

BY ORDER OF THE COMMANDER

**59TH MEDICAL WING INSTRUCTION
44-155**



24 JUNE 2016

Medical Operations

**CRITICAL TEST AND CRITICAL
VALUE MANAGEMENT**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements Air Force Policy Directive 44-1, *Medical Operation*. This instruction defines policy and procedures to ensure the timeliness of reporting and receipt of critical test results and critical values from the point of origin to the responsible Licensed Independent Provider (LIP) to enable the provision of timely and appropriate treatment of the patient. This instruction applies to test results, values, and interpretations from the laboratory. This instruction is aligned with Brooke Army Medical Center (BAMC) Memo 40-213, *Medical Services Patient Safety Program* and BAMC DPALS SOP GE-QA.019-01.A05, *Verification and Notification of Critical Values/Critical Tests*. This instruction applies to all personnel assigned to, employed by, or contracted to Wilford Hall Ambulatory Surgical Center (WHASC) and its assigned activities, to include 59th Dental Group. This instruction does not apply to personnel assigned to the 359th Medical Group. This instruction does not apply to the Air National Guard or Air Force Reserve. Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, *Recommendation for Change of Publication*. Ensure that all records created as a result of processes prescribed in this publication are maintained IAW Air Force Manual 33-363, *Management of Records*, and disposed of IAW Air Force Records Information Management System Records Disposition Schedule.

SUMMARY OF CHANGES

This publication has been revised. This rewrite of 59 MDWI 44-155 includes updated procedures.

1. Responsibilities

1.1. Senior Leadership will:

1.1.1. Promote a culture that emphasizes timely reporting of critical test results and values to the responsible LIP.

1.1.2. Ensure all relevant personnel are educated on the policies and procedures delineated in this instruction.

1.1.3. Ensure adherence to this instruction.

1.2. Department Chairmen will ensure the accuracy of pager numbers on the call roster and other contact information for reporting critical test results or critical values.

1.3. Providers will ensure a point of contact and pager number are indicated on each test ordered.

1.4. Nursing personnel will ensure LIP contact name and pager number are noted on test requests.

1.5. All staff will follow the guidelines and procedures for submitting laboratory specimens as noted in WHASC Lab Guide.

2. Definitions

2.1. Critical Result/Value. Test result that is abnormal to a degree that it may indicate a life threatening situation. A complete listing of critical laboratory values is located in Appendix A of WHASC Lab Guide.

2.2. Critical Result. A critical result always requires rapid communication to the requesting provider in order to adequately diagnose and treat the patient.

2.2.1. This organization has determined that STAT testing, as used in common practice, are not always “critical tests.” Our target for truly “critical tests” is no more than 1 hour from the time of the order to the time the results are communicated to the ordering LIP. However, it is not possible to distinguish between true “critical test” orders and non-critical “STAT” or “NOW” orders.

2.3. Clinically Significant. Test results/values that fall outside of normal standards as defined by laboratory, but impact the patient.

3. Procedures

3.1. Reporting critical results.

3.1.1. For the identified critical tests, the length of time between the time the test is ordered and the results are reported to the responsible LIP will not exceed the time frames noted below:

3.1.1.1. For the identified critical tests, all results must be called to the responsible LIP as soon as the result is available. The result must be identified as a ***critical test result***. If the responsible LIP or other certified/privileged individual is unable to take the call, a registered nurse (RN) may take the critical test result. Under no circumstances should results be given to unlicensed personnel (e.g. secretary, student, unit clerk).

3.1.1.2. All critical results, the name of the provider notified, the time and date of notification, and “read back” of the result must be documented as part of laboratory documentation.

3.1.2. Critical Values.

3.1.2.1. All diagnostic tests resulted as a critical value, including those tests ordered for completion in a routine fashion, will be communicated to the responsible LIP and/or authorized designee within the following target time limits:

3.1.2.1.1. Lab – 60 minutes.

3.1.2.2. If the target notification time limit is exceeded because of an inability to contact the requesting LIP, the chain of command for the ordering provider shall be notified. The incident shall be documented in the Patient Safety Reporting system through the unit Patient Safety Monitor. The reporting unit will telephonically notify the Patient Safety office at 292-6161/0220/6283 the next duty day if the event occurs overnight or on a weekend or holiday. The Patient Safety Office will contact the radio communication and pager office to determine if there was a mechanical failure with the pager. The Patient Safety Office will then contact the on-call provider’s electronic call roster point of contact to determine if the delay the unit experienced in contacting a provider was due to a provider change that was not reflected on the call roster.

