

LOS ANGELES GENERAL MEDICAL CENTER POLICY

Subject: CRITICAL LABORATORY VALUE NOTIFICATION AND FOLLOW-UP		Original Issue Date: 9/14/04	Policy # 911
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Policy Owner(s): Patient Safety Officer Executive Sponsor(s): Chief Quality Officer			
Department(s) and Committee(s) consulted: Patient Safety Committee Referral Center Medical Center Laboratory Services		Reviewed & approved by: Attending Staff Association Executive Committee Senior Executive Officer	Approved by: Chief Quality Officer
			Chief Executive Officer

PURPOSE

To delineate the Los Angeles General Medical Center process for communicating critical laboratory values (CLVs), in a timely manner to a provider, for tests performed by the Los Angeles General Medical Center clinical laboratories.

DEFINITION

- A. **Critical Laboratory Value:** A laboratory test result that falls significantly outside the facility established normal range, which may indicate a patient has a serious life-threatening condition and a delay in reporting the test result may lead to an adverse outcome for the patient. See attached authorized CLV list (Attachment A; please note that the list of CLVs is updated on a periodic basis, based on recommendations by the DHS Laboratory Directors Committee).
- B. **Timely Manner:** The acceptable total length of time between determinations of a CLV by the laboratory to the notification of a provider who can act on the CLV shall be within one (1) hour for all ED and admitted patients. For discharged patients and for outpatients, the acceptable total length of time between determinations of a CLV by the laboratory to the notification of a provider who can act on the CLV shall be within two hours.

POLICY

- A. The Los Angeles General Medical Center will comply with all applicable regulations, requirements, and standards regarding the reporting of imminent and/or life-threatening laboratory results that have been designated by the Department of Health Services as CLVs (Attachment A). Accordingly, the Medical Center laboratory maintains:
 - 1. A list of critical laboratory values that are approved by Los Angeles County-DHS and by the Attending Staff Association Executive Committee for use within the Medical Center.
 - 2. Written procedures addressing the process for immediately reporting such results/values to the provider who requested the test and/or a provider who is responsible for utilizing the test result as it relates to the care of the patient. Healthcare providers responsible for utilizing the test result as it relates to the care of the patient may include the primary provider, licensed nurse or nurse practitioner, pharmacist, or other licensed individuals who by policy have been authorized to assist in the clinical care and treatment of the patient.

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3. A Chain of command will be utilized for those instances when the provider who ordered the test or other authorized individuals are not immediately available to take and act on the critical information.

CHAIN OF COMMAND

- A. When a laboratory result is generated that meets the critical value definition, the laboratory is obligated to directly notify a provider who can act on the information for the patient. In some cases, the laboratory relies upon the assistance of the 'referral center' to transmit the critical test result to the appropriate provider, especially when the patient has been discharged or last seen as an outpatient. During times that the referral center is unavailable to assist, the responsibility to directly notify the provider falls to the lab.
- B. When notifying the provider, the laboratory and referral center will use the following chain of command:
 1. The provider who ordered the test; clinical call coverage schedules are published in AMION which can be accessed via intranet and internet. In addition, providers covering for the Los Angeles General Managed Care systems (Adult and Pediatric) are published and distributed monthly to the laboratory (An example is Attachment B).
 2. If the provider who ordered the test cannot be reached or does not respond within 15 minutes, the provider currently caring for the patient will be notified.
 3. If the provider currently caring for the patient cannot be reached or does not respond within 15 minutes;
 - a. Admitted patients or those currently being seen in the Department of Emergency Medicine (DEM) notify the providers (the fellow and/or attending physician) designated by the AMION schedule as covering the service to which the patient is assigned (per the AMION schedule)
 - b. Outpatients seen at Los Angeles General: Notify the provider or attending on call for CLVs for the service to which the patient is assigned (per the AMION schedule). Please note Adult Primary Care (including Rand Schrader HIV Primary Care Clinic) providers and attendings are listed under IM Attendings (Gen Med, Geri, Palliative).
 - c. Patients seen outside Los Angeles General whose sample was transferred to and tested at Los Angeles General; contact the facility that collected the sample so that the referring facility can notify their local provider who can act on the results. (See section 'D' below)
 - d. Discharged from an inpatient service: Notify the provider (or clinical service/team) that discharged the inpatient (per AMION schedule)
 - e. Discharged from the ED: Notify the provider who released the patient from the ED, if that provider is still on service; If the ED provider is off service, Notify the UCC (if between 7am and 7pm, or notify the ER liaison if between 7pm and 7am.
 4. If the provider or attending physician on call for CLV notifications does not respond within 15 minutes, notify the Chief of the service (per the AMION schedule)
 5. If the Chief of the service does not respond within 15 minutes, contact the Medical Officer of the Day
- C. If attending physicians are paged and do not respond and/or refuse to take the critical call information, the must complete a Physician Absentee report on the Los Angeles General

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intranet and file a SI report.

