CONWAY MEDICAL CENTER
PROCEDURE

When in hard copy form, refer to Policy Manager to validate this as the most current revision.

TITLE:	LAB-SPC-03.04.01 Critical Value Notification-PRO		
ISSUED BY:	Administrative Lab Director	REFERENCE #:	LAB-SPC-03.04.01-PRO
APPROVED BY:	Lab Director	EFFECTIVE DATE:	2000-09-03

SCOPE: All patient care areas and all potential submitters of laboratory samples.

Definitions: EHR – Electronic Health Record, LIS – Laboratory Information System

PROCEDURE:

I. **PRE-RELEASE CRITICAL VALUE CHECKS:**
   A. Valid patient identification checking tube and instrument.
   B. Visual for potential quality issues:
      1. Proper fill
      2. Clot
      3. Hemolysis
      4. Lipemia
   C. Contamination: Consult collector and review collection.

II. **NOTIFICATION OF CRITICAL VALUE:**
   A. Programming in the EHR requires that the tech enter notification date/time and persons receiving and tech giving the critical value to.
      1. Upon alert from the computer that a critical value result has been detected, there will be an automated process that guides the tech through the procedure
      2. The system will require date, time, and the first and last name of the person to whom the critical value was given, and will notify the tech to verify the result was read back to them.
      3. All the required information must be entered before the test result can be verified and resulted as a part of the EHR.
         NOTE: This notification documentation can be seen throughout the EHR.

III. **INPATIENT NOTIFICATION OF CRITICAL VALUE:**
   NOTE: It is required that the lab tech notify the patient's nurse or physician upon immediate detection of the critical value. Critical values can only be released to nursing Staff, physician, referring laboratory tech, or certified PA.
   A. Secure the patient's nurse.
   B. State that you are reporting a "critical value".
   C. State clearly the name of the test.
   D. Report the test panic value. Be sure to include the units of measure.
   E. Have the nurse verbally read back the result.
   F. Follow the protocol in Section II of this procedure.

G. Once all the information has been entered, the tech can then verify the test result.

IV. **DISCHARGED INPATIENT NOTIFICATION OF CRITICAL VALUES:**
A. Determine who is the ordering physician.
B. Notify the ordering physician or his designee (must be nurse or practitioner) of the critical value following the protocol in Section II (A)
C. If the ordering physician is NOT a part of a CPG practice, the tech should auto-fax the critical value.

V. **OUTPATIENT NOTIFICATION OF CRITICAL VALUES:**
A. Physician contact number should be documented in system and validated by the contact information with after-hours numbers documented as well.
  1. All reports GIVEN VERBALLY given directly to the physician whenever possible. Follow the same reporting process as described in Section II (A).
  2. If no connection is made within two hours of verification of result, the pathologist responsible for clinical follow-up must be given the result. The next steps should be determined by the pathologist. Based on results and clinical information, he may allow additional connect time. Otherwise the pathologist will take on the disposition of the information. The notification comments still are required using the pathologist as the connected party.
  ***** NOTE: NO PANIC VALUE CAN EVER BE LEFT ON A VOICEMAIL or TEXT. A message for the physician or nurse to call the lab for a critical value is appropriate, but there should be no patient name or result left in any type of message format.

VI. **AGENCY CRITICAL VALUE NOTIFICATIONS**: Notification to the appropriate agency nurse per the protocol previously defined in Section ll (A). For agency (home health) referrals, the physician should not be contacted as the agency will make all required follow ups.

VII. **CRITICAL VALUES FROM OUTSIDE HOSPITAL LABS OR REFERENCE LAB (Georgetown, Grand Strand, Quest etc.)**
A. Phone the facility and speak with a tech dedicated to that bench area.
B. In the case of reference lab critical values, the reference lab will contact CMC lab.
C. Follow the protocol previously defined in Section ll (A). For critical values from reference labs where the results have already interfaced with the LIS, document the read back information on an Order Comment.
  NOTE: If a fax report of a critical value is received, verify that the result has been reported in the LIS and the appropriate call back comments have been added. If all the information is available in Cerner, there is no need to keep the fax.

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VIII. **EMPLOYEE HEALTH CRITICAL VALUE NOTIFICATIONS:**
   A. Routine business hours:
      1. Notify the EH nurse (or designee) – document receipt times and names.
      2. Send the results to the ED printer for the ED physician to review.
   B. Off shift hours and weekends:
      1. Notify the Nursing Supervisor – document receipt times and names.
      2. Send the results to the ED printer for the ED physician to review.

RECORDS: EHR

REFERENCE STANDARDS: COM.30000; COM.30100

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
05/16/2011 lds	None	Reviewed/Revised electronically in lab G drive.
10/31/2011 lds	Format	Transferred to MCN format.
03/14/2013 lds	ALL	New MCN and Roman Numeral. Procedure Review. No changes
03/06/2014 lds	VI addition	Added procedure for employee health critical values.
07/29/2014 lds	III addition	Added procedure for employee d/c inpatient
01/06/2015 lds/dmw	IV	Changed outpatient notification to 2 hours.
03/05/2015 lds	None	Reviewed. No changes
02/03/2016 lds	Reference Standards	Added new checklist question that is addressed in this procedure
04/04/2017 lds	SECTION II	No protocol change. Clarification of documentation process
04/18/2018 jg	Section VII	Added information regarding reference lab critical values.

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