I. ANATOMIC PATHOLOGY SERVICE ORGANIZATION

The Anatomic Pathology Service at San Francisco General Hospital (SFGH) is an academic component of the Department of Pathology at the University of California, San Francisco (UCSF). The Service conforms to the UCSF regulations and policies and to the policies of the Department of Pathology. These affect the following: Staff appointments; resident training; policies and allocations medical student teaching programs; clinical research programs; and financial oversight. There are no perceived conflicts between the UCSF policies and policies of SFGH, but if a conflict should arise that relates to patient care activities, the SFGH Medical Staff Bylaws and Rules and Regulations of SFGH and this document will take precedence.

It is the responsibility of the Clinical Service of the Department of Anatomic Pathology to provide accurate and timely diagnostic service for inpatients and outpatients. The professional members of the clinical service must be board qualified or certified by the American Board of Pathology.

A. SCOPE OF PRACTICE

It is the intention of the Anatomic Pathology Clinical Service of San Francisco General Hospital to provide the highest quality of care and promptness of service in order to insures optimal patient care.

In addition to providing pathology diagnoses, the Anatomic Pathology faculty offer clinical teaching conferences for pathology house staff and for students, residents, fellows and attending physicians of the clinical services at SFGH. As members of the faculty of the UCSF Department of Pathology, the SFGH Anatomic Pathology faculty perform scholarly activities including clinical and translational research.

Additional information is provided in the document Scope of Service (Appendix A)

B. MEMBERSHIP REQUIREMENTS

Membership on the Medical Staff of San Francisco General Hospital is a privilege which shall be extended only to those practitioners who are professionally competent and continually meet the qualifications, standards, and requirements set forth in SFGH Medical Staff Bylaws, Article II Medical Staff Membership, Rules and Regulations and accompanying manuals as well as these Clinical Service Rules and Regulations.

1. The professional members of the clinical service must be board eligible or certified by the American Board of Pathology.
2. Privileges are recommended by consensus of the Voting Professional Staff of the Anatomic Pathology Clinical Services and are approved by the Chief of Anatomic Pathology Clinical Services, subject to approval of the Credentials committee of the Medical Staff and approval of the Governing Body.

3. Individual privileges are subject to review and revision at initial appointment, throughout the period of proctoring, at the time of reappointment, at the time judged appropriate by the Chief of Anatomic Pathology Clinical Services or at any time recommended by two-thirds of the Voting Professional Staff of the Anatomic Pathology Clinical Services.

4. DEA Certification is not required. CPR Certification is not required.

C. STAFFING/ORGANIZATION OF THE ANATOMIC PATHOLOGY SERVICE

The officers of the Anatomic Pathology Clinical Services are:

1. **Chief of Service**
   The Anatomic Pathology Chief of Service is appointed in accordance with the SFGH Medical Staff Bylaws and Rules and Regulations. The Chief of Service’s performance is evaluated at least biannually by the Associate Chief in accordance with the Performance Improvement and Patient Safety Program outlined in IX below. Less than satisfactory performance will be referred to the Medical Staff Services Department for action.

   The Chief of Service shall perform the duties outlined in the SFGH Medical Staff Bylaws. See APPENDIX B – JOB DESCRIPTIONS.

2. **Associate Chief of Service**
   The Chief of Anatomic Pathology Service appoints the Associate Chief of Service. The Associate Chief of Service’s performance is evaluated at least annually by the Chief of Service in accordance with the Performance Improvement and Patient Safety Program outlined in IX below. In the absence of a Chief of Service the Associate Chief is officially named as Acting Chief of Service. A designated Assistant Chief of Service shall evaluate the Associate Chief of Service. Less than satisfactory performance will be referred to the Medical Staff Services Department for action.

   The Associate Chief of Service shall perform departmental administrative duties as requested by the Chief of Service. In addition, the Associate Chief of Service shall represent the Chief of Anatomic Pathology in her/his absence.

3. **Assistant Chiefs of Service**
The Chief of Anatomic Pathology Service appoints the Assistant Chiefs of Service. The Assistant Chiefs of Service shall perform clinical service administrative duties as requested by the Chief of Anatomic Pathology Services. In addition, the Assistant Chiefs of Service shall represent the Chief of Service in his/her absence and that of the Associate Chief of Anatomic Pathology. The Chief of Service in accordance with the Performance Improvement evaluates the Assistant Chief of Services’ performance at least biannually and Patient Safety Program outlined in IX below. Less than satisfactory performance will be referred to the Medical Staff Services Department for action.

4. Personnel
Personnel employed in the Anatomic Pathology Clinical Service are responsible for accessioning, processing, investigating, interpreting, reporting, coding, and filing autopsy, surgical and cytology reports each year. Staff performance is evaluated annually in accordance with the personnel policies of the University of California Office of the President.

All personnel are given the opportunity to advance to higher positions and to attend management, safety and technical training programs offered at the University of California and San Francisco General Hospital. An organizational chart indicating categories of personnel employed by the Anatomic Pathology Clinical Service is located in Appendix A – Anatomic Pathology Clinical Service Organizational Chart.

5. Organization of the Anatomic Pathology Clinical Service
The Anatomic Pathology Clinical Service is composed of three major subdivisions:

- Cytopathology
- Surgical Pathology
- Autopsy Pathology (including Morgue functions)

II. CREDENTIALING

A. NEW APPOINTMENTS
The process of application for membership to the Medical Staff of SFGH through the Anatomic Pathology Clinical Service is in accordance with SFGH Bylaws, Rules and Regulations as well as these Clinical Service Rules and Regulations.

