



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

MANGUM REGIONAL MEDICAL CENTER

TITLE		POLICY	
Critical Test Reporting		NUR-008	
MANUAL	EFFECTIVE DATE	REVIEW DATE	
Nursing	02/2020		
DEPARTMENT	REFERENCE		
Nursing	See below		

SCOPE

This policy applies to Registered and Licensed Practical Nurses who are involved in the care and treatment of Mangum Regional Medical Center patients.

PURPOSE

To report critical results of test and diagnostic procedures on a timely basis. The objective is to provide the responsible licensed caregiver these results within an established time frame so that the patient can be promptly treated.

DEFINITIONS

Critical value – a pathophysiological state at such variance with normal as to be life-threatening unless something is done promptly and for which some corrective action could be taken.

POLICY

Critical testing results are to be managed and reported to the responsible licensed caregiver in a timely manner.

PROCEDURE

1. Identification of a critical lab result by laboratory personnel.
2. Results for Emergency Department patients will be called to the on-call provider. If the provider is unavailable, results can be called to the House Supervisor or Charge Nurse.
3. Inpatient results will be called to the patient’s primary nurse. The primary care nurse will be responsible for contacting the medical provider to report critical results and accept new orders as needed. If the patient’s primary care nurse is unavailable the result may be given to the House Supervisor or Charge Nurse.
4. The process of reporting from lab to medical provider will be less than 60 minutes.

5. The nurse will document in the patient’s medical record the critical results, time called to physician and any new orders received.
6. The primary care nurse will be responsible for documenting all critical lab results on the Critical Values Report Log.

CRITICAL DIAGNOSTIC/IMAGING NOTIFICATION PROCEDURES

1. Identification of an abnormal result by radiology personnel.
2. Results for Emergency Department patients will be called to the on-call provider. If the provider is unavailable, results can be called to the House Supervisor or Charge Nurse.
3. Inpatient results will be called to the patient’s primary nurse. The primary care nurse will be responsible for contacting the medical provider to report critical results and accept new orders as needed. If the patient’s primary care nurse is unavailable the result may be given to the House Supervisor or Charge Nurse.
4. The process of reporting from radiology to medical provider will be less than 60 minutes.
5. The nurse will document in the patient’s medical record the critical results, time called to physician and any new orders received.
6. The primary care nurse will be responsible for documenting all critical radiology results on the Critical Values Report Log.

ESCALATION PROCEDURES

This is a fail-safe mechanism when laboratory or radiology personnel are unable to reach a responsible licensed provider. Laboratory or radiology personnel will then contact their direct supervisor, Emergency Room medical provider, Chief Clinical Officer (CCO), or Medical Director and document the name of the staff member receiving the results, verification of results “read back” by staff member, date and time results reported to staff member, and the name of the laboratory personnel reporting the critical values.

QUALITY ASSURANCE

Critical test reporting will be monitored monthly and reported to the Quality, Med Staff and Governing Board Committees. An action plan will be developed and implemented to correct any variances from the target.

REFERENCES

The Joint Commission NPSG 02.03.01 2019
https://www.jointcommission.org/assets/1/6/NPSG_Chapter_CAH_Jan2019.pdf

ATTACHMENTS

NUR-008A Critical Values Report Log

REVISIONS/UPDATES

Date	Brief Description of Revision/Change
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