

SUBJECT: RETENTION OF LABORATORY RECORDS	REFERENCE #1009
DEPARTMENT: PATHOLOGY	PAGE: 1 OF: 2
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

- The timeframe(s) for the retention of Clinical Laboratory records, including the Pathology Department, is as follows:
 - Quality control records, test system performance specifications and quality system assessments:
 - A minimum of two years, or longer if required by law and regulation
 - Immunoematology, including blood and blood component records and transfusion records:
 - A minimum of 10 years after the records of processing are completed or six (6) months after the latest expiration date for the individual product, whichever is the later date
 - ◆ When there is no expiration date, records shall be retained indefinitely.
 - Histocompatibility records:
 - A minimum of five (5) years or longer if required by law and regulation
 - Test orders:
 - A minimum of two (2) years, or longer if required by law and regulation
 - ◆ This includes the patient's clinical record, if it is used as the test order.
 - Instrument printouts:
 - A minimum of two (2) years, or longer if required by law and regulation
 - ◆ Retained records may be paper or electronic.
 - ◆ Electronic systems must be able to retrieve all information printed on the original hard copy generated at the time of testing in order to be considered satisfactory for compliance.

POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Cytotechnologist
 Prepared by: _____
 Date: _____

Supervised by: Pathology Department Director
 Approved by: _____
 Date: _____

Job Summary: Responsible for microscopic examinations of cells and other duties, as directed by the pathologists. Screens all PAP smears and other non-GYN fluids to observe minute abnormalities in color, size, shape and other cell substances. Referral of any abnormal smears to a Pathologist for review. Ensures the high quality readings of microscopic slides, in an expeditious manner that promotes cost containment. Responsible for recognizing results or problems that require referral to the Pathologist. Maintains performance improvement activities within the department and participates in CQI activities. Provides input regarding operational budget for the department.

DUTIES AND RESPONSIBILITIES:

3 = Exceeds Performance

2 = Expected Performance

1 = Needs Improvement

Demonstrates Competency in the Following Areas:

Demonstrates knowledge regarding slide results in relationship to norms for neonate through the geriatric population.	3	2	1
Demonstrates ability to perform cytotechnology testing on all specimens submitted for cytotechnology reading and review. Documents slide interpretation results of each case.	3	2	1
Demonstrates ability to order supplies and equipment required for cytotechnology duties.	3	2	1
Demonstrates ability to review test results to ensure quality control. Establishes a system where work being done and test results are checked by supervisory staff for accuracy and timeliness to aid the physician in providing optimal patient care.	3	2	1
Demonstrates knowledge of new testing methods, products and instrumentation; remains informed on all current technologies.	3	2	1
Treats any patient and/or family member (who presents as surrogate decision maker and has demonstrated right to information) with respect and dignity, should they inquire about cytology readings.	3	2	1
Performs all aspects of patient care in an environment that optimizes patient safety and reduces the likelihood of medical/health care errors.	3	2	1
Supports and maintains a culture of safety and quality.	3	2	1
Manages and operates equipment safely and correctly.	3	2	1
Interacts professionally with all department members, physicians, staff, the administrative team and the Clinical Laboratory Director.	3	2	1
Communicates appropriately and clearly to physicians, department managers, staff, the administrative team and the Pathology Department Director.	3	2	1
Coordinates all work efforts to ensure patient/physician needs are met and hospital policy is followed.	3	2	1
Ensures that the physical plan and environmental conditions of the cytology work area are appropriate for the testing performed.	3	2	1
Demonstrates an ability to be flexible, organized and function under stressful situations.	3	2	1

SUBJECT: PROFICIENCY TESTING (PT) PROGRAM CYTOLOGY: GYN EXAMINATIONS	REFERENCE #9002
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DEPARTMENT: PATHOLOGY	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

- All individuals (physicians and cytotechnologists) who examine PAP smears shall participate in a Gynecologic Cytology Proficiency Testing Program, for pap smears, approved by CMS.
- Testing shall be conducted annually.
- The Pathology Department Director shall review and sign the results of each staff member's Proficiency Test.
- CLIA requirements shall be followed for:
 - Number of slides test set
 - Passing: a score greater than or equal to 90 percent on a 10-slide test set
 - Failing: a score of less than 90 percent on a 10-slide test set
 - Retesting: The Laboratory must schedule a retesting event which must take place not more than 45 days after receipt of the notification of failure
 - An individual is determined to have failed the second testing event if he/she scores less than 90 percent on a 10-slide test set performed within two (2) hours.
 - ◆ For this individual, the Laboratory must provide him/her with documented, remedial training and education in the area of failure, *and*
 - ◆ Must assure all gynecologic slides evaluated subsequent to the notice of failure are re-examined until the individual is again retested with a 20-slide test set performed within four (4) hours and scores at least 90 percent
 - Re-examination of these slides must be documented.

SUBJECT: PATHOLOGY SPECIMENS	REFERENCE #9101
DEPARTMENT: PATHOLOGY	PAGE: 1
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APPROVED BY:	EFFECTIVE:
	REVISED:

POLICY:

- All specimens removed from patients in the operating room shall be routinely sent to Pathology for examination.
 - A surgeon may not stipulate that a certain tissue does not require a pathology examination.
 - A list of surgical specimens that will not be sent to Pathology may be developed by the medical staff in conjunction with the Clinical Laboratory Director and Hospital Administration. Examples of specimens not submitted to Pathology may include dental appliances, neonatal foreskins. (College of American Pathologists)
 - A specimen not sent to Pathology for examination and the disposition of that specimen shall be documented on the Intraoperative Nursing Record.
- The Pathology Department shall maintain a list of those tissue specimens that require only a macroscopic examination, and those tissue specimens that require a macroscopic and microscopic examination. These lists shall be approved by the Pathologist and medical staff.
- Whenever appropriate, the Pathologist shall review pertinent previous cytologic and/or histologic material from the patient with current specimen being examined.
- All specimens for frozen section must be examined by the Pathologist. The Pathologist shall examine the tissue and give an oral report to the surgeon.
 - If the patient is having local anesthesia, inform the Pathologist.
- The surgeon may indicate that some specimens, such as lymph nodes, may require special procedures. A Pathologist shall be available 24-hours a day for consultation reachable through the switchboard when the Pathology Department is closed.
- Surgical Pathology Reports:
 - When significant disparity exists between initial intraoperative consultation (frozen section, cytology, gross evaluation) and final pathology diagnosis, it shall be reconciled and documented in the surgical pathology report and in the departmental quality management file.