

LEE HEALTH POLICY & PROCEDURES

DEPARTMENT OF PATHOLOGY CCH, GCMC, HPMC, LMH & GCHSWF		LOCATOR NUMBER																		
T Y P E	<input type="checkbox"/> System-wide - A formal statement of values, intents (policy), and expectations (procedure) that applies to every employee throughout the System.	CHAPTER: M14																		
	<input checked="" type="checkbox"/> Multidisciplinary - A formal statement of values, intents (policy), and expectations (procedure) that applies to more than one discipline and is usually of a clinical nature. Check below all areas to which this applies.	TAB: 01																		
	<input type="checkbox"/> Departmental - A formal statement of values, intents (policy), and expectations (procedure) exclusive to a particular department or group of people within a department at one or multiple locations that does not impact any other area.	POLICY #: 075																		
Disciplines / locations to which this multidisciplinary policy applies:																				
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Health Information Management</td> <td><input type="checkbox"/> Pharmacy</td> <td><input type="checkbox"/> Acute Care Hospital Nursing</td> </tr> <tr> <td><input type="checkbox"/> Housekeeping</td> <td><input type="checkbox"/> Plant Operations</td> <td><input type="checkbox"/> Outpatient Services</td> </tr> <tr> <td><input type="checkbox"/> Information Systems</td> <td><input type="checkbox"/> Radiology</td> <td><input type="checkbox"/> Home Health</td> </tr> <tr> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Rehabilitation Services</td> <td><input type="checkbox"/> Skilled Nursing Services</td> </tr> <tr> <td><input type="checkbox"/> Legal Services</td> <td><input type="checkbox"/> Respiratory</td> <td><input type="checkbox"/> Nutrition</td> </tr> <tr> <td><input checked="" type="checkbox"/> Medical Staff</td> <td><input type="checkbox"/> Security</td> <td><input type="checkbox"/> Rehab Hospital</td> </tr> </table>			<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Acute Care Hospital Nursing	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Plant Operations	<input type="checkbox"/> Outpatient Services	<input type="checkbox"/> Information Systems	<input type="checkbox"/> Radiology	<input type="checkbox"/> Home Health	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Rehabilitation Services	<input type="checkbox"/> Skilled Nursing Services	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Nutrition	<input checked="" type="checkbox"/> Medical Staff	<input type="checkbox"/> Security	<input type="checkbox"/> Rehab Hospital
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Author(s): Mark A. Greenberg, MD																				
Reviewed by:																				
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Clinical Education Council		Education Completed: Date:																		
Education Required:	Yes No: <input type="checkbox"/> <input type="checkbox"/>	Date:																		
Approved by:																				
Policy Administrator:	Mark A. Greenberg, MD	Date: 9/8/20																		
As Needed:																				
GCMC Executive Committee		Date: 4/12/21																		
HPMC Executive Committee		Date: 4/13/21																		
LMH Executive Committee		Date: 4/14/21																		
CCH Executive Committee		Date: 4/19/21																		
GCHSWF Executive Committee		Date: 4/20/21																		
As needed:																				
Board of Directors		Date:																		

The following policies are instituted in order to promote the prompt and efficient performance and interpretation of tissue and clinical laboratory examinations requested of the Department of Pathology and the Laboratory. Where possible, individual pathologist's preferences will be adhered to. Generally, it is the department's feeling that adequate patient care and generally efficient operation of the department is of primary concern and makes necessary certain specific regulations.

