



Team Name: Medical Administration	Reference Number: CLI.4110.PL.002
Team Lead: Diagnostic Services Director	Program Area: Across Care Areas
Approved by: RMAC	Policy Section: General
Issue Date: June 23 2016	Subject: Management of Critical Test Results
Review Date:	
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POLICY SUBJECT:

Management of Critical Test Results

PURPOSE:

To ensure that critical test results are followed-up on in a timely manner to insure safe patient care. And to comply with regulatory standards regarding follow-up of critical test results.

BOARD POLICY REFERENCE:

Executive Limitation (EL-01) Global Executive Restraint & Risk Management

Executive Limitation (EL-02) Treatment of Clients

POLICY:

Critical test results will be reported to the ordering provider as per DSM policy # 100-10-06 Reporting Critical Values. Ordering providers as described in DSM policy # 10-50-04 Authorization to Order Diagnostic Tests. This policy describes how this process will occur and what procedures will be followed in the event that the ordering provider cannot be contacted.

IMPORTANT POINTS TO CONSIDER:

Only authorized personnel are able to order screening and diagnostic tests. In Manitoba, authorized personnel are limited to:

- CPSM Licensed Physicians (see exceptions under 5.1.1)
- Midwives
- Extended Practice Nurses, RN(EP)
- Nurse Practitioner (NPs)
- Qualified and licensed nurses working in nursing stations
- Optometrists
- Pharmacists
- Physician Assistant

PROCEDURE:

- 1) In all settings
 - a. Any authorized personnel ordering a screening or diagnostic test should make every reasonable effort to be available to receive, interpret and intervene on the results of the tests they order.
 - b. All patient contact information available to the technologist in cases where a patient needs to be contacted will be relayed to the care providers.

- 2) Inpatients in Acute Care, residents in Long Term Care and Outpatients in the Emergency Room
 - a. Critical test results will be communicated by verbal direct communication or electronic/paper communication along with verbal communication from the technologist to the Nurse in charge of the patient's care area.
 - b. For Inpatients/Residents the Nurse responsible for the care area reviews the test result and communicates to the ordering Practitioner or the designated Practitioner for that care area if the ordering Practitioner cannot be reached.
 - c. For the Emergency Room the test result is communicated to the Practitioner responsible for ER services at the time the result is received.
 - d. The Practitioner that manages Critical Test Result will sign and date the result as well as any changes to the care plan.
 - e. The Practitioner will communicate Critical Test Results to the patient/resident as appropriate which may involve bringing a patient back to the emergency room.
 - f. When services are curtailed at an Emergency Room, responsibility for Critical Test Results transfers to the designated Practitioner responsible for the inpatient care services at the facility.
- 3) Outpatients seen in the Clinic
 - a. For the purpose of this policy, Clinic includes any regionally operated or privately operated primary care clinic servicing clients in this region, but does not include private entities such as community pharmacies.
 - b. Critical test results will be communicated by verbal communication or electronic/paper communication along with verbal communication from the technologist to the ordering practitioner at the clinic.
 - c. If after all possible efforts to contact the ordering practitioner have been unsuccessful, the technologist will contact the most appropriate emergency department or inpatient unit for designated Practitioner to follow up on results.
 - d. The Nurse responsible for the emergency department or inpatient unit receives the test result and communicates to the designated Practitioner responsible for emergency department or inpatient unit at the time the result is received.
 - e. If appropriate, the designated Practitioner will contact the patient in order to manage the Critical Test Result.
 - f. All interventions that result in the patient presenting to the emergency department or inpatient unit will be documented on the appropriate hospital record.
 - g. If the patient cannot be contacted or if the intervention does not result in the patient presenting to the emergency department or inpatient unit, the designated Practitioner will document, sign and date the result and this information will be faxed back to the Clinic from which the test was originally ordered.

SUPPORTING DOCUMENTS:

[CLI.4110.PL.002.SD.01](#) Critical Value Reporting Algorithm

REFERENCES:

CPSM Statement #175

DSM Policy – Document # 100-10-06 Reporting Critical Values

DSM Policy – Document # 10-50-04 Authorization to Order Diagnostic Tests