



# Fort Belvoir Community Hospital INSTRUCTION

NUMBER 6465.01  
JUN 05 2012

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DCCSS

SUBJECT: Critical Results Policy

References: See Enclosure 1

1. PURPOSE. This Instruction, in accordance with the authority in Reference (a) and in accordance with References (b) through (i), establishes the Fort Belvoir Community Hospital (FBCH) guidelines to define which results are considered critical and require immediate notification and monitoring for timeliness, and also establishes the notification process for reporting critical results.
2. APPLICABILITY. This instruction applies to all healthcare providers (HCPs) who are involved in the delivery of health care services assigned or attached to Fort Belvoir Community Hospital (FBCH) and all other organizational entities and personnel assigned within the FBCH and outlying clinics.
3. DEFINITIONS. See Glossary
4. POLICY. It is FBCH policy that notification of critical results is timely and that all staff adheres to the reporting requirements for critical results in FBCH, in compliance with the guidelines of this Instruction.
5. RESPONSIBILITIES. The department reporting critical results will ensure that staff within their department report critical results in accordance with this Instruction. Health Care Providers and FBCH staff receiving results will ensure that notification and documentation procedures are followed in accordance with this Instruction.
6. PROCEDURES. See Enclosure 2

June 05, 2012

7. RELEASABILITY. UNLIMITED. This Instruction is approved for unlimited release and is available on the FBCH Intranet at:

<https://fbchintranet.med.osd.mil/policyissuances/fbchinstructions/Pages/default.aspx>.

8. EFFECTIVE DATE. The information requirements established by this Instruction are effective immediately.



STERLING S. SHERMAN  
CAPT, MC, USN  
Chief of Staff

Enclosures

1. References
2. Procedures

Appendix 1 to Enclosure 2 Critical Results Call Time

Appendix 2 to Enclosure 2 Critical Result Contact Information for Clinics

Appendix 3 to Enclosure 2 Critical Results Audit Worksheet

Glossary

ENCLOSURE 1

REFERENCES

- (a) Deputy Secretary of Defense Memorandum, "Authorities for Joint Task Force National Capital Regional Medical (JTF CapMed) (Unclassified)," February 07, 2012
- (b) JTF CapMed Instruction 5025.01, "Formats and Procedures for Development and Publication of Issuances," March 05, 2012
- (c) FBCH-I 6465.01, "Critical Results Policy," February 09, 2012 (hereby cancelled)
- (d) JTF-I 6465.01, "Pathology and Laboratory Services, and Blood Program," December 01, 2011.
- (e) JTF-M 6025.01, "Clinical Quality Management Manual," March 29, 2012
- (f) Comprehensive Accreditation Manual for Hospitals, The Joint Commission, current edition.
- (g) Laboratory Critical Values Policies and Procedures, Arch Patho Lab Medicine Vol 126, June 2002.
- (h) Laboratory General Checklist, College of American Pathologists (CAP), current edition.
- (i) FBCH-I, "Medical Services Laboratory Procedures Guide," June 2012

ENCLOSURE 2

PROCEDURES

1. HOSPITAL NOTIFICATION PROCEDURES:

a. The resulting department will:

(1) Contact the ordering provider (phone, blackberry or Vocera) and wait 15 minutes for Provider to respond. The Provider will be contacted a second time and if they have not responded in 5 minutes, the resulting department will contact a Registered Nurse on the Ward.

(2) If a Registered Nurse does not respond in 5 minutes, they will be called a second time and if they do not respond in another five minutes, the MOD will be called.

(3) If the MOD does not respond in 5 minutes, a second attempt to contact the MOD will be made. If there is still no response after 5 minutes, Medical Director or on-call provider of the Resulting Department will be contacted. (On-call rosters are available at the Staff Duty Desk)

b. Documentation of notification:

(1) For the Laboratory: the name of the person who received the result and who rendered "read- back" will be documented in the CHCS report. Documentation of the time the notification was made will be found in the "Critical Results Call Time Log".

(2) For Inpatient Nursing: If contacted for a critical lab value, complete the "Critical Value Clinical Note" in Essentris and enter into the patient's record.

c. The Radiologist will identify, verify and document the "read back" of the results in PACS for patient safety and monitoring and data collection.

d. Other departments will document verify and read back information in Essentris on a clinical note or in ALTHA on a T- Con.

