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Lab Microbiology, Critical Values Microbiology

PURPOSE

To clearly define **terminology** used in the clinical laboratory and throughout Athens Regional Medical Center for communicating information critical to patient care.

To identify the **critical values** (critical results) and critical tests in the Microbiology section and ensure consistent handling of this information.

PRINCIPLE OR POLICY

1. Definitions

Test Results are essential information used by physicians and other care providers to provide safe and effective diagnosis and treatment of patients.

Critical Tests are screening or diagnostic tests or procedures where rapid communication of the results is essential, even if the test results are normal. Critical tests will be ordered as "STAT" with an accompanying request for immediate call back of results.

Critical Values (Critical Results) are results from screening or diagnostic tests or procedures that are determined to be outside of the normal range, and where emergent or immediate treatment or intervention is likely to be rendered based upon the test results.

Formula (Abnormal + Immediate Intervention) = Critical Value (Critical Result)

2. Process

The notification and documentation of critical values (critical results) is a key monitor for patient safety and Joint Commission (TJC) compliance. The values are listed below and require immediate notification to the patient care area / physician after testing is completed. This notification must be documented in the Laboratory Information System (Comm log). This process is consistent across all shifts.

The results of critical tests must be called to:

1. Out-patient- The ordering physician.
2. In-patient- Physician or nurse.
3. Sister hospital- Critical results should be called to the corresponding lab and documented in the LIS, it will then be that lab's responsibility to get the results to the correct caregiver.
4. Elbert, Morgan or Landmark hospitals- Results will be called to the nurse in charge of the patient in question by calling the main line and asking for the nurse for said patient.

In the case of no answer or leaving a message:

1. No Answer:
 - A. In the Beaker Comm log for the assay, choose No Answer in the Outcome section.
 - B. Wait no more than 30 minutes and call again, 3 attempted calls must be made and documented before escalating, see below:
 - a. Out-patients- After the 3rd attempt call the hospital operator and ask to page the doctor on call that is with the ordering physician's group.
 - b. In-patients- 1st and 2nd shift- Call the hospital operator and have the on-call hospitalist paged. 3rd shift have the N3 nocturnist paged.
2. Leaving a Message:
 - A. In the message leave your name, call back information and that you have a critical result for Dr. _____'s patient. Speak slowly and clearly when leaving your information.
 - B. Choose Left message in the Comm log for that test.
 - C. If you do not get a call back within 30 minutes call again and escalate as you would a No Answer as above.

3. PROCEDURE

A. Critical Test

There are no *Critical Tests* defined for the Microbiology Section.

B. Critical Results (Values)

Critical values in the Microbiology section are "**Positive**" results for the tests listed below:

1. Positive Blood Culture-The first gram stain positive bottle per accession number.
2. Any positive smear, culture or assay performed on CSF, including but not limited to Cryptococcal antigen, ME panel, *S. pneumoniae*, etc..
3. Positive smear or culture on a Body Fluid Culture.
4. Positive smear or culture on a Tissue Culture. Tissue cultures from known infected sites do not need to be called as a critical. For example: Tissue sample taken from a diabetic necrotic foot wound does not need to be treated as a critical.
5. Positive AFB isolate or AFB Smear (direct or concentrate) or Culture.
6. Positive Direct Probe or TB/rifampin PCR for *Mycobacterium tuberculosis*.
7. Positive Malaria Smear.
8. Positive Stool Culture or GI panel for Salmonella, Shigella, Campylobacter, Yersinia, Vibrio, Aeromonas, Plesiomonas, *E. coli* Shiga-like toxin, *E. coli*:0157.
9. Positive Culture for any agent of Bioterror. (Also notify Supervisor and Infection Prevention).
10. Salmonella and Shigella from any source.
11. Positive Herpes Simplex Virus (HSV) on pediatric patients (defined as <15 years old)
12. Positive Mycoplasma IgM- In patients only (notify Infection Control also).
13. Any culture positive for *C. auris*. (Also notify Supervisor and Infection Prevention).

C. Critical Results (Values) Reporting

1. Once a critical result (value) has been ascertained, including verification by a second technologist if required, Supervisor, or Pathologist, the critical result (value) must be called immediately to a licensed person in the patient care area (inpatients) or to a physician or licensed person (outpatients or discharged patients).
 - a. "Immediately" is defined as within 30 minutes of identifying the critical result (value) for all microbiology tests except blood cultures.
 - b. "Immediately" is defined as within 45 minutes of reading the gram stain for positive blood cultures.
2. In the Comm log after the pre-built comment, "*The following critical results were read back and acknowledged.*" document the results being called. If calling results to the floor or a sister hospital click the Other button and search for the nurse, lab tech, or physician's name the results were called to.
3. The Laboratory Information System (LIS) entries for critical value notification are reviewed and documented for compliance by the Microbiology Manager or designee.
4. All culture isolates are reported to Infection Prevention on a daily basis through the epidemiology module in Epic. Isolates deemed "notifiable" by the Georgia Public Health Department of Human Resources are reported by either Infection Prevention or the laboratory. (See procedure.) "Immediate" report isolates are called and "report within 7 day" isolates are entered into the SENDSS system.
5. All results of tests sent to Quest Diagnostics that are considered PAR critical results

(values), will be communicated as outlined above. If Quest Diagnostics calls a result to the microbiology laboratory that is not a PAR defined critical value, no further action is necessary.

6. Results of tests sent to Quest Diagnostics that are "Notifiable" will be reported into the Virginia department of Public Health(VDPH) and the VDPH will send the results to the Georgia Department of Public Health (GDPH). Any confirmatory test information will also be reported as above.
7. In the case of gram stain negative culture positive culture, it is the responsibility of the tech reading the positive culture to call the critical result.

4. RESPONSIBILITY

1. Communication and Documentation

It is the responsibility of all technologists / all shifts to call all Critical Results (Values) to the patient care area in a timely manner with complete documentation in the LIS.

2. Monitoring

The section Supervisor or designee will measure the timeliness of appropriate critical tests and review the timeliness and documentation of critical values (results). The Supervisor or designee will initiate improvements when indicated.

5. REFERENCES

Athens Regional Medical Center Administrative Policy A3.32 – Communicating Test Results
Notifiable Disease Condition Reporting, Georgia Dept. of Public Health, March 2023.

All Revision Dates

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Approval Signatures

Step Description

Approver

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Applicability

Piedmont Athens Regional