

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICY MANUAL
CRITICAL RESULTS REPORTING OF TESTS AND DIAGNOSTIC PROCEDURES**

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Effective Date:	1/2008	Policy No:	PC07
Cross Referenced:	GenLab 7.05	Origin:	PC
Reviewed Date:	03/2013	Authority:	Chief Nurse Executive
Revised Date:	03/2013	Page:	1 of 5

SCOPE:

All inpatient and outpatient services of Hackettstown Regional Medical Center

PURPOSE:

To provide guidelines for the communication of critical results of tests and diagnostic procedures.

DEFINITIONS:

Critical Results: Values or findings that fall significantly outside the normal range that may indicate a life-threatening situation and require rapid communication, even if they were ordered routine. Critical results can be generated by the Laboratory, Cardiology, Radiology, or the Pulmonary Department. Refer to General Laboratory Policy 7.05, Critical Values List.

- **Critical results from the Radiology Department** are identified as such by the Radiologists based on whether the interpreting physician feels that immediate patient treatment is indicated. The interpreting physician communicates directly with the referring physician or with another appropriate, healthcare provider.
- **Provider:** Physician or Licensed Independent Practitioner (LIP) who can determine the appropriate intervention

POLICY:

It is the policy of Hackettstown Regional Medical Center to enhance patient safety and quality by establishing procedures for timely and reliable communication of critical results of tests and diagnostic procedures that fall significantly outside the normal range, may indicate a life-threatening situation, and require rapid communication. Critical radiological results are reported to the provider within one hundred twenty (120) minutes from the time the result is determined to be critical. **All other critical results are reported to the provider within sixty (60) minutes from the time the result is determined to be critical.**

PROCEDURE:

A. Reporting of critical results of tests and diagnostic procedures:

1. Critical results of tests and diagnostic procedures must be reported by the department performing the test to the provider caring for the patient, to the registered nurse (RN) assigned to the patient, or to the charge nurse for the associated patient care area.
2. Laboratory, Cardiology, and Pulmonary departments will call critical results to the patient care area and communicate result to a registered nurse.
3. After critical results are verbally communicated through a call, the information is read back by the individual receiving the result to the individual communicating the result in order to verify that it was correctly recorded. Utilizing two unique identifiers, the verbal communication should be clearly enunciated and repeated as needed.
4. The diagnostic testing department will provide the patient's name and account number as the two patient identifiers. All other reporting departments will identify the patient using the patient's name and medical record number.
5. The registered nurse recording the critical result will notify the provider responsible for the patient

Approvals: President Council 3/26 /2013

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within forty-five (45) minutes of receipt of the critical result. The initial provider page or call should occur within fifteen (15) minutes of receiving the result. If no response is received within fifteen (15) minutes, an attempt to contact the provider a second time will be made. If the registered nurse is unable to contact the responsible provider after two attempts or within forty-five (45) minutes of receipt of the critical result, s/he will follow the Medical Staff chain of command for notification. **All attempts to contact providers must be documented according to this policy.**

6. Under no circumstances will critical results be left with an answering service or secretary.
7. After receiving the critical result and contacting the provider, the registered nurse is responsible for obtaining and following through on any subsequent orders if indicated.
8. **Radiology Critical Results:** The Radiologist will call results directly to the provider. If the Radiologist is unable to contact the provider within 60 minutes s/he will call the result to the patient care area and give to a registered nurse. The registered nurse will continue to call the provider in order to notify him/her of the critical result. If the registered nurse is unable to contact the provider within 60 minutes, s/he will immediately notify one of the other providers on the team caring for the patient. If the registered nurse is unable to contact one of the other providers after two attempts of receipt of the critical result, s/he will follow the Medical Staff chain of command for notification. **All attempts to contact providers must be documented according to this policy.**

C. Documentation

1. All reported critical results are documented on the Critical Laboratory and Diagnostic Test Results Label in the boxed/highlighted area. Provider notification and actions taken are documented immediately below the critical result. Documentation in the patient's medical record must include:
 - a. The critical result/value
 - b. Date and time results received and person reporting
 - c. Date and time the results were given to the provider
 - d. Follow-up orders, if received
 - e. Acceptable reason for not contacting the provider. [see 'Special Considerations']
2. The Critical Laboratory and Diagnostic Test Result Label must be pasted on the progress notes and become a permanent part of the medical record.
3. Any provider to provider notification will be documented in the medical record by the provider.

