

**SUNY Downstate Medical Center -University Hospital
of Brooklyn Network
Department of Pathology Policy and Procedure**



Subject: TIMELINESS OF CALLING IN A CRITICAL VALUE - AUDIT

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LTR: LTR11218

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Supporting Documents:

Revision: 2

Next Review Date:

Last Approved By: [Howanitz MD, Peter \(Electronic](#)

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Approval Workgroup: Laboratory Administration

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Approval Group

[5:44:04 PM\)](#)

SUNY DOWNSTATE MEDICAL CENTER
DEPARTMENT OF PATHOLOGY
POLICY AND PROCEDURE

☒ CLINICAL LABORATORIES

☒ BAY RIDGE

Subject: TIMELINESS OF CALLING IN A
CRITICAL VALUE - AUDIT

Policy No.: LAB-34

No. of Pages (including this page): 2

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CAP Standards:
JC Standards:

Issued by: Pathology

| Review Date | Revisions | | Director | Designee | Comments / Revisions |
|-------------|-----------|-----|----------|----------|----------------------|
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Discontinuation Date: _____

PURPOSE:

Audit the Timeliness of Calling a Critical Value on Inpatients Only.

GOAL:

To ensure that critical values are called in a timely manner to a responsible health care provider so that action may be taken in a very short period of time. A critical is result to be communicated within 15 minutes of its availability.

SCOPE:

Chemistry, Hematology and Microbiology employees.

DEFINITIONS:

Critical Value: A value at such variance with normal as to represent a patho-physiological state which is life threatening unless some action is taken in a very short time and for which an appropriate action is possible.

Responsible Health Care Provider: MD, RN, NP or PA

PROCEDURE:

- Call and document and read back all critical values as per UHB Laboratory Policy: Calling a Critical Value. (LAB-7)
- On the fifth day of every month data will be collected regarding the timeliness of calling an inpatient critical value using data from the Cerner LIS.
- This information will be submitted to the University Hospital Performance Improvement Department and used to monitor compliance with the JCAHO National Patient Safety Goal: Improve the Effectiveness of Communication Among Caregivers.
- The data will be discussed.
- Responsible services will be informed of the outliers and are required to initiate corrective actions when applicable.

REFERENCE:

UHB Policy: Laboratory Critical Value – LAB-7

JCAHO National Patient Safety Goal: Improve the Effectiveness of Communication Among Caregivers.

College of American Pathologist General Checklist GEN.41320, GEN.41330

The variance in the data are to be analyzed and referred through the Institutional Performance Improvement Program.

Data Collection Period:

Timeliness of Calling an Inpatient Critical Value Laboratory Audit Sheet

Date: _____

| LIS# | Test & Critical Value Result | Date & Time Result Ready for Reporting | Time the Result was Reported To RN, MD, Res, PA or NP | Was the Patient Name and Critical Value "Read-Back"? (Y or N) | Was Result Communicated <15 min From When Result was Ready For Reporting? (Y or N) | Reason for Delay in Reporting (ie: No Health Care Provider on Unit, Page not answered, No answer at phone #) | Tech |
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**“Confidential required to be collected maintained
Pursuant to Public Health Law Sections 2805 – j, k, l and m”**