An application for Medical Staff appointment and Delineation of Privileges in Anatomic Pathology include:

- Current medical or other licensure, or equivalent
• Board Certification (or eligibility where appropriate)
• Evidence of Continuing Medical Education as required for licensure
• Letters of reference
• Current completed SFGH Medical Staff application for staff privileges

The SFGH Credentials Committee shall oversee and recommend credentialing actions.

B. REAPPOINTMENTS
The process for reappointment to the Medical Staff of SFGH through the Anatomic Pathology Clinical Service is in accordance with SFGH Bylaws, Rules and Regulations as well as these Clinical Service Rules and Regulations.

Reappointment to the staff is dependent on continuing demonstration of competence. Competence will usually be evaluated by the Chief of Anatomic Pathology or in her/his absence, by the Associate Chief of Anatomic Pathology. Criteria for evaluation are containing in the document Ongoing Professional Performance Evaluation (OPPE). (see Appendix F)

The SFGH Credentials Committee shall oversee and recommend credentials actions.

C. Practitioner Performance Profiles
The Anatomic Pathology Practitioner Performance Profiles are maintained by the Chief of Anatomic Pathology Service. Refer to IX.A. below.

1. Staff Status Changes
The process for Staff Status Changes for members of the Anatomic Pathology Clinical Service is in accordance with SFGH Bylaws, Rules and Regulations.

2. Modification/Change to Privileges
The process for Modification/Change to Privileges for members of the Anatomic Pathology Clinical Service is in accordance with SFGH Bylaws, Rules and Regulations.

D. AFFILIATED PROFESSIONALS
The processing of appointment and reappointment to the Affiliated Professionals of SFGH through the Anatomic Pathology Clinical Service is in accordance with SFGH Bylaws, Rules and Regulations.

E. STAFF STATUS CATEGORIES
Anatomic Pathology Clinical Service staff fall into the same staff categories that are described in Article III – Categories of the Medical Staff of the SFGH Bylaws, Rules and Regulations.
III. Delineation of Privileges

A. Development of Anatomic Pathology Privileges

Anatomic Pathology privileges are developed in accordance with SFGH Medical Staff Bylaws, Article V: Clinical Privileges, Rules and Regulations.

B. Annual Review of Anatomic Pathology Clinical Service Privilege Request Form

The Anatomic Pathology Clinical Service Privilege Request Form shall be reviewed annually.

C. Clinical Privileges

Anatomic Pathology Clinical Service privileges shall be authorized in accordance with the SFGH Medical Staff Bylaws, Article V: Clinical Privileges, Rules and Regulations. All requests for clinical privileges will be evaluated and approved by the Chief of the Anatomic Pathology Clinical Service.

The process for modification/change of the privileges for members of the Anatomic Pathology Service is in accordance with the SFGH Medical Staff Bylaws and the Rules and Regulations.

D. Temporary Privileges

Temporary Privileges shall be authorized in accordance with the SFGH Medical Staff Bylaws, Article V: Clinical Privileges, Rules and Regulations.

IV. Proctoring and Monitoring

A. Monitoring (Proctoring) Requirements

1. Staff Physicians

The duration of proctoring in Anatomic Pathology for a new appointment is a six (6) month period. The Chief completes, signs, and provides a copy of the Proctoring form to Medical Staff Services Department.

Proctoring shall consist of both concurrent observation and retrospective evaluation. The required numbers of specimens and procedures (FNA) that must be observed or reviewed for each privilege are listed in Appendix E (Anatomic Pathology Clinical Service Privilege Request Form). In the Anatomic Pathology Clinical Service, at least 25% of the cases of diagnostic importance are seen by a second pathologist during the initial time of evaluation. An estimate of the numbers and types of cases concurrently examined by a proctor and appointee during the six-month period are part of the proctor’s evaluation. In addition, a retrospective review of the appointee’s performance is available through an evaluation of clinical indicators for that period, such as frozen section-final diagnosis correlation,
correlation with outside consultants, and correlation of cytology diagnosis with tissue diagnosis.

2. Resident Physicians
Anatomic Pathology Resident Physicians of the City and County of San Francisco shall, as a minimum, meet requirements for continuing as Residents set for by the Department of Pathology, UCSF. Resident’s performance is reviewed quarterly at UCSF Departmental Meetings. Less than satisfactory evaluation of any Resident requires specific efforts to more closely supervise and improve that Resident’s performance. Continued unsatisfactory performance will lead to a separation of that Resident from the University and, secondarily, removal of that Resident from duties at San Francisco General Hospital.

3. Reappointment Monitoring
Reappointment of Anatomic Pathology staff members is dependent on both concurrent observation and retrospective evaluation. The Chief of Anatomic Pathology is responsible for evaluating the competency of the members of the Anatomic Pathology Clinical Service. The Clinical Chief of Anatomic Pathology is responsible for evaluating the competency of the Chief of Anatomic Pathology. Refer to II B.

B. ADDITIONAL PRIVILEGES
Request for additional privileges for the Anatomic Pathology Clinical Service shall be in accordance with SFGH Bylaws, Rules and Regulations. Refer to II B.

C. REMOVAL OF PRIVILEGES
Removal of privileges for the Anatomic Pathology Clinical Service shall be in accordance with SFGH Bylaws, Rules and Regulations. Refer to II B.

V. EDUCATION
The Anatomic Pathology Clinical Services offers the following CME.

A. COLLEGE OF AMERICAN PATHOLOGISTS (CAP) PERFORMANCE IMPROVEMENT & PATIENT SAFETY (PIPS) PROGRAM
The CAP PIPS anatomic pathology program provides an opportunity for formal category I continuing medical education (CME).