D. Quality Monitoring

1. Each department which performs diagnostic testing or procedures evaluates its critical result reporting timeliness as part of its ongoing quality assurance practices. Each month, the department manager provides a report to his/her Administrative Director and to the Administrative Director of Quality & Patient Safety indicating whether performance falls within previously established and acceptable parameters. Performance that does not meet parameters is addressed through a quality improvement initiative.

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2. Laboratory and Radiology are responsible for measuring and reporting on a routine basis, the timeliness of critical results, even if normal, as well as critical values as defined by the department to a licensed practitioner.
3. The Quality and Patient Safety Department is responsible for measuring the timeliness of reporting critical results to providers through quarterly, random auditing. Audit results, as well as improvement opportunities identified by departments, are reported to respective department managers, to all appropriate hospital-wide committees and to the Governing Board for review and recommendations. .
4. **Maintenance of Critical Values:** The Medical Director of the Clinical Laboratory, in consultation with the laboratory and clinical staff, will use clinical criteria to decide which test results require critical value notification. This information will be maintained as a Critical Values List. The Critical Values List is reviewed by the Medical Directors of the Clinical Laboratory annually and adjusted as necessary.
5. **Validation of Critical Values:** All critical value results will be validated by repeat testing of the current sample, except for Microbiology tests.

G. SPECIAL CONSIDERATIONS:

1. Outpatients/Patients Not Receiving Care On Site

- a. **Outpatients (non-ED):** The department that generated the critical result is responsible for communicating it to the ordering provider (or designee provider) within 60 minutes of result availability. Attempts to reach the ordering provider (or designee provider) are repeated until the provider is informed. The individual who communicated the critical result to the provider will retain documentation of the date, time, and name of person receiving the result.
- b. **Discharged Emergency Department Patients:** The department that generated the critical result will notify the ED physician of the critical result. The ED physician will take appropriate action based on his/her clinical judgment. The department that generated and reported the critical result to the ED physician will document the date, time, and name of person receiving the result in the medical record.

2. Exceptions to immediate provider notification:

- a. Specific orders by physician on action to be taken for critical results have already been written.
 - b. Result reaches therapeutic goal directed by physician.
 - c. The result demonstrates improvement in patient condition and has been addressed by physician in treatment plan.
 - d. Point of care testing; e.g. Accuchecks.
3. In a Code event, results are often given directly to the physician in charge of the Code. Documentation is not required in a Code situation.
 4. In the Emergency Department, the technician performing the test gives the provider a hard copy EKG report as soon as it is generated.

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REFERENCES : Addendum A- Critical Results Reporting Of Tests and Diagnostic Procedures Chart Sticker The Joint Commission National Patient Safety Goal 02.03.01: Improve the effectiveness of communication among caregivers. HRMC GENLAB Policy 7.05, Critical Test Results – Revised 3/2013

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**Addendum A
Critical Results Reporting Of Tests and Diagnostic Procedures Chart Sticker**

Critical Test & Critical Results/Values

Patient' Name: _____

2nd Identifier: _____

Test Name/Result: _____

Date Received: _____ Time Received: _____

Received By: _____

Provider Notified of Critical Results:

Yes _____
(Provider's Name)

No Treated Per Protocol Parameters ordered Repeat Value Improving

Report to Provider by: _____

Date Reported: _____ Time Reported: _____

Place on Progress Note 11252 (01/08)