Title: **Reporting Critical Results** **Site(s):** **DSM**

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Signature: 

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#	Details of Revisions	Approval:	Date:
1	New document	A Kabani	13-FEB-2009
2	Reformatted document; as per MANQAP accreditation requirement removed reference to Alberta Standards; added document 110-10-25 to references	A Kabani	02-MAY-2012
3	Added “Scope”; Retitled “Policy Statements” to “General” and revised entire section; blended previous “In-Patient Procedure” and “Out-Patient Procedure” into one “Procedure” section; moved “Reference” section to end of document; removed requirement to notify CPSM of failed attempts to communicate critical result	A Kabani	28-OCT-2013
4	Additions to 5.0 Procedure- Step 2- Action. New process 2a-2d BB 2016-11-03 – V04 was released 06-OCT-2016; then pulled back 12-OCT-2016 (one day prior to the Effective Date) as additional revisions/clarification are required.	A.Kabani	04-OCT-2016
5	Added clarification.	A Kabani	10-NOV-2016

1.0 Purpose

1.1 To provide instruction regarding the steps and actions to take when reporting and documenting critical results. This document is intended to supplement the individual discipline documents relating to reporting of critical values

2.0 Definitions

2.1 Critical Value A patient test result, exceeding defined limits that is potentially life threatening or may cause significant harm to the patient, if not acted upon by a physician or other clinical personnel responsible for patient care. These patients may require urgent evaluation / action by the physician / designate.

2.2 Physician/Designate A physician or other clinical personnel responsible for patient care

2.3 CPL Cadham Provincial Laboratory

2.4 CPSM College of Physicians & Surgeons of Manitoba

3.0 Scope

3.1 This policy applies to all diagnostic examinations performed within DSM facilities

3.2 This policy applies to all diagnostic results received on specimens submitted to referral laboratories for examination

4.0 General

4.1 The laboratory shall have procedures for immediate notification of a physician or designate when examination results for diagnostic tests fall within their established "critical" results... Refer to discipline specific critical values policies and procedures.

4.2 Critical results (as determined by individual discipline SOP) should have immediate verbal notification (face-to-face or telephone call) to the physician (or designate) indicated on the requisition.

4.3 For results that are issued as a verbal report, a final written report must be forwarded to the requestor.

4.4 Documentation of all actions taken in response to critical results must be maintained (either paper or electronic) and retained as per DSM Retention Policy and/or prevailing regulatory/statutory requirements. This includes documentation of the patient name and unique identifier, test name and value being reported, the date and time and first and last name of the person accepting the results and the information the person is accepting mist be read back for confirmation.

4.5 There must be documentation and follow-up of any occurrences of failed attempts to notify the appropriate person (physician / designate), as failure to notify is a potential critical incident.

4.6 A notation should be made on the report that there was notification made of any critical results.

4.7 Critical results should be communicated as quickly as possible once identified

5.0 Procedure

Step	Action
1	A critical test result is identified based on the list of critical values provided for each discipline
Note: For laboratories with an LIS, tests with critical values will appear for review in the laboratory computer system. Note: Prior to releasing critical values to the LIS, phone the location on the requisition and identify that you are notifying of a critical result.	
2	The critical test result will be communicated to the physician/designate directly responsible for the patient's care (ideally the responsible physician or nurse in charge of the patient's care) –The communication will be via direct verbal communication or electronic/paper communication along with verbal notification via the Admin on call a) Ensure collection of the following information prior to calling the **Admin on call** a. Client name b. PHIN number c. Client phone number (found in E-chart or on the requisition) d. Lab result- when it was collected AND when reported as being critical e. Historical lab data on the same test value f. Ordering physician's/ clinician's name g. Physician/ clinician's critical results contact number (found in Delphic) b) If attempts to communicate the critical results unsuccessful, document all attempts in the log and move to Step 6.
3	Document the verbal communication on a log (paper or electronic) indicating: a) Identification of patient (First and last name, unique identifier) b) Identification of sender (technologist issuing verbal report) c) Identification of recipient- first and last name of person required (person receiving the report) d) Critical result reported (test and result)* e) Date and time of communication *Note: if documentation of this communication is maintained in LIS, include as much detail as possible in the field. For Microbiology this is a concern due to the length of the reports. Indicate the type of report given (ie. Blood Culture Gram stain). For faxed reports, maintain a copy of the fax.
4	The person receiving the report will be informed that the result is "critical"
5	The person taking the results will be asked to repeat the information back so that there is no doubt that the results have been accurately received • If the results was not reported directly to the physician, ensure the designate is aware they are responsible for contacting the patient's physician to inform them of the critical test results.

