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Document History:

Title: **Hematology Critical Values** **Site(s):** **Shared Health Diagnostic Services**
Sites with Delphic LIS

Document #:	**140-10-02**	**Version #:**	**20**
Section:	**Hematology**	**Subsection:**	**Miscellaneous**

Approved by: *(Approval on file)*	Dr. Ping Sun	**Date:**	Dec 3rd, 2025
		Effective Date:	Dec 3rd, 2025

Details of Recent Revision:

- Update WBC rule to >100 x10e9/L
- Update HGB rule to <60 g/L at all sites except HSC
- Update PLT rule to <20 x10e9/L at all sites except CCMB Hematology Lab
- Addition of Appendix 1: Adult OPD CCMB Hematologist Critical Results process

Comment [RE1]: As per CR:
Potential of missing a critical value phone call of a FIBRP <1.6 for a rural site that does not perform QFAs as it is listed as a critical value in the last table of Appendix 7 (page 41)of SOP 140-70-53.
Please add FIBRP <1.6g/L for HUB sites not performing QFA on site beneath the QFA listing of the Critical values table. Also, please differentiate if a FIBRP <1.6 is a critical value to phone only for Inpatient as indicated in the 140-70-03 App 7 table or if it also applies to an ED/Outpatient or stroke/ICH protocol.

Purpose: This procedure provides instructions to describe the steps and actions when phoning and documenting critical values.

Policy:

- Critical Hematology values, that may require urgent evaluation/action by the Physician, must have immediate verbal notification (phone call) to the location on the requisition.
- This must be documented in the report with the test name and value, the date and time of the notification, and the first and last name of the person accepting results. Refusal to provide this information will be documented in the patient report.
- Read back by the person taking the results is required,
- There must be documentation of any failure of attempts to notify the appropriate person.
- There must be follow-up of any occurrences of failed notification attempts.
- Hematopathologist on service or on-call or Microbiologist (malaria at WL) are to be contacted immediately for any critical scenarios that require morphology confirmation.

Materials:

Reagents:	Supplies:	Equipment:
• n/a	• n/a	• Caresphere (as applicable) and LIS Workstation • Telephone

Sample: Any sample processed at Hematology Laboratories with Delphic LIS. *See Critical Values below.*

Quality Control: All critical results must be phoned, and documentation of the date/time and person who took the results recorded in the report.
All situations where attempts to contact the physician or delegate have been unsuccessful must be documented and an NCR completed in Intelex.

Procedure: Follow the activities in the table below:

Notification of Critical Results:

Step	Action:		
1	The following are Critical Values, which will initiate a phone call of the results:		
	WBC -all sites	≤ 0.6 and >100 x 10^9/L	1st time same day
	HGB – HSC only	≤ 50 g/L	1st time same day
	HGB – all other sites	< 60 g/L	1st time same day
	PLT – all sites excluding CCMB Hematology Lab	< 20 x 10^9/L	1st time same day
	PLT – CCMB Hematology Lab	<15 x 10^9/L	1st time same day
	PLT	< 20 x 10^9/L and PLT clumping present	Every time. Communication must take into consideration and include the actual platelet number and confirmation with slide review. Document “Phoned to” on CBC format in PCOM and bypass CWS critical pop-up screen.

	Blasts or large atypical/unusual hematopoietic cells including blast equivalents (promonocytes, abnormal promyelocytes)	Suspect aggressive/ hematopoietic neoplasms such as acute leukemia or large cell lymphoma	1st encounter (with statement that HP review pending)
	Red Cell Morphology	>10 spherocytes/HPF	1st encounter of each admission Exclude hereditary spherocytosis
		>10 schistocyte/HPF	1st encounter of each admission
		Increased sickle cells	1st encounter only if not previously diagnosed by hemoglobin electrophoresis
	Absolute Neutrophil count (ANC)	< 0.5 x 10^9/L; automated or manual result	1st time same day
	Malaria	Positive by either preliminary screening or kit assay and when preliminary screening is discrepant from kit assay	1st encounter of each admission
	CSF WBC (automated or manual)	< 2 months old: ≥ 27	Every time
		≥ 2 months old: ≥ 10	
	Peritoneal/Ascites Fluid	ANC >250 x10e6/L	Every time
	Synovial Fluid	ANC > 50,000 x10e6/L	Every time
	Peritoneal Dialysate Fluid	WBC > 100 x10e6/L AND/together with Manual NEUT% >50%	Every time
	CSF/Fluid morphology	Abnormal/suspect cells observed	Every time See 140-90-04 in addition.
	INR	≥ 5.0	Every time
	APTT (if applicable)	>150 s	Every time
	Fibrinogen (Clauss; QFA)	<1.0 g/L	Every time
2	• Request to speak to either the nurse, unit manager, or the responsible Physician. If neither is available, the unit clerk can accept the results. • Request the first and last name of the person accepting the result. **If there is a refusal to provide the full name,** explain that this is a Laboratory (policy) requirement and if this information is refused, the comment "***the person taking the information refused to provide their last name"*** must be documented. **Note: All Sites**		