- D. For specimens that were collected at a neighboring DHS Ambulatory Care Network (ACN) clinic (e.g. El Monte / La Puente, Roybal, Hudson, etc.), please see attachment B

PROCEDURE

A. Read-Back

1. To ensure accurate telephonic communication, a read-back (including the patient's full name, MRN, CLV and current time) will be performed by the laboratory and the provider who accepts the CLV result. Upon completion of the read back by the provider who accepts the CLV report from the lab, the lab will confirm the information was read-back correctly and both parties will document, in their respective areas, in the patient's electronic medical record (EMR). If incorrect CLV information is read-back, the read-back will be repeated until the correct CLV information can be confirmed. The documented read-back in the patient's EMR will include:
 - a. Test Name/Test Value.
 - b. Date/Time the test was received
 - c. First and last name of the person calling or receiving CLV and their title.
 - d. Date/Time the test result was reported to the licensed provider.
 - e. "Read-Back Performed."
2. In an emergency situation or when it is not feasible to immediately document the CLV in the patient's EMR the provider receiving the CLV will document all required information as soon as possible and document the original date/time received.

Laboratories

- A. Los Angeles General Medical Center Clinical Laboratories will directly call all CLVs from admitted and DEM patients and to Employee Health according to the chain of command listed above.
- B. Los Angeles General Medical Center Laboratories will receive lab requests from the Department of Public Health (PH) Health Centers which will include patient demographic information provided by PH staff, including the patient's name, contact telephone number, and the Health Center name. In the event a PH specimen has a CLV that requires immediate notification, the clinical laboratory staff will call the submitting PH clinic location during regular business hours (8am to 5 PM). After hours (between 5:00p.m. – 8:00a.m., weekends, and holidays), the Laboratory staff will call the LA County Operator at (213) 974-1234 to be connected to the PH Administrator of the Day (AOD).
- C. Los Angeles General Medical Center Anatomic Pathology Services (e.g. Surgical Pathology, Cytology) will relay all CLV results directly to the ordering provider. In the event the ordering provider/designee is not available; the Pathologist will contact the pager operator to escalate the calls to the chain of command as listed above.
- D. the performing laboratory will handle all CLV notifications.
- E. The laboratory staff do NOT contact patients directly.

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Residents, Attending Physician, or Designated “On-Call” Provider

- A. Upon CLV notification by the laboratory, the provider receiving the test result will verify the information by reading it back to the presenting laboratory.
- B. The provider will determine the need and appropriate timeframe for patient follow-up and advise patient accordingly. The provider may decide to contact the patient immediately or schedule a follow up appointment.
- C. The notified provider is responsible for documenting any actions taken and/or treatment plan initiated because of the CLV in the patient or employee’s record.
- D. The laboratory staff do NOT contact patients directly.

Patient Contact Options

- A. Once contacted with a CLV notification the provider receiving the report must make a clinical decision regarding the need (if any) and appropriate time frame for patient follow-up in response to the critical lab value. This may include an immediate intervention for inpatients, contacting a discharged or outpatient and instructing them to return to the DEM for follow up, scheduling a future follow up appointment, or no action at all, depending on the clinical context of the result.
 - 1. Whatever action taken is to be documented in a brief note in the EMR.
 - 2. The following options to initiate patient contact are available to providers, licensed nurse:
 - a. May contact the General Public and Patient Information line at (323) 409-2345 or access ORCHID to obtain patient’s telephone number and address. These resources are available 24 hours a day, seven days a week as a source for patient demographic information.
 - b. Providers may request a law enforcement agency to make a welfare check visit to the patient’s address by:
 - c. Calling the Sheriff’s department at (323) 409-3333 and requesting that they provide contact information for the appropriate law enforcement agency with jurisdiction of area in which patient resides.
 - d. Contact the agency with jurisdiction and request a “welfare check” visit to patient. The provider, licensed nurse or RC staff will ensure agency dispatcher is given all relevant information that is available so there is no need for a back-and-forth series of calls.
 - e. Provide the law enforcement agency with the message to be delivered. Examples include:
 - 1) “It is important/urgent that you call ***** at ***** as soon as possible.”
 - 2) “Ask the patient to come into the Los Angeles General Medical Center Emergency Room as soon as possible.”
 - f. The provider, licensed nurse or RC staff will remind law enforcement agencies that

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the patient has the right to refuse service.

- B. If a discharged patient has a critical lab value that requires them to proceed immediately to the Medical Center Emergency Room, the provider who received the critical notification will alert the DEM Charge Nurse of the urgent referral.
1. The provider will have this notification responsibility.

Confidentiality of Patient's Protected Health Information

- A. The confidentiality of the patient's protected health information shall be maintained in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA Privacy Standards) and related Medical Center policies. Without the patient's express authorization, the test results can only be disclosed to the patient or legal representative. If the patient is not available, messages left on telephone answering machines/services, with other members of the household, or provided to law enforcement may only include: the healthcare provider or contact employee's name, telephone number to call, facility name, and a phrase indicating the importance of returning the call as soon as possible, e.g., "It is urgent (an emergency) that you call back as soon as possible."

RESPONSIBILITY

Attending staff
Residents
Nursing staff
Laboratories

REFERENCES

Federal Register, 42 CFR, §493.1291 (Standard: Test Report)
45 Code of Federal Regulations Parts 160 and 164 ("HIPAA Privacy Rule")
Medical Center Patient Safety Plan
The Joint Commission National Patient Safety Goals

ATTACHMENTS

Attachment A: LA County DHS Critical Lab Values
Attachment B: CHC, EHS, Juvenile Hall, Twin Towers, VIP-East San Gabriel Valley reporting and contact information; example of afterhours call schedule

REVISION DATES

September 14, 2004; May 10, 2011; July 10, 2012; April 14, 2015, December 8, 2015; August 16, 2017; March 27, 2020, August 8, 2023