Methodist Health Services Corporation & UnityPoint Health Methodist|Proctor	Page # 1 of 1	Section: UPPIA LA: Regulatory & Administrative	Policy #: 02.015 Formerly: B -15
	Approved by: see signature block at end of document		Date: 1/20/16
Laboratory 7000 ADMINISTRATION	Revised: 1/20/16, 6/1/12, 5/24/10, 9/1/2008, 2/1/08, 6/21/2006		
	Reviewed: 4/8/14		
	Policy/Revision Submitted by: Richard Borge		
	CAP Standard: 20375		
POLICY GUIDELINE ON: **Document Control**			

I. POLICY:

The Laboratory has an established control system to manage documents.

II. PURPOSE:

To have a system that assures that the Laboratory of both campuses will have proper policies and procedures, proper storage, and proper retention times.It will also facilitate the timely review and revision of documents

III. POLICY SCOPE

The scope of this policy applies to all Laboratory Personnel at both campuses.

IV. GENERAL INFORMATION:

A. All policies and procedures are current
B. Personnel have read policies and procedures relevant to their jobs.
C. All policies and procedures have been authorized by the Laboratory Medical Director or designee.
D. Policies and procedures are reviewed bi-annually by Director or designee, unless the policy is located within the care coordination manual, which is reviewed annually.
E. Policies are stored in document control system.
F. Discontinued policies are archived in the document control system and adhere to record retention.
G. Policies are linked to the intranet.
H. The same format will be used at both campuses.

V. PROCEDURE:

A. The Control log listing all policy and procedure locations is located in the Laboratory Operations Assistants Office.
B. When Policies and Procedures are due to be reviewed a flow sheet will be generated and given to the designated person to the review that said policies by the Laboratory Operations Assistant.
C. The Manager, Coordinator, or Lead are responsible for the review, , and timely signatures of their respective policies and procedures. The flow sheet is then to be returned to the Administrator.
D. Revisions will be made by the Administrator, and uploaded to the document control system. Any old policies will be archived by the document control system and is available when needed.
E. Discontinued and retired policies are available on line and/or in hard copy located in the administrative office.
F. Hospital and Lab policies are on-line and accessible to employees.

G. Quality Management and performance improvement records are available and under the control of the chair of PI committee.

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 when 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				
Rev	**Description of Change**	**Author**	**Effective Date**	
1.	Policies linked to intranet, updated documentation from control system. No longer keeping a hard copy of manual. Added revision history, updated system name.	T. Lanan	4/8/14	
2	Addition of document control of worksheets and charts	J. Corpus/T. King	10/2/14	
1	Combined Methodist and Proctor campus policies	N. Krakowiecki	12/15/14	

Reviewed by

Designee	**Date**	Laboratory Director	**Date**
		Richard J. Barga	10/5/15
		Richard J. Barga	8/22/14
		Richard J. Barga	10/3/14
		Richard J. Barga	1/20/16