

Methodist Health Services Corporation & UnityPoint Health Methodist Proctor Laboratory 7000 ADMINISTRATION	Page # 1 of 4	Section: UPPIA LA: Regulatory & Administrative	Policy #: 02.001 Formerly: B-1
	Approved by: see signature block at end of document		Date: 1/15/16
	Revised: 6/20/13, 7/27/10, 9/11/08, 8/25/04, 8/23/11		
	Reviewed:		
	Policy/Revision Submitted by: Richard Borge, Dr. Devendra Trivedi		
	CAP Standard: NA		
POLICY GUIDELINE ON: Policy Review			

I. POLICY:

To define review of policies.

II. PURPOSE AND STANDARD:

To provide for annual reviews of laboratory policies by pathologists in order to comply with CAP guidelines.

III. POLICY SCOPE:

This policy applies to all Laboratory Personnel at both UnityPoint Peoria campuses.

IV. GENERAL INFORMATION:

A Pathologist and Administrative Director will review the laboratory policies on a biennial basis in all technical sections. However, the Administrative Director will review the general safety policies within the lab or care coordination on an annual basis.

V. PROCEDURE:

- A. Policies are available on line, when review date is coming due, Laboratory Administration will receive a notice. Once that is received the flow process will begin. Lead/Coordinator and Manager/Director/Pathologist will sign off on sheet.
- B. The person reviewing policies will sign off on each individual flow sheet within 30 days of activation or/ by August 1 of each year, every other year for lab policies and every year for care coordination policies.
- C. If there is a change in directorship of the laboratory or within any section of the department, then the new director should complete policy review within 90 days of assuming the role.
- D. This review will be the responsibility of the pathologist assigned to oversee the specific testing section of the laboratory. It is the manager's or respective coordinator's responsibility to provide the pathologist with pertinent policies once annually.
- E. After a completed flow sheet is return to Laboratory Administration, policy will be made available on line to access via the intranet.

VI. MAINTENANCE AND STORAGE:

- A. All policies and procedures are reviewed every two years, (except for Safety procedures which are yearly) by Laboratory Administration and or the Medical Director of the Laboratory or designee. There are changes in practice standards, or requirements.
- B. All policies and procedures are reviewed every two years (except for Safety procedures which are yearly) by staff or at the time new or revised ones are put in effect.
- C. All policies are retained 8 years after being discontinued or revised.
- D. All procedures are retained 2 years after being discontinued or revised

REVISION HISTORY (began tracking 2013)			
Rev	Description of Change	Author	Effective Date
1	reviewed and signed, changed maintenance statement to reflect new CAP guidelines for every 2 year review	R. Borge	6/20/13
2	Combined procedure for both campuses, added review by Pathology or Admin Director on bi year and Safety will continue as annual. Also assigned support policies to coordinator or manager	R. Borge	1/15/16

Reviewed by

Designee	Date	Laboratory Director	Date
		<i>Richard J. Borge</i>	1/15/16