

St. David's South Austin Medical Center
Department of Pathology
Rules and Regulations

Article I: Name

The name of this department is The Department of Pathology, South Austin Medical Center, hereafter referred to as the department.

Article II: Purpose

The purpose of this department is to provide optimal quality anatomic and clinical pathology services for the medical staff of the organization (South Austin Hospital [SAH]). This entails the following:

- A. Performance of quality control, quality assurance and quality improvement activities within the department as well as integration of these activities with the organization's Performance Improvement Plan.
- B. Seamless integration with the other medical staff departments as well as hospital committees and action groups.
- C. Initiation and maintenance of professional self-governance and discipline within the limits indicated in the medical staff Bylaws and governance policies.
- D. Assistance in medical education within the hospital

Article III: Membership

Membership is a responsibility which shall be extended only to who continuously meet the qualifications herein and the standards and requirements set forth in the medical staff's Bylaws and other governance/regulatory documents. Acceptance of membership will constitute an agreement that the pathologist will strictly abide by the policies herein of the department as well as those in the aforesaid medical staff documents. Continued membership requires approval of the applicant's credentials and current competence by the Credentials function of the medical staff. No other department can grant privileges in the Pathology Department.

- A. Qualifications for membership include:
 - 1. Completion of an approved residency in Pathology
- B. 2. As defined in the bylaws responsibilities of the members include:
 - 1. Supervision of all laboratory testing as designated by the chairperson of the pathology (COP) department or designated acting chair (/D).
 - 2. Prompt completion of reports
 - 3. Daily quality control as designated by the COP/D.
 - 4. Quality assurance activities as designated by the COP/D.
 - 5. Quality improvement activities as designated by the COP/D.
 - 6. Participation in the on-call schedule
 - 7. Meetings requirements as defined in the bylaws

8. Compliance with CAP/Joint Commission accreditation requirements
- C. Conditions and Duration of appointment:
1. Initial appointment and reappointment(s) automatically coincide with the appointment/reappointment to the medical staff.
 2. Membership subject to same conditions, modifications and alterations as membership of the medical staff
 3. Membership confers only such clinical privileges granted by the Board of Trustees.

Article IV: Privileges and Staff categories

Application for privileges are made with the credentialing function of the organization. Privileges are granted dependant on documentation of training/competence in accordance with those policies. Categories of the medical staff are granted in accordance with the policies of the credentialing function of the organization. A change of status of both privileges and/or staff category is requested through the hospital credentialing channels.

Credentialing Criteria:

ABILITY TO PERFORM PRIVILEGES REQUESTED: Must be documented by the applicant's signed statement that no health problems exist which could affect his or her practice. This is documented in the application for appointment or reappointment.

CURRENT LICENSURE: Documentation of current Texas state medical license must be provided.

TRAINING/EXPERIENCE REQUIREMENT:

Minimum Threshold Criteria: Physicians who have successfully completed a residency training program in Pathology approved by the Accrediting Council for Graduate Medical Education or Royal College of Physicians and Surgeons of Canada, or the American Osteopathic Association and board certification as required in the bylaws.

DEMONSTRATED CURRENT COMPETENCE:

FOR INITIAL GRANTING OF PRIVILEGES: Competence must be documented and verified in writing by individuals personally acquainted with the applicant's professional and clinical performance. For non-invasive procedures, types and successful outcomes of medical conditions managed by the applicant should be documented.

FOR RENEWAL OF PRIVILEGES: Competence must be demonstrated by an adequate volume of experience with successful outcomes and documented by the results of performance-improvement activities, peer recommendations, and/or departmental/clinical service recommendations and compliance with department

quality assurance plans and accreditation requirements as established by the College of American Pathologists.

Article V: Operation of the Department

All business pertaining to the practice of pathology at South Austin Hospital will be transacted by active members of the department in good standing who will constitute the voting members of the department. A quorum consists of 3 voting members. The action of a majority of members present at a meeting in which a quorum is declared will be the action of the department. The business of the department will be conducted at no less than quarterly meetings, verbally called by the COP/D.

Article VI: Officers of the Department

The officers of the department are chairperson and vice-chairperson as elected by the department of pathology and approved by the Medical Executive Committee and Board of Trustees . The chairperson will serve as the medical director of laboratories of the organization and must be an active member of the medical staff in good standing. As medical director the chairperson must fulfill all requirements as set out in the Federal Register and/or defined by the Health Care Financing Administration. Vacancy of the chair shall automatically be filled by the vice-chairperson, with all duties and responsibilities entailed. The vice-chair shall act as designated chairperson in the absence of the chair. The responsibilities of the chairperson are described in the organization's Bylaws and governance documents.

Article VII: Miscellaneous Policies of the Department:

See Pathology QA Policy LPP-04-57.

Article VIII: Policies of the Medical Executive Committee

All medical staff policies promulgated by the medical staff or the Medical Executive Committee of the medical staff will be adhered to by each and every member of the Department of Pathology.

Article IX: Performance Improvement and Peer Review

The department shall participate in performance improvement and peer review functions in accordance with the processes outlined in the organizational performance improvement plan and medical staff bylaws.

REVISIONS: 8/5/98, 5/9/00, 2/15/01, 6/14/02, 9/10/04, June 2010
APPROVED BY: PATHOLOGY DEPARTMENT June 2010
MEDICAL EXECUTIVE COMMITTEE DATE 6/11/10
BOARD OF TRUSTEES DATE 6/17/10