

Reporting Critical Lab Values in a Rural Primary Care Setting: A Needs' Assessment

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Purpose

To conduct a needs' assessment of a rural primary care clinic to evaluate the reporting of critical lab value (CLV) between the electronic medical record (EMR) system, the primary care providers & the available staff.

Definition

The critical lab value is defined as critical or significant values obtained for evaluation and management (E/M) or a patient

Stakeholder

- Formal Stakeholder
- Practice manager (MBA)
- Informal stakeholder
- Registered nurse supervisor of clinic practice (RN)
 - Primary care clinic providers & support staff

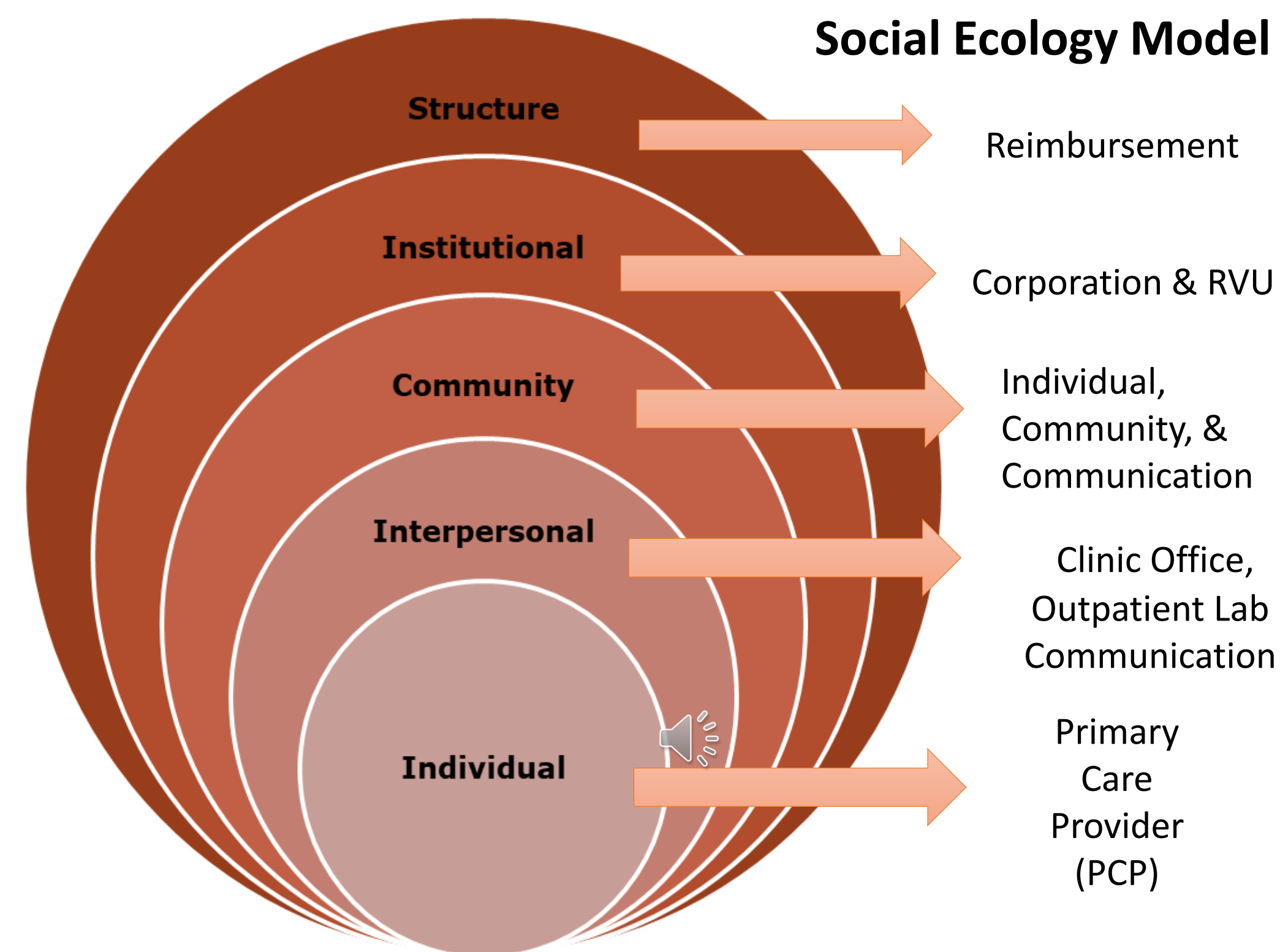
Methods

Ethics

IRB Number: 21-34
The Colorado Mesa University Institutional Review Board (IRB) deemed this project to not be research involving human subjects as defined by 45 CFR 46.102(e).

Methods	Actions taken
Descriptive data	Weekly interviews and discussions: Project facilitator -> stakeholders -> faculty -> peers
Discussion Documentation	Field journal documentation Organize information in the social ecology model Gaps identified Synthesis of gaps for determination of needs.

Methods



Bronfenbrenner, U. (1979). The ecology of human development. Cambridge, MA: Harvard University Press

The social ecology framework based on Bronfenbrenner's work and adapted by the Center for Disease Control and Prevention was used to organize the needs' assessment.

- **Individual Level:** Primary care provider in rural Colorado.
- **Interpersonal Level:** Groups with direct contact with the individual. Includes the communication between primary care office staff, the outpatient laboratory staff, and the PCP (Individual).
- **Community Level:** Inter-relationships between the groups in the individual level, interpersonal level and the surrounding rural community.
- **Institutional Level:** Corporate organization which identifies as a faith based, non-profit medical entity. Organizational policies provide guidelines for the process of reporting critical lab values.
- **Structure System Level:** contains elements that impact the regulatory and reimbursement services. Specifically, this designation is the Center for Medicaid and Medicare Services as well as private insurance.

Results: Identified Gaps & Needs

System Level	Gap	Need
Individual	<ul style="list-style-type: none"> • Time • Staffing • Communication • Safety 	<ul style="list-style-type: none"> • Scheduling • Staffing • Training
Interpersonal	<ul style="list-style-type: none"> • Staffing • Communication • Safety • No Standardization 	<ul style="list-style-type: none"> • Staffing • Training • Standardization
Community	<ul style="list-style-type: none"> • Communication • Knowledge • Safety 	<ul style="list-style-type: none"> • Access • Training
Institutional	<ul style="list-style-type: none"> • Disagreement on staffing needs & responsibilities 	<ul style="list-style-type: none"> • Ongoing dialogue
Structure	<ul style="list-style-type: none"> • Reimbursement value 	<ul style="list-style-type: none"> • Federal Reform

Synthesis of Findings

Individual & Interpersonal level:

- Standardization of practice
- Allocation of time & resources
- Staffing turnover
- Knowledge deficit of EMR system & CLVs

Institutional level:

- Dialogue between administration & clinical staff regarding staffing needs and daily duties for patient safety.

Recommendation

Standardization of reporting process of critical lab value.

Ongoing education related to:

- Utilization of EMR system
- Critical lab values and their meaning

*Further references available on request

