

## Document History:

**Title:** Reporting Critical Results

**Site(s):** Shared Health Diagnostic Services

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|--------------------|-------------------|--------------------|---------------------------|
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| <b>Section:</b>    | <b>Operations</b> | <b>Subsection:</b> | <b>General Laboratory</b> |

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|--------------------------------------------------|---------------|------------------------|-------------|
| <b>Approved by:</b><br><i>(approval on file)</i> | Dr. A. Kabani | <b>Date:</b>           | 02-AUG-2023 |
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## Details of Recent Revision:

Update to 5.0 Procedure Step 6

Addition of 6.7 Cancer Care

Update to 9.0 Associated Documents

Update 7.1 Dynacare

Addition of 11.0 Phone numbers

Add Note to 4.1 "some facilities have internal approved procedures regarding the handling of critical results that delegates responsibility for receiving results to other facility personnel"

Add "or alternate personnel as described by approved internal facility process" to Step 2 in section 5.0

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## 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 physician or other clinical personnel responsible for patient care. These patients may require urgent evaluation / action by the physician / designate.
- 2.2 Physician/Designate** 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 Shared Health 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.  
**NOTE:** some facilities have internal approved procedures regarding the handling of critical results that delegates responsibility for receiving results to other facility personnel
- 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 Shared Health 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 must 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

- 4.8** As per the Manitoba College of Physician & Surgeons (MCPS) standard of practice; All Laboratory test ordering personal are required to provide a 24/7 hr critical result call back phone number to the laboratory.

If no after-hours phone number is provided on the Requisition submitted with the patient's sample or no after-hours physician phone number is available in the LIS, Laboratory Registration staff will attach a comment that will be communicated back to the ordering personal informing them on how to comply with the MCPS standard of practice.

## 5.0 Procedure

| Step     | Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| <b>1</b> | A critical test result is identified based on the list of critical values provided for each discipline.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>2</b> | 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 or alternate personnel as described by approved internal facility process) –The communication will be via direct verbal communication.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>3</b> | <p>Document the verbal communication on a log (paper or electronic) indicating:</p> <ul style="list-style-type: none"> <li>a) Identification of patient (First and last name, unique identifier)</li> <li>b) Identification of sender (technologist issuing verbal report)</li> <li>c) Identification of recipient- first and last name of person required (person receiving the report)</li> <li>d) Critical result reported (test and result)*</li> <li>e) Date and time of communication</li> </ul> <p>*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.</p> |
| <b>4</b> | The person receiving the report will be informed that the result is "critical".                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>5</b> | <p>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</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• &amp;RB "Results read back"</li> </ul>                                                                                                                                                                                                                                                                                                                                                                  |

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| <b>6</b> | <p>If attempts to contact physician/ designate have been unsuccessful the following steps must be performed:</p> <ul style="list-style-type: none"> <li>a) Review the requisition for the after-hours critical result phone number. This may be available in Delphic Images by using Results Search, entering the lab ID, and selecting 'images'.</li> <li>b) Review the Clinical Details format for an after-hours phone number that was entered during registration.</li> <li>c) In Delphic, review Dictionaries&gt;Doctor and type physician details into 'Last Name' or 'Code' to gather the Physician/designates' 24/7 critical results contact number.</li> <li>d) Perform the same as Step C, but with the clinic name if applicable.</li> <li>e) Attempt to call a clinic, even if closed, as the automated message may state who is on call or how to reach a provider with a critical result. For Dynacare, see 7.1 also.</li> <li>f) Document all attempts made onto the appropriate discipline format or PHONED format.</li> <li>g) If there is no After Hours call back number available in the LIS doctor dictionary or captured under clinical details and no other steps above provide a reachable practitioner, staff will contact the Shared Health Administrator on call (AOC) [204-926-3718 or 1-877-437-4861] for further assistance. For Hematology, the Hematopathologist on call is contacted instead of the AOC.</li> </ul> |
| <b>7</b> | <p>If Admin on call is unsuccessful in contacting and communicating the critical result, call the Executive Director, Lab Operations or Chief Medical Officer CMO, Lab for instructions/assistance</p> <ul style="list-style-type: none"> <li>a) Provide all information specified in Step 3 to the Executive Director, Lab Operations or CMO, Labs</li> <li>b) Document the actions taken</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>8</b> | <p>The laboratory report will be forwarded, as per routine practice, for inclusion on the patient health record. A notation will be made in the report indicating the notification made of any critical results.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>9</b> | <p>Forward copies of report to appropriate areas as dictated by Facility / RHA procedure and initiate an incident/occurrence report.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

## **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
- 6.7 Cancer Care** Cancer Care at HSC and SBH have a standard practice of listing the 'service' with the ordering physician details. The Service is contacted for critical results on evenings and weekends (weekdays may have site specific processes for communication with CCMB). This is performed through contacting HSC OR SBH Paging and request the physician on call for the indicated service. Other CCMB clinics may list the service on their requisitions and can be paged with the same process.

## 7.0 Referred Specimens Procedure

- 7.1** For referred-in requests, there should be a designated contact for critical values. Follow Procedure 5.0 steps. The Dynacare packing slip may also provide a contact number and should be reviewed if available/if scanned. Dynacare is contacted for an afterhours physician number from their internal list when required.

## 8.0 Cadham Provincial Laboratory Procedure

| Step     | Action                                                                                                                                                                                                                                    |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> | Cadham Provincial Laboratory has a written agreement in place with Shared Health regarding critical results reporting.                                                                                                                    |
| <b>2</b> | Any critical results will be called directly to the ordering physician.                                                                                                                                                                   |
| <b>3</b> | 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.                        |
| <b>4</b> | 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. |
| <b>5</b> | CPL will be responsible for reporting critical reportable diseases to Public Health.                                                                                                                                                      |

**Note:** Shared Health 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
- 9.3** #140-10-71, Hematology Critical Values - CCMB
- 9.4** #110-10-25, Clinical Biochemistry Critical Values

## **10.0 References**

- 10.1** ISO 15189:2007(E), Standard for Medical Laboratories<sup>1</sup>
- 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

## **11.0 Phone Numbers**

**HSC Paging** 204-787-2071

**SBH Paging** 204-237-2053

**Dynacare** 204-944-0757 Ext: 7228;7210