1. **Purpose:**

This policy addresses the following CAP accreditation requirements:

* CAP COM.10000
* CAP COM.10100
* CAP COM.10200
* CAP COM.10300
* CAP COM.10500

This procedure outlines how the Laboratory develops new procedures including components of a technical procedure, frequency of procedure manual review by the Medical Director or designee, documentation of personnel knowledge of new and revised procedures and discontinued laboratory policies and procedures.

1. **Policy**
   1. Procedure manuals are available in each section of the Laboratory or on the Tenet Homepage (Com.10000).
      1. Doctors Medical Center (DMC) Laboratory will also use manufacturer’s procedure when it is appropriate for the Laboratory section. These are often but not limited to analyte specific, maintenance, calibration and troubleshooting procedures.
      2. See procedure manual in each laboratory department.
   2. Procedures and policies are reviewed by the Laboratory Medical Director or their designee at least every two years (COM.10100).
   3. The Laboratory Medical Director reviews all new technical policies and procedures as well as substantial changes to existing documents prior to implementation (COM.10200).
      1. New technical policies and procedures cannot be delegated to designees.
      2. Paper or electronic signature reviews are at the level of each procedure. Alternatively, a list of procedures with signatures for each procedure is acceptable.
   4. DMC Laboratory ensures that all policies and procedures are reviewed by Laboratory Personnel including changes that are relevant to the scope of their practice (COM.10300). These may be included as a part of their annual competency or policy and procedure review process and are documented either with a paper signature page or electronically (i.e. MTS solution).
   5. Discontinued policies and procedures (COM.40500)
      1. Paper copies are retained for at least two years. These are either kept on site or sent to offsite storage facilities.
      2. Electronic copies are versioned and archived within DMC’s electronic policy and procedure system (i.e. policy tech).
      3. Retired transfusion medicine procedures are retained for five years.
      4. Retired procedures will indicate initial date of use and retirement date.
   6. General laboratory and administrative procedures
      1. General laboratory policies are reviewed by the Laboratory Medical Director and the Director of Laboratory Services at their inception.
      2. These procedures are reviewed by the Laboratory Medical Director or designee every two years or when there are changes
   7. Laboratory section policies and procedures
      1. These are procedures in Chemistry, Hematology, Microbiology, Coagulation, Urinalysis, Transfusion Medicine, Phlebotomy and Pathology.
      2. Section supervisors are delegated as designees to review, sign and make appropriate changes (See delegation letter).
      3. Procedural review occurs at least every two years or when changes need to be made.
      4. The Laboratory Medical Director must review and sign any new procedure, major changes, and changes in the normal ranges.
2. **Materials:**

None required

1. **Patient Preparation**

None Required

1. **Calibration and calibration verification**

None required

1. **Analytic measurement range for test results**

None required

1. **Limitations and interfering substances**

None

1. **Reference intervals (Normal Values).**

None

1. **Critical results**

None

1. **Result Entry**

None

1. **References**

All Common Checklist - CAP Accreditation Program (2019, September 17). In *CAP.org*. Retrieved from: <https://elss.cap.org/elss/faces/org/cap/elss/ui/page>

Reviewed and accepted by:

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Director of Laboratory Date

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Medical Director of Laboratory Date

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Laboratory Supervisor Date