



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER**

SUBJECT: NOTIFICATION OF CRITICAL DIAGNOSTIC RESULTS

POLICY NO. 393B

CATEGORY: Provision of Care	EFFECTIVE DATE: 10/08
POLICY CONTACT: Sarah Lopez, MD	UPDATE/REVISION DATE:
REVIEWED BY COMMITTEE(S): Patient Safety Council	

PURPOSE:

Providers routinely order a variety of diagnostic testing. It is generally the responsibility of each provider to obtain the results for any tests which they order. However, some test results are so abnormal that they may require immediate action. These critical results must be reported to a provider who is capable of acting upon the results in a timely manner. This policy describes this process and the actions that recipients of this information should take.

POLICY:

1. The Medical Center identifies which test results from Radiology, Laboratory, and EKGs are considered critical results (See applicable Appendix A for EKG criticals).
2. All **Radiology** test results which fall into the Medical Center's definitions of critical results must be reported immediately to a provider (physician, physician assistant, advanced practice nurse). All **Laboratory** and **EKG** test results which fall into the Medical Center definition of critical results must be reported immediately to a provider/clinician (licensed nurse, physician, physician assistant, advanced practice nurse).
3. Critical diagnostic result reporting will follow the medical staff chain-of-command (See Hospital Policy #232).

DEFINITION:


Critical values: are test results that fall significantly outside the normal range that may represent a life-threatening situation and indicates a possible need for urgent medical intervention. This requires rapid communication with the responsible licensed care provider.


Read back: When the receiver of critical results (provider/clinician) writes down that information and immediately read aloud the information written down so the sender can hear and determine if the information that was delivered was received correctly. Alternatively, the receiver (provider/clinician) can immediately go into the patient's electronic medical record to see the critical result and read it back off the

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APPROVED BY:


 Anish Mahajan, MD
 Chief Executive Officer
 Chief Medical Officer


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 Associate Chief Medical Officer


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screen. The read back is complete when the sender verbally acknowledges that the information that was read back is the same as that which was sent.

PROCEDURE:

1. **For critical radiology results:** Critical radiology results may only be received by providers (physicians, physician assistants, and advanced practice nurses). The radiologist who interprets the critical results will immediately notify a responsible provider (physician, physician assistant, advanced practice nurse) and document notification (recipient name, time) in the electronic medical record.
2. **For critical laboratory and EKG results:** Critical laboratory and EKG results may only be received by clinicians (licensed nurses, physicians, physician assistants, and advanced practice nurses). The laboratory or EKG technician obtaining the critical results will immediately notify a responsible clinician (licensed nurse (RN/LVN), physician (MD/DO), physician assistant (PA), advanced practice nurse (NP), OMFS (DMD/DDS) and podiatry (DPM) and document notification (name of recipient, time notified, critical that was given) in the electronic medical record.
 - a. As an exception to the above process: Anti factor-Xa results for patients on Heparin will follow the Pharmacy Protocol (Hospital Policy 371: Heparin Continuous Infusion):
 - i. Lab will notify Registered Nurse (RN) and RN will notify provider.
 - ii. Lab will notify pharmacist (see appendix B for Inpatient Pharmacy Anticoagulation Service hours and contact numbers)
3. **When a radiologic or other diagnostic result (i.e. RT collected and analyzed samples) is generated that meets the critical result definition, the diagnostic service will first attempt to contact the ordering provider. If the ordering provider cannot be reached within 15 minutes, then the diagnostic service will use the medical chain-of-command below to notify a responsible provider.**
 - a. Primary intern, resident, or allied health provider assigned to the patient or who ordered the diagnostic test;
 - b. Senior or chief resident on-call;
 - c. Fellow on-call, where applicable;
 - d. Attending physician on-call or responsible for care of patients in clinic, as appropriate;
 - e. Service / Division Chief;
 - f. Department Chair or his/her designee;
 - g. Chief Medical Officer or his/her designee.
4. The licensed nurse will transmit the critical test result to the appropriate responsible provider and document the name of recipient, time notified, and critical result reported in the electronic medical record. The nurse will follow the medical chain-of-command as above to notify the responsible provider.
5. Each department which performs diagnostic testing will develop a program to monitor compliance with this process, report regularly to hospital leadership, and make continuous improvements as needed.
6. **For critical radiology results:** Providers authorized to receive critical results notifications will perform a read back to the notifying staff.



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7. **For critical laboratory and EKG results:** Clinicians authorized by this policy to receive critical results notifications will perform a read back to the notifying staff.
8. Clinicians who receive critical results notifications but are not providers (i.e., bedside RNs) assume responsibility for notification (and documentation of notification) of the appropriate responsible provider (physician, advanced practice nurse, physician assistant) within 30 minutes.

Reviewed and approved by:
Medical Executive Committee 03/2022

A handwritten signature in cursive script that reads "Beverley A. Petrie".

Beverley A. Petrie, M.D.
President, Professional Staff Association



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APPENDIX A
CARDIOLOGY CRITICAL EKG RESULTS DEFINITIONS LIST

POLICY:

Critical Values for EKG include:

1. Acute MI
2. Very High Heart Rate
3. Complete Heart Block

The EKG tech is alerted to a critical value EKG result when one of these values appears BOXED and ARROWED on the EKG print-out. The EKG tech will follow the below described procedure whenever alerted to a critical value.

PROCEDURE:

A. Inpatients and Emergency Department (Adult and Peds) (within 5 minutes of EKG result)

- EKG tech gives the EKG print-out directly to the provider (physician, advanced practice nurse, physician assistant) to interpret if they are present.
- EKG tech gives the EKG print-out to the nurse responsible for the patient who in turn notifies the responsible provider (physician, advanced practice nurse, physician assistant).

B. Outpatients (within 5 minutes of EKG result)

- EKG tech wheels patient and the EKG to the Adult or Pediatric ED and presents the EKG to the Charge Nurse who will notify the Attending Physician.
 - Patients 21 years of age and older will be taken to the Adult ED
 - Patients < 21 years of age will be taken to the Pediatric ED
- The patient is registered as an ED patient.
- The Emergency Department will determine the disposition of the patient.

C. Inpatient/Outpatient

- Tech prints out a duplicate copy of the critical EKG and places a critical value label on the EKG copy identifying when and to whom the results were given.
- Tech places duplicate critical EKG copy in a binder in the Heart Station.
- The binder serves as a beginning reference for the data collection required to monitor compliance with the timeliness of reporting for this National Patient Safety Goal (NPSG).

**D. Clinical Staff Who Receive Critical EKG Report follow existing Hospital Policy #393B:
Notification of Critical Values**

If the licensed clinician is not capable of acting on the result (e.g., bedside nurse), he/she will document receipt of the result in the electronic medical record. The licensed clinician will then contact the provider responsible for the patient who is capable of acting on the result (the patient's physician, advanced practice nurse, physician assistant) and document this notification in the electronic medical record.



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Appendix B: Inpatient Pharmacy Anticoagulation Service Contact Numbers

7:30am to 11:30pm: (310) 222-8009 or (424) 306-7456, 7458, or 7499

11:30pm to 7:30am: (310) 222-2363 or (424) 306-7477, 7479, 7481, or 7483

Hospital Policy 371 "Heparin Continuous Infusion"

Hospital Policy 232 "Medical Staff and the Chain of Command"