3.1.2.3. Notification of the responsible LIP shall be accomplished with an active notification system (e.g. pagers, phone) with the capacity for verbal acknowledgement from the individual receiving the information. The individual receiving the information must document the information as an AHLTA note or outpatient telephone consult, as an entry into Essentris (Same day surgery/APV patient), or as an entry on the SF 509, *Progress Notes*, before taking action on the critical test result/value/interpretation. In addition, the individual receiving the information will read back (RB) the result, obtain verification, and annotate with “RB” in the patient’s medical document before taking action on the critical test result(s) or critical value(s) and/or interpretation(s) before taking action on the critical result/value/interpretation.

3.2. Reporting Outpatient Values.

3.2.1. During normal duty hours.

3.2.1.1. Contact the requesting provider. If no response after 10 minutes, contact the on-call provider. If no response or other provider not available, notify the clinic RN of the results. Listing and phone numbers for on-call providers for each clinic can be found on the 59 MDW SharePoint Clinical Tab under “Call Roster” (AMION; www.amion.com; each section has its own password to access the call rosters on AMION).

3.2.1.2. The RN who receives the critical lab value/report or critical test result will:

3.2.1.2.1. Immediately notify the patient’s provider.

3.2.1.2.2. Place a telephone consult in AHLTA to the provider notified documenting the date, time, the critical lab value/report or critical test result, the name of the person reporting the information, the name and time the provider notified.

3.2.1.2.3. If the provider is not immediately available, the RN will notify the flight commander or covering provider.

3.2.2. After normal duty hours, weekends, or holidays.

3.2.2.1. Page the on-call clinic provider. If no response after 10 minutes, notify the on-call service provider.

3.2.2.2. On-call provider will take appropriate action.

3.3. Reporting Critical Results for Same Day Surgery/APV Values. Call the operating room and notify patient's surgeon. If the surgeon is unavailable, notify the anesthesia provider or operating room RN responsible for the patient.

3.4. Reporting Urgent Care Center Values. Call the ordering provider. If not available, ask for the Urgent Care Center physician or physician currently assigned to the patient. If not available, notify the Urgent Care Center RN Shift Leader with the results.

3.5. Reporting Values/Results to Off-Base Facilities. Contact ordering provider or have their answering service request the provider return call as soon as possible. At no time may results be left with the answering service or answering machine. If no contact is made with the provider within 10 minutes:

3.5.1. Notify the WHASC pathologist on-call with all critical laboratory values.

4. Data Monitoring, Collection, and Analysis

4.1. Monitoring and evaluation of the critical test and critical value process will be performed monthly.

4.2. Audits must look at a minimum of the following components:

4.2.1. For Critical Tests, the key metric for the audit is the **90%** compliance for notification from time the test was ordered to the time the provider was notified.

4.2.2. For Critical Values/Reports the key metric for the audit is the **90%** compliance for notification from time the result/report was deemed critical to the time the provider was notified.

4.3. Patient Safety will review and analyze selected data and report findings to the Executive Committee of the Medical Staff and the Performance Improvement Committee, and the Board of Directors on a quarterly basis.

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Chief of the Medical Staff

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFPD 44-1, *Medical Operations*, 9 June 2016

Accreditation Association for Ambulatory Health Care (AAAHC), *2012 Accreditation Handbook for Ambulatory Health Care, Quality of Care, Chapter 4*

59 MDWI 44-130, *Patient Safety*, 16 July 2013

59 MDWI 44-136, *Laboratory Program*, 29 April 2014

SG NOTAM 12-003, *Ordering and Communicating Test Results*, March 2012

BAMC Memo 40-213, *Medical Services Patient Safety Program*, 13 June 2012

WHASC Lab Guide, 1 October 2014

BAMC DPALS SOP GE-QA.019-01.A05 *Verification and Notification of Critical Values/Critical Tests*, 17 February 2009

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*

SF 509, *Medical Record - Progress Notes*

Abbreviations and Acronyms

APV—Ambulatory Procedures Unit

BAMC—Brooke Army Medical Center

LIP—Licensed Independent Provider

RB—Read Back

RN—Registered Nurse

WHASC—Wilford Hall Ambulatory Surgical Center

Terms

Clinically Significant—Laboratory values that fall outside of normal standards as defined by the laboratory, but the impact to the patient is not life threatening.

Critical Results/Values—Test results that are abnormal to a degree that it may indicate a life threatening situation.

Critical Test—A test or exam that always requires rapid communication of results, whether those results are normal or abnormal.

Read Back—The process of confirming the Responsible Licensed Caregiver's understanding of the notifying party's communication of the Critical Value by asking the Responsible Licensed Caregiver to document the communicated information and then reading it back to the notifying party.

Responsible Licensed Caregiver—The "responsible licensed caregiver" is the person who will act on the test results being reported. That will usually be the attending physician but may be another licensed independent practitioner or, in certain situations, a registered nurse who is authorized to modify treatment based on a protocol.