Name of Policy: **Organizational Issues: Design, Implementation and Review of Quality Plan** **Policy Number**: 3364-107-301 **Approving Officer**: Medical Director, Clinical Pathology **Responsible Agent**: Director, Clinical Pathology Administrative Director, Lab **Scope**: Pathology Laboratory University of Toledo Medical Center	UTOLEDO HEALTH **Effective date:** 01/04/2025 **Original effective date**: 06/01/2001
Key words: Quality plan design, implementation, review, monitoring responsibility, corrective measures.	

☐	New policy proposal	☐	Minor/technical revision of existing policy
☐	Major revision of existing policy	☒	Reaffirmation of existing policy

(A) Policy statement

The University of Toledo Medical Center's Clinical Laboratory is committed to a program to maintain and improve quality of service. Responsibility for necessary monitoring and evaluation activities lies with the Director of the Clinical Laboratories, who may in turn, delegate responsibilities to division directors and supervisors.

(B) Purpose of policy

To define responsibility, process, and authority for the implementation of activities necessary for review, monitoring and evaluation of quality goals, objectives, and policies

(C) Procedure

1. The Director of Clinical Laboratories, the Administrative Director or designee and the Laboratory PI Committee are responsible for the Pathology Quality Plan as stated in the Pathology Quality Assessment, Monitoring and Evaluation Plan. According to the Pathology Quality Plan, system checks will include, but are not limited to, specimen collection variances, mishandled or misdirected specimens, corrected reports, missing reports, STAT utilization and turnaround time, critical values, proficiency test results and external occurrence reports. The responsible parties will also approve, implement, and monitor corrective actions and follow-up measures.

2. The Lab Medical Directors and designated technologists monitor and evaluate activities specific to each division. Corrective actions and follow-up measures will be approved and implemented by the division directors, supervisors, or designated technologists.

3. Department plans and goals are defined and implemented by the Director of Clinical Laboratories, the Administrative Laboratory Director, and Hospital Administration.

Approved by: /s/_____ Name: Amira Gohara, M.D. Title: Medical Director, Clinical Pathology 1/10/2025_____ Date *Review/Revision Completed by:* *Joshua Otiso, Administrative Director, Lab*	**Policies Superseded by This Policy:** • *Q-01* Initial effective date: 06/01/2001 Review/Revision Date: 01/04/2025 Next review date: 01/04/2027