If:	Then:
CCMB patient,	There may be local site-specific processes for contacting the CCMB care team directly at some facilities. Those processes are followed first. *Refer to Appendix 1 for CBCs ordered by CCMB Hematologists for Adult Outpatients.* Weekdays day shift: • Contact the clinic number listed, leave message if able • Page the ordering physician if no call back in 30 minutes. Page again in 30 minutes if no call back.

		• Contact the 'service' as described below which is on the requisition (under the ordering Dr area) or in Clinical Details. Off-hours/Weekends: Contact the paging operator at HSC 204-787-2071 or SBH 204-237-2053 and have them page the "service" (ie. Gyne Oncology, MCC Medical Oncology, BMT, etc) and not the physician whose name is indicated in the LIS. The service is entered into clinical details at the time of accessioning/is recorded onto the requisition under the ordering Dr field. • The ordering physician may be contacted/paged where the service is not indicated.
3	• Give the name of the test and the results (value and units). • Ask the person taking the results to repeat all the information back. (This includes the patient name, PHIN, and results)	
4	**If there is no answer at the number indicated on the request** o Refer to 100-10-06 for steps when a provider cannot be reached and Procedure A of this SOP for documentation steps.	

Documenting Critical Values:

Step:	Action:	
1	**LIS/Middleware**	**Actions**
	Delphic LIS and CWS	Document WBC, NEUTAB/ANC, Hgb, and PLT critical value notification in CWS. Document critical value notification for COAG, PBF morphology or body fluids in Delphic LIS as per **Procedure A: Documenting Critical Results in Delphic LIS**.
	Delphic LIS – no CWS	Document in Delphic LIS as per **Procedure A: Documenting Critical Results in Delphic LIS**

Procedure A:

Documenting Critical Value Results in Delphic LIS:

Step	Action:
1	**Call up the appropriate format and accession # for the following:**

Test	Format	Field
Abnormal WBC Differential*	CBC	PCOM-CBC Comment
Abnormal RBC Morphology	CBC	PCOM-CBC Comment
INR/APTT/Fibrinogen	COAG	MLAC-Coag Comment
Positive Malaria	MAL	Phoned to
CSF TNC	CSFH	Phoned to
CSF Abnormal/suspect cells	CSFH	Phoned to
Fluids abnormal/suspect cells	HFLD	Comment
Hgb	CBC	PCOM – CBC comment

Additional Tests Documented in LIS for Non-CWS sites:

Test	Format	Field
WBC; NEUTAB; ANC	CBC	PCOM-CBC Comment
PLT	CBC	PCOM-CBC Comment
Hgb	CBC	PCOM-CBC comment

2	Insert **&CVP** (Critical value(s) phoned to):
3	Free text: First and Last name** of person accepting results, test name, results (and units if applicable), date and time. Indicate that results have been read back by adding **&RB** (*Results have been read back.*) after the end of quotation marks. ** If the person taking the results has refused to provide their last name, include the comment ***"the person taking the information refused to provide their last name"***.

If:	Then:
Abnormal differential (1st encounter – suspect leukemia, high grade lymphoma, 'Other cells' or any type of fluid),	• For peripheral blood films, add **& HPBF** (Suspect/abnormal cells noted/observed on blood film, hematopathologist on call has been notified and will issue a definitive report) on DIFF format. ○ Contact HP on-call • For fluids, refer to 140-90-04 • Order **&VH**

4	Document any failure of attempts to notify the appropriate person and any other subsequent actions on the appropriate comment format (i.e.: *Attempt made to contact Physician on call – unsuccessful"* on reporting format.)

