


Department: UNIVERSITY OF CALIFORNIA, SAN FRANCISCO – ANATOMIC PATHOLOGY	Effective Date: 2/19/2021	Page 1 of 14
Section: ANATOMIC PATHOLOGY	Policy Number: 1.1	
Title: CLINICAL SERVICE RULES AND REGULATIONS	Reviewed/Revised on: 2/19/2021	
Approved by: Stephen Nishimura, MD, Medical Director	 X: _____	

**ANATOMIC PATHOLOGY
CLINICAL SERVICE RULES AND
REGULATIONS
Summary of Changes 2021**

- Updated document formatting to department standard. This is not included in tracked changes.
- Pg 10 Section IX A: Added specimen contamination to Clinical Performance Indicator
- Pg 13 Section XII A: Changed “insures” to “ensures”

ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER

Section: ANATOMIC PATHOLOGY	Title: CLINICAL SERVICE RULES AND REGULATIONS	Effective Date: 2/19/2021	Page 2 of 14
---	---	-------------------------------------	--------------

**ANATOMIC PATHOLOGY
CLINICAL SERVICE RULES AND
REGULATIONS 2021**

I. ANATOMIC PATHOLOGY SERVICE ORGANIZATION

The Anatomic Pathology Service at Zuckerberg San Francisco General Hospital (ZSFG) 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 ZSFG, but if a conflict should arise that relates to patient care activities, the ZSFG Medical Staff Bylaws and Rules and Regulations of ZSFG 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 Zuckerberg San Francisco General Hospital to provide the highest quality of care and promptness of service in order to insure 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 ZSFG. As members of the faculty of the UCSF Department of Pathology, the ZSFG 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 Zuckerberg 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 ZSFG Medical Staff Bylaws, Article

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FILE: RULES AND REGS 2021_02_19
FILE LOCATION: S:\MANUALS\MANUAL DEPT 2021\RULES AND REGULATIONS

WRITTEN BY: Mark Weinstein, Department Manager
REVIEWED AND UPDATED BY: Mark Weinstein, Department Manager

ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER

Section: ANATOMIC PATHOLOGY	Title: CLINICAL SERVICE RULES AND REGULATIONS	Effective Date: 2/19/2021	Page 3 of 14
---	---	-------------------------------------	--------------

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 ZSFG 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 [SFGHZSFG](#) 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

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ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER

Section: ANATOMIC PATHOLOGY	Title: CLINICAL SERVICE RULES AND REGULATIONS	Effective Date: 2/19/2021	Page 4 of 14
---	---	-------------------------------------	--------------

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 providing administrative support for 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 Zuckerberg San Francisco General Hospital. An organizational chart indicating categories of personnel employed by the Anatomic Pathology Clinical Service is located *in Appendix A C - 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:

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FILE: RULES AND REGS 2021_02_19
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Section: ANATOMIC PATHOLOGY	Title: CLINICAL SERVICE RULES AND REGULATIONS	Effective Date: 2/19/2021	Page 5 of 14
---	---	-------------------------------------	----------------------------

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

II. CREDENTIALING

A. NEW APPOINTMENTS

The process of application for membership to the Medical Staff of ZSFG through the Anatomic Pathology Clinical Service is in accordance with ZSFG 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

III. DELINEATION OF PRIVILEGES

A. DEVELOPMENT OF ANATOMIC PATHOLOGY PRIVILEGES

Anatomic Pathology privileges are developed in accordance with ZSFG 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 ZSFG 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 ZSFG medical Staff Bylaws and the Rules and Regulations.

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Section: ANATOMIC PATHOLOGY	Title: CLINICAL SERVICE RULES AND REGULATIONS	Effective Date: 2/19/2021	Page 6 of 14
---	---	-------------------------------------	----------------------------

D. TEMPORARY PRIVILEGES

Temporary Privileges shall be authorized in accordance with the ZSFG 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 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 Board Certification (or eligibility where appropriate)
- Evidence of Continuing Medical Education as required for licensure
- Letters of reference
- Current completed ZSFG Medical Staff application for staff privileges

The ZSFG Credentials Committee shall oversee and recommend credentialing actions.

B. REAPPOINTMENTS

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

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Section: ANATOMIC PATHOLOGY	Title: CLINICAL SERVICE RULES AND REGULATIONS	Effective Date: 2/19/2021	Page 7 of 14
---	---	-------------------------------------	--------------

Regulations.

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

The ZSFG Credentials Committee shall oversee and recommend credentials actions.

C. Practitioner Performance Profiles

The Chief of Anatomic Pathology Service will maintain the Anatomic Pathology Practitioner Performance Profiles are maintained by the. 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 ZSFG 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 ZSFG Bylaws, Rules and Regulations.

D. AFFILIATED PROFESSIONALS

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

E. STAFF STATUS CATEGORIES

Anatomic Pathology Clinical Service staff fall into the same staff categories that are described in Article 111 - *Categories of the -Medical Staff* of the ZSFG Bylaws, Rules and Regulations.

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FILE: RULES AND REGS 2021_02_19
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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~~Zuckerberg 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.

F. ADDITIONAL PRIVILEGES

Request for additional privileges for the Anatomic Pathology Clinical Service shall be in accordance with ZSFG Bylaws, Rules and Regulations. Refer to II 8.

G. REMOVAL OF PRIVILEGES

Removal of privileges for the Anatomic Pathology Clinical Service shall be in accordance with ZSFG 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

THIS DOCUMENT REPLACES ANY EARLIER VERSIONS.

FILE: RULES AND REGS 2021_02_19

FILE LOCATION: S:\MANUALS\MANUAL DEPT 2021\RULES AND REGULATIONS

WRITTEN BY: Mark Weinstein, Department Manager

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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. 8. Below - Anatomic Pathology Clinical Service Policies

VIII. ANATOMIC PATHOLOGY CLINICAL SERVICES DISCIPLINARY ACTION

The Zuckerberg San Francisco General Hospital Staff Bylaws, Rules and Regulations will govern all disciplinary actions involving members of the ZSFG 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

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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 the pathology 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, Zuckerberg 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 and contamination
- 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 cytopathology 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 Zuckerberg 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).

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FILE: RULES AND REGS 2021_02_19

FILE LOCATION: S:\MANUALS\MANUAL DEPT 2021\RULES AND REGULATIONS

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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 a 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 [SFGHZSFG](#) 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 ZSFG requisition slips or electronic ordering via the ZSFG electronic medical record (EMR). 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. Pathology residents performing autopsies are under the direct supervision of

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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 – Zuckerberg 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 Electronic Medical Record (EMR).
- 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 ZSFG Orientation programs and yearly review training (e.g., 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) or other requirements as designated by ZSFG Administration. Training is by attendance or certification through the online 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 [SFGHZSFG](#) Infection Control Program. All personnel complete annual mandatory

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infection control training.

- B. The Anatomic Pathology Clinical Service adheres to requirements of the ZSFG Employee Occupational Health Service- regarding screening and immunization required for employees at ZSFG.
- C. A Body Substance Precaution Program made specific for the Department of Pathology is followed and updated as needed. The Infection Control Committee at [SFGHZSFG](#) reviews and approves this report annually.
- D. Reporting of Communicable Diseases to the Public Health Department

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 [insuresensures](#) 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
- 8. 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 [SFGHZSFG](#).

XIII. MEETING REQUIREMENTS

In accordance with [SFGHZSFG](#) 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 [SFGHZSFG](#) Medical Staff Bylaws, a quorum is constituted by at

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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.

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