

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



Subject: Department of Pathology Plan for Patient Care and Services

Added By: Mendoza, Kristine

LTR: LTR9762

Prepared By: Elaine Cates

Supporting Documents: Plan of Care Scope of
Services

Revision: 1

Next Review Date:

Last Approved By: [Howanitz MD, Peter \(Electronic
Signature Timestamp: 12/27/2011 1:42:11 PM\)](#)

Approval Workgroup: QMS Workgroup

SUBJECT: QUALITY MANAGEMENT SYSTEMS

TITLE: DEPARTMENT OF PATHOLOGY PLAN FOR PATIENT CARE AND SERVICES

STATEMENT OF PURPOSE

The purpose of the departmental plan for patient care service is to guide the health care team in developing and implementing patient care services that are in concert with the hospital's mission, philosophy, vision, organizational structure, policies and procedures, patient's expectations and rights and community needs.

MISSION

It is the mission of the Department of Pathology to provide quality laboratory testing for all patients of the Downstate Medical Center University Hospital of Brooklyn Network which includes the University of Hospital (UHB) site, Bay Ridge (DBR) site, Long Island College Hospital (LICH) site and its ambulatory satellite locations and affiliates.

COMMUNITY NEEDS ASSESSMENT

The Department makes its assessment of the community needs based on a dialogue with physicians directly involved in patient care. As the needs of patients and their health care providers change in relation to the treatment, diagnosis and the availability and feasibility of new tests and methodologies the department will tailor its services, making sure that decisions regarding the mechanism for providing the services remain cost effective, appropriate and in-line with the standards of care for the patient populations served.

GOAL OF SERVICE

The Department strives to strike a balance between service, education and research while performing appropriate, accurate, and timely laboratory testing in a sensitive and compassionate manner.

SCOPE OF SERVICE

The Department recognizes the scope and complexity of patient care needs and strives to create and promote policies and procedures which are designed to provide a wide range of tests in accordance with the standards of care and to offer priority of services to the critically ill in the emergency department and other critical care units.

The Department of Pathology provides inpatient and outpatient phlebotomy and venipuncture services and includes the disciplines of chemistry, hematology, bacteriology, blood gas, virology, endocrinology, urinalysis, immunology, blood bank, serology, transplant, point of care, molecular diagnostics, cytology, autopsy and surgical

pathology within the Anatomic and Clinical Pathology Divisions operating across the SUNY Downstate Medical Center University Hospital of Brooklyn Network.

Each laboratory site is headed by a Director who is a member of the Medical Board and a board certified licensed

physician holding a valid laboratory director's certificate of qualification issued by the New York State Department of Health. The laboratories are accredited by the College of American Pathologists (CAP) and adhere to the regulations of the New York State Department of Health (NYSDOH) and the Food and Drug Administration (FDA). All the laboratories participate in the College of American Pathologists and New York State Department of Health Proficiency Program to comply with regulatory agency standards and to ensure the highest quality of care.

The Department operates twenty-four hours, seven days a week. Services are provided on an inpatient and outpatient basis and for patients of all ages. The Department has On-Call Pathology Residents and Attending Physicians available for consultation to provide support to physicians in the care, diagnosis and treatment of patients.

A list of tests which the laboratory provides is available at every nursing station. The lists identify procedures available as STAT requests as well as associated action or critical value ranges for the expeditious reporting of abnormal findings.

The Department's Point of Care Program monitors the performance of testing by non-laboratory personnel including whole blood glucose, blood gas, urine dipstick, urine pregnancy, occult blood, coagulation assays (ACT, PT/INR), Chem 8 panels and HIV testing.

The attached Tables of Laboratory Services provide a complete listing of the specific tests provided in-house by the Department of Pathology and the availability of those tests.

APPROPRIATENESS, CLINICAL NECESSITY, AND TIMELINESS OF SUPPORT PROVIDED DIRECTLY BY THE DEPARTMENT OR THROUGH REFERRAL SOURCES

The laboratory services provided are evaluated for appropriateness, clinical necessity, timeliness and cost effectiveness on an ongoing basis by the medical and laboratory staff, as part of its quality assessment and performance improvement activities. The in-house and reference test menus are revised periodically to provide laboratory services appropriate for the patient population as part of the plan of care and in a manner consistent with Downstate Medical Center's scope of services. Approved reference laboratories are utilized when appropriate.

To assess the needs of the patients and to determine whether the laboratory's scope of services is meeting those needs

- the senior members of the laboratory staff meet with the medical staff at regularly scheduled meetings; and
- the laboratory staff monitors the various aspects of its services through its quality assessment and performance improvement activities; and
- the laboratory management team reviews relevant statistical data collected by the laboratory staff or provided by other departments.

Turn-around time goals are mutually agreed upon by the physicians and the senior members of the laboratory staff to ensure the timely and useful availability of laboratory results so that patient care is not compromised and that length of stay is not unnecessarily prolonged.

If the laboratory determines that services need improvement or expansion, it proceeds to develop and implement plans to provide the additional services needed by the patients, either on site or through reference laboratories.

MEDICALLY NECESSARY TESTS

Tests which are ordered must be medically necessary diagnostic laboratory tests; those which are supported by

signs or symptoms of an illness and determined by the diagnosis information.

REFLEX TESTING

To ensure timely and complete diagnosis information additional 'reflexive' testing may be performed for selected tests. An example of a 'reflexed' test would be the performance of susceptibility testing automatically following a microbial culture in which pathogenic organisms were identified. Specific reflex testing is identified in the test directory.

