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| TITLE: Laboratory Critical Test and Critical Results/Values | POLICY REFERENCE #: 9-CL; 4.15-MSP |
| CATEGORY: Clinical | REVISION #: #11-2023 |
| EFFECTIVE DATE: 4/17/2023 | PAGE 1 OF 3 |
| REVIEW/APPROVALS: | |
| <input type="checkbox"/> Policy Committee | <input type="checkbox"/> Executive Leadership Committee (ELT) |
| <input type="checkbox"/> Executive Operations Committee (EOT) | <input type="checkbox"/> Executive Committee of Medical Staff |
| | <input checked="" type="checkbox"/> Medical Board |
| <input type="checkbox"/> Applies to : | |
| <input type="checkbox"/> Bassett Healthcare Network (BHN) | |
| <input checked="" type="checkbox"/> Applies to the following BHN Entities: | |
| <input type="checkbox"/> AO Fox Hospital | <input type="checkbox"/> At Home Care |
| <input checked="" type="checkbox"/> Bassett Medical Center | <input type="checkbox"/> Bassett Accountable Care Partners |
| <input type="checkbox"/> Cobleskill Regional Hospital | <input type="checkbox"/> Bassett Medical Group |
| <input type="checkbox"/> O'Connor Hospital | <input type="checkbox"/> Bassett PPS, LLC |
| <input type="checkbox"/> Little Falls Hospital | <input type="checkbox"/> First Community Care |
| <input type="checkbox"/> Little Falls Hospital Rural Health Clinics | <input type="checkbox"/> Templeton Foundation |
| <input type="checkbox"/> Friends of Bassett | <input type="checkbox"/> Valley Health Services |
| Document Owner: Susan Williamson, Regional Laboratory Manager | Original Date: 10/16/2006 |
| Executive Sponsor: Cailin Purcell, VP Operations, Bassett Medical Center | Reviewed/Revised Date: 5/16/2022 |
| Replaces: | <input type="checkbox"/> Reviewed: No Revision Date |
| | <input checked="" type="checkbox"/> Revised Without Full Review |
| Key Words: Lab Results, Life Threatening, Tiger Text, Telephone, Priority, Critical Values | |
| Changes: | |

A. GENERAL POLICY STATEMENT:

This policy identifies critical tests, critical results/values that have been designated as potentially life threatening or significant enough to immediately notify the ordering or covering practitioner or designated medical professional by telephone or secure text messaging so that there will not be delays in treatment for the patient.

B. SCOPE:

This policy applies to all BHN entities caregivers and practitioners.

C. DEFINITIONS:

1. Within the Bassett network, the identified critical lab test is as follows: Frozen sections from the Operating Room.

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2. Critical results/values are communicated only for identified tests that have a given result within a defined range. Within the Bassett network, the identified critical results/values follow in the tables in Attachments A through D ([Laboratory Critical Test and Critical Results/Values \(9-CL\) \(4.15-MSP\) – Attachment A – Chemistry Critical Results/Values](#)), ([Laboratory Critical Test and Critical Results/Values \(9-CL\) \(4.15-MSP\) – Attachment B – Hematology Critical Results/Values](#)), ([Laboratory Critical Test and Critical Results/Values \(9-CL\) \(4.15-MSP\) – Attachment C – Microbiology Critical Results/Values](#)), ([Laboratory Critical Test and Critical Results/Values \(9-CL\) \(4.15-MSP\) – Attachment D – Blood Bank and Reference Laboratory Critical Results/Values](#)).
3. Designated medical professionals (qualified individuals who are authorized to accept critical values as defined by New York State Department of Health [NYS DOH]: includes physicians, residents, PGY1’s, physician assistants, nurse practitioners, nurse midwives or other individuals defined by law. Some registered nurses (RNs) or pharmacists (PharmD) may accept results for tests where written protocols exist for immediate action.

D. ACCOUNTABILITY:

The Clinical Laboratory Director and the Network Laboratory Director will be responsible for the implementation of this policy.

E. POLICY ELEMENTS:

1. Critical test results are communicated only for identified tests whether positive or negative.
2. Identified critical tests are communicated immediately or within 60 minutes from the time of order, from the testing area, to the ordering or covering practitioner or designated medical professional.
3. Identified critical results/values are communicated immediately upon completion of the test or within 30 minutes regardless of the test order (Routine vs. Stat) from the laboratory testing area to the ordering or covering practitioner or designated medical professional. The process for communication and any exceptions to this are detailed in a Department procedure – *Communication of Laboratory Critical Values Procedure*.
4. Reporting of results generally goes to the ordering or covering practitioner or other designated medical professional.
5. Critical results may be communicated by secure text messaging (e.g. Tiger Connect) for those service areas where this has been implemented. The recipient must acknowledge receipt by responding with “Acknowledged”. This communication is documented in the Laboratory Information System. If the message goes unacknowledged, a phone call must be made to the appropriate practitioner.
6. If results are communicated by phone, the recipient must read back all critical test and critical result/value communication to the caller--date, time, recipient name and title (where appropriate)--and read back must be documented in the Laboratory Information System (LIS).

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7. The Laboratory collects data on the timeliness of reporting critical tests and critical results/values. The data is assessed periodically and opportunities for improvement are reviewed. Results are reported to the Regional Quality and Performance Improvement Committee.

F. COMMUNICATION:

The policy will be communicated via email to all Supervisors, Managers, Directors, Chiefs of Service, and Executive Leadership Team members.

G. DISTRIBUTION:

This policy will be placed online in the electronic policy system under BHN Policy on Policies.

H. ENFORCEMENT:

The Vice President (VP), Corporate Support Services is responsible for compliance with this policy.

I. REVISIONS:

The Network Laboratory Director is responsible for making revisions to this policy.