

Sample Draft Single Policy Format

Title: Communicating alert values/interpretations

Purpose: To describe the process of reporting alert values/interpretations from the laboratory, cardiology and radiology to healthcare providers.

This policy describes the reporting process for values/interpretations that are immediately life threatening (red), and those that otherwise require prompt clinical attention (orange and yellow).

Policy: Red values/interpretations are defined as those values/interpretations that indicate the patient is in imminent danger of death, significant morbidity or serious adverse consequences unless treatment is initiated immediately. These values/interpretations require immediate interruptive notification of the ordering or covering physician who can initiate the appropriate clinical action for the patient.

Orange values/interpretations may also require prompt attention or action although they do not reflect a potential immediate life-threatening condition. Orange values can be communicated to the responsible clinician within several hours of obtaining the result.

Yellow values/interpretations indicate a significant abnormality that may threaten life, cause significant morbidity, complications or serious adverse consequences unless diagnosis and treatment is initiated in a timely and reliable manner. These test values are targeted at diseases that merit rapid detection and evaluation, and for which a corrective action can be taken.

The medical staff executive committee shall develop and regularly update (annually at a minimum) a list of values/interpretations that require immediate notification (Red zone).

The physician who is notified of these values described above has the responsibility of interpreting the result in the context of each patient and to take action, if needed. If the person notified is not qualified to make these decisions, he/she has the responsibility to communicate the information to a qualified person immediately.

Scope: This policy applies to test values/interpretations from the laboratory, cardiology and radiology departments reporting to inpatient, outpatient and emergency department areas. The test values/interpretations from the laboratory (A), cardiology (B) and radiology (C) requiring immediate notification as defined in the policy are included as an attachment(s) (A), (B), and (C).

Procedure for Red alerts:

1. When a RED test value/interpretation is identified and verified, the clinician (laboratory, cardiologist, radiologist), (or their designee?), notifies the ordering provider (or covering physician) (MD #1) immediately; for in-patient areas, also notify the nurse caring for the patient (time value/interpretation identified = time 0); continue to notify MD #1
2. If the notification is not acknowledged by MD #1, by 15 minutes, call MD#1 again
3. If the notification is not acknowledged by MD #1 by 30 minutes, call MD #2 (institution specific plan (e.g. senior, fellow attending, group practice coverage)
4. If the notification is not acknowledged by MD #2 by 45 minutes, notify MD#2 again.
5. If the notification is not acknowledged by MD #2 by 60 minutes, or if the clinician is unable to give the result to a physician who can take action, activate the fail safe plan (e.g. fail safe” plan options: code team, ED physician, hospitalist, ICU physician, Laboratory Director, Pathologist (for laboratory findings) Medical Officer of the Month etc.

6. The notification process for reporting these values/interpretations must:
 - a. utilize an active notification system (e.g. page, phone call) with the capacity for verbal acknowledgement
 - b. under no circumstances should results be left with an answering service, e-mail or secretary (?)
 - c. identify that this is a RED zone value/interpretation; the receiving clinician must repeat back the alert value
7. Documentation of communication
 - a. The clinician who reports the test value must document the DATE and TIME of call, TO WHOM the call was made (full name) and their name CALLED BY (full name).
 - b. The clinician who receives the report of the test value must document action taken for the patient or other pertinent clinical information
8. All critical values/interpretations will also be reported via the routine (electronic) notification system

Procedure for Orange alerts:

TBA

Distribution:

This policy will be available to the departments of Nursing Patient Services, Laboratory Medicine, Cardiology, Radiology, Medicine, etc.

QA review:

1. The director of laboratory medicine, radiology and cardiology, nursing shall assure the validity of this policy
2. The directors of laboratory medicine, radiology and cardiology and nursing shall assure that department personnel are properly trained in the use of this policy.

Scheduled Review and Revisions:

This procedure shall be reviewed at least annually.

References:

College of American Pathologists (CAP) Laboratory Inspection Program on behalf of Health Care Financing Administration (HCFA) under the Clinical Laboratory Act of 1988 (CLIA; CFR 493.1109f).

American College of Radiology Standards. ACR Standard for Communication: Diagnostic Radiology. Standards 2000-2001.