

**DEPARTMENT OF PATHOLOGY
RULES AND REGULATIONS**

Anatomic and Clinical Pathology:

Section I: Qualifications for Membership in the Department

- A. At the time of application for Medical Staff appointment, certification or eligibility for certification by the American Board of Pathology or the American Osteopathic Board of Pathology in Anatomic Pathology is required.

Members who fail to maintain board certification will be subject to immediate discontinuation of privileges.

- B. Pathologists shall be assigned to and shall perform regular, scheduled departmental functions and responsibilities, including direction of laboratory sections; diagnostic and consultative services; teaching, administrative, quality assurance and Medical Staff duties. Such assignments shall ordinarily be made by the Laboratory Medical Director (Chief).
- C. The Laboratory Medical Director (Chief) and/or the scheduled associate pathologist shall attend all departmental business meetings except as excused.
- D. Pathologists shall comply with all Bylaws, Rules and Regulations of the Medical Staff and all Hospital policies and procedures.
- E. In all other respects, professional services provided by the Corporation shall be governed by the contract between the Hospital and the Corporation.

Section II: Delineation of Privileges

- A. Pathologist applicants for membership in the Department shall submit with their application for staff privileges a list of pathology procedures the applicant plans to perform. The Laboratory Medical Director (Chief) shall review and approve this list before the application is forwarded to the Medical Executive Committee.
- B. In accord with Medical Staff Bylaws, privileges shall be reviewed biennially by the Laboratory Medical Director (Chief) with recommendations to the Medical Executive Committee and Board of Directors.

Section III: Qualifications and Selection of the Leadership of the Department

- A. The Laboratory Medical Director (Chief) and Associate Laboratory Medical Director (Assistant Chief) shall be certified by the American Board of Pathology or the American Osteopathic Board of Pathology and be members of the Active Medical Staff of the Hospital.

- B. The Laboratory Medical Director (Chief) and Associate Laboratory Medical Director (Assistant Chief) of the Department shall be appointed by the hospital administration in collaboration with the contract group.
- C. In the event that the Laboratory Medical Director is unavailable, the Associate Laboratory Medical Director shall assume all duties and responsibilities of that position.

Section IV: Duties and Responsibilities of the Laboratory Medical Director/Chief of the Dept.

The Laboratory Medical Director (Chief) responsibilities are twofold. Medical Staff issues will be governed by the Bylaws and Rules and Regulations of the Medical Staff and Department of Pathology, and channeled through the Department, Corporation, and the Medical Executive Committee. The Administrative issues will be channeled through the Corporation and the Administration of the Hospital. The Laboratory Medical Director (Chief) is responsible for all of the professional and clinical activities within the Department.

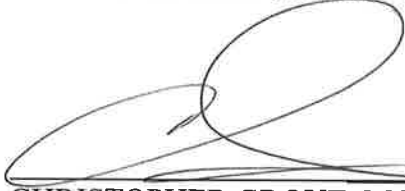
- A. Medical Staff Duties and Responsibilities of the Laboratory Medical Director (Chief) include:
 - 1. Supervision of all medically related activities within the department.
 - 2. Membership on the Medical Executive Committee, providing guidance on the overall medical policies of the hospital and providing specific recommendations and suggestions regarding the Department in order to assure quality patient care.
 - 3. Responsibility for enforcement of the Hospital Policies and Procedures and the Medical Staff Bylaws, Rules and Regulations within the Department.
 - 4. Responsibility for implementation within the Department of actions taken by the Medical Executive Committee or the Hospital Board of Directors.
 - 5. Communication of Department recommendations concerning staff classification, appointments, and the delineation of clinical privileges for staff pathologists to the Medical Executive Committee.
- B. Administrative Duties and Responsibilities
 - 1. Establish an effective working relationship with the Medical Staff, Hospital Administration, and other departments and services of the Hospital.
 - 2. With the Administrative Director of the Laboratory for appropriate staffing of the Department and for the appropriate availability of laboratory tests as required by the Medical Staff.
 - 3. Compliance with Federal, State, and local laws and regulations as they apply to medical laboratory services.

4. Establishment of laboratory procedures and the performance of those procedures in accordance with applicable standards and to assure quality results.
5. With the Administrative Director of the Laboratory for the supervision of laboratory personnel.
6. With Hospital Administration for a comprehensive safety program within the Department.
7. Establishment of a quality control program for each laboratory procedure, including participation in proficiency surveys.
8. Participation in and support of the Hospitals Risk Management Program.
9. Assistance in the preparation of required annual reports and participation in budgetary planning and controls for the Department, as may be required from time to time.

Section VI: Quality Improvement

- A. The Department of Pathology shall be responsible for the quality of the care rendered by its members, in cooperation with the Organizational Performance Improvement Plan of the hospital and the medical staff peer review process as directed by the Medical Executive Committee.
- B. Participation in the Process shall be defined as:
 1. Members will participate in the quality review process as requested by the Chief, Vice-chief, President of the Medical Staff, President of the Hospital, or the Director of PI.
 2. Criteria for specific Department of Pathology reviews will be determined periodically primarily by the Chief of Pathology or his Associate in conjunction with the Medical Staff Quality process and Administration.
 3. Tracking and trending information will be reviewed regularly by the Chief or his Associate as directed through the Medical Staff Quality process, and
 4. Individual data will be included in the data reported to the Credentialing office for re-appointment as required by that process.

REVIEWED AND APPROVED BY:


CHRISTOPHER GROVE, M.D.
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Date: 3/6/2018


DREWRY WHITE M.D.
President, Medical Staff

Date: 3/8/2018


JEFFREY A. WOTHERS
Chair, Board of Directors
Date: 4/3/2018