6	If attempts to contact physician/ designate have been unsuccessful contact the Admin on call: a) Utilize the Delphic Dictionary to gather the Physician/ designates' 24/7 critical results contact number ***utilization of the Delphic Dictionary 24/7 Critical Result Physician Emergency Contact number is to be used once all other methods of contacting the practitioner have been unsuccessful** b) Provide all the details in Step 2 along with the Physician/designate 24/7 critical results contact number to the Admin on call c) Admin on call will call the physician/designate and communicate the results d) Admin on call will call the laboratory back so that the laboratory may document the conversation on LIS. Follow instructions below #5. e) If attempts to communicate the critical result are still unsuccessful, document all attempts in the log and move to Step 7
7	If Admin on call is unsuccessful in contacting and communicating the critical result then call the Chief Medical Officer (CMO) a) Provide all information as specified in Step 3 to the CMO b) Document the actions the CMO takes in the log as outlined in step 3
8	The laboratory report will be forwarded, as per routine practice, for inclusion on the patient health record. A notation should be made on the report indicating that notification was made of any critical results
9	Document any failure of attempts to notify the physician/ designate and initiate an incident/ occurrence report, following the Facility/ RHA procedure
	Forward copies of report to appropriate areas as dictated by Facility / RHA procedure.

6.0 Exceptions

6.1 Microbiology Due to the complexity of Clinical Microbiology reports, some facility ER departments may request that critical reports be delivered to the department via Fax rather than by phone. The reporting system that has been arranged within each facility to accommodate these types of reports should be followed. Records of any actions taken with regard to critical values will be maintained as noted above.

6.2 Dialysis Critical results on dialysis patients that cannot be communicated to the Dialysis Unit should be provided to the Nephrologist on call through the paging operator.

6.3 Drug Levels If it is unclear whether the result pertains to a peak or a trough drug value, assume it is a trough level. Use the critical values associated with that drug's trough level.

6.4 Immunophenotyping Results The pathologist responsible for the primary specimen is responsible to decide how the immunophenotype report fits and if immediate notification is required

6.5 Bone Marrow Reports

The Hematopathologist is responsible to notify the physician in urgent situations. For situations where the technologist observes suspect / abnormal cells or specific significant red cell morphology (blood or fluids), there is documented notification of the alert / critical result on the report, with a comment that the results will be reviewed by a Hematopathologist

6.6 Malarial Parasite Examination

Preliminary malarial parasite examination results are always phoned, and the phone call is documented on the report. Subsequent Hematopathologist confirmation is also reported. Positive results are reported to the Medical Officer of Health

7.0 Referred Specimens Procedure

7.1 For referred-in requests, there should be a designated contact for critical values. If the referred-in request has no contact information or the physician cannot be reached, then the forwarding laboratory will be contacted to forward the results.

8.0 Cadham Provincial Laboratory Procedure

Step	Action
1	Cadham Provincial Laboratory has a written agreement in place with DSM regarding critical results reporting
2	Any critical results will be called directly to the ordering physician
3	If the ordering physician cannot be reached, CPL will then notify the forwarding laboratory of the critical results. The laboratory will then follow the procedure noted above for communicating critical results
4	For referred isolates submitted by microbiology laboratories, the critical results will be called to the referring microbiology laboratory. The laboratory will then follow the procedure noted above for communicating critical results
5	CPL will be responsible for reporting critical reportable diseases to Public Health

Note: DSM Microbiology laboratories will report their own critical reportable microorganisms / diseases to Communicable Diseases.

9.0 Associated Documents

9.1 #120-10-01, Critical Result Reporting: Urban Microbiology Labs

9.2 #140-10-02, Hematology Critical Values HSC

9.3 #140-10-07, Hematology Critical Values - Rural Sites

9.4 #140-10-21, Hematology Critical Values All WRHA Sites Except HSC

9.5 #110-10-25, Clinical Biochemistry Critical Values

10.0 References

10.1 ISO 15189:2007(E), Standard for Medical Laboratories[1]

10.2 Manitoba Diagnostic Imaging Standards, The College of Physicians & Surgeons of Manitoba

10.3 Manitoba Laboratory Standards, The College of Physicians & Surgeons of Manitoba