B. OTHER CME
In addition, Anatomic Pathology physicians each earn CME credits for personal attendance at conferences and other documented activities. The UCSF Department of Pathology offers formal category I CME credits for the weekly “Mechanism of Disease Conference” and for the annual “Current Issues in Anatomic Pathology” conference held at the end of May.
VI. ANATOMIC PATHOLOGY CLINICAL SERVICE HOUSESTAFF TRAINING PROGRAM AND SUPERVISION

All the Pathology Residents are actively involved in all aspects of the Anatomic Pathology Clinical Service. These include:

- Frozen Section in the Operating Room
- Fine Needle Aspiration Biopsies in Wards and Clinics
- Performance of Autopsies
- Microscopic Review of Autopsies and Preparation of Autopsy Reports
- Analysis of Diagnostic Biopsies and Preparation of Reports
- Dissection of Specimens received from the Operating Room and Preparation of Reports

All procedures are performed under the supervision of an attending pathologist. All anatomic dissections, autopsies and surgical specimens, are reviewed with an attending. Every microscopic slide is reviewed with a staff pathologist. Each final diagnostic report is reviewed and signed by a pathologist.

At interdepartmental meetings and working service conferences, the Resident may present the pathology findings. This is always done following preparation with an attending.

Resident evaluation is coordinated through a centralized evaluation process in the Department of Pathology at UCSF. This involves a web-based evaluation system of competencies. Each Attending Physician fills out a performance assessment at the end of the resident rotations. These are used by the Residency Director as a basis for assessment of performance and advice regarding improvement. Resident performances are also discussed among Pathology Attending Staff of all UCSF hospitals at quarterly meetings.

VII. ANATOMIC PATHOLOGY CLINICAL SERVICE CONSULTATION CRITERIA

Refer to X. B. Below - Anatomic Pathology Clinical Service Policies

VIII. ANATOMIC PATHOLOGY CLINICAL SERVICES DISCIPLINARY ACTION

The San Francisco General Hospital Staff Bylaws, Rules and Regulations will govern all disciplinary actions involving members of the SFGH Anatomic Pathology Clinical Service including provision for due process where applicable.

IX. PERFORMANCE IMPROVEMENT & PATIENT SAFETY (PIPS)

The Anatomic Pathology Clinical Service is committed to the maintenance of the highest standards of practice and dedicated to the continued efforts to improve clinical service performance. Performance Improvement and Patient Safety for the Anatomic Pathology Clinical Service includes ongoing monitoring and evaluation of the quality as it relates to patient care. The goal is to identify and resolve problems within the Clinical Service that impact on patient care.
The Chief of Anatomic Pathology is responsible for the quality of service provided by the clinical service and its impact on patient care. The Chief of Anatomic Pathology reviews reports of performance improvement and patient safety activities in the clinical service or delegates responsibility for formulating, monitoring, reporting, and communicating the PIPS Plan to a designated physician within the service attending staff. Performance Improvement and Patient Safety activities are discussed at the Anatomic Pathology monthly meetings. A quarterly Tissue Committee report is prepared and presented to the Hospital PIPS Committee. A Departmental Report is presented to Hospital PIPS Committee annually.

A full description of the Anatomic Pathology Clinical Service PIPS plan is provided in the document, San Francisco General Hospital Anatomic Pathology PIPS Program (Appendix D). This document is revised annually.

A. Anatomic Pathology Clinical Indicators

The clinical indicators for Anatomic Pathology include:

- Specimen identification
- Insufficient tissue on FNA
- Correlation of frozen section and final diagnoses
- Correlation of abnormal cytology results and tissue diagnoses.
- Correlation of autopsy Provisional Diagnoses with Final Diagnoses
- Notification of critical values
- Notification of critical diagnoses
- Turnaround times for surgical pathology, dermatopathology, autopsy pathology and cytology cases.

These indicators form the basis of credentialing and monitoring practice patterns. Whenever possible, these indicators have been made physician specific. Updated performance summaries are included in each pathologist’s personnel file.

B. Anatomic Pathology Clinical Service Practitioners Performance Profile

Refer to San Francisco General Hospital Anatomic Pathology PIPS Program (Appendix D) and Anatomic Pathology Clinical Service Privilege Request Form (Appendix E).

C. Monitoring and Evaluation of Appropriateness of Patient Care Services

Refer to San Francisco General Hospital Anatomic Pathology PIPS Program (Appendix D) and Anatomic Pathology Clinical Service Privilege Request Form (Appendix E).
D. Monitoring and Evaluation of Professional Performance of Anatomic Pathology

The quality of performance of each pathologist in Anatomic Pathology is constantly being monitored and evaluated. Any deficiencies are reviewed and made part of each physician's personnel file. Repeated deficiencies and unethical or illegal actions may constitute a deviation from standards of acceptable medical care. Such cases shall be referred to the Medical Staff Services Department for action.

Many Pathology cases are presented at interdepartmental conferences, and in the process are seen by more than one member of the clinical service. In addition, difficult cases, highly specialized cases, and cases with a new diagnosis of malignancy are seen by more than one member of the department. Overall, greater than 25% of cases are reviewed by more than one pathologist because of this conference-consultative system.

The Anatomic Pathology Clinical Service also participates with other departments in their performance improvement and patient safety activities. These include but are not limited to the SFGH Tissue Committee and Departmental Morbidity and Mortality Conferences.

X. ANATOMIC PATHOLOGY CLINICAL SERVICE POLICIES

A. Policies and procedures applicable to each subdivision of the Anatomic Pathology Clinical Service are kept at each site and reviewed yearly.