2. OUTPATIENT SITE PROCEDURES:

a. During the Clinics Normal Operating Hours, the resulting department will attempt to contact the ordering provider twice, taking no more than twenty minutes to do so.

b. If unable to contact the ordering provider, a Registered Nurse may accept the value and will attempt to contact the provider one more time. If the ordering provider does not respond within **10** minutes, the Clinic OIC will be contacted to designate a responsible healthcare provider (HCP) to address the critical results.

c. Read-back and Verification will be done in the patient's ALTHA record as a T-CON by the responsible HCP.

d. If the PCM is not available the responsible HCP will send an email message to the PCM notifying them of their treatment plan and any required follow-up.

e. After normal clinic hours and weekends, the MOD will be notified.

### 3. EMERGENCY ROOM PROCEDURES:

a. When a critical result is reported on an Emergency Room patient, the reporting department will attempt to contact the ordering provider. If the ordering physician is not available a responsible ED healthcare provider (HCP) will be designated. The ED HCP will document actions taken to address the critical result. If the ordering provider is unavailable or does not respond, they will contact the unit and speak to a RN. The RN will then contact the physician and enter the following documentation in the ER Critical Log Book which will contain the following information:

(1) Date & Time called

(2) Patient's Name

(3) Family member and last four of SSN

(4) Critical result

(5) Tech who called and to whom the result was read back and verified to

(6) Doctor who was called and who read back and verified results/values given

(7) Entry will be signed by the nurse receiving and making the calls

b. A note will also be made in the patient's ER nursing notes.

### 4. CRITICAL RADIOLOGY RESULTS

This list constitutes the minimum set of conditions for which the process is expected. It is noted that departments may customarily contact the referring physician for a broader category of findings than the list below. Patients with the following critical results in the Respiratory or Cardiology Clinic will be immediately transferred to the Emergency Room and the provider will be contacted later.

a. Acute Cerebral Ischemia

- b. Acute CNS bleed or injuries
- c. Unstable Spine Fractures
- d. Aortic Dissection/Occlusion
- e. Tension pneumothorax
- f. Unexplained pneumo-peritoneum
- g. Active extravasations from a vessel or major vascular injury
- h. Acute Pulmonary Embolism deep venous thrombosis
- i. Testicular/Ovarian Torsion
- j. Significant line/tube misplacement
- k. Ectopic Pregnancy
- l. Catastrophic visceral injury

5. CRITICAL CARDIOLOGY RESULTS

- a. EKGs for symptomatic patients showing ST changes consistent with ischemia and infarction.
- b. EKGs revealing Ventricular Tachycardia
- c. EKGs revealing 3rd degree or complete heart block.
- d. Holters revealing Ventricular Tachycardia or other life threatening arrhythmias

6. CRITICAL LABORATORY RESULTS

TEST	Low	High
Glucose	50 <40 NICU Neonates	450
Sodium	120	160
Potassium	3	6.3
Bicarb (CO2)	15	40
Calcium	7	12
Creatinine	None	<=18 yrs: 5 >18 yrs: 10
Magnesium	1.2	5
Phosphorus	1	5.9
Digoxin	None	2.5
Lithium	None	2
Troponin I	n/a	n/a
Troponin T	None	0.1
Bilirubin (total)	None	20
HGB	1-2 weeks: 6.6	22
	1 month: 6.6	16
	12yrs - adult: 6.6	20
HCT	1-2 weeks: 20	70
	1 month: 20	60
	2m - 12 yrs: 20	50
	12yrs - adult: 20	60
WBC	2	40
Platelets	Child: 50	1,000
	Adult: 20	1,000
INR	Child (<18yrs): none	3.3
	Adult: None	4.5
PTT		120
DAT (cord)	Positive	
CSF/blood	Positive culture and/or CSF antigen testing	
Eye/Corneal	Positive for Pseudomonas	
Gram stain	Positive from sterile site	
Malaria	Positive	
Suspect agent of bioterrorism	Positive	