STAFFING

All sections of the laboratory are supervised by Section Chiefs who are well qualified in their area(s) of specialty and regularly interact with the Departmental Directors to determine the direction, activities and improvement goals of the section.

Technical personnel in the department are licensed professionals who meet New York State Education Department requirements and the New York State Department of Health Standards. Staffing in the department is sufficient to deliver quality care as needed. Staff is trained in the duties required of them and is competent to deliver age specific care.

STAFF EDUCATION

Every Section Chief is responsible for providing on-going in-service education and communication and training programs to improve the quality and delivery of the services to the patients which includes:

- Continuous in-service training activities in addition to professional organization programs.
- Competency checklists used to document orientation, information and knowledge of hospital and laboratory policies and procedures.
- Compliance with hospital-wide mandatory in-service trainings.
- Monthly supervisory meetings and section specific staff meetings.

QUALITY SYSTEM ACTIVITIES

The laboratory utilizes several avenues to determine how well the laboratory's processes are performing in meeting the quality goals and objectives of regulatory agencies, accrediting organizations and the needs of the laboratory's customers.

- a. Occurrence management – the laboratory documents and investigates events which do not conform to the laboratory's established policies, processes or procedures.
- b. Assessments- measurements and monitoring of laboratory process performance to gather objective evidence of the laboratory's performance compared to established goals to identify opportunities for improvement.
 1. The laboratory participates in three types of external assessments.
 - a. Licensing or accreditation- assessments by organizations against published requirements
 - b. Proficiency testing- tests on sample materials prepared and sent by outside organizations, the results of which are compared to other laboratories with similar methods and instrumentation.
 - c. Performance comparison- comparison of lab's performance on selected process measurements against other labs of similar size and scope.
 2. The laboratory engages in two types of internal assessments
 - a. Quality indicator measurements- measurements of process performance that are tracked
 - b. Laboratory audits- process of comparing observations of actual conditions with requirements
- c. Customer Service monitoring- the lab actively and routinely solicits feedback of customer service to measure and monitor performance
 1. Patient customers of phlebotomy services
 2. Clinical caregivers of test result, interpretation and report services
 3. Employee satisfaction

PERFORMANCE IMPROVEMENT ACTIVITIES

The Department's ongoing Quality Assurance Program aides the department in fulfilling its mission and includes:

- *Outpatient phlebotomy services for specimen collection services on site.*
- *Ongoing review of processes and test schedules to achieve expeditious result availability turn-around time.*
- *Implementation of new instrumentation to provide improved performance and services.*
- *Quality Assurance activities to monitor existing processes and current performances.*
- *Ongoing monitoring activities by the Transfusion Committee to review the use of blood and blood components.*
- *Ongoing monitoring and quality assurance activities related to autopsy results and reporting.*
- *Monthly staff meetings to communicate policies and performance improvement plans.*
- *Active participation in the laboratory space renovation planning and design process.*

- *Active participation in the selection and implementation of the laboratory information and document control systems.*

DOCUMENTATION RESPONSIBILITIES

The Department of Pathology provides laboratory reports which are retrievable and available to the medical staff for patient care in a timely manner.

SCOPE OF SERVICES PROVIDED

Rights and Responsibilities of the Individual (RI)

- The laboratory staff is educated on the Patients Bills of Rights Policies and HIPAA.

Provision of Care, Treatment, and Services (PC)

- The laboratory provides pathology and laboratory services to meet the needs of the clinical staff for assessment of patients (diagnosis, monitoring and training)
- The laboratory provides timely specimen collection and laboratory results to aid in the diagnosis, monitoring, and treatment of patients.

Waived Testing (WI)

- The department maintains information including requests for diagnostic testing and interpretation of results.

Medical Staff (MS)

- The laboratory recommends reference laboratory services and documents approval of the medical staff.

Record of Care, Treatment, and Services (RC)

- The laboratory is responsible for the Point of Care Testing Program.

Medication Management (MM)

- The laboratory addresses the preparation and dispensing of blood and blood products.

Transplant Safety (TS)

- The laboratory provides intra-operative services.
- The laboratory participates in interdisciplinary approaches to the care and treatment of the patient.

Education (PF)

- Laboratory staff provide patients with the specimen collection instructions as needed.

Emergency Management (EM)

- The laboratory provides laboratory services for emergency, pre-admission, in-house, and ambulatory patient care based on the individual patient's assessment and needs.

National Patient Safety Goals (NPSG)

- The laboratory implements "Read backs" as part of its reporting procedure, included in the Laboratory Policy on critical values and tracking of timely communication.

Human Resources (HR)

- The Laboratory provides adequate qualified staff during hours of operation.

-----X

REFERENCES

New York State Clinical Laboratory Standards – Quality Management Systems S(1)

-----X

The Department of Pathology's Plan of Care encompassing the divisions of Clinical and Anatomic Pathology is reviewed and approved in accordance with the standards established by the regulatory agencies i.e. (Joint Commission (JC), New York State Department of Health (NYSDOH), College of American Pathologists (CAP), and Federal Drug Administration (FDA) and Downstate Medical Center-University Hospital of Brooklyn Network institutional policies and procedures.

Suzanne Mirra, M.D.
Professor and Chair
Department of Pathology

Date

Peter J. Howanitz, M.D.
Director of Laboratories -UHB

Date

Carmencita Yudis, M.D.
Director of Laboratories – DBR

Date

Elpidio Jimenez, M.D.
Director of Laboratories – LICH

Date

Alix Laguerre, M.S.
Laboratory Administrator - UHB

Date

Elaine Cates, J.D., M.P.A
Laboratory Administrator – DBR

Date

Ivonne Rankin, M.S.
Laboratory Administrator - LICH

Date