B. Requests for Anatomic Pathology services are made via standard SFGH requisition slips. For surgical and other biopsy specimens, additional forms giving pre- and post- diagnoses (Record of Operation) or a Pathology Consultation request must be included in order to insure that adequate clinical information is available.

C. Specimens received without necessary documentation are not processed until documentation is completed. A policy for confirming, pursuing, and reporting lost specimens is also in place.

D. Records are kept of daily accession of specimens and how they are identified.

E. Copies of all Anatomic Pathology reports are electronically kept.

F. All microscopic interpretations are made by pathologists qualified in Anatomic Pathology.

G. Members of the Housestaff who perform autopsies are under the direct supervision of a pathologist.
H. The Cytopathology Service is directly supervised by pathologists who are qualified in Cytology.
   - All Cytology slides of non-gynecological origin, all gynecological smears interpreted to be pre-malignant or malignant, and a sample of over 10% of negative reproductive tract Cytology’s are reviewed by a pathologist.
   - A performance improvement and patient safety program is in place regarding Cytopathology (Appendix D – San Francisco General Hospital Anatomic Pathology PIPS Program)
   - Workload limits for cytotechnologists comply with Federal and State laws.

I. All Cytopathology, Surgical Pathology, and Autopsy reports are part of the patient’s Lifetime Clinical Record (LCR).

J. All wet tissue, microscopic slides, and paraffin blocks are stored for as long or longer than specified by Federal Regulations (Title 42, Code of Federal Regulations). When duration of storage is not specified in Federal Regulations, the recommendations of the College of American Pathologists are met or exceeded. Details regarding specific storage are available in the Policies and Procedures documents applicable to each subdivision of the Anatomic Pathology Clinical Service (available in the Department of Anatomic Pathology).

K. All Anatomic Pathology Clinical Service personnel are required to comply with requirements for initial and annual review training of National Patient Safety Goals, Bloodborne Pathogens, Clinical Infection Control, Environment of Care, Compliance, IS Security, Baby Friendly Initiative, Stroke, Response and Emergency Management, Abuse Overview, Personal Preparedness for Disaster, Privacy, N95 Respiratory and other requirements designated by SFGH Administration. Training is by attendance or certification through the Health Stream training system.

L. An Anatomic Pathology Clinical Service meeting is held monthly. Performance Improvement and Patient Safety matters are discussed. A report is sent to the Hospital PIPS Committee, and minutes are maintained in secure Departmental files.

XI. INFECTION CONTROL PROGRAM
A. The Anatomic Pathology Clinical Service participates in the SFGH Infection Control Program. All personnel complete annual mandatory infection control training.

B. The Anatomic Pathology Clinical Service adheres to requirements of the Employee Health Service (CMOSH) regarding screening and immunization required for employees at SFGH.
C. A Body Substance Precaution Program made specific for the Department of Pathology is followed and updated as needed. It is approved yearly by the Infection Control Committee at SFGH.

D. Reporting of Communicable Diseases to the Public Health Department
   1. Title 17, Chapter 4, Section 2505 of the California Administrative Code, require the Reporting to the City Health Department of laboratory findings suggestive of diphtheria, gonorrhea, syphilis, tuberculosis, typhoid, and listeria. Section 2503 requires that the laboratory report any unusual isolate to the City Health Department. Section 2503 requires reporting of a suspected infectious disease outbreak.

XII. HAZARDOUS SUBSTANCE PROGRAM

A Hazardous Communication Program insures the right of employees to be informed regarding any hazardous substances that might be encountered in the work place.

A. Components of the Hazardous Communication Program include:
   - Material Data Sheet Collection
   - Labeling Program
   - Hazardous Waste Disposal
   - Periodic Testing for common hazardous substance
   - Education

B. The Environmental Health and Safety Department has made available a site-specific training program since 1992.

C. Problems regarding Health and Safety issues are communicated to the Environmental Health and Safety Committee at SFGH.

XIII. MEETING REQUIREMENTS

In accordance with SFGH Medical Staff Bylaws all Active members are expected to show good faith participation in the governance and quality evaluation of the Medical Staff by attending a minimum of 50% of all committee meetings assigned, clinical services meetings and the Annual Medical Staff Meeting. As defined in the SFGH Medical Staff Bylaws, a quorum is constituted by at least three (3) voting members of the Active Staff for the purpose of conducting business.

The Anatomic Pathology Clinical Service meets monthly (see X.L)

XIV. ADOPTION AND AMENDMENT

The Anatomic Pathology Clinical Service Rules and Regulations will be adopted and revised by a majority vote of all Active members of the Anatomic Pathology Clinical Service annually at a quarterly held Anatomic Pathologic Faculty Meeting.
APPENDIX A – SCOPE OF SERVICE

DEPARTMENT OF ANATOMIC PATHOLOGY
San Francisco General Hospital
Scope of Service

2010 - 2011

ANATOMIC PATHOLOGY VISION, MISSION AND SCOPE OF SERVICE

The Pathology Department seeks to provide the highest quality service to the citizens of the City and County of San Francisco. We serve a broad range of patients and services at SFGH, including the Emergency Department, Operating Room, hospital and community-based primary care clinics, and specialty clinics. We also serve Laguna Honda Hospital, Community Health Centers, Community Consortium Clinics, and other DPH manage care-contracted partners. The department provides a vital teaching function as part of the Medical School of the University of California, San Francisco.

Thus, the Department of Pathology at SFGH aspires to be a leading pathology department based at a public hospital.

