

DEPARTMENTAL/SERVICE RULES AND REGULATIONS
PATHOLOGY AND LABORATORY MEDICINE SERVICE
LOMA LINDA UNIVERSITY MEDICAL CENTER

I. DEFINITIONS AND FUNCTIONS

A. DEFINITIONS. The terms set forth below shall have the following meanings unless otherwise required by the context in which they may be used.

1. Service - The term "Service" shall mean Pathology and Laboratory Medicine Service of Loma Linda University Medical Center.
2. Medical Center - The term "Medical Center" shall mean the Loma Linda University Medical Center.
3. Residency Program - The term "Residency Program" shall mean the Residency Program in Anatomic and Clinical Pathology offered by the Loma Linda University Medical Center in affiliation with the Loma Linda University School of Medicine.

B. FUNCTIONS AND RESPONSIBILITIES

1. To provide anatomical and clinical pathology service for both inpatients and outpatients of the Medical Center on a regularly scheduled and emergency basis.
2. To render complete and accurate consultations.
3. To perform autopsies in a timely manner when legal authorization is received and when the County Medical Examiner does not have jurisdiction.
4. To report in a timely manner all procedures concerned with direct patient care (e.g., clinical laboratory examinations, biopsies, autopsies).
5. To set procedural and disciplinary guidelines necessary for the timely and orderly conduct of business in the Department.
6. To conduct periodic review of procedures, utilization, quality control, quality improvement and other matters related to patient care.
7. To supervise technical and support personnel and to institute and approve methods utilized within the Service.
8. To provide training and instruction for residents enrolled in the Residency Program and assist in other residency programs at the Medical Center.
9. To comply with standards imposed by external agencies (e.g., JCAHO, CAP).
10. To establish and maintain standards for granting of clinical privileges on the Service.
11. To comply with Medical Center policies and procedures.
12. To review annually the Rules of the Service.
13. To document peer review activities according to Medical Center policies and procedures.
14. Any other function that may be worthy of, and pertinent to, the Service.

II. ORGANIZATION

A. MEMBERSHIP QUALIFICATIONS

1. Certification by the American Board of Pathology in at least one field.
2. Employee of the exclusive contract group.
3. Faculty member of Loma Linda University School of Medicine.

B. OFFICERS

1. Chief of Service
 - a. Shall be Chairman of the Loma Linda University School of Medicine Department of Pathology and Human Anatomy.
 - b. Shall have responsibilities and perform duties as specified in the Loma Linda University Medical Center Medical Staff_Bylaws, pertinent Medical Center policy and operations manuals, and Loma Linda University Pathology Medical Group, Inc., policies including:
 - (1) Maintaining oversight of the quality of care rendered by the Service.
 - (2) Representing the Service on the Medical Staff Executive Committee and to Medical Center Administration.
 - (3) Recommending the granting of privileges within the Service.
 - (4) Reviewing and reporting on the performance of the Service members, as necessary, to the Medical Staff Executive Committee and the Medical Center Board of Trustees.
2. Director of Laboratories
 - a. Shall be appointed by the Chairman.
 - b. Shall have responsibilities and perform duties as specified in the Loma Linda University Medical Staff Bylaws, pertinent Medical Center policy and operations manuals, and Loma Linda University Pathology Medical Group, Inc., policies including:
 - (1) Maintaining oversight of the programs of occupational safety for the employees and patients.
 - (2) Consulting with hospital and Service supervisory Personnel frequently and making and implementing recommendations on improving patient care.
 - (3) Ensuring that all quality improvement activities are carried out according to policies described in the respective procedure manuals.
 - (4) Responsibility for continuing education programs for the department/technical staff.
 - (5) Assisting in the preparation of necessary reports, budgets, recommendations and other data as required by the Medical Center Executive Committee, Medical Center Administration and the Medical Center Board of Trustees.
 - (6) Maintaining overall cognizance of budgetary planning reports pertaining to the Service and assisting the laboratory administrative director in such reports.
 - (7) Participating in all phases of administration of laboratory services through cooperation with Administration of the Medical Center in matters pertaining to patient care, including personnel, supplies, special regulations, standing orders, technique and protocols. These shall be reviewed on an ongoing basis for any changes, deletions and additions.
 - (8) Providing consultation resources to the clinical staff for assistance in the proper ordering and interpretation of laboratory tests.

