

**SUNY Downstate Medical Center -University Hospital  
of Brooklyn Network  
Department of Pathology Policy and Procedure**



**Subject: LAB 36 CHAIN OF COMMAND FOR QUALITY  
LABORATORY TESTING AND PATIENT SAFETY**

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Supporting Documents:

Approval Workgroup: Laboratory Administration  
Approval Group

Revision: 3

## **I. PURPOSE:**

To create a chain of command to address any clinical/administrative/safety issues in the Department of Pathology. This chain will identify any breakdowns in communication or behaviors affecting patient care, patient/laboratory personnel safety or delays in testing.

## **II. POLICY:**

It is the policy of SUNY Downstate Medical Center to maintain a robust incident reporting process in order to identify and manage significant occurrences, to make system-wide improvements, and to comply with all statutes and regulations for incident reporting, including reports to NYS Department of Health, NYS Office of Mental Hygiene and the US Food and Drug Administration in compliance with US Public Law 101-629.

All incidents involving patient harm must be reported internally, and many of these must also be reported to NYS through the NYPORT's process, to the Office of Mental Hygiene and to the US Food and Drug Administration, College of American Pathologist and New York State Department of Health. For the purposes of internal reporting in those cases not involving patient harm, the term "incident" is defined very broadly. That is, all staff members are encouraged to report any incident, occurrence or event which seems to them to warrant notice to hospital administration, or because the event may be reportable to a regulatory agency, or because the staff member believes that a departmental or hospital function or process should or can be changed or improved, or because the staff member believes that an event or occurrence should be documented, but documentation in the medical record is inappropriate or insufficient.

## **III. DEFINITION:**

A chain of command is a specific course of action involving all administrative and clinical lines of authority established to ensure effective communication and conflict resolution in the Department of Pathology.

## **IV. PROCEDURE AND GUIDELINES**

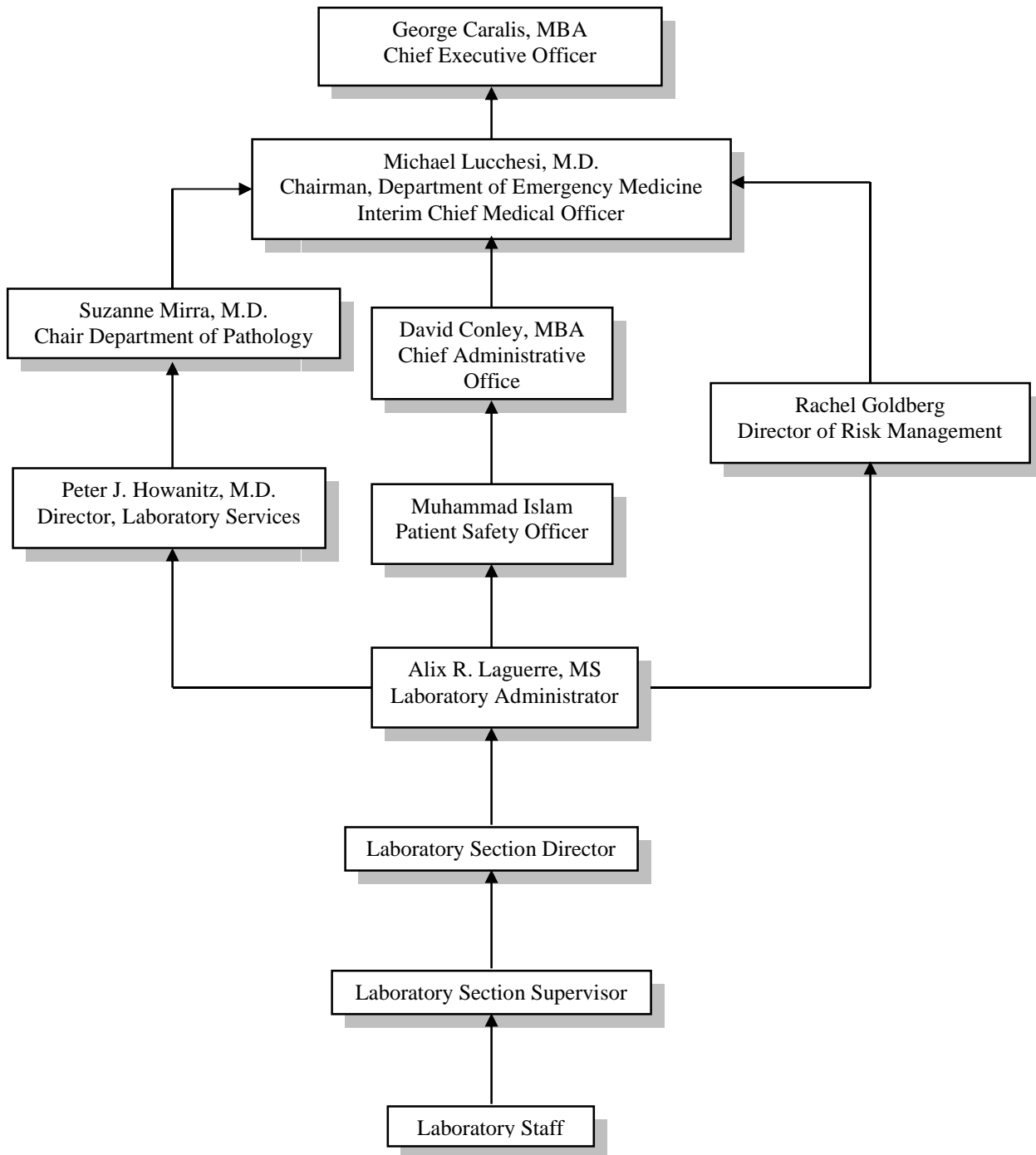
The Chain of Command may be initiated after the following assessments are made:

- The concern or complaint affects the quality of patient care.
- The concern or complaint affects laboratory safety.
- The concern or complaint remains unresolved on the departmental level and is jeopardizing the quality of patient care or laboratory safety.
- The concern or complaint is potentially urgent clinical condition.

In the event of death or serious patient harm which is not related to the ordinary course of the patient's illness or condition, Laboratory Personnel and the Director of Risk Management should be paged through the page operator or notified by cell phone through the Administrator on Duty. The Director of Risk Management will notify the Chief Medical Office, the Assistant Chief Medical Office for Medical Oversight and Policy and the Interim Assistant Chief Medical Officer for Quality and the Director of Performance Improvement.

A written incident report must also be submitted by the staff members who first become aware of the event.

### Clinical Laboratory Chain of Command



#### **V. DOCUMENTATION:**

Individuals reporting through the Chain of Command should maintain the following information:

- a. Assessment
- b. Name of the person contacted
- c. Date and time of contact
- d. Issue/concern

Investigation / Resolution of Issue / Concern will be reported at the Department's Performance Improvement Meeting.

**Suggestion Box:**

A suggestion box is located in front of the Clinical Laboratory employee lounge (A2-430A) for anonymous comments.

**VI. REFERENCES**

College of American Pathologist, Laboratory Accreditation Program, Transfusion Medicine Checklist, 0/05.

SUNY DOWNSTATE MEDICAL CENTER, Policy and Procedure- AD-02 Chain of Command of Patient Care.