The mission of the Department of Pathology at SFGH is serving our patients, students and community through our commitment to:

• Delivering excellent diagnostic services for our patients
• Providing outstanding education for our students
• Developing innovative research programs with the hope that new knowledge will yield more accurate diagnoses and improved therapies
• To support the clinical, educational and research missions of our SFGH and UCSF colleagues

The goals of the Department of Pathology at SFGH are:

• Delivering excellent diagnostic services for our patients
• To provide a wide range of pathology services in a cost-effective, accurate, and timely manner
• To facilitate completion of complex diagnostic tests that and consultative reviews are not currently not performed at SFGH.
• To seek consultative reviews from outside experts as needed to establish accurate diagnoses
• To maintain patient confidentiality and information security while maintaining a timely and complete reporting of important medical information

AVAILABLE SERVICES

The following Pathology services are available 24-hours a day, 7 days a week. Services are provided to patients of all age groups and cultures.

<table>
<thead>
<tr>
<th>Service</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cytopathology</td>
<td>Gynecologic specimens (PAP smears), non-gynecologic specimens such as sputum or body fluid samples and fine needle aspirations (FNA’s).</td>
</tr>
<tr>
<td>Surgical Pathology</td>
<td>Specimens range from large multipart specimens received from surgery to small biopsies performed in clinical settings.</td>
</tr>
<tr>
<td>Autopsy Pathology</td>
<td>Post-mortem examination. Electron microscopy and Immunocytochemistry and</td>
</tr>
</tbody>
</table>
Special Procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electron Microscopy</td>
<td>Pathology specimens requiring ultrastructural analysis are prepared in the SFGH laboratory. Electron microscopy is performed by UCSF pathologists in the UCSF Electron Microscopy laboratory.</td>
</tr>
<tr>
<td>Consultation</td>
<td>Neuropathology, immunopathology, hematopathology, dermatopathology, and nephropathology.</td>
</tr>
</tbody>
</table>

GOALS

- To provide a wide range of pathology services in a cost-effective, accurate, and timely manner.
- To facilitate complex diagnostic tests and consultative reviews not performed at SFGH. An important aspect of this goal is physician education in the form of interdepartmental consults and conferences.
- To maintain patient confidentiality and information security while maintaining a timely and complete reporting of important medical information.
- To maintain our mission by seeking continuous improvement to our diagnostic services thereby improving healthcare at SFGH.
- To develop innovative teaching programs for medical students, residents and postdoctoral scholars.
- To pursue basic, translational and clinical research on mechanisms, diagnosis, treatment and prevention of disease.
- To foster high standards of ethical and professional behavior and respect for patients, colleagues, students and staff.

CARE PROVIDERS

**Faculty**

- Chief of Service, Pathology
- Clinical Professor
- Associate Professor in Residence
- Assistant Clinical Professor of Clinical Pathology
- Clinical Instructor (2)

**Staff**

- Manager
- Cytotechnologists (2)
- Histotechnologists (45)
- Hospital Laboratory Technician I (2 Cyto. Lab)
- Hospital Laboratory Technician III (Gross Rm.)
- Hospital Laboratory Technician III (EM Lab)
- Hospital Medical Transcriptionist (1)
- Senior Morgue Attendant (1)
- Morgue Attendants, Part-time (4)

Certification & Educational Requirements

**Chief of Service:** Board certification by American Board of Pathology, and meets the continuing medical education guidelines established by hospital policy.

**Pathologists:** Certified or eligible for certification by American Board of Pathology, and meets the continuing medical education guidelines established by hospital policy.
Cytotechnologists: 1. Twelve months training in a cytotechnology training program accredited by the Committee on Allied Health Education Accreditation of American Medical Association.  
2. Certified in cytotechnology by the Board of Registry of American Society of Pathologists, International Academy of Cytology, or by some agency acceptable to the Laboratory Accreditation Committee.  

Histotechnologists: 1. Two years of college coursework with an emphasis on biology, chemistry and mathematics.  
2. One year of laboratory experience.

Morgue Attendants: 1. A degree in mortuary science or the equivalent training in a supervised setting.

OTHER CARE PROVIDERS
The following health care providers also meet patient care needs:

Hospital Medical Transcribers  
Hospital Laboratory Assistants

STANDARDS AND GUIDELINES
In place and regularly updated.

STAFFING

STAFFING REQUIREMENTS  
The following chart represents the minimum staffing.

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Days Mon.-Fri.</th>
<th>Evenings Mon.-Fri.</th>
<th>Weekends</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief of Service</td>
<td>On Duty or On Call</td>
<td>On Call</td>
<td>On Call</td>
</tr>
<tr>
<td>Pathologists</td>
<td>On Duty or On Call</td>
<td>On Call</td>
<td>On Call</td>
</tr>
<tr>
<td>Manager</td>
<td>On Duty or On Call</td>
<td>On Call</td>
<td>On Call</td>
</tr>
<tr>
<td>Cytotechnologist</td>
<td>2 On Duty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Laboratory Technician I</td>
<td>2 On Duty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Histotechnologist</td>
<td>3 On Duty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Laboratory Technician III</td>
<td>1 On Duty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grossing Room</td>
<td>1 On Duty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Medical Transcriptionists</td>
<td>1 On Duty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morgue Attendants</td>
<td>1 On Duty</td>
<td>1 On Duty 4:00 - 8:00 P.M.</td>
<td>1 On Duty 8:00 A.M. to 4:00</td>
</tr>
</tbody>
</table>
Pathologists Call Coverage

The regular laboratory hours are Monday through Friday, 7:30 a.m. to 5:00 p.m. Anatomic pathology resident and attending pathologists are on call at all times for preparation and interpretation of frozen sections and fine needle aspiration biopsies.

