

**LAC GENERAL HOSPITAL
PATHOLOGY and CLINICAL LABORATORY
MEDICAL DIRECTOR'S RESPONSIBILITIES**

INTRODUCTION

This document is prepared to be in compliance with the College of American Pathologists Team Leader Checklist on Medical Director's responsibilities as narrated by a Medical Director.

It is not unusual for the laboratories to have a Medical Director who visits periodically, usually once a week. When the Medical Director is on board on the walk in inspection day, there will be face to face discussion between the MD and the inspection Team Leader. If on the other hand, the inspection occurs on a day the MD is not on site, this document is critical and extremely effective.

Clinical Laboratory at the LAC Medi al Center is a full service laboratory providing anatomic and clinical pathology services. Our laboratory performs about 6000 clinical pathology tests and approximately 3,000 surgicals and 2,000 cytologies. See *Plan and Scope of Care* document in the QIP Manual for details of the services.

PATHOLOGISTS' QUALIFICATIONS

I am a board certified pathologist (Anatomic Pathology/Clinical Pathology/Immunohematology).working full time at the LAC General Hospital. I have been the Medical Director of this laboratory since 1997. A copy of my current résumé is attached to this document. I meet all the personnel qualifications required by CLIA 88 for laboratories performing Waived, Moderately Complex and High Complexity Testing.

We also have another full time staff pathologist board certified in AP, CP and Cytopathology. He also meets the personnel qualifications set forth by CLIA 88. He functions as the substitute Medical Director in my absence.

MY AUTHORITIES AND RESPONSIBILITIES

As the Medical Director, the responsibility to provide clinically meaningful and reliable laboratory test results rests with me. How I achive my goal is desfrobed below. In all these activities, my close working relationship with the laboratory leadership team: the other pathologist, the Laboratory Director and the section supervisors and lead technologists.

Laboratory Staffing: I am responsible for staffing the laboratory adequately with qualified personnel. Human Resource Management service coordinates actual hiring. I, with the assistance of the Laboratory Director establish the selection guidelines for

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each category of staff: Phlebotomists, technologists, microbiologists, histotechnologists, cytotechnologists and office staff. Actual selection responsibility and authority has been delegated to the Laboratory Director. Once selection is done by the Laboratory Director, I review the selection and approve it. If necessary, as in the selection of section supervisors, I also interview the individual.

New Employee Orientation and Training: Laboratory Director and the section supervisors and lead technologists compile the checklist. Then the checklist is then discussed in the Laboratory Quality Assurance Committee and is finalized. It is not implemented until I approve the contents.

Laboratory Budget and Fiscal Management: Assessment of the laboratory financial needs is performed every March and the budget estimate is submitted to the administration in April of every year. All the budget requests are submitted with my signature. Laboratory Director provides me the feedback from time to time during our weekly meetings. Any request for additional budget has to be approved by me before the request goes to the administration.

Communication and Coordination with other Services: I am the Chairperson of the Laboratory Quality Assurance Committee and the Hospital Transfusion and Blood Usage Review Committee. The committees' monthly meeting minutes are forwarded to the hospital Quality Improvement Committee and to the administration and depending on the nature of the issue to other service directors.

I am a member of the Medical Staff Executive Board, hospital Finance Committee, hospital Infection Control Committee, Surgical Case Review Committee, hospital Environment of Care Committee. This diversified membership facilitates global communication of laboratory issues and provides a very effective system of process improvement.

Laboratory Critical Values list, Reference Laboratory selection, Turn Around Times and other relevant issues are discussed in, and approved by the Medical Staff Executive Committee. Situations such as individual and location trends in inappropriate specimen selection, response to critical value calls are discussed with individual providers and/or with location nurse supervisors. I also attend nursing staff meetings if appropriate to resolve laboratory testing problems that cross service lines.

Laboratory publishes a monthly newsletter discussing various laboratory testing topics including new tests, analyzers, interpretation with reference to our hospital's patient population.

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Clinical Consultation: My associate pathologist and I are always available to the providers, clinical staff and laboratory staff for consultations. A monthly call list is posted on the hospital intranet and is available to all providers and locations. We are available for one to one consultation during the administrative hours of operation and via e-mail and phone for the evening and night staff and provide personal attention if necessary.

Correspondence with the Governmental Agencies: All the correspondence to outside agencies needs my signature before sent out. The agencies include accreditation and regulatory agencies such as JCAHO, CAP, FDA, and CMS. In my absence, the other pathologist fulfills this responsibility.

Laboratory Quality System: Effective implementation, enforcement, monitoring, documentation and process improvement of laboratory testing quality is solely my responsibility. With the Laboratory Director's and other staff members' input, I established the Quality System Manual. I direct and supervise its implementation, enforcement, monitoring and documentation through the feedback from the staff, laboratory Quality Assurance Committee and Staff meetings, Quality Control reviews, Competency assessment reviews, one to one discussion with the staff and frequent visits to various sections in the laboratory including the phlebotomy rooms and POCT locations. I am actively involved in the instrument and equipment selection and method validation process. I approve all method validation before implementation. I am actively involved in the corrective action protocols for unsuccessful Proficiency Testing Events. I approve procedure manuals before implementation including periodic revisions.

I carry out the above responsibilities and assert authority directly or by delegating certain responsibilities to qualified laboratory staff. In general, the delegation is not below the level of a section supervisor. Copy of the list of Signature Authorities and Responsibilities is attached to this document. This list clearly specifies responsibilities that should not be delegated and designated personnel who can sign in my absence

Education: Effective current knowledge in laboratory testing is my goal. I achieve this goal by providing in-service sessions to the staff. A Continuing Education list is published every year on the basis of issues encountered the previous year and current hot topics. In addition to this list, in-service education is provided during the monthly laboratory staff meetings depending on the feedback and questions from the staff. Similar sessions are provided to the providers individually as well as in groups. I also direct and supervise external and on-line education of the staff: ASCP meetings, CAP PT-related on line continuing education, CD ROMs and Videos for laboratory safety and POCT.

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Our laboratory scope does not extend to academic research, but clinical research is always encouraged and funds and guidance are provided as appropriate.

Staff Competency: Our Competency program is comprehensive and is in compliance with all the required areas of laboratory testing. See Laboratory Competency binder for all the competency related documents. Competency assessment is generally performed by the assigned supervisory staff. As we do not have a supervisory histotechnologist and Cytotechnologist, my associate and I perform histotechnologists' and cytotechnologists' competency.

Laboratory Safety: I myself designed Laboratory Safety Plan after receiving input from the hospital Safety Officer and laboratory staff. Our Safety Plan is in complete compliance with the OSHA and other regulatory agencies' requirements. It includes General Laboratory Safety, Infection Control policy, Chemical Hygiene Plan and Emergency Management.