- I. The Department of Pathology shall be divided into four sections.
 - A. Tissue Pathology
 - B. Laboratory Medicine
 - C. Blood Banking
 - D. Cytopathology
- II. The Chairman of the Department of Pathology will be elected and approved as indicated in the bylaws. He shall appoint himself or others as directors of the various sections, who shall be responsible to him.
- III. The Pathology Department will be directed by a pathologist, certified by the American Board of Pathology in both anatomic and clinical pathology. In his absence, his designate will assume this responsibility. As director, he should establish an effective working relationship with the Medical Staff, administration and with other departments or services. All pathologists must be members of the Medical Staff of Lee Memorial Hospital.
- IV. All examinations performed in the Department of Pathology will be performed under the supervision of a designated department pathologist as indicated in specific policies.
- V. The hospital will be responsible for providing an adequate number of qualified personnel to perform pathological services and to provide adequate equipment to promote proper functioning of the department as concerns providing adequate tissue pathology, laboratory medicine, blood banking and cytopathologic services.
- VI. At least one qualified pathologist will be on duty or available at all times. Work assignments should be consistent with qualifications of the employee.
- VII. The hospital should encourage pathology personnel to use available opportunities to further their knowledge and skills through hospital-based educations, such as on-the-job training, in-service education programs or through attendance at workshops and institutes held outside the hospital.
- VIII. Instruction in safety precautions and in dealing with emergency hazards should be provided for all personnel. Proper safety precautions shall be maintained against electrical and mechanical hazards and against fire and explosions, so that personnel and patients are not endangered.
- IX. Reports of pathological interpretations, consultations and laboratory determinations shall be a part of the patient's medical record. Duplicates of all such reports shall be retained in the Pathology Department. An index of unusual and interesting cases shall be maintained for educational purposes.

- X. There shall be written policies and procedures governing pathology administrative routines and services. These policies and procedures shall be developed in cooperation with the hospital administrative staff, the Medical Staff, nursing service and with other departments or services as necessary. These policies and procedures should be reviewed regularly, revised as necessary and dated to indicate the time of the last review. Pathological services shall be performed only upon the written order of a member of the hospital Medical Staff. Department policies shall be reviewed yearly and updated by December first of each year. These policies may be amended by the majority vote of the active members.
- XI. All physician members of the Department of Pathology shall be certified by the American Board of Pathology in Anatomic Pathology. The directors of the various sections shall be certified in both anatomic and clinical pathology; the director of the Blood Bank may be certified in Clinical Pathology only. All directors are encouraged to obtain certification of special competence in Chemical Pathology, Blood Banking, Hematopathology, Microbiology, Dermatopathology or any other subspecialty examination offered by the American Board of Pathology.
- XII. A pathologist shall be in the hospital each day during working hours (Monday through Friday, 7:30 a.m. to 5:00 p.m.), Saturday and Sunday as necessary for tissue interpretation and laboratory supervision and available at all times for emergency consultation; e.g., frozen sections, blood banking, etc.
- XIII. Consulting or Courtesy Staff pathologists do not take call. Pathologists in this category may not perform or interpret tissue examinations, nor any laboratory determinations.
- XIV. All appointments to the Department of Pathology will be in accordance with the Medical Staff bylaws.
- XV. On call schedule will be under the direction of the Chairman of the Department of Pathology and will be published. The individual Pathologist is solely responsible for making arrangements for any changes and is responsible for notifying the department secretary and on-call technologist of any such changes.
- XVI. As referred to in these regulations, "pathologist" refers to the specific physician, group or individuals with coverage arrangements who are members of the Department of Pathology.
- XVII. As provided in the Hospital rules and regulations, all tissue removed from any patient within the hospital shall be sent to the Laboratory for gross and/or microscopic examination, at the discretion of the pathologist. This includes solid tissue, bone marrow and other diagnostic material. All material for cytopathologic examination shall be sent to the Laboratory for interpretation. All body fluids from any site for laboratory examination shall be sent to the Laboratory of Lee Memorial Hospital for examination.
- XVIII. In all matters of policy, a simple majority vote shall be decisive and each pathologist shall have one vote. The Chairman of the department may cast a vote in order to make or break a tie.
- XIX. Autopsies requested by the Medical Staff will be performed and completed within 60 days. Preliminary anatomic diagnosis or final anatomic diagnosis will be available to the

attending physician within one working day. The attending physician shall be notified prior to the initiation of the autopsy dissection to obtain information relevant to the autopsy and to provide notification to the attending physician as to place and time of the dissection.

Approved by M.S. Exec. Committee – 10/14/80

Adopted by Board of Directors – 10/24/80

Approved by Board of Directors – 4/18/95

Approved by M.S. Exec Committee – 8/16/98

Approved by Board of Directors – 10/02/98