ACCOUNTABILITY

The Chief of Pathology is responsible for the supervision of direct patient care within Pathology, determines the medical services available, insures the integration of Pathology services with those of other clinical departments and with the hospital as a whole, and is responsible for the education and research functions of the medical staff. The Chief oversees the credentialing and quality assurance of the medical staff. The Chief reports to the Associate Dean, SFGH and the Department Chair, UCSF Pathology.

With assistance from the Chief of Pathology, the Manager is responsible for the administration and evaluation of the technical and support staff. The Manager is responsible for ongoing review of health and safety practices with the medical, technical and support staff. The Manager provides the knowledge, skill and leadership to manage the department’s resources, and coordinates the department’s services with other clinical departments. The Manager investigates any Unusual Occurrences and reviews findings.
Chief of Anatomic Pathology Clinical Service

Position Summary:

The Chief of Anatomic Pathology Clinical Service directs and coordinates the Service’s clinical, educational, and research functions in keeping with the values, mission, and strategic plan of San Francisco General Hospital (SFGH) and the Department of Public Health (DPH). The Chief also insures that the Service’s functions are integrated with those of other clinical departments and with the Hospital as a whole.

Reporting Relationships:

The Chief of Anatomic Pathology Clinical Service reports directly to the Associate Dean and the University of California, San Francisco (UCSF) Department Chair. The Chief is reviewed not less than every four years by a committee appointed by the Chief of Staff. Reappointment of the Chief occurs upon recommendation by the Chief of Staff, in consultation with the Associate Dean, the UCSF Department Chair, and the SFGH Executive Administrator, upon approval of the Medical Executive Committee and the Governing Body. The Chief maintains working relationships with these persons and groups and with other clinical departments.

Position Qualifications:

The Chief of Anatomic Pathology Clinical Service is board certified, has a University faculty appointment, and is a member of the Active Medical Staff at SFGH.

Major Responsibilities:

The major responsibilities of the Chief of Anatomic Pathology Clinical Service include the following:

Providing the necessary vision and leadership to effectively motivate and direct the Service in developing and achieving goals and objectives that are congruous with the values, mission, and strategic plan of SFGH and the DPH;

In collaboration with the Executive Administrator and other SFGH leaders, developing and implementing policies and procedures that support the provision of services by reviewing and approving the Service’s scope of service statement, reviewing and approving Service policies and procedures, identifying new clinical services that need to be implemented, and supporting clinical services provided by the Department;

In collaboration with the Executive Administrator and other SFGH leaders, participating in the operational processes that affect the Service by participating in the budgeting process, recommending the number of qualified and competent staff to provide care, evaluating space and equipment needs, selecting outside sources for needed services, and supervising the selection, orientation, in-service education, and continuing education of all Service staff;
Serving as a leader for the Service’s performance improvement and patient safety programs by setting performance improvement priorities, determining the qualifications and competencies of Service personnel who are or are not licensed independent practitioners, and maintaining appropriate quality control programs; and

Performing all other duties and functions spelled out in the SFGH Medical Staff Bylaws.
APPENDIX C - ANATOMIC PATHOLOGY CLINICAL SERVICE ORGANIZATIONAL CHART

UCSF/SFGH Department of Anatomical Pathology

Chief of Service

Associate Chief
Other Pathology Faculty

Manager
(Hospital Lab IV - Supervisor)

Hospital Medical Transcriber (1)
Admin Assistant II (1)

CYTOLOGY
Cytotechnologist (2)
Hospital Lab Tech I (2)

Anatomic Laboratories
HISTOLOGY
ELECTRON MICROSCOPY
Histotechnologist II (1)
Histotechnologist I (3)
Hospital Lab Tech III (2)

MORGUE
2522 (1)
2520 (5)
APPENDIX D. - ANATOMIC PATHOLOGY CLINICAL SERVICE CYTOLOGY PIPS PLAN

SFGH ANATOMIC PATHOLOGY PERFORMANCE IMPROVEMENT/PATIENT SAFETY PROGRAM

PLAN FOR YEAR 2013

I. Department of Pathology Process Improvement Patient Safety (PIPS) Committee Mission Statement:

The PIPS program in the Department of Pathology at SFGH covers surgical pathology, cytopathology, and autopsy pathology. To help achieve the hospital’s vision, we strive continually to improve patient and physician satisfaction, reduce the cost of care, improve outcomes and reduce delays in every aspect of care. This plan is intended to measure, assess, and improve the quality of services we provide, in order to fulfill our mission of providing the best possible care for our patients.

II. Process Improvement Patient Safety Committee—Membership and meeting schedule.

A. The Chief of the Department of Anatomic Pathology (Dr. Walter Finkbeiner serves as the chair of the PIPS Committee.

B. The PIPS Committee members include: Pathology Faculty (Drs. James P. Grenert, Douglas Hanks, Steven Nishimura, Poonam Vohra); the Laboratory Manager (Mr. Mark Weinstein); the cytotechnologists (Ms. Lauren SchillerRita Uong and Mr. Dominic Lung); and Quality Management Department Representative (Mr. Michael Pfeffer). Mr. Bernie Sarafian provides administrative support.

C. The Committee meets on the third Wednesday of each month at noon in the Pathology Conference Room and issues annual reports to the Hospital PIPS Committee and the Medical Executive Committee.

