



Manual: CLINICAL LABORATORIES POLICIES		Procedure No: LAB.QA.8.1 Version No: 5
Supersedes: Version 4 Revised: February 15, 2008 Revised July 14, 2010 by M. French Renumbered September 9, 2010; previously LAB.QA.022		
Author: Les Revier, MBA, CLS	Date Written: May 4, 2007 Effective Date: August 28, 2010	Approval: Ronald W. McLawhon, MD, PhD Director of Clinical Laboratories  Approval Date: August 2, 2010

## CRITICAL RESULT REPORTING BY CLINICAL LABORATORY PERSONNEL

### I. PURPOSE

To provide an effective system for the timely communication of critical results to caregivers and a mechanism by which the process may be properly documented.

### II. SCOPE

This policy applies to all staff at all locations under the control of the UCSD Medical Center Clinical Laboratories

### III. POLICY

Licensed clinical laboratory staff will document all critical results notifications to include verification of the “read back” of these values in the clinical laboratory information system. All critical results will be called to a licensed health care provider within 30 minutes. The documentation will include the name of the laboratory staff member placing the call, the first initial, last name and professional title of the caregiver who was notified, and the date and time at which the individual notified read back the critical results. Any problems encountered in reporting the critical result in a timely manner, including refusal to accept the results, should be documented using the Critical Result Reporting Exception form (Appendix E) and also be noted in the Laboratory Information System in the Collection Comments field of the order/entry area.

Critical results, as used in this policy, are as defined by UCSD Medical Center Clinical Laboratories and as contained in the attached Critical Results List (22B).

### IV. PROCEDURE

The Clinical Laboratory Scientist should recheck the critical result if possible, then:

- 1) Bring up the text box for the test with the critical result and select the appropriate canned comment:

Manual CLINICAL LABORATORIES POLICIES	Procedure/Version #: LAB.QA.8.1 / v5
<b>POLICY AND PROCEDURE FOR CRITICAL RESULT REPORTING BY CLINICAL LABORATORY PERSONNEL</b>	

CHECKED & CALLED TO (Message 070)

-- Or --

CALLED TO (Message 071)

- 2) Call the patient's appropriate location (Unit or Clinic). Identify yourself as clinical laboratory personnel and ask to speak to a licensed health care provider.

***“Good morning (Afternoon or Evening) my name is \_\_\_\_\_, from the Clinical Laboratories. I have a critical result to report to you on patient \_\_\_\_\_, are you a licensed health care provider?”***

At that time, inform the licensed health care provider that you are reporting a critical laboratory result (or results) on patient (Identify patient by last and first name and Medical Record Number).

***“I have a critical result requiring an orange sticker on patient \_\_\_\_\_, medical record number \_\_\_\_\_.” “Are you ready to record the critical result [test name and result]?” or “Here is the critical result.”***

NOTE: If a patient has more than one critical result, all critical results may be conveyed during the call.

Upon completion of the critical result notification, the licensed healthcare provider **must** verbally read back **ALL** of the reported critical result(s) and properly identify themselves (at minimum with the first initial of their name and their entire last name), **including their professional title (MD, LVN, RN, NP, PharmD).**

Request the healthcare provider to ***“Please read back the critical result and patient name and medical record number that I just reported to you, and please provide me with your name and professional title.”***

Once the RN or other healthcare provider repeats the critical result(s) to you, respond with a ***“Thank you!”***

Document notification of the critical result by recording the following information in the Laboratory Information System: your name (the laboratory staff member reporting the critical result); the notification date and time; the patient's name; and the name (at minimum, the first initial and last name) and professional title of the licensed health care provider to whom you communicated the critical result.

- 3) A “Read Back” button is available on the Aspyra CyberLAB II toolbar. This button will enter into the Aspyra CyberLAB II system the words “Read Back” followed by the current date and time. If the Clinical Laboratory Scientist actually calls the critical result prior to

Manual CLINICAL LABORATORIES POLICIES	Procedure/Version #: LAB.QA.8.1 / v5
<b>POLICY AND PROCEDURE FOR CRITICAL RESULT REPORTING BY CLINICAL LABORATORY PERSONNEL</b>	

entering the text comment, then the date/time should be adjusted to the actual time of the read back.

- 4) Whenever it becomes necessary for clinical laboratory staff to contact the pathology resident or a laboratory attending physician to assist in contacting a licensed health care provider regarding a critical result notification, the clinical laboratory staff member should request that the resident or attending physician advise the laboratory when the critical result has been reported. Upon receiving notification from the physician, the laboratory staff member will document the communication of the critical result as directed in IV(2) above. The resident or attending physician should also be reminded to obtain the name, title and time of the healthcare provider to whom the critical result is reported.
- 5) Any issues or problems preventing the proper communication of the critical result are to be documented using the Critical Result Reporting Exception form and in the Collection Comments field of the order/entry area of the Laboratory Information System, which provides a record accessible only to laboratory staff and is not transmitted to the patient report.

**NOTE:**

**If for any reason the critical result and read back documentation cannot be entered into the Aspyra CyberLAB II system, a written (manual) log or other documentation must record the information relative to the critical result notification process.**

- 6) In accordance with this policy, and with MCP 574.1C, the UCSD Clinical Laboratories, on a monthly basis, will measure, assess, and if appropriate, take action to improve the timeliness of the reporting, and the timeliness of receipt by the licensed responsible care giver, of critical test results. Therefore supervisor(s) or authorized designees of each technical department reporting critical results will periodically print out a Critical Results Report in order to measure and assess that all critical results were called and read back. This report will show the patient's name, location, Sample ID, the test and result that is critical and the text comment showing that it was called and read back. Upon completion of the assessment the supervisor will forward will complete a Critical Results Assessment Form and forward it to the QA Manager.
- 7) Reporting of critical results in testing locations staffed by non-laboratory personnel, eg, point-of-care testing sites, will be in accordance with MCP 574.1, Critical Results.

**V. REFERENCES:**

1. College of American Pathologists CAP Laboratory Accreditation Standards. Laboratory General GEN: 20365. CAP Patient Safety Goal Number 2.
2. The Joint Commission (TJC): National Patient Safety Goal Number 2 ((#2A), 2004; (#2C), 2005; (#2c), 2006; (#2C), 2007).
3. Medical Center Policy 574.1, Critical Results

**POLICY AND PROCEDURE FOR CRITICAL RESULT REPORTING  
BY CLINICAL LABORATORY PERSONNEL**

**Appendix A:** UCSD Clinical Laboratories Critical Result List

**Appendix B:** Critical Results Notification Script

**Appendix C:** Critical Results Assessment Form

**Appendix D:** UCSD Medical Center Policy 574.1C

**Appendix E:** Critical Result Reporting Exception form