3. Director of Anatomical Pathology Services
 - a. Appointed by the Chairman.
 - b. Shall have responsibilities for surgical pathology, cytopathology, ultrastructural microscopy and the autopsy Service. Shall also perform duties as specified in the Loma Linda University Medical Staff Bylaws, pertinent Medical Center policy and operations manuals, and the entity holding the exclusive contract providing Pathology and Laboratory services, policies including:
 - (1) staffing services with qualified faculty and technical personnel and ensuring adequate supervision.
 - (2) Rendering complete and accurate reports in a timely manner.
 - (3) Documenting peer review activities according to Medical Center policies and procedures.
 - (4) Conducting periodic review of procedures, utilization, quality control, quality improvement, and other matters related to optimal patient care.
 - (5) Maintaining oversight of continuing education programs for the Service/technical staff.
 - (6) Assisting in the preparation of necessary reports, budgets, recommendations and other data as required by the Medical Center Executive Committee, Medical Center Administration and the Medical Center Board of Trustees.
4. Director of Pediatric Pathology
 - a. Appointed by the Chairman.
 - b. Shall have responsibilities for the pediatric pathology service. Shall also perform duties as specified in the Loma Linda University Medical Staff Bylaws and pertinent LLUMC (Children's Hospital) policy and operation manuals, and Loma Linda University Pathology Medical Group, Inc., policies including:
 - (1) Staffing services with qualified faculty and technical personnel and ensuring adequate supervision.
 - (2) Rendering complete and accurate reports in a timely manner.
 - (3) Documenting peer review activities according to Children's Hospital policies and procedures.
 - (4) Conducting periodic review of procedures, utilization, quality control, quality improvement, and other matters related to optimal patient care.
 - (5) Maintaining oversight of continuing education programs for the Service/technical staff.
 - (6) Assisting in the preparation of necessary reports, budgets, recommendations and other data as required by the Children's Hospital Executive Committee, Children's Hospital Administration and the Children's Hospital Board of Trustees.
5. Director of Transfusion Services
 - a. Appointed by the Chairman.
 - b. Shall have responsibilities for the transfusion service. Shall also perform duties as specified in the Loma Linda University Medical ~~Staff Center~~ Bylaws, pertinent Medical Center policy and operation manuals, and Loma Linda University Pathology Medical Group, Inc., policies including:
 - (1) Staffing services with qualified faculty and technical personnel and ensuring adequate supervision.
 - (2) Rendering complete and accurate reports in a timely manner.

- (3) Documenting peer review activities according to Medical Center policies and procedures.
- (4) Conducting periodic review of procedures, utilization, quality control, quality improvement, and other matters related to optimal patient care.
- (5) Maintaining oversight of continuing education programs for the Service/technical staff.
- (6) Assisting in the preparation of necessary reports, budgets, recommendations and other data as required by the Medical Center Executive Committee, Medical Center Administration and the Medical Center Board of Trustees.

C. OPERATING COMMITTEE

1. The Chief of Service, Director of Medical Center Laboratory, Director of Anatomic Pathology, Director of Transfusion Services, Director of Pediatric Pathology Service, Residency Program Director and Director of California Tumor issue Registry (CTTR) constitute the Operating Committee.
2. Responsibilities include:
 - a. Definition and review of privileges
 - b. Proctoring/evaluation review
 - c. New procedures review, defining proctoring requirements
 - d. Reviewing and recommending applications for membership and re-appointment
 - e. Annual rules and regulations review

D. MEETINGS OF THE SERVICE

1. Pathology Grand Rounds and Operating Committee meetings shall constitute the committee meetings of the Service.
2. The activities of the meetings shall include:
 - a. Education
 - b. Service business
 - c. Peer/quality improvement review
 - d. Disciplinary reviews and action
 - e. Resident performance reviews and actions
 - f. Any other functions as outlined in the Medical Center Bylaws, Medical Center Policies and Procedures, and these Service rules

III. PROCTORING AND EVALUATION

- A. A new member will be proctored and evaluated for no less than one month but no longer than one year.
- B. Each new member shall be proctored on all cases involving hospital patients until he/she has demonstrated competence.
- C. Proctoring consists of the new member reviewing each case with the proctor; both must sign the report.