III. Performance Improvement Patient Safety—Responsibilities of the membership.

A. The chair of the PIPS Committee has overall responsibility for assuring the implementation of a planned and systematic process for monitoring, evaluating and improving:

- The provision of timely, accurate, clear and concise diagnostic reports in support of quality patient care
- The performance of all individuals with privileges in the department
- The development of Department performance improvement patient safety activities
- Assuring that the Department’s PIPS program meets all internal and external requirements.
- Reporting annually to the hospital PIPS Committee

B. The Quality Management (QM) representative works with Department physicians to develop performance improvement patient safety activities:

- Receives communications from medical staff committees, investigates and responds accordingly
- Communicates directly with physicians and other staff about quality issues
• Summarizes PIPS activities for the Department Chair and at departmental PIPS meetings

C. Attending physicians and the Laboratory Manager suggest and participate in PIPS projects and incorporate conclusions into individual practice.

D. Resident staff identify quality issues by using quality control flags when signing out cases.

IV. Ongoing monitors for the current year (2011-12).

<table>
<thead>
<tr>
<th>MONITORS</th>
<th>INDIVIDUAL RESPONSIBLE</th>
<th>REPORTING SCHEDULE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preanalytic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specimen identification</td>
<td>M. Weinstein</td>
<td>Monthly</td>
</tr>
<tr>
<td>Insufficient tissue on FNA</td>
<td>W. Finkbeiner</td>
<td>Annually</td>
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<tr>
<td><strong>Analytic</strong></td>
<td></td>
<td></td>
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<tr>
<td>Cytologic-histologic correlation</td>
<td>D. Hanks/R. Lauren Schiller/Ung/W. Finkbeiner</td>
<td>Quarterly with annual summary</td>
</tr>
<tr>
<td>Correlation of frozen sections diagnosis with final diagnosis</td>
<td>W. Finkbeiner</td>
<td>Bimonthly</td>
</tr>
<tr>
<td>Random surgical-autopsy slide review</td>
<td>Pathology Staff/M. Weinstein</td>
<td>Bimonthly</td>
</tr>
<tr>
<td>Correlation of autopsy PAD with FAD</td>
<td>W. Finkbeiner</td>
<td>Bimonthly</td>
</tr>
<tr>
<td>Special projects (see V below)</td>
<td>W. Finkbeiner</td>
<td>Variable</td>
</tr>
<tr>
<td><strong>Postanalytic</strong></td>
<td></td>
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<tr>
<td>Notification of critical values/diagnoses</td>
<td>M. Weinstein</td>
<td>Monthly/Annual Summary</td>
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<tr>
<td><strong>Turnaround Time (TAT)</strong></td>
<td></td>
<td></td>
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<tr>
<td>Surgical Pathology</td>
<td>B. Sarafian</td>
<td>Monthly/Annual Summary</td>
</tr>
<tr>
<td>Dermatopathology</td>
<td>B. Sarafian</td>
<td>Monthly/Annual Summary</td>
</tr>
<tr>
<td>Cytology—FNA</td>
<td>B. Sarafian</td>
<td>Monthly/Annual Summary</td>
</tr>
<tr>
<td>Cytology—Non-gyne</td>
<td>B. Sarafian</td>
<td>Monthly/Annual Summary</td>
</tr>
<tr>
<td>Cytology—Pap smears</td>
<td>B. Sarafian</td>
<td>Monthly/Annual Summary</td>
</tr>
<tr>
<td>Autopsy PAD</td>
<td>B. Sarafian</td>
<td>Monthly/Annual Summary</td>
</tr>
<tr>
<td>Autopsy FAD</td>
<td>B. Sarafian</td>
<td>Monthly/Annual Summary</td>
</tr>
<tr>
<td><strong>Customer Satisfaction</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Survey (SurePath survey 2010-12-13)</td>
<td>M. Pfeffer</td>
<td>Triannually</td>
</tr>
</tbody>
</table>

Attempts are made to identify benchmark data, but when not available, internal trends over time are used.
Data reported to Institutional PIPS Committee (Annual February Report).

**Monitors**

<table>
<thead>
<tr>
<th>CLINICAL INDICATOR</th>
<th>Reporting Schedule</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Value/diagnosis reporting: frozen section diagnosis response time</td>
<td>Mortality</td>
<td></td>
</tr>
<tr>
<td>D&amp;C specimens without placental villi/trophoblast</td>
<td>Mortality</td>
<td></td>
</tr>
<tr>
<td>Correlation of frozen section diagnosis with final diagnoses</td>
<td>Annually (December)</td>
<td>Clinical Effectiveness</td>
</tr>
<tr>
<td>Cytologic-histologic correlation</td>
<td>Annually (December)</td>
<td>Clinical Effectiveness</td>
</tr>
<tr>
<td>Autopsy FAD-PAD correlations</td>
<td>Clinical Effectiveness</td>
<td></td>
</tr>
<tr>
<td>Unsatisfactory Fine Needle Aspirates</td>
<td>Patient-Centeredness</td>
<td></td>
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<tr>
<td>Diagnosis Turnaround times</td>
<td>Annually (December)</td>
<td>Efficiency/Waste</td>
</tr>
</tbody>
</table>

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**V. Special monitors**

**PIPS projects for 2011-2012**

<table>
<thead>
<tr>
<th>MONITORS</th>
<th>INDIVIDUAL RESPONSIBLE</th>
<th>REPORTING SCHEDULE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell block pleural fluid processing (blind assessment of specimens)</td>
<td>R. Ung, L. Schiller, P. Vohra</td>
<td>After completion of project (3 month trial)</td>
</tr>
<tr>
<td>Cytopathology cytotech correlation Cancer Synoptics</td>
<td>L. Schiller, S. Nishimura, P. Vohra</td>
<td>Biaannually</td>
</tr>
<tr>
<td>Number of Amended case immunohistochemistry tests</td>
<td>M. Weinstein, W. Finkbeiner</td>
<td>Biaannually/Annually</td>
</tr>
<tr>
<td>Number of total paraffin blocks</td>
<td>M. Weinstein</td>
<td>Annually</td>
</tr>
</tbody>
</table>

