# Critical result reporting

Standard operating procedure (SOP) | HOS-SOP-009

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| Document type | Standard operating procedure (SOP) |
| Title | Critical result reporting |
| Document ID | {{facility.code}}-HOS-SOP-009 |
| Version and status | 1.0 \| Issued for use. Pending ASF Expert Committee ratification |
| Prepared by | {{roles.quality_lead.name}}, Quality lead |
| Reviewed by | {{roles.clinical_director.name}}, Clinical director Date: _____ |
| Approver and signature | {{roles.clinical_director.name}}, Clinical director<br>Signature: _____ Date: _____ |
| Effective date | {{document.effective_date}} |
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| Replaces | None (new document) |
| Standards and criteria supported | System S1 (Hospital), criterion S1.9 |
| Evidence basis | E-006, E-009 |
| Status of this document | Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria. |

**At a glance: what to do**

1. Keep the critical value list current and approved.
2. The laboratory calls each critical result to the responsible clinician within the set time.
3. The clinician acts and records the action and the time.
4. Log every critical result on HOS-REG-002.

Stop and get help straight away if: a critical result is reported with no clinician action recorded.

## 1. Purpose

To make sure a dangerous result reaches the clinician quickly and is acted on, with a record (S1.9).

## 2. Scope

| | |
|---|---|
| Applies to | Clinical and support staff in the hospital |
| Locations | All wards, clinics and departments of {{facility.legal_name}} |
| When | Whenever the activity described is carried out |
| Does not apply to | Activities covered by another document listed in section 15 |

## 3. Definitions and abbreviations

| Term | Meaning in this SOP |
|---|---|
| **Clinical lead** | The doctor or nurse in charge of the area at the time |

## 4. Background and rationale

A critical laboratory result that is reported late, or not acted on, can cost a life. Each one needs a named action and a time limit.

## 5. Responsibilities

| Role | Duties in this SOP | Competence needed |
|---|---|---|
| **Laboratory lead** | Maintains the critical list and makes the calls | Laboratory |
| **Responsible clinician** | Receives, acts and records | Doctor or nurse in charge |

## 6. Equipment, materials and resources

| Item | Specification or standard | Check before use |
|---|---|---|
| **Critical values list** | Approved, reviewed yearly | Checked each year |
| **Critical result log (HOS-REG-002)** | Current | Used for every call |

## 7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

## 8. Before you start

- Confirm the forms and equipment named in this document are available and current.

## 9. Procedure

*Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.*

| Step | Action | How to do it | Key point |
|---|---|---|---|
| **1** | Identify. | • Check each result against the critical list. | The list is short and clear. |
| **2** | Call. | • Call the responsible clinician within the set time.<br>• Read back the result and the patient identity. | Read back, every time. |
| **3** | Act and record. | • The clinician acts and writes the action and the time on the log. | An action recorded is the closure. |
| **4** | Escalate if not reached. | • If the clinician is not reached in the set time, call the duty clinical lead. | Never leave a critical result unreported. |

### Decision points

- No decision points in this procedure.

## 10. Special situations

| Situation | What to do |
|---|---|
| **Out of hours** | Follow the same steps. Use the on-call contact on the wall of the area. |

## 11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

## 12. Monitoring and compliance

| What is checked | Target | How often | Who | If the target is missed |
|---|---|---|---|---|
| **Critical results reported within the set time** | At least 70% | Monthly | Laboratory lead | Escalate to clinical director |
| **Critical results with action recorded** | 100% | Monthly | Laboratory lead | Escalate to clinical director |

## 13. Records

| Record | Where it is kept | Kept for |
|---|---|---|
| **Record named in this document** | Patient record or the area file | {{facility.records_retention_years}} years |

## 14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

## 15. Related documents

| ID | Title | Relationship |
|---|---|---|
| **HOS-REG-002** | Critical result log | Log used in every step |

## 16. Evidence

| ID | Source and status |
|---|---|
| **E-009** | Time limits to be set by the laboratory and confirmed by the Committee; ISO 15189:2022 critical value requirements. |
| **E-006** | ASF Policy Framework v1.2. Adapted. |
| **E-009** | ASF Expert Committee consensus. |

*EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.*

## 17. Change history

| Version | Date | What changed | Approver and signature |
|---|---|---|---|
| **1.0** | {{document.effective_date}} | First version | Pending Expert Committee approval |