Ambulatory Clinic Policy and Procedure - Lubbock

<table>
<thead>
<tr>
<th>Title: Critical Tests and Critical Result Communication</th>
<th>Policy Number: 3.27</th>
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<td>Regulation Reference: Joint Commission NPSG 2C (National Patient Safety Code)</td>
<td>Version Number 1</td>
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<td>Effective Date: 1/2010</td>
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<td>Original Approval: 1/2010</td>
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POLICY STATEMENT:

It is the policy of the TTUHSC School of Medicine to measure, assess, and if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical tests and critical results and values.

SCOPE:

This policy applies and will be distributed to all TTUHSC School of Medicine Clinics in Lubbock, also known as Texas Tech Physicians of Lubbock.

PROCEDURE:

1. Critical tests ordered through the practice are considered to be any diagnostic test ordered as ‘STAT’.

2. Critical diagnostic test results as defined by University Medical Center’s (UMC) Clinical Pathology Laboratory Department Policy “Critical or Alert Values” are endorsed by the Texas Tech Physicians of Lubbock. (See 3.27.A, Specimen Requirements and Clinical Values.)

3. The time window between the ordering of critical tests and reporting critical tests or critical results/values applies to the Texas Tech Physicians of Lubbock Ambulatory Clinic System as follows:

   a. Clinic physicians may order tests as “STAT” but do not exercise control over when an ambulatory patient presents to the designated department for testing.

   b. The Texas Tech Physicians of Lubbock endorse time frames identified in the UMC Clinical Pathology Laboratory Department Policy regarding the length of time between obtaining the test and reporting the critical test or result (not to exceed 30 minutes as per UMC Policy). A monthly audit of critical tests and critical results reporting is conducted by the UMC Clinical Pathology Laboratory for the Texas Tech Physicians of Lubbock Ambulatory Clinic System.

4. The timeline between the availability of critical tests or critical results/values and receipt by the responsible licensed care giver may not exceed 60 minutes. Departmental Critical Test and Critical Result Logs shall be maintained at each clinic site with data collated and presented monthly for review to Clinic Operations Committee through the Annual Performance Improvement Plan. In the event that thresholds are not met, appropriate individuals will be notified to submit an Action Plan for review by the Clinic Operations Committee.

APPROVAL AUTHORITY:

This policy shall be recommended for approval by the Joint SOM Policy Committee to the Regional Deans with final signatory authority by the Dean, School of Medicine.
RESPONSIBILITY AND REVISIONS:

It is the responsibility of the Joint SOM Policy Committee to review and initiate necessary revisions based on collaboration and input by and through Quality Improvement/Performance Improvement and Risk Management. Administrative and technical management of this policy, including web site maintenance, will be the responsibility of the Lubbock Office of Performance Improvement.

ATTACHMENT:

3.27.A – Specimen Requirements and Clinical Values

Signatory approval on file by:  
Steven L. Berk, MD  
Dean, School of Medicine