If:	Then:
Inpatient results,	Initiate site-specific Occurrence Report, following facility/RHA procedure as well as NCR **Note:** This occurrence should be rare.
Outpatient results and unable to reach physician on call and unable to leave a message on the physician's answering machine (if clinic/physician is not identified on voice mail, do not leave message),	• Notify Hematopathologist on service/on-call or Provincial Medical Director. If unavailable, call Laboratory AOC. Document any failure to notify the appropriate person Insert "*Attempt made to contact Physician on call unsuccessful*" by free texting into comment field of appropriate test • Initiate site-specific Occurrence Report. Follow facility/RHA procedure. • Ensure correct phone number for physician/ physician-on-call • Retry contacting physician every ½ hour, for a total of 3 times • If still unsuccessful, complete a Non-Conformance report in Intelex. • Let next shift know about critical value and to contact physician immediately. • Refer to Reporting Critical Values, 100-10-06

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<tr><td>Outpatient results and unable to reach physician on call and unable to leave a message on the physician's answering machine (if clinic/physician is not identified on voice mail, do not leave message) cont'd,</td><td>WL CCMB Samples:
• Critical results should be called to WMCC and a message left, indicating that the hematology lab has a critical result on a patient and to contact the lab for results.
<table>
<tr><th>If:</th><th>Then:</th></tr>
<tr><td>Message is left on initial phone call,</td><td>• Repeat calling 3 x; no further messages need to be left.
• Follow standard practice for failed calls.</td></tr>
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<tr><td>Referred specimen requests and no contact information or physician cannot be reached,</td><td>• Notify Hematopathologist on service/on-call or Provincial Medical Director. If unavailable, call Laboratory Admin on call.
• Refer to Reporting Critical Values, 100-10-06.
• Document failure to notify the appropriate person. Insert "Attempt made to contact Physician on call unsuccessful" by free texting into comment field of appropriate test</td></tr>
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References: College of American Pathologists (CAP) – Laboratory All Common COM:30000
College of American Pathologists (CAP) – Laboratory All Common COM:30100

Related Procedures All Procedures that include critical result values:
Policy: 100-10-06, Reporting Critical Values
Procedure: 140-40-01, Hematopathologist Review Criteria
Procedure: 140-90-04, CSF and Fluids with Suspect abnormal cells for HP review

Procedural Note:

Procedure Note #1:
Critical Value on Mislabeled Sample

Follow the same steps as per the Amending Hematology Results in Delphic, 140-10-19.
Document any changes and person notified.

Appendix 1: CCMB Hematologist Critical Results Process – Adult Outpatients

The following outlines the Critical Result notification procedure for CCMB Hematology Adult Outpatients. The following must be met:

1. **Adult Outpatient**
2. **Ordering Dr is a Hematologist**

CCMB Hematologist Adult OPD Critical Results for CBC/Smear:		
Parameter:	**Value:**	**NOTE:**
WBC	>100 x10e9/L	**1. OFF HOURS ONLY.** Do **not** call during Weekday hours [see below], **AND** **2. EXCLUDING** Lymphoproliferative Disorders/mature Lymphocytosis (for example, CLL)
HGB	<60 g/L	
PLT	<20 x10e9/L [<15 CCMB Hematology Lab]	
Other CBC/ smear results	Not indicated for phone call notification	

WEEKDAY Hours: Monday 8am to Friday 4pm INCLUSIVE, Excluding Stat days
Procedure: Call the ordering physician number as indicated in the LIS. Leave a message on the voicemail indicating the specifics of the critical parameter and result, unique identifier (PHN/MRN/CR#), DOB, and date/time of the sample.

OFF HOURS: Friday after 4pm to Monday 8am INCLUSIVE, Including Stat days

Procedure: Page the Service indicated below based on the ordering physician.

Ordering Physician:	**Service to page:**
Banerji, Versha	Adult Hematology Consults HSC – phone HSC Paging 204-787-2071 and ask for Hematologist on call.
Houston, *Donald*	
Kotb, Rami	
Minuk, Leonard	
Landego, Ivan	
Rimmer, Emily	
Skrabek, Pamela	
Yang, Lin	
Zarychanski, Ryan	
Dao, Vi	Adult Hematology Consults St Boniface - phone St Boniface Paging 204-237-2053 and ask for Hematologist on call.
Kansara, Roopesh	
Moltzan, Catherine	
Ponnampalam, Arjuna	
Brown, Kevin	Leukemia/BMT – phone HSC Paging 204-787-2071 and ask for Leukemia/BMT CCMB Dr on call.
Houston, *Brett*	
Menard, Chantalle	
Paulson, Kristjan	
Speziali, Craig	
Szwajcer, David	

References: CCMB Hematologist Guidance document for CBC Critical Values – Oct 2025