

University of Texas Medical Branch	Effective Date:	Mar 21
Pulmonary Function Clinic	Revised Date:	Sep 23
Policy 04-07 Test Data	Review Date:	Sep 23

## Test Data

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**Audience** All personnel in the Pulmonary Function Clinic.

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**Purpose** The purpose of this policy is to define a written policy for review of data, how data enters patients’ medical record, how test results are corrected, timing of data to patient’s medical record and critical value test data is reporting. This policy includes Review, Correction, Transmission of Test Data, Turn-Around Time (TAT), and Notification of Critical Values.

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### Review, Correction, and Transmission of Test Data

The Therapist performing the study will review the arterial blood gas result slip before the patient leaves the Pulmonary Function Clinic. After every arterial blood gas drawing and analysis, the Therapist will ensure that the results displayed on the ABL90 FLEX PLUS analyzer screen match the printed results generated.

ABG results are manually entered in Breeze comments section of Pulmonary Function Report under the ABG tab. Therapist will compare printouts and results entered in Breeze for any errors. If errors are identified, therapist will make changes in the Protocol tab in Breeze, before report is saved. The therapist will also place a “C” on the ABG slip indicating a correction was made from the original entry. Therapist will initial and date ABG slip to verify results are entered correctly and use blue or black ink. Therapist will also place correction statement in the comments section stating original entry and corrected result. The ABG slip will be attached to the PFT charge sheet and placed in billing folder until finalized. **All PFT charge sheets and ABG slips will be kept in storage for two years after date of testing.** Additionally, this process of error detection will be repeated once faculty have signed report and prior to patient results being exported to patients’ medical record.

All staff (therapist, fellow and faculty) accessing the patient testing software (Breeze) must have password and security clearance to obtain testing data. Using a unique password for access, assigned pulmonary fellow and faculty will review and finalize test. Faculty will finalize report by using the Breeze “electronic signature” feature. Once faculty has finalized PFT reports, therapist reviews completed PFT and ABG test results for a second time to verify accuracy before sending to EMR. Reviewing therapist will initial and date the ABG slip to verify accuracy. The finalized test will be exported from Breeze into Epic (Patient EMR). Once exported, therapist will check patient medical record in Epic to verify test is in record.

Medical Director and/or Technical Consultant will be notified if patient summary reports are transferred to EMR incorrectly. Laboratory personnel and/or Technical Consultant will notify CES-IT (Clinical Equipment Services-Information Technology) team. CES-IT will work with Information Services (IS)

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and HIM (Health Information Technology) to correct errors. Interface connections between Breeze and EMR (Epic) are monitored by CES IT. Laboratory personnel will maintain an electronic list of patient names and numbers with event description and resolution date. Events are reviewed by Medical Director.

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### Turn-Around Time (TAT)

The Lab will maintain a TAT log, and document patient Medical Record Number (MRN), testing date, initial review date, final review date, and export date. Days will be calculated from testing date to export date and reported as an average number of days on a quarterly basis for review by the Medical Director. Should time exceed the expected TAT of **three business days** for tests to be exported to patient Electronic Medical Record (EMR), the therapist will send reminder email to Pulmonary Fellow and Faculty on rotation. Once five days have passed, an email will be sent to the Medical Director for assistance. Unexpected delays such as weather emergencies, power outages and server/database issues will not be applicable to the three days. For Quality Assurance, the department will strive for an average target of three days.

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### Notification of Critical Values

Blood gas results that exceed critical levels must be reported immediately (within 30 minutes, if asymptomatic; 10 minutes, if symptomatic) to the requesting or ordering physician or the physician responsible for the patient. If unable to contact one of the above-mentioned within specified time frame, the Pulmonary Fellow assigned to the PFT Lab rotation will be contacted next. If the therapist is unable to locate Fellow, another fellow or the Medical Director of the Pulmonary Laboratories or his designee must be informed. This will be documented in the comments section of the PFT report. In addition, the patient will be asked to remain in the PFT Clinic until the requesting physician or Medical Director is notified of the critical value(s). Physicians will be contacted via pager or cell phone. Critical values may be given to licensed personnel for physician such as RN or LVN. Personnel accepting critical values will read back values for verification.

After notification, the Therapist will document in the comment section of the PFT report as to who was contacted, the time contacted, what variables were communicated to the physician, and the read back values.

### Critical Levels

The following is a list of parameters and the critical levels for each.

pH	<7.30 or >7.50	Hb	<or=8 or >17 g%
pCO2	<20 or >55 mmHg	HbCO	>5%
pO2	<60 mmHg	MetHb	>2%

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**This form documents the approval and history of the policies and procedures for the Pulmonary Function Laboratory. The Medical Director signs all policies verifying initial approval. Annually thereafter, the Director and/or designee may approve reviews and revisions.**

<b>Date</b>	<b>Approved by:</b>	<b>Signature</b>
3/21	A. Duarte, MD Medical Director Pulmonary Laboratory New policy	
8/21	A. Duarte, MD Medical Director Pulmonary Laboratory No changes to policy	
8/22	A. Duarte, MD Medical Director Pulmonary Laboratory Changes to policy	
9/23	A. Duarte, MD Medical Director Pulmonary Laboratory Changes to policy	