

Name of Policy: <u>Critical Test Results</u> Policy Number: 3364-100-53-22 Department: Hospital Administration Medical Staff Approving Officer: Chief Executive Officer Responsible Agent: Chief of Staff Scope: The University of Toledo Medical Center and its Medical Staff	 Effective Date: May 1, 2020 Initial Effective Date: June 25, 2008
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	
<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy	

(A) Policy Statement

The Radiology, Laboratory, Heart & Vascular Center, and Blood Gas Departments have established critical limits for tests, requiring verification and notification. The hospital has established turnaround times for contacting a responsible licensed independent practitioner, when notified by one of these departments of a critical test result or critical value.

(B) Purpose of Policy

To provide physician notification, when test results indicate the need for prompt attention for the patient.

(C) Definitions

1. A critical result is a test result that suggests a serious medical condition that may require immediate medical attention for the patient.

(D) Procedure

Critical Results

1. The Radiology, Laboratory, Heart & Vascular Center, or Blood Gas Department verifies the critical result and finalizes per their departmental policy.
2. The Radiology, Laboratory, Heart & Vascular Center, or Blood Gas Department staff member calls nursing unit or pages physician and gives critical result value to an RN or other licensed care giver within time frames stated per each departmental policy..
3. The RN or other licensed care giver will notify the physician of critical results within 30 minutes for patients in the critical care units and 45 minutes in the medical, surgical, step down and rehab units.

Approved by: /s/ _____ 5/22/2020 Richard P. Swaine, CPA Chief Executive Officer /s/ _____ 5/22/2020 Samer Khouri, MD Chief of Staff <i>Review/Revision Completed By:</i> HAS Pathology Chief of Staff	Review/Revision Date: 9/24/2008 2/24/2010 6/1/2013 5/1/2016 5/1/2020 Next Review Date: 5/1/2023
Policies Superseded by This Policy:	