

## **RULES AND REGULATIONS**

### **DEPARTMENT OF PATHOLOGY**

#### **NAME**

The name of this organization shall be the Department of Pathology, Saint Cloud Hospital Medical Staff.

#### **PURPOSE**

The Department of Pathology shall provide quality care for patients with needs for Pathology and laboratory services, provide educational programs for department members, the Medical Staff, and hospital personnel as necessary, and conduct peer review of activities in order to assure that appropriate utilization of laboratory services is provided by all members of the Medical Staff.

#### **MEMBERSHIP**

Practitioners who are members in good standing of the Medical Staff shall be eligible to be members of the Department of Pathology. Membership will be limited to those physicians who are eligible to take examination of the American Board of Pathology or those physicians who have privileges in the Department of Pathology and limit their practices to anatomic and clinical pathology and have education, training and demonstrated competence in the practice of laboratory medicine.

The Department of Pathology will recommend membership in the department to the Credentials Committee.

#### **ORGANIZATION**

Officers: There shall be a Chair and Vice Chair whose election, tenure, qualifications, removal, functions and responsibilities are as provided for in the Medical Staff Bylaws (Article 3, Officers). The Vice Chair will represent the Chair in his/her absence.

#### **FUNCTIONS**

Consultation: All Members of the Department of Pathology shall provide consultation to all members of the Medical Staff of Saint Cloud Hospital upon request. One or more member physicians may be designated as "on call" for a period of time determined by schedule (see below). He/She shall be accessible by telephone or pager communication and able to provide intra-operative surgical pathology consultations in person on 30 minute notice.

Department members are encouraged to obtain consultations and/or referrals from other clinical specialties as appropriate.

It is the duty of the Chair of the Department of Pathology to see that members of the department do not fail in the matter of providing consultations or referrals when they are needed. To assure this, full-time, around the clock availability and provision of consultation to all members of the Medical Staff, members of the department shall be subject to the supervision and direction of the Chair of Pathology in all matters relating to work schedules and standards.

Education: The Department of Pathology will be responsible to provide educational programs for the members of the department, for the Medical Staff, and the CentraCare Health System personnel.

Scheduling of Duties: Professional medical duties of members of the department will be assigned by the Director of Laboratory or his/her designee, in accordance with the needs of the Medical Staff and hospital patients, clients of the area laboratory service, provisions of contract(s) with Saint Cloud Hospital and other facilities serviced by the department members, and the operational guidelines of the members employers.

Autopsy Guidelines/Criteria:

Purpose: To establish general guidelines for the performance of autopsies for St. Cloud Hospital. Autopsies will be performed offsite and reports will be available on the Electronic Medical Records (EMR)/Epic.

Policy: It is the policy of the Department of Pathology at St. Cloud Hospital to provide critical information to the Medical Staff regarding post-mortem findings in a timely, yet comprehensive manner, so that patient care may be appropriately evaluated, patient's families counseled and external agencies provided with necessary information (e.g.: Medical Examiner's Office).

Procedure:

1. General guidelines/Criteria for Autopsies. A post-mortem exam should be requested for all patient deaths in the following situations:
  - a. all deaths in which the cause of death is not clearly determined, especially those deaths which occur in an unexpected and unexplained fashion. Refer to [http://centranet/medstaff/bylaw\\_manual/rules\\_regulations/death\\_of\\_patient\\_unexpected\\_unexplained.pdf](http://centranet/medstaff/bylaw_manual/rules_regulations/death_of_patient_unexpected_unexplained.pdf)
  - b. All deaths in which there is a significant uncertainty regarding the diagnosis and for which an autopsy would be expected to provide the answer.
  - c. All deaths in which genetic counseling for further pregnancies may be indicated and for which an autopsy would be expected to provide an answer.
2. An autopsy will be performed, in consultation with the pathologist at [Midwest Medical Examiner's Office](#), at the request of a practitioner to satisfy his/her or the family's needs for additional information.
3. If a postmortem examination reveals an unsuspected significant finding constituting a quality of care concern, the occurrence will proceed through the established Peer Review process.

Autopsies will be performed offsite. Refer to **Autopsy Decision and Notification Flow Sheet.** [http://centranet/medstaff/bylaw\\_manual/autopsy\\_authorization\\_addendum.pdf](http://centranet/medstaff/bylaw_manual/autopsy_authorization_addendum.pdf)

Report Deadlines: When an autopsy is performed, the provisional anatomic diagnosis will be recorded on the medical record within two working days; the complete protocol will be recorded within thirty (30) working days for routine cases; three months for complicated cases. The autopsy results will be available on Epic under the "scan" tab.

### **ADOPTION AND AMENDMENT**

Rules and Regulations shall be submitted and voted upon by the membership. A majority vote is required for adoption or modification. These rules and regulations will be adopted, amended, repealed or added to according to Article 8 of the Medical Staff Bylaws and will become effective when recommended by the Executive Committee of the Medical Staff and approved by the Board of Directors.

Reviewed: 4/11/2023