

SUBJECT: CRITICAL TESTS AND CRITICAL RESULTS AND VALUES REPORTING	REFERENCE #2008
	PAGE: 1 OF: 6
DEPARTMENT: ORGANIZATIONWIDE	EFFECTIVE:
APPROVED BY:	REVISED:

DEFINITIONS:

- Critical Tests: Tests which will always require communication of the results, even if normal, i.e., STAT exams.
- Critical Results: Findings (even if from routine tests) which always require rapid communication of the results, i.e., panic values or red-line values.

POLICY:

- It is the policy of _____ (name of organization) to communicate critical test results and critical results and values to the licensed independent practitioner (LIP) and/or clinician who is licensed by the state of _____ and approved by this institution to take clinical action pursuant to the results of critical test results and critical results and values.
- Generally critical results or “panic” values are defined by the medical staff, with input from nursing services for specific tests.
- However, critical results are understood to be any resultant test values/levels/interpretations where delays in reporting have the potential for causing serious adverse outcomes for patients.
- Critical test results and critical results and values can occur for Clinical Laboratory, Imaging/Radiology, Cardiology and other diagnostic tests in any setting in this organization.
- Critical tests are defined as those tests that are STAT exams which demand the rapid reporting of results, whether normal or abnormal.

PROCEDURE:

- A list of prioritized critical tests and critical results and values (panic values) specific to the individual department will be kept in the Clinical Laboratory, Imaging/Radiology Department, Cardiopulmonary Department, Cardiology Department, Neurology Department, Pathology Department, other departments and all patient care units.
- Lists of critical tests and critical results and values will be developed in conjunction with nursing services and approved by the medical staff.
- Lists of critical tests and critical results and values will include, at a minimum, the name of the test, the critical value, the time frame for performing the test and obtaining the result.

SUBJECT: MEDICATION AND SOLUTION ADMINISTRATION - INVASIVE PROCEDURES	REFERENCE #3009
DEPARTMENT: SURGICAL SERVICES	PAGE: 1 OF: 4
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

- All medications and solutions in procedural area shall be labeled. This includes medications and solutions on and off the sterile field.
- The label will include:
 - The name of the medication/solution
 - Strength of the medication/solution
 - Amount (if not apparent from the container)
 - Date of expiration, when the medication/solution will not be used within 24 hours
 - Time of expiration, when the medication/solution expires in less than 24 hours
- The following medications and solutions must be labeled when removed from their original containers:
 - Medications:
 - Prescription medications
 - Other products designated by the FDA as a drug
 - Over-the-counter drugs
 - Herbal supplements
 - Dietary supplements
 - Vitamins
 - Nutraceuticals
 - Vaccines
 - Diagnostic and contrast agents
 - Respiratory therapy treatments
 - Radioactive medications

SUBJECT: ANTICOAGULANT MANAGEMENT PROGRAM	REFERENCE #3012
DEPARTMENT: ORGANIZATIONWIDE	PAGE: 1 OF: 4
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

- _____ Hospital's Anticoagulant Management Program (AMP) ensures that all patients receiving anticoagulant therapy shall be monitored and followed to reduce the likelihood of patient harm associated with the use of anticoagulation therapy.
- The AMP shall provide a consistent mechanism for the assessment, monitoring and education of patients receiving anticoagulation medications. Staff shall also receive education regarding anticoagulation therapy.
- Patients receiving anticoagulation therapy shall receive individualized care.
- Ongoing oversight of _____ Hospital's Anticoagulant Management Program (AMP) shall be the responsibility of an interdisciplinary team whose members shall include, but not be limited to:
 - Anticoagulant Management Program Manager
 - Pharmacy Director
 - Pharmacy Manager
 - Medical Staff Director
 - Medical Staff Representative
 - Nurse Representative
 - Clinical Laboratory Representative
 - Nutritional Services Representative
 - Biomedical Engineering
- The AMP consists of:
 - Policies and protocols based on recommendations from the American College of Chest Physicians' Conference on Antithrombotic Therapy and/or more recent reports in the literature

PERFORMANCE IMPROVEMENT OUTCOME MONITORING

2008 National Patient Safety Goal: Reduce the Risk of Influenza and Pneumococcal Disease in Institutionalized Older Adults

Date: _____

Performance Measures/Outcomes	Method	Volume Measure/ Numerator	Benchmark	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
			Goal													
- # of patients/residents meeting criteria for influenza vaccination offered vaccination, with documentation of vaccination performed or refused	Random Record Review	20 records reviewed per unit per month	20/20 100%													
- # of patients/residents meeting criteria for pneumococcal vaccination offered vaccination, with documentation of vaccination performed or refused	Random Record Review	20 records reviewed per unit per month	20/20 100%													
- # of patients/residents meeting criteria for influenza vaccination who did not receive it	Random Record Review	20 records reviewed per unit per month	20/20 0%													
- # of patients/residents meeting criteria for pneumococcal vaccination who did not receive it	Random Record Review	20 records reviewed per unit per month	20/20 0%													

SUBJECT: RAPID RESPONSE TEAM	REFERENCE #16003
DEPARTMENT: ORGANIZATIONWIDE	PAGE: 1 OF: 4
	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

- The Rapid Response Team (RRT) is a group of specially trained clinicians within _____ Hospital that nurses and other hospital staff, as well as patients and family, can call upon at any time to provide critical care expertise at the bedside (or wherever it is needed) of a patient whose condition is deteriorating, or when a staff member needs consultation for a patient who “just doesn’t seem right”.
- _____ Hospital is committed to improving quality of care for patients by reducing cardiac arrests and other acute life-threatening events, decreasing lengths of stay and reducing patient mortality rates through the use of rapid response teams.
- The Rapid Response Team shall be available, by pager, 24 hours a day, seven (7) days a week.
- The Rapid Response Team can be activated by nurses, physicians, respiratory therapists, nurse practitioners or physician assistants who provide patient care at _____ Hospital, as well as patients and family. RRT activation does not require a physician’s order or permission. The RRT is activated by calling the following number: _____.
- NO calls to the Rapid Response Team shall be considered inappropriate. There shall be effective communication between the patient care unit RNs and the RRT.

PROCEDURE:

- The Rapid Response Team shall be composed of:
 - A Critical Care or Intensive Care Unit Registered Nurse
 - A Respiratory Therapist
 - A Physician Assistant or Hospitalist
 - Other: _____
- Rapid Response Team members will be available to respond immediately (within five [5] minutes) when called, and will not be constrained by competing responsibilities.