CRITICAL TEST / CRITICAL RESULT NOTIFICATION

Policy: ADM261.00, **v.5** **Effective: 06/30/2023**
Category: Nursing **Origination Date:** 03/10/2009

I. PURPOSE:

To establish a mechanism for the notification of ordering provider as regards critical test values and critical result values.

II. POLICY:

It is the policy of Mary Lanning Healthcare to communicate results of critical tests and critical results of any diagnostic test to the ordering provider within 60 minutes of knowledge of the result, unless specified otherwise by this policy.

III. DEFINITIONS:

A. Critical Results: A critical result is a diagnostic test result that exceeds expected limits and has the potential for serious adverse outcome to the patient or others if not dealt with promptly, as defined by the medical staff.

B. Authorized Providers: Physicians, Residents, Physician Assistants, APRNs

C. Authorized staff: Medical Technologist, Medical Laboratory Technician, Registered Nurse, Radiologic Technologist, Registered Respiratory Therapist, and authorized medical providers.

D. Read back: Process to verify that the result has been effectively communicated to the receiving person. The person receiving the test result must give the patient name, test, and result back to validate that the result was correctly received.

IV. RESPONSIBILITIES:

Department/staff specific responsibilities are outlined below.

V. PROCEDURE:

A. LAB RESULTS ESSENTIAL STEPS:

1. Critical results for diagnostic tests are defined by medical staff (Attachment A)
2. Inpatient Unit and Emergency Department: (entire point is new)
    a) Laboratory staff will notify nurse managing care of the patient to relay critical lab results as soon as the lab is completed. Lab staff will document this notification within the laboratory information system.
    b) The nurse receiving the critical result will verbally notify the ordering provider, or designee, of the critical result within 60 minutes of receiving result, obtaining a readback of the result from the provider. The nurse will document the reason for communication, clinician name, and clinician response in the electronic health record.

c) Critical lab results may be called to the ordering provider directly by the lab staff on inpatient units or Emergency department.

3. Outpatient Departments and Clinics: (Entire point is new)

a) Laboratory staff will notify authorized staff in the ordering department or clinic to relay critical lab results as soon as the lab is complete. The lab staff will document the notification in the laboratory information system.

b) The nurse receiving the critical result will verbally notify the ordering provider, or designee, of the critical result within 60 minutes of receiving the result, obtaining readback of the result from the provider. The nurse will document the result, the provider notified, and any recommendations in the electronic health record.

c) In the event that the critical result is completed after department or clinic hours, the on call provider will be notified of the critical result by the lab staff. In the event that no on call provider is available, the on call pathologist will be notified of the critical result and will determine the chain of command. Lab staff will document the notification in the laboratory information system.

4. Quality Services will audit critical lab results for compliance and report to Quality and Patient Safety Council regularly for analysis and action.

B. RADIOLOGY RESULTS ESSENTIAL STEPS:

1. Critical results for diagnostic tests are defined by medical staff (Attachment B)
2. For Inpatients Units and Emergency Department:

a) All critical radiology results will be reported by telephone directly to the ordering provider by the radiologist (or to the provider on call for the ordering provider if the critical result is identified between the hours of 1700 and 0800.) Documentation of the report will occur in the department-specific, approved reporting system.

3. For Outpatients Departments and Clinics:

a) All critical radiology results will be reported by telephone directly to the ordering provider (or to the provider on call for the ordering provider if the critical result is identified between the hours of 1700 and 0800.) Documentation of the report will occur in the department-specific, approved reporting system.

4. Radiology Department will track critical radiology result notifications and report regularly to Quality and Patient Safety Council for analysis and action.

C. CARDIOPULMONARY RESULTS ESSENTIAL STEPS:

1. Critical results for diagnostic tests are defined by medical staff (Attachment C)
2. Critical Results from testing completed in Cardiopulmonary Department that are physician attended will follow immediate provider-to-provider communication if the attending provider is not the ordering provider.
3. Critical Results from testing completed in Cardiopulmonary Services that are provider unattended will be communicated to the ordering provider by the performing staff/service area as soon as test results are available and notification will be documented by staff in the electronic health record.

D. PATHOLOGY RESULTS ESSENTIAL STEPS:

1. Critical results for surgical cases in which the postoperative diagnosis (clinical or pathological) was unexpected and could indicate that a clinically significant diagnostic error occurred are defined by medical staff (Attachment D)
2. Any clinically significant diagnostic error will result in provider-to-provider communication.
3. Pathology will flag any specimens that do not match the postoperative diagnosis in the lab reporting system.
4. Any flagged cases are immediately reviewed by Quality Services.
5. Diagnostic Discrepancy reports will be run on a regular basis and reported quarterly via the Laboratory Services Dashboard and presented at the Quality and Patient Safety Council.

E. IN ALL CASES:

1. The use of voicemail or text message to communicate critical results is unacceptable. Results must be communicated through verbal communication (usually by telephone) with acknowledged receipt of and understanding of the results by the ordering provider or designee.

VI. REFERENCES

A. College of American Pathologists; Commission on Laboratory Accreditation; Reporting of Results. GEN.41320, GEN.41330, GEN.41340; Quality Track 10, Critical Values Reporting

B. The Greeley Company, Critical Test and Critical Result Reporting, Accreditation Monthly, June 9, 2006

C. National Patient Safety Goal (NPSG) 02.03.01, EP 1, 2, and 3; the Joint Commission, PI.01.01.01 EP4

D. ACR Practice Guideline for Communication of Diagnostic Imaging Findings, American College of Radiology. Revised 2014.

E. Mary Lanning Healthcare Policy -- ADM 13.00 Chain of Command

VII. COLLABORATED WITH:

A. Director, Laboratory and Pathology Services

B. Director, Department of Radiology and Imaging Services

C. Director, Cardio-Pulmonary Department

D. Chief Medical Officer

E. Chief Nursing Officer

F. Medical Executive Committee

G. Nursing Leadership / Evidence-Based Practice Council

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VIII. DISTRIBUTION:

All Clinical Staff

IX. RESCISSIONS

A. Origination Date: 03/2009

B. Reviews/Revisions: 09/2011, 04/2013, 06/2014, 10/2016, 09/2019, 10/2020, 12/2021, 06/2023

1. 06/2014 - Replaces DIS1075 Critical Test Reporting & Verification of Read-Back
2. 12/2021 - Policy transferred to an Administrative (ADM) policy. Previous policy identifier SOP IX-11

X. REVIEW AND REISSUE DATE:

A. Three (3) years from Effective Date

B. 06/2026

XI. FOLLOW-UP RESPONSIBILITY:

A. Quality Services Department

B. Specific department directors are responsible for tracking quality measures for critical result reporting and providing results to the hospital Quality Council and to Medical Staff Excellence Committee on a regular basis, at least semi-annually.

XII. ATTACHMENTS:

A. Laboratory Defined Critical Values Reporting (Attachment A)

B. Radiology and Imaging Services Critical Findings (Attachment B)

C. Cardiopulmonary Services Critical Values for Diagnostic Testing Reporting (Attachment C)

D. Department of Pathology Medical Staff Defined Critical Results Diagnostic Discrepancies (Attachment D)