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Applicability: All Beaumont Hospitals

Laboratory Internal Assessments and Self Audits

Document Type: Procedure

I. PURPOSE AND OBJECTIVE:

Self-Audits are performed as part of the College of American Pathologists (CAP) accreditation process and are required for laboratory accreditation. The laboratory conducts an interim self-inspection and records efforts to correct deficiencies identified during that process. The interim self-inspection is an important aspect of continuing education and laboratory improvement.

II. PROCEDURE:

- A. Per CAP requirements: The laboratory conducts an interim self-inspection and documents efforts to correct deficiencies identified during that process.
- B. The laboratory performs an internal assessment at CAP recommended intervals. These records are kept for review by the inspectors during the bi-annual external inspection process.
- C. The Self-Inspection takes place in all the departments of the laboratory.
- D. Documentation of performance of the interim self-inspection with correction of deficiencies is a requirement for maintaining accreditation. The laboratory must document that personnel responsible for each laboratory section have reviewed the findings of the interim self-inspection.
- E. Self-Inspection documentation is maintained by the Operations Specialist.
- F. The CAP distributes Self-Inspection Checklists, in advance, for use by inspectors.
- G. Self-Inspection may be performed by Pathologists, PhDs, Managers, Supervisors and Lead Medical Technologists or others trained to perform inspections.
- H. Upon completion of the Self-Inspection, the Self-Inspection Verification form is signed and dated by the site Medical Director, and is submitted to CAP.
- I. The AABB requires self-audits in the years when a formal inspection or assessment is not performed. These records are kept for review by the inspectors during the bi-annual external inspection process.
- J. Inspection preparation for the Joint Commission (JC) includes a self-evaluation coordinated by the hospital as part of general Joint Commission accreditation activities. The laboratory may or may not be visited as a part of JC inspection.
- K. Additional self-audits may be developed and performed, as appropriate when system problems are

identified.

L. For Outreach, refer to [Outreach Laboratory Internal Quality Audits](#).

III. REFERENCES:

A. The Joint Commission

B. CAP (College of American Pathologists)

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
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CLIA Site Licensed Medical Directors	Ann Marie Blenc: System Med Dir, Hematopath	9/26/2024
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CLIA Site Licensed Medical Directors	Subhashree Mallika Krishnan: Staff Physician	9/16/2024
CLIA Site Licensed Medical Directors	Masood Siddiqui: Staff Pathologist	9/16/2024
CLIA Site Licensed Medical Directors	John Pui: Chief, Pathology	9/16/2024
CLIA Site Licensed Medical Directors	Kurt Bernacki: System Med Dir, Surgical Path	9/16/2024
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Operations Directors	Christopher Ferguson: Dir, Lab Services	8/9/2024
Operations Directors	Elzbieta Wysteppek: Dir, Lab Services	8/8/2024
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Applicability

Dearborn, Farmington Hills, Grosse Pointe, Royal Oak, Taylor, Trenton, Troy, Wayne