APPENDIX 1 TO ENCLOSURE 2

Section _____			<b>CRITICAL RESULTS CALL TIME LOG</b>						* approx time	Year _____			
			ORDERING PHYSICIAN (2 attempts within 20 min)			CHARGE NURSE (if clinic is closed call MOD)			CLINICAL PROVIDER ON-CALL		MOD (2 attempts within 20 min)		
PATIENT LABEL	TEST	TECH INIT	(date/time)	Called back (Y or N)	If yes, date/time	(date/time)	Called back (Y or N)	If yes, date/time	(date/time)	comment	(date/time)	Called back (Y or N)	If yes, date/time
			1 <sup>st</sup> Attempt			1 <sup>st</sup> Attempt					1 <sup>st</sup> Attempt		
			2 <sup>nd</sup> Attempt			2 <sup>nd</sup> Attempt					2 <sup>nd</sup> Attempt		
			1 <sup>st</sup> Attempt			1 <sup>st</sup> Attempt					1 <sup>st</sup> Attempt		
			2 <sup>nd</sup> Attempt			2 <sup>nd</sup> Attempt					2 <sup>nd</sup> Attempt		
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APPENDIX 2 TO ENCLOSURE 2

**Critical Results Contact Information for Clinics**  
 (To be used after lab has tried twice to contact ordering provider)

<b>Medical Treatment Facility</b>	<b>Section</b>	<b>POC</b>
<b>Fairfax FHC</b> <b>Duty Hours:</b> M-F: 0700 – 2000 Sat: 0700 – 1400 <b>Duty Hours Contact #s:</b> 1-703-970-4223 /4123	Nursing	Charge Nurse will only accept critical results from tests ordered by Fairfax HCP's
<b>Woodbridge FHC</b> <b>Off Hours &amp; Weekends:</b> MOD: 1-703-719-1346/1099 DSN Prefix: 655 If there are problems with MOD pager call FBCH Staff Duty Desk.	FBCH MOD	FBCH Staff Duty Desk: 1-571-231-3224
<b>Ft. Myer/ Rader</b> <b>Duty Hours:</b> M-F: 0700 – 1600 <b>Duty Hours Contact #s:</b> 1-703-696-7966 DSN Prefix: 426	Lab	

APPENDIX 3 TO ENCLOSURE 2

**Critical Results Audit Worksheet**

Critical Results Audit for:

#	Rag Number	Place	Test	Provider	Collection Time	Notification Time	Who notified	Correct Documentation	Comments

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

<u>AHLTA.</u>	Armed Forces Health Longitudinal Technology Application
<u>CAP.</u>	College of American Pathologist
<u>CHCS.</u>	Composite Health Care System
<u>CNS.</u>	Central Nervous System
<u>ECOMS.</u>	Executive Committee of the Medical Staff
<u>ED.</u>	Emergency Department
<u>EKG.</u>	Electrocardiogram
<u>ER.</u>	Emergency Room
<u>FBCH.</u>	Fort Belvoir Community Hospital
<u>HCP.</u>	Health Care Provider
<u>MOD.</u>	Medical Officer of the Day
<u>OIC.</u>	Officer in Charge
<u>PACS.</u>	Picture Archiving Communications System
<u>PCM.</u>	Primary Care Manager
<u>T-CON.</u>	Teleconference

PART II. DEFINITIONS

ASAP. Laboratory requests performed in-house will be completed within 4 hours of receipt of the specimen. Other department test will be performed within 72 hours of receipt of requests.

critical results. Diagnostic tests with abnormal findings/values/results (panic values/results) that are critical to the patient's subsequent treatment. The radiological, laboratory, cardiology, and respiratory diagnostics the medical staff has been approved to monitor are listed in Enclosure 1. The lab values considered critical results are those described as in Reference (d).

immediate notification. When notification is made to the provider within 60 minutes after interpretation/results are verified.

resulting department. The department performing the test i.e. lab, cardiology, respiratory or radiology.

ROUTINE. Laboratory requests performed in-house that are completed within 24 hours of receipt of the specimen. Other department tests performed within 28 days of receipt of requests.

STAT. Laboratory requests performed in-house will be completed within one hour of receipt of specimen. Other department tests will be performed immediately, as possible.