physician/DON → CMO/CEO
- ***POCT***: POCT Personnel → physician Nurse/MA/covering physician → LIP on duty/DON → Patient's covering physician → CMO/CEO
- **Radiology:** Interpreting radiologist → lead radiology tech → LIP on duty/DON → Patient's covering physician → CMO/CEO
- ***Cardiology*** *(EKG, ECHO, Stress testing)*: tech/cardiologist → LIP on duty/DON → Patient's covering physician → CMO/CEO
- ***Vitals:*** RN/tech → covering physician → physician Nurse/MA/LPN → LIP on duty/DON → CMO/CEO

ESCALATION PROCEDURE

In all cases, failure to reach ordering / attending / covering / responsible / community physician or a responsible provider associated with the patient's care in a timely manner should lead to contacting the Chief Medical Officer and/or Chief Operating Officer to intervene/manage and ensure patient safety.