- D. Proctoring shall be performed by one or more of the senior members of the Service as designated by the Director of Laboratories or the Director of Anatomic Pathology.
- E. It is the responsibility of the new member to obtain proctor review on a timely basis.
- F. It is the responsibility of the proctor to:
 - 1. Sign and complete reports on a timely basis after review.
 - 2. Discuss evaluation with the new member.
 - 3. Report to Operating Committee.
 - 4. Recommend removal from proctoring oversight when appropriate.
- G. Removal from proctoring status will be recommended by the Service Chief when a sufficient variety of cases have been successfully proctored.
- H. A report of the proctoring shall be entered into the Service minutes indicating the new member's ability to perform to standards. Based upon the evaluations of the proctor(s), it will be recommended that privileges be granted permanently, that further evaluation or proctoring should be done, or that there shall be a termination of privileges.

IV. DIAGNOSTIC CONSULTATIONS

A. **CONSULTATIONS ENCOURAGED** - All physicians are encouraged to personally consult with members of the Pathology Service regarding their patient examinations.

B. CLINICAL CONSULTATIONS

- 1. Consultation request forms are available from the Service and from nursing stations.
- 2. Form must be completed before any examination will be performed.
- 3. Requirements for invasive procedures, including bone marrow aspiration, and /or biopsy:
 - a. An admitting history and physical examination with pertinent laboratory data in the patient's chart.
 - b. Basic consultation form.
 - c. If this material is not available, personal contact with referring physician is mandatory. (This holds true for emergency as well as scheduled procedures.)

C. SURGICAL PATHOLOGY CONSULTATIONS

- 1. Consultation form shall include:
 - a. Preoperative diagnosis or surgical problem
 - b. Operative findings
 - c. Pertinent physical findings
- 2. Personal contact with referring physician is recommended.
- 3. Signed original consultation report shall be a part of the patient's medical record.

D. AUTOPSIES

1. It shall be the duty of all staff members to secure meaningful autopsies whenever possible.
2. An autopsy may be performed only with the written consent signed in accordance with State law.
3. All autopsies, except for Medical Examiner cases, shall be performed by the hospital pathologists.
4. Outside consultation may be requested by the Pathology Service.

V. PEER REVIEW AND QUALITY IMPROVEMENT

A. METHOD

1. The Service shall formulate a quality improvement policy in conformity with the quality assurance policy of the medical staff.
2. Policy shall include on-going review of cases using screening criteria to review important parameters of care.
3. The physicians with privileges in a given area shall define applicable specific screening criteria and establish methods of documentation.

B. MINIMUM ANNUAL SERVICE FUNCTION PERFORMANCE

1. Set to permit adequate peer review activities relating to advancement in or retention of medical staff membership category and retention of privileges.
2. Surgical Pathology - 100 consultations
3. Cytopathology - 100 consultations
4. Hematopathology - 5 consultations
5. Clinical Pathology - 20 consultations

C. SCOPE OF CARE

1. The members of the Service provide diagnostic consultation services to patients and physicians at Loma Linda University Medical Center in:
 - a. Surgical pathology
 - b. Hematopathology
 - c. Cytopathology
 - d. Ultrastructural pathology
 - e. Autopsy pathology
 - f. Clinical pathology
2. Service members also serve as medical directors for the Clinical Laboratory, Anatomic Pathology and Pediatric Pathology Services of the Medical Center and Children's Hospital.

D. IMPORTANT ASPECTS OF CARE

1. The provision for quality care by members of the Service is recognized by:
 - a. Accurate and timely intraoperative consultations in each field.
 - b. Timely consultation reports in each field.
 - c. Timely autopsy reports that answer the medical questions raised, correlate the findings with the clinical course and provide feedback for quality assurance of other services.
 - d. Difficult or complex cases are reviewed in intradepartmental consultations with extradepartmental consultation as necessary.

E. EVALUATION MECHANISMS

1. Correlation of intraoperative consultation/frozen section diagnosis with final diagnosis.
2. Documentation of intradepartmental consultations.
3. Correlation of current diagnosis and retrospective review of previous diagnostic studies.
4. Concordance of concurrent biopsy and cytopathologic material.
5. Review of autopsy reports to ensure:
 - a. Completion within thirty (30) days
 - b. Clinico-pathological correlation
 - c. Clinical summary
 - d. Listing of diagnosis by systems