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Walter E. Finkbeiner, MD, PhD, Chief  Date
APPENDIX E- ANATOMIC PATHOLOGY CLINICAL SERVICE PRIVILEGE REQUEST FORM

Privilege           San Francisco General Hospital

Applicant: Please initial the privileges you are requesting in
Service Chief: Please initial the privileges you are approving

FOR ALL PRIVILEGES: All complication rates, problem transfusions, deaths, unusual occurrence reports, patient complaints and sentinel events, as well as any specific Department quality indicators, are monitored semiannually

4 ANATOMIC PATHOLOGY

4.00 BASIC PRIVILEGES-GENERAL PATHOLOGY

MINIMUM CRITERIA: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pathology or a member of the Clinical Service prior to 10/17/00.

4.05 Autopsy and Surgical Pathology

PROCTORING: Satisfactory evaluation of at least 50 autopsy or diagnostic surgical pathology specimens during the three (3) month probationary period.

REAPPOINTMENT: Satisfactory evaluation of at least 100 autopsy or diagnostic surgical pathology specimens during the past two (2) years.

4.10 Cytology

PROCTORING: Satisfactory evaluation of at least 50 specimens during the three (3) month probationary period.

REAPPOINTMENT: Satisfactory evaluation of at least 100 specimens during the past two (2) years.

4.15 Fine needle aspirations.

PROCTORING: Satisfactory performance of at least 5 procedures during the past three (3) month probationary period.

PEER REVIEW: Satisfactory performance of at least 10 procedures during the past two (2) years.

4.20 SPECIAL PATHOLOGY

MINIMUM CRITERIA: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pathology or the American Subspecialty Board of:

4.25 Hematopathology

PROCTORING: Satisfactory performance of at least 5 diagnostic examinations during the three (3) month probationary period.

PEER REVIEW: Satisfactory performance of at least 10 diagnostic examinations during the past two (2) years.

4.30 Neuropathology.

PROCTORING: Satisfactory performance of at least 5 diagnostic examinations during the three (3) month probationary period.

PEER REVIEW: Satisfactory performance of at least 10 diagnostic examinations during the past two (2) years.

4.35 Dermatopathology

PROCTORING: Satisfactory performance of at least 25 diagnostic examinations during the three (3) month probationary period.

PEER REVIEW: Satisfactory performance of at least 100 diagnostic examinations during the past two (2) years.
4.40 Cytopathology (including fine needle aspirations).
  PROCTORING: Satisfactory performance of at least 50 diagnostic examinations
during the three (3) month probationary period.
  PEER REVIEW: Satisfactory performance of at least 100 diagnostic examinations
during the past two (2) years.

4.45 Molecular Genetic Pathology.
  PROCTORING: Satisfactory performance of at least 5 diagnostic examinations
during the three (3) month probationary period.
  PEER REVIEW: Satisfactory performance of at least 10 diagnostic examinations
during the past two (2) years.
I hereby request clinical privileges as indicated above.

Applicant: ___________________________ Date: __________

FOR DEPARTMENTAL

___ Proctors have been assigned for the newly granted
___ Proctoring requirements have been satisfied.
___ Medications requiring DEA certification may be required
___ Medications requiring DEA certification will not be required

APPROVED BY:

Division: ___________________________ Date: __________

Service: ___________________________ Date: __________
## APPENDIX F - ANATOMIC PATHOLOGY OPPE

San Francisco General Hospital and Trauma Center: Ongoing Professional Practice Evaluation (OPPE)

Provider Specific Six Month Report: **JULY - DECEMBER** Year: **2012**

Patient care and/or clinical teaching for this time period (if checked, metrics need not be completed, but signatures and dates are required)

### Practitioner's First and Last Name: [Redacted]

Division: **Anatomic Pathology**

<table>
<thead>
<tr>
<th>METRIC</th>
<th>Acceptable</th>
<th>Marginal</th>
<th>Unacceptable</th>
<th>metric not re-benchmarked by provider's review</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frozen section / brief descriptions</td>
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<tr>
<td>Frozen section / referrals</td>
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<td>Cytology-Histology Correlations</td>
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<td>PACS-PACS Correlations</td>
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<td>Surgical pathology Turnaround Times</td>
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<td>Cytology Turnaround Times</td>
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<td>Dermatopathology Turnaround Times</td>
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<td>RAD Turnaround Times</td>
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<td>RAD Turnaround Times</td>
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<td>Random slide Review</td>
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<td>Other cases review</td>
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*Two consecutive marginal ratings in the same metric require Chief’s commentary

**Two consecutive unacceptable ratings in the same metric require FPE and notification to the Credentials Committee Chair

Yes [ ] No [ ] Recommend continued current privileges

Yes [ ] No [ ] Recommend a Focused Professional Practice Evaluation (FPE). If yes, attach a detailed plan

Yes [ ] No [ ] Recommend changes to current privileges.

Yes [ ] No [ ] To my knowledge, this practitioner has no medical/mental health condition that could affect clinical care or judgment. (If such a condition exists, please reference the plan for monitoring this condition)

Chief of Service (or designee) ______________________ Date: ______________________